Assessment of Special Education Service Delivery: A Global Perspective

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Abstract- This paper preoccupied itself with the assessment of special education service delivery to persons with disabilities. Individuals with disabilities, who are the subjects of special education, encounter difficulties that prevent or make it strenuous to use a part of their body completely or easily or that they cannot learn easily. Special education service delivery requires the expertise of special educators and para-professionals like the psychologists, social welfare workers, medical personnel and a host of others who are charged with the delivery of quality special education services to meet the needs of all persons with disabilities. Special education services include rehabilitation services, assessment/identification strategies, home/hospital based services, provision of materials/equipment and assistive technology for persons with disabilities etc. Globally, there are two paradigms for service delivery namely special school setting and general or regular school settings. The paper sampled trends of service delivery in India, Brazil, Kenya, Malaysia and of course Nigeria. The paper found that most countries have embraced the regular classroom as modality for service delivery for persons with disabilities.

Keywords: assessment, special education, service delivery, nigeria, global, perspective.

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Assessment of Special Education Service Delivery: A Global Perspective

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Abstract - This paper preoccupied itself with the assessment of special education service delivery to persons with disabilities. Individuals with disabilities, who are the subjects of special education, encounter difficulties that prevent or make it strenuous to use a part of their body completely or easily or that they cannot learn easily. Special education service delivery requires the expertise of special educators and para-professionals like the psychologists, social welfare workers, medical personnel and a host of others who are charged with the delivery of quality special education services to meet the needs of all persons with disabilities. Special education services include rehabilitation services, assessment/identification strategies, home/hospital based services, provision of materials/equipment and assistive technology for persons with disabilities etc. Globally, there are two paradigms for service delivery namely special school setting and general or regular school settings. The paper sampled trends of service delivery in India, Brazil, Kenya, Malaysia and of course Nigeria. The paper found that most countries have embraced the regular classroom as modality for service delivery for persons with disabilities. The paper identified challenges in the areas of teacher-pupil ratio, funding, failure of parental instruction, individualized education programme, special facilities, equipment and assistive technology, poor rehabilitation services, inclusion, attitudes to persons with disability amongst others that must be tackled to enable efficient service delivery for persons with disability. It was on this note that the paper was concluded.

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I. Introduction

The issues of persons with special disabilities in any community or society call for special attention. Special education, no doubt, provides the best platform to attend to the needs of these persons. The goal of special education is to equalize for its clients available opportunities in the society. It operates on the philosophy of ‘catch them young’, that is why it starts as soon as a child is detected to have special needs and it pursues this mandate through the early intervention programme (Ozoji, 2005). Many people do not understand persons with disabilities or appreciate them; sometimes they are stereotyped and discriminated against. According to Chukuka (2010), the able-bodied members of the family and community ordinarily consider themselves more privileged and superior to persons with disabilities. The author explains further that exclusion, disregard and hostility become regular reactions toward them. These groups of individuals suffer low or poor self-esteem as a result of the negative attitude of the society towards them and an assumed notion of their inability to meet parental and societal expectations (Eniola, 1997).

Disability refers to the physical or mental condition that means an individual cannot use a part of his body completely or easily or that he cannot learn easily. Examples of such persons are persons with visual impairment, hearing impairment, speech disorder, and the orthopedic among others. A disabled child is said to be one whose impairment or handicap reduces his ability to perform in certain tasks (Andzayi, 2002).

Provision of special education in Nigeria began in the early 1950s. It was spearheaded by missionaries from the Sudan united Mission, Sudan Interior Mission, the Methodist Church, the Roman Catholic Mission, the Christian Missionary Society, the American Southern Baptists Convention (Olaribigbe, 2011). The goal of these missionaries was to extend special education service delivery to persons with disabilities in Nigeria so as to give them access to quality education and services which the general education framework hitherto could not afford. Sequel to the initiatives of the missionaries, several vocational rehabilitation centers and special schools for persons with disabilities were established across the country to enhance their educational attainment. The focus of this paper shall be on the assessment of special education service delivery. However, rather in antithesis to global trends, inclusion has not been possible in Nigeria due to incompatible curriculums, architectural barriers and other more universal challenges identified in this paper, across the world with specific references to Nigeria, India, Brazil, Kenya and Malaysia.

