

**TEACHING ENGLISH TO CHILDREN WITH
SPECIAL EDUCATIONAL NEEDS WITHIN
THE SYSTEM OF
INTEGRATED EDUCATION**

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1. CHARACTERISATION OF THE PROBLEMS

There is a number of factors that are responsible for special dysfunctions, disorders and retardation in children such as dyslexia, ADHD, speech disorders, sight analysis and synthesis disorders, hearing analysis and synthesis disorders, spatial disorders, movement retardation, emotional disorders. If not helped children will suffer from learning difficulties which result from these problems. It is very important to provide children with different activities and exercises helping them to cope with their problem and to develop properly or to diminish the problem. In this article I will deal with the most common difficulties that teachers have to face in their work within the system of integrated education (*nauczanie zintegrowane*). I will try to present sample activities and exercises that can help to deal with these problems.

The teacher's role in the system of integrated education is to help the pupil to discover his/her humanity. Intentional interventional pedagogical influences on children's disabilities have an important impact on the present form of the initial teaching. The basic condition, both theoretical knowledge and practical proposals, is to work out a system of effective forms, methods, means, and ways of organising work with a child with special educational needs. The use of clear-cut techniques and methods stimulating child's creativity allows children to develop elementary creative abilities. Educational situations, created by the teacher in the frame of integrated education as well as additional help, allow the stimulation of cognitive development of a child. [Wyczęsany and Mikruta 2002]

It is very important to pay attention to difficulty in selecting specific teaching content. The present level of realisation of school education requires from the teachers to have different competences: cognitive, communicative, social, organisational and instrumental (methodological). It is possible thanks to content-related, psychological and pedagogical knowledge that allows the effective work of the teacher. A pupil, who is the agent of all pedagogical actions, has to have the opportunity to personal development through creative communication with his/her teacher [Wyczęsany and Mikruta 2002].

The following problems are the most common in Polish schools.

1.1. Dyslexia

Dyslexia means that children have difficulties in proper mastering of either reading or writing abilities, or both. It is usually characterised by five concepts concerning prime factors causing dyslexia. These are:

- **genetic** – it is genes, inherited from generations, that are the reason for disorders and difficulties in writing and reading; it is so called **dyslexic heritage** which is supported by recent research.;
- **delayed maturity of central nervous system** – dyslexic disorders are connected with slowing down of the maturity of child's nerve system, which is caused by genes and hormones;
- **organic** – according to this concept, dyslexia is caused by micro injury of the brain area which particularly participates in the reading and writing process; it is connected with harmful chemical, physical and biological factors reacting with the central nervous system in the prenatal period.
- **hormonal** – the cause of dyslexia comes from the undeveloped structure of some parts of the brain and the improper model of brain development.
- **psychogenic** – this concept seeks the causes of dyslexia in emotional disorders resulting from stress and traumatic experiences; it is usually treated as something that deepens dyslexia but is not responsible for its origin.

It was estimated that there are 20-30% of dyslexic children who have genetic dyslexia. There are four times dyslexic boys than girls [Seliga 2002]. It is crucial to remember that dyslexia is not an illness and there is no medicine for it. If it is true that dyslexia is caused by the damage of the left hemisphere of the brain and the difference in development of both hemispheres causes dyslexic disorders. No matter what are the causes of dyslexia, however, the lack of ability of fluent reading and writing is a major difficulty in social and working life. It is very important to diagnose dyslexia in its earliest stage to be able to prevent many of unwanted results in the future. Treating dyslexia is based on compensatory classes (*zajęcia wyrównawcze, zajęcia reedukacyjne*). Their aim is to teach dyslexic people those terms which were not clear to them before. It means that they need more time to understand e.g. certain grammar rules. Having a friendly learning environment will also help to overcome dyslexic problems and more time to write a test or a possibility of oral performance is something that should be given to those children who were diagnosed too late for compensatory classes [Bragdon and Gamon 2003]

1.2. ADHD

One of very serious problems which some children suffer from is called ADHD - *Attention deficit hyperactivity disorders*. Hyperkinetic children are those who can be

characterised, in comparison to their peers, with excessive boom, increased emotional sensitivity, impulsiveness and the rapid change of action, lack of interest resulting from inattention. According to American DSM-IV (Diagnostic and statistical manual of mental disorders) there are special diagnostic criteria of hyperkinetic syndrome and inattention (ADHD). To say that a child suffers from hyperkinetic syndrome and/or inattention, at least six symptoms must be observed from each group presented below for at least six months.

