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*E.M. Kulesza*

## POSITIVE ASSESSMENT OF COGNITIVE DEVELOPMENT IN PRESCHOOL CHILDREN WITH INTELLECTUAL DISABILITY

У статті подані оцінки когнітивного розвитку на основі теорії Л.С. Виготського, А. Бандури, кожна з яких припускає, що соціальний фактор відіграє важливу роль у розвитку дитини. Концепція Виготського "про актуальну зону розвитку" визначає рівень складності завдання і участь вчителя у процесі вирішення проблеми. Теорія Р. Кейсі вказує на значення середовища у когнітивного розвитку дитини. Теорія соціального когнітивізму Бандури описує процес засвоєння складних форм поведінки шляхом імітації. Фундаментальну роль в оцінці грає ідея Виготського "про актуальну зону розвитку". Модель оцінки була позитивно перевірена на 150 польських дітей дошкільного віку з нормальним розвитком і дітей з легким та помірним ступенем розумової відсталості. Емпіричні дані показують, обґрунтованість та ефективність рішень, які використовувались в діагностичній моделі.

**Ключові слова:** позитивна оцінка, когнітивний розвиток, розумова відсталість, актуальний рівень розвитку, найближча зона розвитку.

В статье представлены оценки когнитивного развития на основе теории Л.С. Выготского, Р.Кэйси, А. Бандуры, каждая из которых предполагает, что социальный фактор играет важную роль в развитии ребенка. Концепция Выготского "о актуальной зоне развития" определяет уровень сложности задачи и участие учителя в процессе решения проблемы. Теория Р. Кейси указывает на значение среды в когнитивном развитии ребенка. Теория социального когнитивизма Бандуры описывает процесс усвоения сложных форм поведения путем имитации. Фундаментальную роль в оценке играет идея Выготского "о актуальной зоне развития". Модель оценки была положительно проверена на 150 польских детей дошкольного возраста с нормальным развитием и детей с легкой и умеренной степенью умственной отсталости. Эмпирические данные показывают, обоснованность и эффективность решения, используемых в диагностической модели.

**Ключевые слова:** положительная оценка, когнитивное развитие, умственная отсталость, актуальный уровень развития, ближайшая зона развития.

Exploration of internal human resources, as well as favorable external factors is part of a trend of Seligman positive psychology (2002), which is defined as the science of happiness, health, strength and virtues of man, from which it draws Polish contemporary psychology and special education (Czapinski 2004, Kulesza 2006). Sign of the times is to see that a person with intellectual disability is a sentient person, who has the right to be happy.

For many years researchers have focused on the negative aspects associated with intellectual disability, on a description of the specific needs of people with disabilities and difficulties experienced by them. Less attention was paid to the possibilities of overcoming these difficulties. Therefore, the area of limitations has been better recognized. Diagnosis, which provides assistance strategy, can be used to overcome these limitations. Such diagnosis is particularly valuable for the teacher, as it allows to reveal student's strengths and therefore we can talk about a positive diagnosis (Obuchowska 2002).

The idea of learning by gathering experiences during an activity shared with a more experienced partner is particularly important in special education. Among the leading and most intensely explored concepts is L.S. Vygotsky's theory of the "zone of proximal development", which was developed in the twenties of the 20<sup>th</sup> century, and this theory inspires psychologists and teachers of the 21<sup>st</sup> century. L.S. Vygotsky (2004) claimed that instruction should anticipate development; therefore, the teacher's task is to give the student such problems that require his/her proximal development potential to be activated to be solved. Effectiveness of such approach is confirmed in foreign and Polish research. This theory is a very good basis of developing diagnosis for children with developmental disorders.

Over several decades this concept was used in the Soviet Union/Russia to select preschool-aged children with intellectual disabilities for special education settings (Venger, Vygotskaya & Leongard 1972). It was also applied in the seventies in diagnosis differentiating between "children unable to learn"?<sup>1</sup> e.g. because of hindered development, and children with intellectual disabilities (Yegorova 1973). According to T.V. Yegorova (1973), with the same initial level of cognitive abilities, these children differ significantly in terms of their ability to use the adult's instructions.