II. Special Education Service Delivery

The National Policy on Education (2009) defines special education as additional services over and above the regular school programme that are provided for disabled, disadvantaged and gifted children. Special education service delivery requires the expertise of special educators and Para-professionals like the psychologists, social welfare workers, medical personnel and a host of others who are charged with the delivery of quality special education services to meet the...
needs of all persons with disability. Qualitative service in special education is gateway to global competitiveness. Special education in the context of its service delivery encompasses assessment and diagnostic measures for purposes of identification of disabling and handicapping conditions; remediation and specialized learning interventions; as well as counseling and evaluation activities for ensuring the efficacy of professional efforts (Shea and Baver, 1994). Unegbu (2006) adds further that special education service delivery refers to the provisions and resources that professionals generate to Advance Special Needs Children (SNC) towards actualization in all its ramifications. In the content of special education programme, many services are earmarked to normalize persons with disabilities to fit in both the public and private sectors. The programme makes it possible for them to adjust from the notion of being unable to carry on societal roles to fully responsible citizens. Some vital areas of special education services include:

- Vocational rehabilitation
- Community based rehabilitation
- Medical rehabilitation
- Assessment/identification strategies
- Home/hospital based services
- Provision of materials/equipment and assistive technology for persons with disabilities.
- Special education teachers/Para-professionals.

These services are provided as integral aspects of special education programme geared towards securing an independent and self-reliant existence for persons with disabilities. The efficiency and success of special education is deeply rooted in how effectively it can deliver on these services. There is no gainsaying the fact that special education is a unique system of education that is delicate to operate because of its subjects, expensive and complex to run because it is equipment driven and as well requiring a high level of expertise. This has led to a wider debate on the most effective modality between special schools and inclusive education services as follows:

- Home/hospital based services
- Assessment/identification strategies
- Medical rehabilitation
- Vocational rehabilitation
- Community based rehabilitation
- Special education teachers/Para-professionals.

These international instruments have shifted emphasis to inductive education as a veritable option for service delivery to persons with special educational needs from the hitherto segregated approach. The UN Convention on the Rights of Persons with Disability, Article 24 clearly recognizes the rights of persons with disability to equal educational services as follows:

a. Persons with disabilities are not excluded from the general education systems on the basis of disability, and that children with disabilities are not excluded from the free and compulsory primary education or from secondary education on the basis of disability;

b. Persons with disabilities can access an inclusive, quality and free primary education and secondary education on equal basis with others in the communities in which they live;

c. Reasonable accommodation of the individual’s requirements is provided;

d. Persons with disabilities receive the support required within the general education system to facilitate their effective education;

e. Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

It is interesting to note that countries across the globe have tailored their pursuit of efficient special education service delivery in line with their commitment at the various international fora especially the United Nations. For instance, in India, the education of children with disabilities was initiated in the late 1800s with the establishment of special schools for the deaf in Bombay in 1883, and for the blind in Amritsar in 1887 (INDIAEXIN Resources, 2013). By 1900 numerous special schools
for the visually and hearing impaired children were set up across the country. This initiated the tradition of special schools in the country and till the 1970s, this was the dominant mode of service delivery for children with special needs. However, in 1974, the scheme on Integrated Education of Disabled Children (IEDC) broke new ground by stressing the need for educating children with mild to moderate disabilities in regular school settings (INDIANEXIN Resources, 2013). India’s National policy on Education (1986) stated that the “objective should be to integrate physically and mentally disabled people with the general community as equal partners, to prepare them for normal growth and to enable them to face life with courage and confidence.” In 1990, the Indian government acted on the policy by adopting the plan of Action which ambitiously committed to universal enrolment by 2000 for both children with and without disabilities. It also strengthened the National Policy on Education by demanding that persons with special needs be educated only in regular schools and not in special schools as had been allowed earlier. The placement principle for persons with special needs in effect relegated special schools to the status of bridge schools. Children in these schools were expected to obtain training in non-curriculum areas, to help them prepare for general curricula after which it was expected that they would be transferred to general schools. In Kenya, the mode of special education service delivery seems to be through the traditional segregated school setting. According to the school mapping data set of 2008, there are 3,464 special needs institutions in the country with 2,713 integrated institutions and 751 special schools (Republic of Kenya 2012). Generally, access and participation of pupils with special needs is low and their needs are not being specifically addressed, especially children with behavioral difficulties and those with various forms of learning difficulties and attention deficit, gifted and talented. This has been attributed to the emphasis on academic performance and examinations which creates an unfavorable learning environment for children with special needs and even moderate learning difficulties (Republic of Kenya, 2012). In contrast, the trajectory of special education service delivery in Brazil is quite fascinating. The evolution of special education in Brazil has moved from an initial phase, markedly assistance-oriented, aiming only at the well-being of the person with disability to a second phase in which the medical and psychological aspects were given priority. After that, it got to the educational institutions and then to the integration of special education into the mainstream school system. Today finally, the special education clashes with the proposal of total and unconditional inclusion of students with disabilities in the classrooms of mainstream schools. Mantoan (2000) opines that such transformations have altered the meaning of special education and have distorted the meaning of that teaching modality. Brazil’s Basic National Educational Guidelines Lei de Diretrizes and Bases da Educacao Nacional-LDB Act Nr. 4. 024161, has granted the “exceptional students” the right to education, stating in the article 88 that in order to integrate those students in the community, they should be placed, as much as possible, in the mainstream educational system. It is understood that in this mainstream system, both would be included—the regular educational services and the special ones—but it can also be understood that when the education of students with disabilities does not fit the mainstream educational system, a special system should be created, becoming a separate sub-system (Mantoan, 2000). The Brazilian Constitution of 1988, in chapter iv, of education, culture and sports, section 205 prescribes. “Education is the right of all and it is the responsibility of the state and family.” In section 2008, it says. “The responsibility of the state towards education will be put into effect through the guarantee of specialized educational service to the carriers of disability, preferably in the mainstream school system.” According to Mantoan (2000), the placement of persons with special needs in schools in Brazil involves three possible directions, to wit: a. The one that implies an opposing meaning between special and mainstream education, where the students with disabilities would have only one option, that is, the special education; b. That one that implies partial insertion, that is, the integration of students in the mainstream classrooms when they are ready to study with their colleagues in the mainstream teaching but always with direct or indirect support from the special teachers; and c. The one that indicates inclusion of students with disabilities in the mainstream classrooms, indistrubitively and unconditionally, this implying a transformation of the schools to meet the educational needs of all the students and not only some the educational needs of all the students and not only some of them-the opens with disability or the gifted ones as the case may be are referred ot in special education. However, major focus of the intellectual debate is on options b and c i.e school integration and school inclusion.

In Malaysia, the mechanism of service delivery for special needs education is slightly different. Services for the special needs students in Malaysia are currently observed by three different Ministries namely the Ministry of Health, Ministry of Women, Family and Community Development and the Ministry of Education. Progressively, in Malaysia children with disabilities are detected very early in their infancy when they are screened by health personnel. This is in line with the agreement made in the Asian and Pacific Decade of Disabled Persons (1993 – 2002) that by 2012, all children from birth to four years old receive community-
based early intervention services including giving support and guidance to their families.

However, where education is concerned, according to the Development of Education, National Report of Malaysia (2004), only the Ministry of Education is involved in establishing school boards to ensure the provision of educational programmes such as remedial programmes for students who are deemed as at-risk in learning and students with special needs such as hearing or vision loss.

In Malaysia an array of services are provided for parents to choose for their children ranging from special schools and programmes run by coalition of societies for persons with disabilities, non-governmental organizations (NGOs) or in inclusive classes in normal schools (Nora Mislan, 2013). Special education service delivery in this country is anchored on individualized education plan. IEP is a programme that allows both teachers and parents to monitor students’ progress and development. The Education For All Handicapped Children Act of 1975; the Education of the Handicapped Act Amendments of 1986, and the Individuals with Disabilities Act (IDEA) Amendments of 1997 have recognized family involvement and teacher-parents collaboration as an essential component in developing IEP.

