



Special education for mental retardation

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Received: 01-Nov-2022, Manuscript No. GJSES-22-85167; **Editor assigned:** 04-Nov-2022, Pre QC No. GJSES-22-85167 (PQ); **Reviewed:** 18-Nov-2022, QC No. GJSES-22-85167; **Revised:** 25-Nov-2022, Manuscript No GJSES-22-85167 (R); **Published:** 2-Dec-2022, DOI: 10.15651/2465-7212.22.8.032

DESCRIPTION

Mental retardation is a condition that significantly impairs intellectual capacity and affects daily functioning. Three elements make up its diagnosis: concurrent, serious deficits in both IQ and adaptive abilities that start in childhood (birth to age eighteen). Ten adaptive skills: self-direction, health and safety, functional academics, leisure, and work; communication; self-care; home living; social skills; community use; and ten adaptive skills. The functioning of these people varies greatly, partly because to the severity of their impairments but also because of the resources and support they have access to. Individually administered, thorough, culturally relevant, and psychometrically sound tests of intelligence are used to measure intellectual functioning. Despite the fact that a precise full-scale IQ test result is no longer necessary for diagnosis, standardized testing is nevertheless used to help make the diagnosis.

A full-scale IQ score of between 70 and 75 denotes a considerable intellectual functioning restriction. However, the individual's challenges with general mental ability must be taken into account when interpreting the IQ result. The full-scale IQ score may not correctly reflect general intellectual functioning because subtest results can vary greatly. As a result, using clinical judgment is necessary when evaluating IQ test results. The key to addressing the learning difficulties experienced by individuals with mental retardation is to take steps to create an individualized educational programmer. This problem is different in an inclusive environment since there is less of a privilege for teachers to concentrate on students with disabilities and more of a focus on incorporating the learning preferences of students without

disabilities. A minimal amount of information on the difficulties in teaching functional academics at the basic level, which occasionally are a frequent worry for a few other students in the class from non-disability backgrounds, might be helpful. A child with delayed development who is younger than 6 years old experiences ongoing growth and fails to reach intellectual maturity. Instead of referring to them as mentally retarded, the term "Delayed development" is used. After the age of six, assessments and diagnoses relating to IQ are given the label "Mental Retardation." As a result, the term Intellectually Disabled is frequently used in place of the older term Mental Retardation on a global scale. However, regardless of the type or degree of delay, when a child is identified as having one, the term "child with developmental delay" is used.

The time and attention needed for a child with mental impairment will likewise be more. As a result, it will be the parent's and the teacher's obligation to create situational innovations in addition to educational ones. Parental counseling is absolutely essential. To prevent having parents have false expectations, it is important to clearly explain to them the goals a kid with mental retardation is capable of achieving. Depending on the child's level of retardation, these objectives will change. Some children with severe mental retardation may require instruction to control violent and self-destructive behavior. A mentally impaired youngster should be encouraged to participate fully and given the means to do so. Full participation, however, will depend on the kind and severity of the child's behavior and handicap. To ensure that the child is not denied chances because of his or her retardation, however, every effort should be taken.