The replication research on American students with low (70), average (101) and high (over 122) IQ scores conducted by I. Brown (1979), A.L. Brown and R.A. Ferrara (1994) indicates a lower relationship between learning ability and the intelligence quotient. The authors distinguished five learning profiles: 1. slow learners, narrow transferrers, low IQ (slow), 2. fast learners, wide transferrers, high IQ (fast), 3. fast learners, narrow transferrers (context-bound), 4. slow learners, wide transferrers (reflective), and 5. fast learners, wide transferrers, low IQ (high scores). Based on the zone of proximal development concept (ZPD), a number of profiles were developed that showed great diversity both among high-IQ students, and low-IQ students. But in the case of two thirds of the subjects, the intelligence quotient

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<sup>1</sup> The term used by T.V. Yegorova, the author of the research.

turned out to be a good predictor of their learning speed.

The test-teach-test procedure which assess the learning speed of children and adolescents with poor achievements refers to the proximal development zone. According to the research conducted by M. Budoff (1974) and M. Feuerstein (1980), learning potential is a good predictor of adaptation to school requirements and of ability to take up and keep a job in adolescence. This research revealed characteristics of "retarded performers" (M. Feuerstein's term used in reference to low-IQ people).

Based on the Russian psychologist's ideas, M. Feuerstein developed an "instrumental enrichment program" for Israeli adolescents. Learning is there mediated by interactions with adults who direct activities connected with problem-solving. This program turned out to be successful and was implemented in the USA (after Brown & Ferrara 1994).

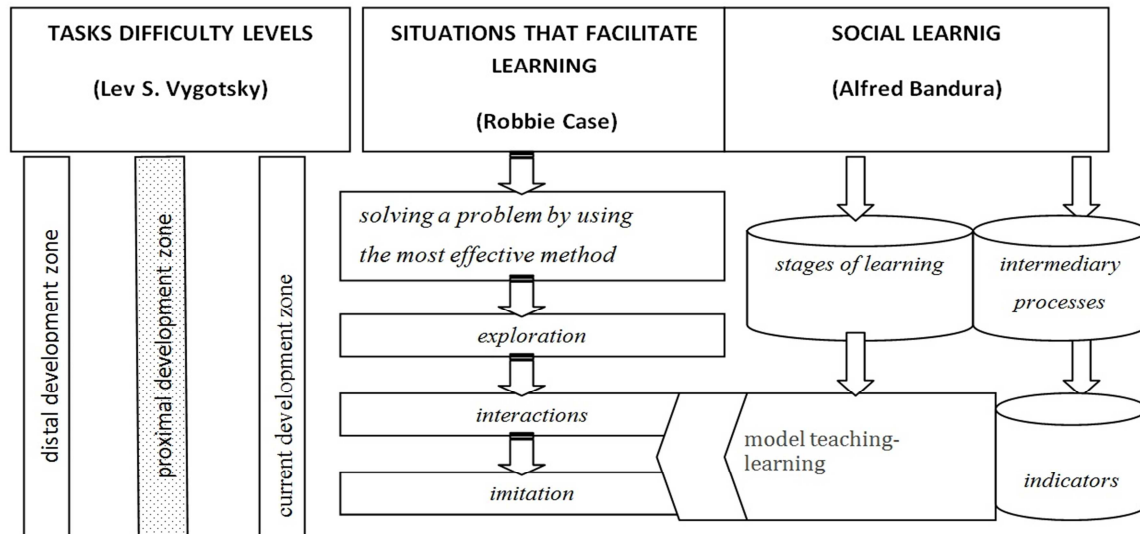
In Poland, the idea of development zones was used in diagnosis of mathematical capacities in students with mild intellectual disabilities. H. Siwek and B. Kuras (1989) distinguished and described the following teaching stages: first a model solution is demonstrated (the student imitates the teacher directly), then the student independently distinguishes a rule to be used in the next task. And E. Gruszczyk-Kolczynska, E. Moroz, H. Lysek and M. Wojnowska (1987) developed a diagnostic method for mathematical activity of children with normal development in lower grades of elementary school which took into consideration the stages of support when the student could not manage a problem.

Thus the strategy of providing students with cues, or scaffolding, was used by M. Budoff (1974), L.A. Venger, G.L. Vygotskaya and G.L. Leongard (1978), M. Feuerstein (1980), J.S. Bruner, G. Ross and D.J. Wood (1986), A.L. Brown and R.A. Ferrara (1994), H. Siwek and B. Kuras (1989) and others. However, most of these researchers' suggestions are not entirely satisfactory as either they do not have standardized procedures for providing support, or clear qualitative/quantitative criteria. What is more, the analysis of existing scales and tests which assess the achievement of children with successful development and children with developmental disorders shows lack of sensitive tools that measure not only present achievements but also proximate potential of preschool-aged children with developmental delays. That is why it was found worthy to develop a model of assessment which will fill in this gap.

