

## **Intellectual Disability**

Intellectual disability involves problems with general mental abilities that affect functioning in two areas:

- intellectual functioning (such as learning, problem solving, judgement)
- adaptive functioning (activities of daily life such as communication and independent living)

Intellectual disability affects about one percent of the population, and of those about 85 percent have mild intellectual disability. Males are more likely than females to be diagnosed with intellectual disability.

## **Teaching Strategies:**

- Quiet Work Space

Using this space only for studying also will help the child get into a routine of studying and also understand that when he is sitting there, he is supposed to concentrate on the activity or task, and not play.

- Functional Activities

Teach practical things that will be useful, such as how to boil an egg or how to find their way to their friend's house.

- Repetition of Concepts Over the Day

Children with intellectual disabilities need to learn a concept in different ways and have the opportunity to practice it many times in order to learn and remember it.

- Teacher-Student Ratio

These children require additional support and guidance as they work on their activities. Ideally, there should be at least 1 teacher for every 3 children with intellectual disabilities.

- Hands-on Learning

Using all the senses to learn also helps them learn and retain information better.

- Safety Measures

Sharp scissors, knives, etc. must be kept out of reach. Harmful liquids like cleaning liquids must also be kept away. Medicines must be kept out of reach. In addition to this, make sure that none of the children can lock themselves up in any room. Small beads or other toy parts that the children could put in their mouth must be kept away if a child has a tendency to do

that. If the child has seizures, you may need to look at padding the corners of furniture to avoid injury.

- Schedule

The schedule must have short activity times and must alternate between physical and sitting down activities. The schedule must also try and incorporate some aspects of self-care so that children start becoming more independent in putting on or taking off shoes, going to the toilet, or feeding themselves.

### **Cause:**

#### **Prenatal**

- Genetic syndromes (e.g., Down syndrome and Fragile X syndrome)
- Inborn errors of metabolism
- Brain malformation (e.g., microcephaly)
- Maternal disease (e.g., placental disease)
- Environmental influences (e.g., alcohol, other drugs, toxins, teratogens)

#### **Perinatal**

- Labor and delivery–related events (leading to neonatal encephalopathy)
- Anoxia at birth

#### **Postnatal**

- Hypoxic ischemic injury
- Traumatic brain injury
- Infections
- Demyelinating disorders
- Seizure disorders (e.g., infantile spasms)
- Severe and chronic social deprivation

### **Symptoms:**

- Delayed development such as sitting, crawling, standing, walking, or talking;
- Persistence of childlike behavior, possibly demonstrated in speaking style;
- Trouble understanding social rules and customs such as taking turns, or waiting in line;
- Failure to appreciate and avoid dangerous situations such as playing in the street, or touching a hot stove;
- A lack of curiosity or interest in the world around them;
- Difficulty learning new information despite significant effort and repetition;
- Difficulty learning new skills despite significant practice;
- Difficulty solving ordinary, simple problems;
- Trouble remembering things;
- Difficulty meeting educational demands;
- Excessive behavioral problems such as impulsivity and poor frustration tolerance.