IV. Challenges of Efficient Special Education Service Delivery

The performance of special education in the delivery of the highlighted specialized services has been all but impressive in Nigeria and in some other countries. The processes of assessment and identification of disabled children leaves much to be desired, rehabilitation services are poorly run and rarely available and the dearth of special education professionals, equipment and other instructional materials all indicate poor special education service delivery. Poor service delivery is itself an effect and therefore necessitates an inquiry into the possible factors that inhibit special education from performing optimally whether in inclusive or segregated schools. Some of the factors inhibiting efficient special education service delivery include the following:

a) Special Education Teacher-Pupil Ratio

According to Kassim (2009), the special education teacher is a professional whose specialized training and experience often establish him/her as the individual best qualified to address the unique learning needs created by disabilities. He is one trained with diverse techniques to harmonize materials in teaching learners with disabilities to enable them adapt to the special school setting (Omede, 2011). Special education teachers help their student to progress not only academically but also behaviorally by helping them develop emotional awareness, conduct themselves in a manner that is socially acceptable and feel comfortable in social situations (Osagie-Obazee, 2011).

Pupil-teacher ratio is the number of pupils enrolled in a school divided by the number of school teachers (regardless of their teaching assignments) (UNESCO Institute for Statistics, 2011). The National Policy on Education (2004) recommends a fair pupil-teacher ratio of 10:1 per class. The world average in most cases has been 6:1 or lower depending upon the needs of the children (Wikipedia, 2011). In fact, the pupil-teacher ratio in special schools in Nigeria is in consonance with global trend. However, with the blatant disregard for policies in Nigeria, the practice in most places is to enroll above the normal ratio in a class except where other factors operate to keep disabled persons out of enrollment. This is not unconnected with the shortage of special schools to accommodate the growing educational needs of persons with disabilities in Nigeria.

The current shift from segregation policy to that of inclusion and mainstreaming has deepened the problem of pupil-teacher ratio with the massive overpopulation in public regular schools. The dangers of overcrowding in classroom setting are so enormous such that the ultimate goal of teaching and learning could be defeated. Low pupil-teacher ratios allow many children to receive a uniquely and bespoke education (UK Department for Children Schools and Families, 2008). This is exactly what overcrowding in mainstreamed classes deprives disabled persons in Nigeria and other developing countries. The disabled child requires special and extra attention over the normal students. Therefore, their education must take place in a moderately populated class in compliance with the NPE in the respective countries and under a conducive learning condition without prejudice to an inclusion arrangement or mainstreaming.

b) Funding

While evidence on service delivery worldwide makes clear that simply increasing expenditure does not ensure improved service delivery outcomes, expenditure performance in programmes is generally a useful indicator of the relative priority given to different elements of public programmes (World Development Report, 2004). The specialty of special education can be seen in the fact that it utilizes special facilities, materials and equipment in imparting worthwhile knowledge, values, beliefs and skills unto the exceptional children who are the focus of special education (Adwole and Bolaji, 2011). Thani (2006) asserted that adequate funding is crucial to the successful implementation of special needs education. This is because money is required to employ desired manpower, procure and maintain infrastructural facilities, instructional materials and to cope with emergencies arising from expansion or
increase in special needs education. Funding is paramount in both the private and public sectors of the economy. Special education service delivery cannot effectively take place where there is no fund for the procurement of the needed facilitates as well as the recruitment of human resources involved. For instance in Nigeria funding is one of the obstacles to special education service delivery whether in special schools or regular schools. This is because the government does not consider this educational subsector a priority. The lack of adequate funding for education Nigeria is succinctly captioned as follows;

“When the oil money dried up in the mid 1980s and the introduction of the IMF-like austerity programme appropriately called SAP, funding to education was cut, quality suffered, good teachers fled and entire structure collapsed. The budgetary attitude to education is yet to recover from the reversal of fortunes. Since 2007, Nigeria spent an average of about 0.7% GDP and about 3% of the budget on education among the lowest five ranked in the world! (El-Rufai, 2011, Para 18).”

It is noteworthy that special education as it is has no independent lifeline of its own but dependent on the same Ministry of Education for its funding save for limited private interventions and as such its fortunes are not better than that portrayed by El-Rufai. The intellectual observed further, “…in those days Nigeria spent 40% of her budget on education compared to today’s 2%” (Para. 6).