#### Theoretical model of positive assessment

The model of the child cognitive development assessment was developed on the basis of three concepts: L.S. Vygotsky's sociocultural theory (1971), A. Bandura's theory of social learning (1977), and R. Case's theory of cognitive change (1985). What these concepts have in common is the recognition of the importance of social environment for child development. According to sociocultural theory, child-adult interactions are fundamental for child's development. Cognitive change theory, in turn, regards social interactions as one of the sources for a child to gather experiences. And in social learning theory, the focus is on the person whose behaviors a child is to reproduce. The model of cognitive development assessment is composed of three links, each of which is

justified in one of the above theories (Fig. 1).



**Fig. 1. A theoretical model for diagnosis of development potential**

Source: Kulesza, E.M. (2011). Diagnoza potencjału poznawczego dzieci w wieku przedszkolnym – model teoretyczny oraz weryfikacja narzędzia. Szkoła Specjalna, 1, p. 19.

However, fundamental for the entire construct is L.S. Vygotsky's concept of the "Proximal Development Zone" (PDZ), which distinguishes two main areas: actual and proximal development. Their borders are defined by tasks of different difficulty. The Current Development Zone (CDZ) includes the problems which a child is able to solve independently, they reflect the level of development of a child's mental functions that has been established as a result of certain already completed developmental cycles. This psychologist maintained that the assessment of the actual developmental level does not give a complete picture of a child's abilities. In his opinion, it is necessary to determine the Proximal Development Zone (PDZ), i.e. the problems which a student cannot solve independently, but which he/she is able to solve under guidance or with help from others. "By using this method we can take account of not only the cycles and maturation processes that have already been completed but also those processes that are currently in a state of formation, that are just beginning to mature and develop" (Vygotsky 1971, p. 542). L.S. Vygotsky's theoretical construction of developmental zones can be expanded by the Distal Development Zone (DDZ) as this area includes the tasks given by the teacher which are too difficult for a child. In accordance with the defined borders of the developmental zones, the model of educational assessment provides for giving dosed support in case of difficulties. In most tasks, support will be graded in two successive stages:

- the assessor carries out a given task using a method which is proximal to the child, by trial and error most frequently, and
- the assessor and the child carry out the task together, using a method which is proximal to the child, the assessor uses verbal prompts and

provides hand-over-hand assistance – if it is necessary and if the child allows him/her to do that.

Thus, such diagnosis includes components of controlled, strictly dosed instruction. We can then follow the process of a child's learning depending on the type and amount of support given. In his turn, R. Case (1985) claims that support in solving problems increases reciprocal regulation of child/adult interactions.

The sources and situations which promote learning are well described in R. Case's cognitive change theory. They correspond to L.S. Vygotsky's developmental zones. The tasks which an individual performs independently, in the course of his/her own activity, i.e. while he/she is solving problems and exploring independently, delimit the borders of his/her actual capabilities. And the tasks performed with the assistance of another person delimit the capacity of proximal capabilities. They show a store of social experiences gathered as a result of interaction and imitation. Changes in behavior during the performance of a task depend on the interrelation between cognitive development (cognitive abilities) and learning processes.

Diagnosis will be based on the use of learning by observation and imitation of the teacher's behaviors, who will be – in accordance with A. Bandura's terminology (1977) – hereinafter referred to as a "model." According to social learning theory, it is this "model" – a person whose behavior is to be reproduced – that is a fundamental link in the whole social learning process.

### **Methodology**

The research aims to determine current and potential cognitive development of Polish children with successful development and with intellectual disability.

Group under study consists from 150 Polish children, including 75 kids with intellectual disability, including mild – 47 with mental age from 36 to 71 months, and moderate – 28 with mental age of 36 to 71 months, and 75 kids characterized with standard development with mental age from 36 to 83 months. Well developing children were paired with intellectually disabled children with at the same mental age.<sup>2</sup>

There was used as method a diagnostic experiment and test technique. A tool - Set of Cognitive Tasks – was developed by the author. A validation of the set based on the population of Polish children. The results of the psychometric analysis of the tool were published by E.M. Kulesza (2004).

The set of cognitive tasks has 11 batteries (parts). Each battery tests abilities which, as developmental psychology findings prove are an achievement characteristic of preschool age.

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<sup>2</sup>Research on this population undertaken by E.M. Kulesza was also presented in a series of articles published in the Special School journal in 2011 (numbers 1, 2, 3, 4, 5) and in 2012 (number 1).