A: hyperkinetic syndrome

1. restless hands and legs movements, fidgeting on the chair;
2. inability to sit still during school lessons;
3. running, climbing, or leaving a seat in situations where sitting or quiet behaviour is expected
4. difficulties in involving into play, games or activities that require calmness and waiting;
5. a child acts as if s/he would be “wound-up”;
6. very talkative, telegraphic speech
7. blurting out answers before hearing the whole question
8. difficulty waiting in line or taking turns;
9. breaking into someone else’s utterances;

B: inattention

1. often becoming easily distracted by irrelevant sights and sounds;
2. often making careless mistakes and failing to pay attention to details;
3. rarely following instructions carefully and completely;
4. losing or forgetting things like toys, pencils, books, and tools needed for a task;
5. often skipping from one uncompleted activity to another;
6. making impression that s/he does not hear what s/he is told about
7. inattention while completing a task;
8. difficulties in organising his/her work;
9. avoiding or refusing to engage in tasks that require longer mental effort.

If a child suffers from ADHD s/he must be treated by specialists and we, as teachers, can only be patient and try to help such children to cope with their school duties. Given that ADHD tends to affect functioning most strongly in school, sometimes the teacher is the first to recognize that a child is hyperactive or inattentive and may point it out to parents and/or consult with the school psychologist. Because teachers work with many children, they come to know how "average" children behave in learning situations that require attention and self-

control. However, teachers sometimes fail to notice the needs of children who may be more inattentive and passive, yet who are quiet and cooperative, such as those with the predominantly inattentive form of ADHD [Łosiowski 1997].

1.3. Speech disorders

There are many factors that are responsible for speech disorders. They are divided into endogenous (coming from the inside) and exogenous (coming from the outside). All kinds of disorders negatively influence the development of child's personality, especially social contacts and their cognition of the world. Nearly all children with speech disorders have learning difficulties, especially in reading and writing, which is very important in learning a foreign language.

To help children diminish minor cases of speech disorders a teacher should:

- take care of proper pronunciation and clear speaking paying special attention to intonation, stress, simple sentence structure;
- create a friendly atmosphere and be patient;
- encourage children to ask questions and be ready to speak;
- systematically control pupil's utterances.

Children who suffer from speech disorders have problems with articulation which is the result of repeating wrong speaking models, motor difficulties, or dyslalia. They have very poor vocabulary, they speak little and make many grammatical mistakes. They have problems with voicing, they mistake sounds, they also stammer [Chmielewska 1996].

If teachers want to help children with speech disorders, they can incorporate into the lesson plan certain activities that would develop speaking and vocabulary. It can be done by:

- making sure that the meaning of words describing animals, plants, objects, parts of the body, colours etc. is clear by presenting them with flashcards or visuals [Jastrzab 2002]



images taken from Ashworth and Clark 2002 *I-Spy 1 Activity Book*
published by Oxford University Press p. 45 and 51

- listening to stories should be supported by concrete material: visuals, real objects, flashcards etc.;
- repeating words, short sentences;
- naming objects, activities, colours, parts of the body, animals etc. presented on flashcards, real objects, pictures etc.;
- making sentences from given words;
- telling about pictures, stories etc.;
- telling about films, books, radio etc. [Jastrząb 2002].

Teachers can also incorporate exercises of speech organs: jaw, lips, tongue, soft palate etc. Moreover, they can perform breathing exercises or proper vowel articulation [Chmielewska 1996].

1.4. Sight analysis and synthesis disorder

Children who have not fully developed visual perception and who have upset noticing functions usually have difficulties in:

- differentiating graphic shapes, remembering and copying from a model or from memory;
- differentiating signs and objects with similar size or shape.

As far as language learning is concerned, they use letters and digits incorrectly. They mistake, for example, a-o, m-n, e-c etc. which makes language learning far more difficult. They mix small graphic elements. They make spelling mistakes, they have problems in arranging letters into words [Chmielewska 1996].