For instance, Ghana spends between 28 – 40% of annual budget on education, Kenya foots tuition fees in secondary schools and South Africa spends 5.4% of GDP on education (UNESCO Institute for Statistics, 2011). This shows that Nigeria has a lot to do more than most other African countries in view of the present decay in not just the special education sub-sector but the general education sector and her estimated eight million children out of primary school including persons with disabilities (The British Council/Harvard School of Public Health Next Generation Report as cited in El-Rufai, 2011). Oladejo (2002) stressed that like the entire education sector, special education is being grossly underfund especially by governments. It is pathetic to note that special needs education which is costlier to fund when compared to regular education receives far less and has no specific funding formula and source and often is attended to when there is an overflow of resources from the budgets of regular education (Thani, 2006).

c) Failure of Parental Instruction

Generally, there are two kinds of education to wit formal and informal education. The former is usually a consolidation on the latter. In other words, informal education lays the fertile ground for formal education to take place.

Informal education is the type of education that takes place out of the formal school setting and the home or community setting. Informal methods of learning vary from imitation to oral instruction, criticism, and observation amongst others. This is where the challenge arises for persons with disabilities. Unlike in the formal school setting where universal techniques of teaching persons with disabilities such as the Braille system for the blind, sign language for the deaf have been contrived to aid learning for disabled persons, there are no established universal methods of passing instructions to persons with disabilities in the informal setting. More often than not, the parents of the disabled child are illiterates unable to contrive any special method of communicating with the disabled child not to think of teaching the disabled child. As a result, most parents prefer to ‘let the child be’ giving him food and assistance in his personal needs such as bathing or ‘helping to express his feelings or explain his emotions to others.’ The result is that the child becomes redundant and totally dependent on parents on family members for his daily existence.

Again, even where the family is able to devise a means of communicating with the child, other members of the society may not find it suitable. In this scenario, the child’s situation may advance to uneducable disability if special education intervention services do not reach him on time. In practice, these intervention services do not come early enough especially in the rural areas. Where such disabled persons are finally enrolled in school, their education becomes extremely difficult if not impossible. The end being that special education service delivery would not take place optimally.

d) Individualized Education Programme (IEP)

According to Kirk and Gallagher (1986), the individualized education programme defines the instructional plan, the nature of the child’s problem; the programme’s long-term objectives; short-term, goals; the special education services and the criteria for gauging the effectiveness of those services. The authors identified three ways to adapt instruction to the inter-individual and intra-individual differences found in exceptional children; changing the actual content of lessons, the specific knowledge being taught, or varying the environment to create an appropriate setting in which to learn.

In Nigeria, the mechanisms for the management of IEPs are not satisfactory. The trend of overcrowding in mainstreamed classes and the gross inadequacy of specially trained teachers make IEP for each pupil a forlorn hope. Where school administrators and special educators fail to pay attention to detail in the modification of curriculum either due to the pressure of overpopulation or the lack of expertise, efficient service delivery in special education will be impugned.
e) Special Facilities, Equipment and Assistive Technology

These are the fulcrum for special education service delivery. Special education is equipment-driven and the use of assistive technology is the conduit-belt for the effective delivery for persons with disabilities whose disabling conditions require modifications such as Braille embossers, talking books, mobility devices etc. to lead a normal life.

The dearth of instructional facilities constitutes a big clog in the wheel of special education service delivery in Nigeria. Just as the technician cannot work without his tools so special educators and learners cannot function properly without the requisite facilities, equipment and/or assistive technology.

The reasons for this challenge would include the fact that technological devices are not locally made meaning they are not readily available and where they are eventually imported, they become too expensive for individuals and the underfunded schools to afford. This does not augur well for efficient service delivery for persons with disabilities.

f) Rehabilitation Service

The word rehabilitation is derived from the Latin word *habitus* which mean to make able. The concept has been viewed variously by scholars with common agreement on remedial actions. Wale (2005) defined rehabilitation as the combined and co-ordinate use of medical, social educational and vocational measures used for training individual disabled by disease or injury to the highest possible level of functional ability.