The batteries in the set measure:

1. Basic ability to perceive shapes and colors:

A. Ability to perceive the correspondence between the shapes of geometric figures, to understand "the same" concept, to perceive the correspondence between the shape of the base of a solid figure and the shape of a hole,

B. Ability to perceive colors and to identify them by choosing objects in corresponding colors, ability to understand "the same" concept;

2. Ability to match a color name to a colored object (passive and active knowledge);

3. Ability to perceive the size of objects and to order them from the largest to the smallest one, visual-motor coordination;

4. Ability to synthesize parts (spatial elements) into a whole, ability to combine elements;

5. Ability to perceive an object as a larger one and as a smaller one at the same time in a row of objects arranged from the smallest to the largest (if  $A > B$  and  $B > C$ ,  $C < A$ );

6. Perception of objects in pictures:

A. Ability to identify objects, "the same" concept,

B. Ability to synthesize pieces into an object;

7. Ability to perceive spatial relationships between figures of different shapes, spatial imagination;

8. Ability to classify objects nonverbally, ability to generalize, ability to perceive pictures grouped in sets as similar and different at the same time;

9. Ability to perceive a specific number of objects, amount/number correspondence;

10. Ability to perform addition and subtraction operations;

11. Ability to perceive relationships and to understand cause-effect relationships between elements.

All tasks were scored using a 0-4 scale, taking into consideration the utilized method for solving the task and the magnitude of help provided. The detailed scoring guidelines were as follows:

**Current Development Zone:**

4 points – solution using the most effective and economical method (a less time-consuming method)

3 points – solution using a more time-consuming method

**Proximal Development Zone:**

2 points (lower area) – 1<sup>st</sup> stage of support: solution after adult's demonstration of a method most adapted to the child

1 point (upper area) – 2<sup>nd</sup> stage of support: solution after previous joint solution with an adult

**Distant Development Zone:**

0 points – task not solved despite provided help

## Results

All children were interesting in the diagnostic material and seemed especially fascinated with "the Russian doll". The intellectually disable pre-schoolers liked to play with the doll very much, they dismantled and pieced the toy many times and don't like to give it back.

When the child doesn't solve a task, the teacher present the effective solution, adapted to the child's developmental level. The examined group composed of keen observers. Some of intellectually disable children simply copied the teacher's movements without understanding the purpose. However, many of them imitated the presented strategies and solved the tasks.

The children have also exhibited readiness to enter into interactions and were sensitive to the judgment of the teacher. For example, while solving tasks, the children frequently looked at the teacher, presented him with the effect of their efforts (e.g. assembled toy) and awaited acknowledgement and praise.

A definite strength of children with mild and moderate intellectual disability is their communicational sensitivity and well developed imitational mechanism. Those two serve as pillars on which the model of assessment is based.

Table 1 contains the results of 47 children with typical development and 47 children with mild intellectual disability. Well developing children were paired with intellectually disabled children with at the same mental age and then their results were compared. The results of 28 children with typical development and 28 children with moderate intellectual disability provided in the Table 2. It was used the same strategy: well developing children were paired with intellectually disabled children with at the same mental age and then compared.

Table 1

### Tasks in development zones of children with normative development (ND) and children with mild intellectual disability (ML) - age groups (%)

YEARS	CHILDREN	GROUP	DEVELOPMENT ZONES				Tasks
			Current	Proximal		Distant	
				Lower area	Upper area		
3	11	ND	83.3	16.7	0.0	0.0	12
	11	ML	16.70	50.0	33.3	0.0	12
4	14	ND	46.1	46.2	7.7	0.0	13
	14	ML	30.7	46.2	15.4	7.7	13
5	11	ND	78.6	21.4	0.0	0.0	14
	11	ML	21.4	42.9	28.6	7.1	14
6	11	ND	88.9	11.1	0.0	0.0	9
	11	ML	11.1	77.8	0.0	11.1	9