To help children deal with sight analysis and synthesis disorder, teachers can use activities with the simplest natural objects, well-known to children such as toys, everyday objects, fruit, food, etc. We can use:

- searching for similar objects;

Count and colour. Policz i pokoloruj

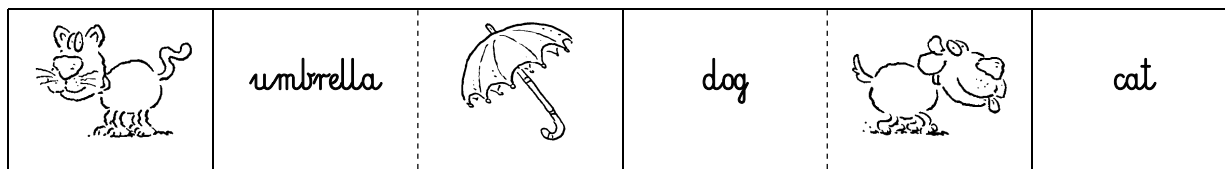


taken from S. McGugan 2005 *Sparks 1 Photocopy Master Book* p. 9

- crossing the odd one out

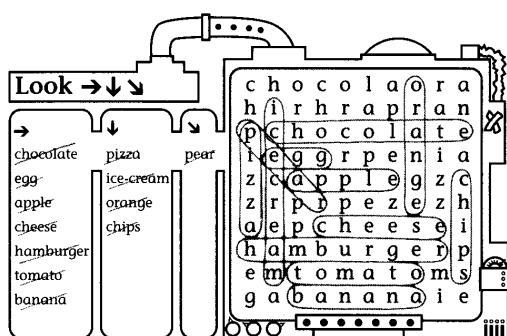
apple dog orange pear
dog horse umbrella cat

- playing/creating dominoes;



images taken from Ashworth and Clark 1996 *I-Spy Photocopy Master* p. B and D

- word puzzles;

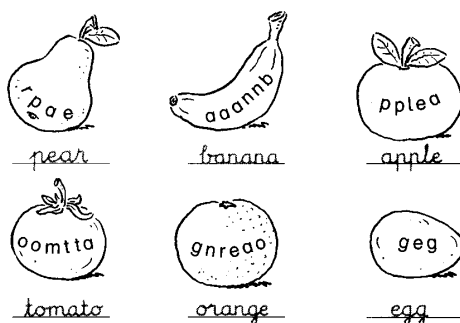


taken from Ashworth and Clark 2001 *I-Spy 1 Teacher's Book* p. 154

- tracing and drawing

My name is Karina.

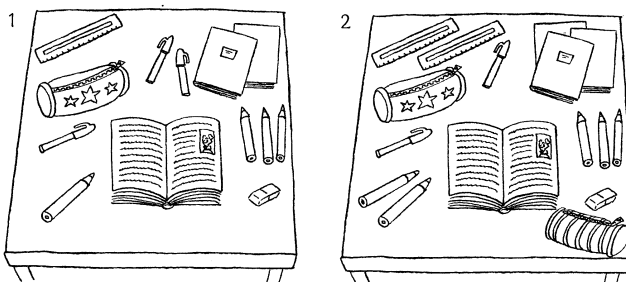
- writing words from mixed letters;



taken from Ashworth and Clark 2001 *I-Spy 1 Teacher's Book* p. 154 OUP

- spotting the difference between two pictures;

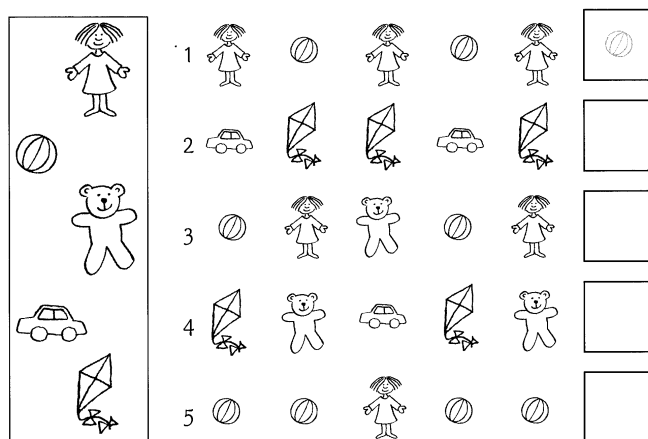
Circle five differences. Count and write the numbers.
Zakreśl pięć różnic. Policz i wpisz liczby.



