

Dpe and goal instruction

[Profession](#), [Teacher](#)



If teaching were as simple as using the one best way to teach everything, it would be considered science. However, there isn't just one correct method to teach everything. That is the reason teaching is an art. If teaching meant to follow a text book and a "one size fits all" approach, then anyone would be a master teacher. That is why teachers and especially special educators are unique and special.

That is why teachers know that individual needs, strengths and weaknesses must be considered to make the instructional process successful and geared to equip the student to achieve his optimum skills and abilities to meet the challenges of daily living. Students come with their own individual packages and no two of them are alike. Even though the curriculum is the same, no two students learn the same way. Teachers are challenged to meet the students' "package" and to create an approach at instruction that take into consideration the students' differing abilities, strengths and needs are satisfied.

To compound the challenges of instruction, the intellectually disabled (ID) student presents additional dynamics that impact the art of teaching. This paper presents the diagnostic/prescriptive/evaluation (DPE) strategy of instruction for ID students. The DPE is not a concept. Educators have been using it for decades (Mann and Phillips, 1967). During the past 40 years it has been improved and refined (Ewing & Brecht). The paper examines each of the components of DPE: diagnosis, prescription, and evaluation (Thomas, 1996). In conclusion it presents two applications of implementing the DPE with two students diagnosed with ID.

The diagnostic process requires great skill and effort from the teacher. Alone the special educator cannot perform all the necessary functions of diagnosis. With the assistance of the other members of the Multidisciplinary Team (MDT) and other service personnel, they are able to determine the needs of individual learners and to specify instructional objectives that will help the student satisfy his educational needs (Eisele, 1967). During this phase the teacher is to determine the most demanding needs of the student. The entire diagnostic process depends upon the accurate identification of these needs. The specialists on the MDT provide the teacher with the data, or means of acquiring the data, about the student that are necessary for determining the student's needs. This takes the form of providing formal and informal testing services for testing students, supplying the data that has been acquired from the testing, and providing the testing batteries that could be used for this purpose (Eisele, 1967). This becomes the Present Levels of Performance (PLOP) of the Individualized Education Program (IEP).

When the MDT has collected all of the significant data and determined the demanding needs of the student, then the teacher and the specialists develop the instructional goals and objectives appropriate for specific needs. These goals are selected from curriculum domains and the objectives can be selected from curriculum guides and resource units. Also the teacher and specialist can generate their own objectives. When talking to the teacher and specialists, I asked what type of instructional activities and materials they use for students with ID?

The teacher and specialists stated that they prescribe instructional activities and materials suitable for the student to master his objectives. This

constitutes the second step in the DPE process. Prescribed learning is based on short- and long-term goals that are established for the individual student and are based on the skills needed to be mastered. Within these goals are markers to establish where there are gaps in the learning process. Instruction that follows will teach only to what the student still needs to master to be successful. It capitalizes on the strength of the student to fill in the learning gaps.

The prescriptive process can be applied to almost any subject area, academic and behavioral (Deschel, Susan, 2012). Three important teaching strategies for students diagnosed with ID: 1) tasks should be broken down into small component steps and learned in sequence, 2) teaching techniques should be experiential, concrete, visual and hands-on rather than cognitive, abstract and verbally delivered in lecture form, and 3) feedback should be immediate for the student to make a connection between his answer, behavior, or question and the teacher's response.

The third phase is the evaluation process. This is a two-pronged process for the teacher. First, evaluation is necessary to assess needs and, second, to evaluate the student's progress toward achieving his objectives. Through the evaluation process teacher monitors the understanding and performance of students before teaching the lesson, while teaching, and after teaching the lesson. The evaluation process can inform the teacher of the effectiveness of his lessons with individuals, small groups of students, or whole classes, depending on the instruments used (Guskey, 2003).

Instruction and evaluation are interactive. The teacher may evaluate student learning on the spot, or collect data at different points in time and compare

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progress over units of instruction. Moment-by-moment assessments allow the teacher to tap into student's developing understandings about the objective and to enable the teacher to correct misconceptions immediately. Observations recorded over time allow the teacher to identify patterns of development and document learning gains (Guskey, 2003). This can be accomplished in many ways.

Devices appropriate for the evaluating progress are data keeping, checklists, logs, standardized tests, and paper and pencil tests. Now we consider the practical applications of DPE in a classroom. Antoine is a 12 year old, sixth grader, who is diagnosed with ID and is in a special education classroom. His MDT has completed their assessments and has developed his IEP. One of his goals includes math readiness. His objective is to be able to match manipulatives to numbers expressed on cards with verbal prompting.

The teacher has developed prescriptive lesson plans to enable Antoine develop the needed skills to match the manipulatives to the numbers. His first lesson is to match manipulatives to the number expressed on a picturecommunicationsymbol (PCS). He encounters difficulty in matching the manipulatives to the number on the PCS. His teacher notes the difficulty evaluating Antoine's learning skill gap. She introduces PCS with a number of manipulatives on it equal to a number on the top of the PCS. Antoine begins to associate the manipulative with the number on the card.

As he experiences success in matching the manipulatives to the number, the teacher replaces the PCS with two cards, one with the number and the other with the manipulatives. After collecting data indicating Antoine's progress, the teacher removes the manipulative card. Antoine now begins to match

the manipulatives to the number on the PCS. For the second example we meet John. John is a 15 year old with a diagnosis of ID and behavioral issues. He has recently developed the habit, when he becomes frustrated, of head butting objects and individuals.

His MTD has met and analyzed the situation and has developed a plan to extinguish this behavior and have John express his frustration in positive behaviors. They have listed the times when John has become frustrated, the antecedent(s), and indicators that precede his head butting. The prescriptive element is to develop initially plans for John to identify his feeling of frustration and to express his emotion to the teacher. As the staff observes John during class times, they begin to note those antecedents that indicate John is becoming frustrated. They plan interventions with John to alleviate his build up of frustration.

There is the constant interplay of the diagnostic, prescriptive and evaluation processes until John is able to identify the cause of his frustration and release it with positive behaviors. There are many specific techniques that can assist in teaching students with ID. They can be summarized into three, more, general strategies. First is to allow more time and practice for the students to successfully master the objective. Second is to embed the activities into daily living or functioning as much as possible. Third is to include the student both in the social and academic activities.

Diagnostic/prescriptive/evaluation strategies have been employed in the classroom as an educational strategy to remedy learning deficits (Ewing & Brecht, 1977). After speaking with a teacher about the roles and procedures that plays in the daily class, she shared with me that the diagnostic process

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helps the educational team define the student's abilities and deficits. The prescriptive process provides a means to plan and teach the skills and concepts a student needs most. The evaluation process measures the learning increments of any magnitude. It enables the team to redefine the diagnostic and prescriptive as needed.

The DPE strategy emphasizes and identifies a prioritized life goal curriculum planning approach to identify functional skills and concepts need by a student with ID to become as successful as possible in adult life. The DPE approach assesses each student's abilities and progress toward those individual life goals (Thomas, 1996).

References

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