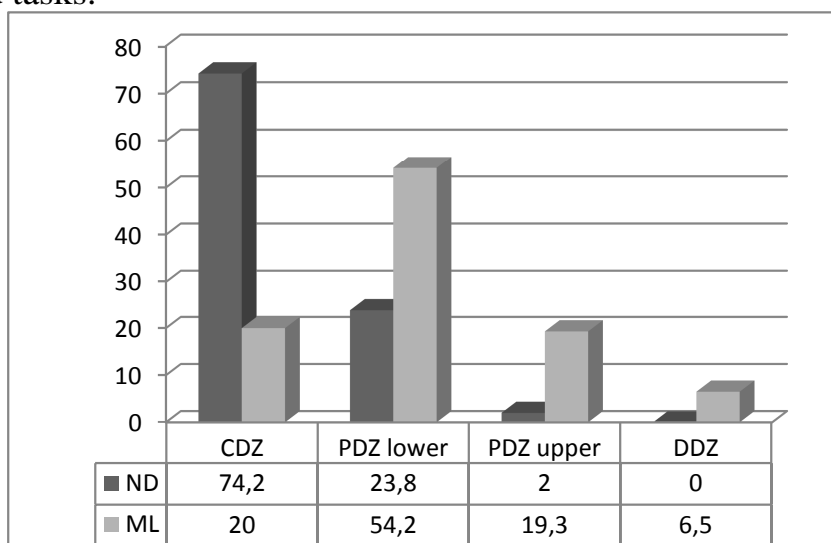
Table 2

**Tasks in development zones of children with normative development (ND) and children with moderate intellectual disability (MD) - age groups (%)**

YEARS	CHILDREN	GROUP	DEVELOPMENT ZONES				Tasks
			Current	Proximal		Distant	
				Lower area	Upper area		
3	19	ND	91.7	8.3	0.0	0.0	12
	19	MD	50.0	25.0	25.0	0.0	12
4	6	ND	69.2	30.8	0.0	0.0	13
	6	MD	15.3	38.5	38.5	7.7	13
5	3	ND	85.7	0.0	14.3	0.0	14
	3	MD	14.3	57.1	14.3	14.3	14

Current cognitive achievements of children with typical development are higher than their disabled peers in each age group (Table 1 and Table 2). According the data children with typical development solve independently 74.2% of tasks while children with mild intellectual disability 20%. Preschoolers with moderate disability show better results: they solve 26.6% of tasks and their peers with successful development 82,2% of tasks (Fig. 3).

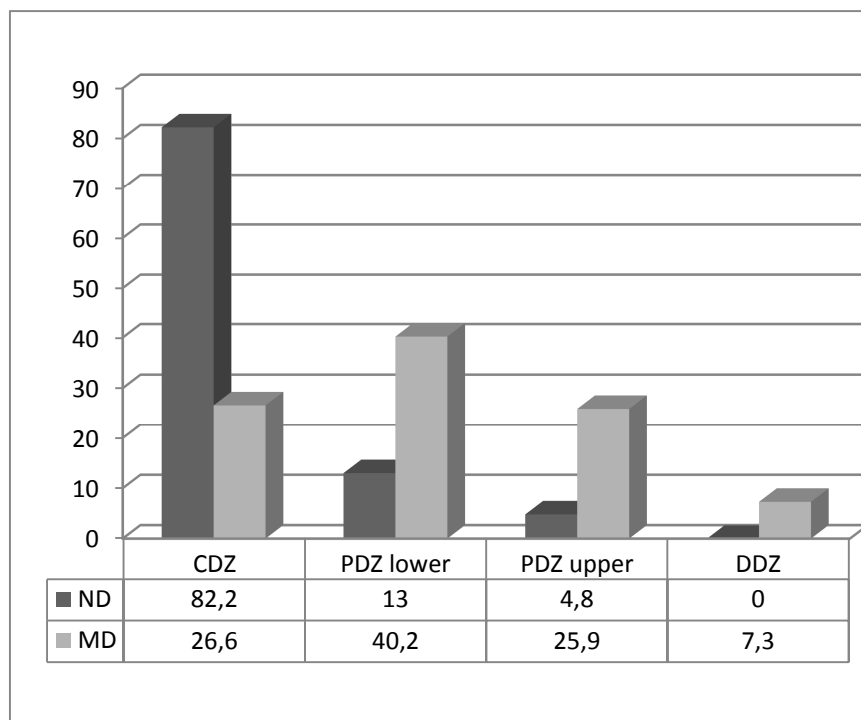
Let's analyse the results obtained via a positive diagnosis which foresees providing controlled help in tasks that prove difficult. The picture is a quite different when we look at the zone of proximal development. The kids with mild and moderate disability gained significantly better results in all age group. The analysis has shown that the proximal development zone for the typically developing children contained 25,8% (Fig. 2) and 17.8% (Fig. 3) of all solved tasks.