taken from S. McGugan 2005 *Sparks 1 Photocopy Master* Book p. 6

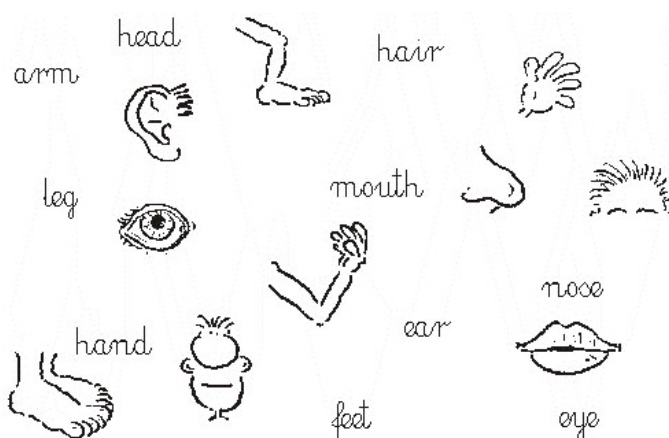
- filling in the missing element (a letter, a word or a picture) in a row;

Draw. Narysuj.



taken from S. McGugan 2005 *Sparks 1 Photocopy Master Book* p. 4

- pair matching – picture and text [Jarzab 2002]



images taken Ashworth and Clark 2002 *I-Spy 1 Activity Book* p. 45 and 51

1.5. Hearing analysis and synthesis disorder

One of the factors of mastering reading and writing is a proper functioning of hearing analysis organs that is ears, hearing nerves and the brain. It is very important to distinguish sounds to be able to analyse stimuli properly. If a child suffers from hearing analysis and synthesis disorder s/he hears words correctly, but s/he cannot differentiate single sounds or make one whole unit out of them. It influences reading and writing abilities of a child. It can also be responsible for delays in speaking or its disorder – skills that are indispensable when learning a language. In the system of integrated education children have problems in reading and dictations. Moreover, they do not understand more complicated oral instructions, it is hard for them to remember, repeat more difficult words and longer sentences. They have poor vocabulary, they make simple, ungrammatical sentences. They may also leave word endings and mix /s/, /ʃ/ and /ç/. And what is the most important from

the point of view of language teachers, they have big problems in foreign language learning [Chmielewska 1996].

All kinds of word games may help to deal with hearing analysis and synthesis disorder:

- write/say a word beginning with the last letter of e.g. *elephant*

e l e p h a n t
r
e
e l e v e n
a
i
l a u r a

- rhymes and chants;

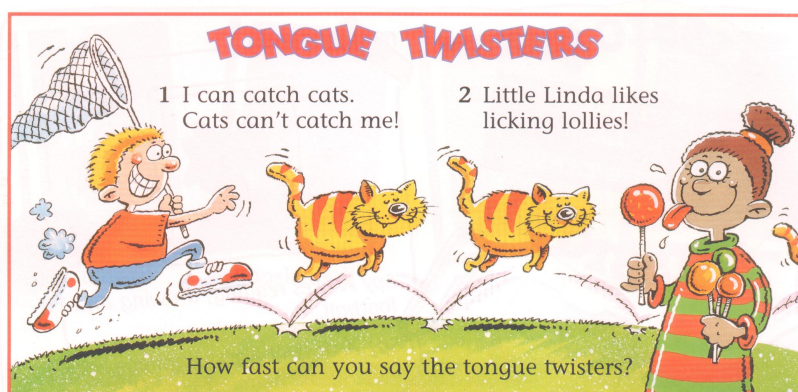
One, Two, I Like You



taken from C. Graham 1999 *Holiday Jazz Chants* p. 18

- rhythmic games, performing an action when hearing a certain word e.g. *banana* or a sound e.g. /b/ in a song *My Bonnie lies over the ocean*;
- story telling;