Rehabilitation services are not commonplace in Nigeria due to the lack of expert hands as well as limited resources to start rehabilitation centres. Access to free medical rehabilitation and other Medicare services and therapy is minimal. For instance, free eye care services and speech therapies are inaccessible in the entire Kogi State of Nigeria except for the periodic intervention of missionaries such as the ECWA mission. This is against the backdrop of the much mouthed free Medicare or the handicapped policy of various administrations.

g) Inclusive Approach to Service Delivery

The tensions between the role of special and general schools for person with special needs continues today, even after the seemingly widespread recognition that inclusion is seen as a more effective educational and social strategy in most cases. Inclusive education is still a challenge for many counties due to hurdles in legislation, capacity and societal attitudes—for instance, lack of community support, shortage of properly trained teachers, as well as school facilities and curricula that are not adapted to the needs of children with disabilities. These are particularly true of Nigeria. In Kenya, the Ministry of Education and Ministry of Higher Education, Science Technology in a Sessional Paper of 2012 observed that “the emphasis on academic performance and examinations creates an unfavorable learning environment for children with special needs—this poses a challenge to the integration and inclusion of persons with such disabilities in regular schools.” The paper also noted that the absence of reliable data on children with special needs across all levels of education and inadequate funding constrains effective special education service delivery and planning using an inclusive approach. Mantoan (2000) pointed out a unique perspective to the challenge of inclusion in Brazil in the following words;

“The issue raises innumerable and uncountable controversies; it challenges teachers and health care professionals who deliver services to persons with disabilities-the paramedics and others who clinically treat children and young persons who have school and social adaptation problems. It also challenges the parents associations which adopt traditional paradigms of service delivery to their clientele. The issue also affects special education teachers greatly; they fear losing the space they have conjured in schools and in the school system in general. The teachers from the mainstream schools feel incompetent to cater for the differences in their classrooms, especially with regard to the students with disabilities, once their specialized colleagues have always been distinguished as being the only ones to deliver that service and have done so exaggeratedly under everyone’s eyes. There is also a contrary movement of parents of students without disabilities, who do not admit inclusion because they think the schools will become worse and or will lower even more the quality of their teaching if they have to take in these new students”.

Admittedly, some of these issues are merely teething problems of inclusive education of a non-permanent nature, if overlooked are capable of undermining service delivery to persons with special educational needs.

h) Attitudes to Persons with Disabilities

Despite the move to more inclusive educational policies, clearly the educational outcomes of children with disabilities are substantially lagging those of the general population. One of the several plausible explanations for these is the attitudes toward persons with disability. The INDIAEXIN Resources (2013) notes correctly that even poorly resourced systems can be inclusive if the attitudes of parents, communities and teachers are sufficiently supportive. The attitudinal challenge is more pronounced in the inclusive paradigm to service delivery. Children are not disabled because of how they are born-they are disabled due to barriers in people’s attitudes and the environment that hinder their full and effective participation in society on an equal basis with persons without disabilities (Oamar, 2008). Parasuraman (2002) studied the attitudes of general education teachers towards children with special needs.
and inclusion in Mumbai, India and found that the more educated the teacher the more positive attitude and while 85 percent of classmates were supportive only 80 percent of teachers reported as being very or somewhat supportive. In Nigeria, the societal attitude is largely negative due to the high level of illiteracy while the educated ones remain skeptical of the success of inclusive education due to architectural barriers and unsuitable curriculum.

V. Conclusion

Educating children with disabilities remains a challenge to most countries, and education targets are not being attained. Many children with special needs do not have access to any kind of school, much less regular education that develops their talents and capabilities in the fullest potential. Protecting the rights of children with special needs requires us to see the whole child not just the disability. It requires us to respect their capabilities, protect their dignity and worth, and include them as part of society. But beyond that, it requires us to shed light on the truly shadowy areas where children with special needs are most vulnerable—in education, protection from harm and exploitation.

This paper has been able to critically assess the performance of special education in service delivery to persons with disabilities. Optimal performance in service delivery in special education will take into cognizance the range of services offered, the efficiency in the delivery of these services, and the geographical spread or access of disabled persons to such services. It is the view of this paper that the challenges inhibiting the efficient delivery of special education services to persons with disabilities must be promptly addressed so as to enhance the optimum performance of special education in line with global expectations.

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