CDZ – Current Development Zone; PDZ – Proximal Development Zone; DDZ – Distant Development Zone; ND – normative development; ML – mild intellectual disability

**Fig. 2. Total tasks placed in development zones of children with normative development and children with mild intellectual disability**





CDZ – Current Development Zone; PDZ – Proximal Development Zone; DDZ – Distant Development Zone; ND – normative development; MD – moderate intellectual disability

**Fig. 3. Total tasks in development zones of children with normative development and children with moderate intellectual disability**

It is very positive that the disabled children, when helped, were able to pass most tests designed for their development groups: 73. 5% of tasks in case of mild disability (Fig. 2) and 66.1% of tasks in case of children with moderate disability (Fig. 3). However some of the tasks were too difficult for them: 6.5% of tasks - for the mild disabled (Fig. 2) and 7.3% of tasks - for the moderate disabled (Fig. 3). Children with typical development solve independently or with the help all the tasks (Fig. 2 and Fig. 3). The effectiveness factor for children with mild and moderate disabilities was similar - about 50%. The effectiveness of hints given to pre-schoolers of the normative group was in the vicinity of 90%.

**Discussion**

The study group characterized a good observational and imitative skills. S.I. Davydova (1975) and N.D. Sokolova (1973) confirmed that intellectual disable pre-schoolers are able to purposely imitate an adult. All children, including those with intellectual disability, showed a high sensitivity of communication. Readiness for communication in mild intellectually disabled children aged 5-8 has previously been observed by E. Glod (after: Koscielska 1998). Observations by K. Kulikowska (1971) and H. Olechnowicz (1988) indicate that even individuals affected by moderate or severe intellectual disability are able to effectively communicate and cooperate, which is manifested in their preference for a joint play with the adult.

Two effects are worth mentioning: first, children with moderate intellectual disability learned as quick as their mild disabled peers and second,

the disabled were sensitive to the teaching method utilized by the teacher. They effectively used every second hint, while the children with typical development had used every prompt. The results are consistent with the findings A.L. Brown and R.A. Ferrara (1994), and T.V. Yegorova (1973) who have found positive correlation between learning ability and the intelligence quotient. However, the study by E.M. Kulesza (2006) has shown that procedure task-help-task reveals comparable, in some areas, cognitive achievements of disabled children to children with typical development.

### **Summary of results**

The assessment using the task-support-task procedure revealed the following:

- communication sensitivity of children with intellectual disabilities in a task situation: a well-developed need to be in the field of attention, a need to have one's actions assessed and a need to cooperate;
- ability to imitate the ways to solve a task demonstrated by the adult;
- educational sensitivity: every second prompt was effectively used by children with intellectual disabilities;
- large development potential of children with intellectual disabilities; majority of tasks were done in the zone of proximal development.

In a standard test utilizing the pass-fail assessment, the children with intellectual disabilities would be graded extremely bad. Due to the system of guiding hints the results of the groups have improved significantly. The experimental results bear witness to a high level of cognitive potential in children with intellectual disabilities in relation to their proximal development zone.

The theoretical model and based on the model diagnostic procedure do not remove differences resulting from intellectual disability, but move the focus from the limitations on the strengths and development potential of children.

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The paper presents an assessment of cognitive development based on L.S. Vygotsky, R. Case and A. Bandura concepts. Each of these theories suggests that a social factor is important in child's development. Vygotsky's concept of "proximal zone of development" defines a level of task difficulty and teacher engagement in process of solving a problem. Case's theory indicates situations in which cognitive change gets. In addition, Bandura's theory describes process of instructing, behaviour of diagnostician presents is an exemplar for imitating. The fundamental role in the assessment plays Vygotskian idea of proximal development zone. The model of assessment has been positively verified on population of 150 Polish pre-school children with successful development and children with mild and moderate degree of intellectual disability. Empirical data show the validity and effectiveness of the solutions used in the diagnostic model.

**Keywords:** positive assessment, cognitive development, intellectual disability, current, proximal and distant zone of development

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*В.М. Бойчук*

## **ОСОБИСТІСНО ОРІЄНТОВАНИЙ ПІДХІД ДО ДІТЕЙ З ВАДАМИ ІНТЕЛЕКТУ НА УРОКАХ ІСТОРІЇ УКРАЇНИ**

У статті показано переваги особистісно орієнтованого навчання дітей з розумовими вадами на уроках історії України.

**Ключові слова:** особистісно орієнтований підхід, вади інтелекту, історія України.

В статті освіщені переваги особистісно орієнтованого навчання дітей з інтелектуальними порушеннями на уроках історії України.