- learning poems and tongue twisters [Jastrzb 2002]



taken from Ashworth and Clark 2002 *I-Spy* 2 p. 40

1.6. Spatial disorder

Spatial disorder of direction is strictly connected with visual perception. Those features of visual perception which have a big impact on reading and writing are called directionalities. They are connected with spatial orientation. If a child has some disorder of spatial direction, s/he recognises symmetrical shapes but s/he has difficulties with asymmetrical shapes. These difficulties may intensify in connection with either horizontal or vertical axle. They have poor understanding of verbal instruction applying to spatial relationships like *in*, *on*, *behind*, *in front of*, *next to* etc. They often choose wrong lines to write in or do not write proper size letter. Moreover, they mix the direction of writing (the mirror effect) and they mistake letters similar in shape such as p, b, g and d [Chmielewska 1996].

Teachers may design activities in which a child will have to establish the organisation/place of certain objects in the picture *The cat is under the sofa. There is a mouse in the wardrobe*. Children may be asked to give oral answers on the basis of a picture

T: *Where are the keys?*

P: *They are on the table.*

or colour the picture following the oral instruction *Colour the big dog brown* or *Colour number one green*.

Listen. Colour the sums and the picture.
Posłuchaj. Pokoloruj liczby i obrazek.

$$1 + 2 = 3$$

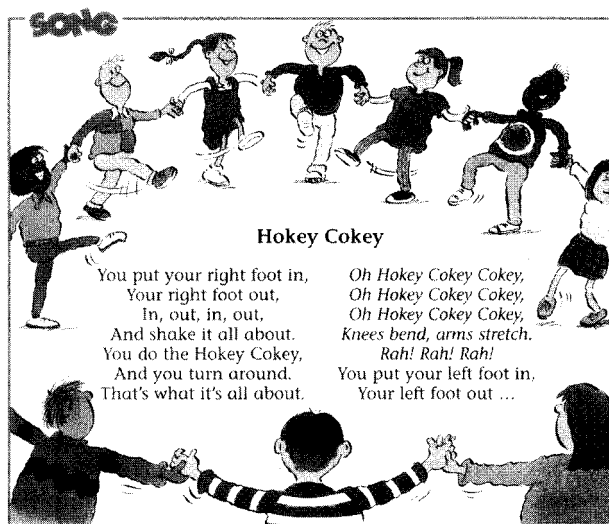
$$4 + 1 = 5$$

$$2 + 4 = 6$$



taken from S. McGugan *Sparks 1 Photocopy Master Book* p. 3

TPR activities may also support dealing with spatial disorder of direction e.g. naming and pointing to parts of the body *Put your right hand on your left knee* [Chmielewska 1996]. There are songs that can also help in teaching such as *Head and shoulders* or *Hokey Cokey*. Children can write a letter with their fingers in the air.



taken from Ashworth and Clark 2002 *I-Spy 1* p. 54

1.7. Movement retardation

The development of movement is strictly synchronised with psychological development, that is why children who are psychologically retarded show movement deficit.

Movement failures also consist of lateralisation disorder, and spatial disorder of direction. Difficulties connected with movement retardation can be divided into two groups:

- whole body movement awkwardness;
- manual awkwardness.

Such children unwillingly participate in activities and games that require movement. They get tired very quickly because they are usually in bad shape. They should undergo physical re-education under supervision of a qualified P.E. instructor.

Because of either too big or too small muscle tension, children hold their pens, pencils very tightly and they usually move their tongues and hands. They also suffer from disordered speed of movement which causes difficulties in manual activities such as fastening the buttons, sewing. Moreover, their handwriting is ugly, it lacks connections between letters, they change the size of the letters. Their notebooks are full of blots, mistakes and corrections. Furthermore, they find it difficult to read faster [Chmielewska 1996].

During language lessons teachers can provide activities that require some simple movement e.g. the action of swimming, dancing, jumping or skipping. Children can mimic animals and play guessing games with their peers. With the use of a ball (catching and throwing) children can practise colours or other vocabulary and structure:

T: *What is your name?* (throwing the ball to P1)

P1: *My name is Kasia. What's your name?* (throwing the ball to P2)

P2: *My name is Michal. What's your name?* (and the ball goes round the class)

Children are not aware that they are doing a physical exercise. They are not concentrated on movement but on getting the ball and having the opportunity to say their names.

We can ask pupils to knock the rhythm of a song or a chant. They do it in a group so children with movement retardation will not feel embarrassed when having made a mistake. If we plan some writing during the lesson we can give children something soft to crumple. TPR activities, action games and songs are also recommended.

1.8. Emotional disorders

Children who suffer from emotional disorder can be divided into those who are psychokinetically overexcited and children who are psychokinetically inhibited.

Psychokinetic overexcitement displays itself in:

- psychokinetic restlessness;
- excessive movement;

- uneconomical, useless movements;
- frequent change of position;
- attention disorders;
- sensitivity, impatience;
- susceptibility of arguments, fights and taunts;
- stammering, nervous ticks and grimaces;
- unequal work at school.

Psychokinetical inhibition displays itself in:

- difficulties in establishing verbal contact;
- lack of self-confidence;
- complexes, excessive sensitivity;
- uncertainty, states of fear and anxiety, truancy;
- slowed down psychokinetical reactions;
- sleep and hunger disorders;
- stammering and stacking;
- passiveness, apathy and depression
- suicidal tendencies [Chmielewska 1996].

Developmental disorders of emotional processes often have their origin in school failures but most frequently they are their consequences. Children with disorders of visual perception, hearing and speech usually have problems in learning at the beginning of their school career. In consequence, they lose interest and motivation. If diagnosed improperly they are wrongly judged and they are usually criticised and punished by their peer and teachers. They feel as being in danger because they do not satisfy their needs such as: the felling of safety, acceptance, respect and self-confidence. Among various psychological needs, these appear leading in the school period and they need to fulfil them. If they meet any obstacles and difficulties they become the source of strong emotional reactions such as fear or anger [Czajkowska and Herda 1989].

The therapy for children with emotional disorder aims at calming or activating the nervous system, lengthening attention time, mastering sight analysis and synthesis, developing verbal-logical thinking, self-control habits and developing a positive attitude towards themselves. Lessons should be adjusted to abilities and needs of children. The activities should start from those which are reproductions and then move towards more independent ones. Teachers can supply their pupils with:

- graphomotored activities – copying without tearing their hands off the paper;
- copying shapes according to a model shape.

Due to the presence of children who are either psychokinetically restless or psychokinetically inhibited in one class it is very difficult to provide activities for such mixed groups. Needs of both groups are different that it why school psychologists, psychologists, re-educators and speech therapists should take a special care of such children and help them in overcoming their problems.

2. SAMPLE METHODS AND ACTIVITIES STIMULATING THE FUNCTIONS

Various dysfunctions in children which we encounter nowadays can be dealt with using the methods developed by Paul Dennison, Veronique Sherborne, Thea Bugnet, Ann Ayres and Marta Bogdanowicz. Although the methods and techniques are especially developed and designed for specialist who deal mainly with children who suffer from such problems, they can be easily adapted and used in the English language classroom.

2.1. Dennison method

Paul E. Dennison method is called *Educational Kinesiology* or *Brain Gym* used both for enhancing natural development of children and stimulating children with special educational needs.

Educational Kinesiology or *Brain Gym* is a system of quick and enjoyable exercises that directly enhance brain function. They are based on the principle that moving your body maximizes your brain power. Brain Gym grew out of clinical studies started in 1969 by Paul Dennison, Ph. D., an educational therapist. They led him to the study of kinesiology, the science of body movement and the relationship of muscles and posture to brain function. The result is Edu-Kinesthetics (Edu-K) and Brain Gym, a simple and highly effective system of target activities that prepare the brain and the entire nervous system for optimal performance in all areas [Wyczęsany and Mikstura 2002].

If we use exercises proposed by the method we improve communication, organisation and attention skills. Children become more confident and they express their needs more easily. They also become open for changes, they learn more quickly and more effectively. They start to live more harmoniously with the world. The method is especially helpful in working with children with learning problems and developmental deficits. It can be used either individually or in a group work [Zwoleńska 2002].

The method proposes a number of activities helping in learning. The following list contains activities that may be useful in a foreign language classroom:

- **Thinking Caps** - this exercise helps with mental arithmetic, short term memory, listening comprehension, spelling, and tuning out distractions; it improves listening comprehension, public speaking, and spelling;
- **The Elephant** - improves listening comprehension, short and long term memory, thinking ability, spelling and math;
- **Arm Activation** - improves penmanship, creative writing, and spelling; it lengthens attention span, focus and concentration;

- **Neck Rolls** – is beneficial for oral reading, silent reading, and study skills;
- **Belly Breathing** - improves attention span, reading, oral reading and speech;
- **The Owl** –is beneficial for listening comprehension, speech, spelling, mathematical computation, typing and computer work;
- **Cross Crawl** - this exercise improves spelling, writing, listening, reading and comprehension; hearing and vision, coordination for sports, and physical activities;
- **Lazy Eights** – it improves reading comprehension and long term memory;
- **Alphabet Eights** – it improves penmanship, spelling and creative writing;
- **Cross Crawl Sit-ups** – is beneficial for reading, listening, math computations, mechanics of spelling and writing.

The above activities are only examples. In *Twórcza kinezyjologia w praktyce. Propozycje dla każdego* (2002) one can find more exercises with detailed descriptions and instructions. Their very big advantage is that they can be done by teachers and parents and do not require any qualified professionals. If we spend 5 minutes doing some of the above exercises, we will stimulate natural development of our pupils, and what is more important, we will help pupils with some learning difficulties and who have special educational needs [Zwoleńska 2002].

2.2. Sensory integration

The term of Sensor Integration (SI), a method developed by Ann Ayres, refers to visual perception processes which come to our body and which are integrated in the nervous system in a way they can be used to create proper reactions. It can be defined as a process in which we organise impressions that are received by our organism and they can be used in intentional, finished with success, action.

A child has to use sensual experiences to face demands coming from the outside world successfully. It is called an adaptation reaction – an intentional, directed on a specific goal action or reaction on sensual stimulus. Before a child starts to show adaptive reaction, his/her nervous system has to learn to understand and organise sensations. We can react properly on the condition that our brain knows and understands what has happened [Maas 1998].

Physical exercises suggested in SI do not require any specific equipment. Some of the exercises can be done at the beginning of each lesson to stimulate our senses. One of the simplest exercises is turning around with our sight concentrated on one point being situated at

the proper level and distance for the child. If there is a place in the classroom children can turn around on their stomachs focusing on a flashcard with an object to remember. Such exercises stimulate our senses and if we are stimulated we can learn more effectively [Borkowska 1997].

2.3. Bon Depart method – a method of good start

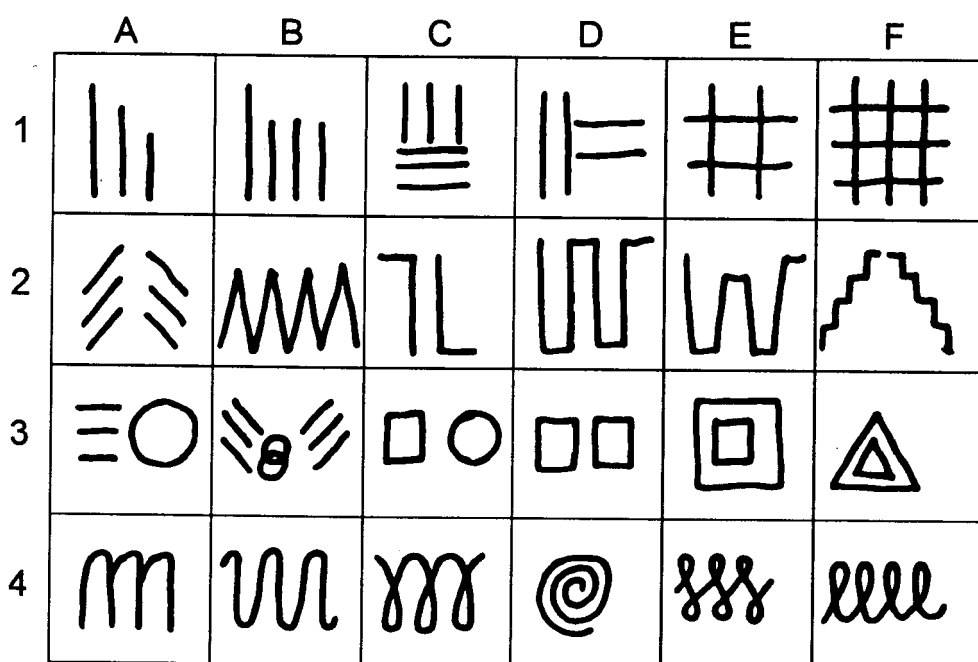
The Method of Good Start (MGS) is modelled on the French Le Bon Depart Method, developed by Thea Bugnet. In Poland MGS was developed by Marta Bogdanowicz who has started to use this method as a form of preparation to take up learning of writing and reading. MGS is also applicable as a form of rehabilitation of mentally retarded children and children with disharmony in mental and motor development. The Method of Good Start (MGS) is a sensorimotor approach concerned with working with children. It involves three elements:

- the visual element - involving graphic models (the geometrical patterns or letters)
- the auditory element - the songs
- the motor element - movement during reproducing graphic models or letters, harmonised with the rhythm of a song.

It is aimed at making the visual auditory and kinaesthetic-motor functions more efficient simultaneously, and helping to coordinate these different functions.

In each activity there are:

- movement activities – which improve and relax, children do them standing and make various movements imitating activities connected with a picture or a song (cf. *Hokey Cokey* p. 11);
- auditory-movement activities – these are exercises of hands and fingers in the rhythm of a song.
- visual-auditory-movement activities – children reproduce with the hand movement graphic signs in the rhythm of a song they sing [Jastrząb 2002].



taken from Jastrzab 2002 *Usprawnianie funkcji percepcyjno-motorycznych dzieci dyslektycznych*. p. 63.

2.4. V. Sherborne's method

Veronique Sherborne, an English educator worked out a system of movement exercises – Developmental Movement. It is a programme aimed at developing through proper exercises and plays the following features: self-esteem, self-confidence, the feeling of safety, responsibility, sensitivity, ability to establish relationships. This method is particularly useful when working with psychokinetically overexcited, aggressive, anxious children and in cases of deeper developmental disorders.

The method proposes exercises that:

- lead to cognition of child's body;
- allow gaining self-confidence and the feeling of safety;
- make establishing social relationships easier;
- are creative.

It can be used when working with children who are mentally impaired, children who stammer, children who are psychokinetically overexcited, and children who are emotionally disordered.

Most of the activities are simple and can be used at the beginning of the lesson:

- children sit on their chairs and pull closer their legs one by one to their bodies;
- children sit on their chairs and they put their head between their knees;
- children march putting their knees high up;
- children walk with their legs stiff [Bogdanowicz, Kisiel and Przasnyska 1998].

CONCLUSIONS

The number of children who suffer from problems such as dyslexia, ADHD, speech disorders, sight analysis and synthesis disorders, hearing analysis and synthesis disorder, spatial disorder, movement retardation, emotional disorders is increasing. Because of these problems they have learning difficulties, they can be rejected by their peer group and sometimes rejected even by adults as being naughty and unintelligent. The problem is becoming more and more serious and it is very important to notice any dysfunctions and disorders as early as possible.

Teachers, either integrated education teachers, English teachers, P.E. teachers or religion teachers, are responsible for enhancing children's development and their learning of new things and abilities. They are usually the first to notice any of the problems their pupils suffer from. If noticed, the parents and the headmasters should be informed and a child must be treated by a special Psychological and Pedagogical Counselling Centre and there s/he should be given a list of activities diminishing his/her problems and enabling to develop more properly.

The aim of any reeducational activity organised for children within the system of integrated education is to enhance child's development. A child, who is the agent of the teaching process, must be given the opportunities for proper development of skills and abilities and gaining new competences. However, children with special educational needs demand from their tutors to be given a special care and attention to help them cope with school tasks. The system of integrated education and English language as a part of the system can greatly contribute to deal with the problems described in the article. Sample activities presented as easy examples how English language lessons can stimulate and help children to develop more properly. Most of the activities were taken from English course books, they are used by teachers and with additional support many children could experience educational process more easily without the threat of being rejected.

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