

Attitudes of Special Education Teachers towards Early Intervention Programs for Disabled Children in White Nile State, Sudan

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Abstract- The study aimed to find out the attitudes of special education teachers towards early intervention programs in Disabled children. The study problem was formulated in the following main question: What were the attitudes of special education teachers towards early intervention programs for children in White Nile State? The study assumed a statistical significant relationship between teacher attitudes and early intervention programs in children. The study used the descriptive analytical method. The study used a randomly intended study of (48) teachers. The study reached that early intervention programs encourage parents to hone the capabilities of their handicapped child to become eligible. The study recommended that the state should pay attention to the early intervention program to support and meet children's needs.

Index Terms- Teacher Attitudes, Early Intervention, Special Education, White Nile State, Sudan.

I. INTRODUCTION

Early intervention programs in special education are appropriate to the developmental needs of children with disabilities, as they confirm that early detection of these cases is of paramount importance in order to start providing services early and not only for children with clear disabilities. Also includes children who they may experience slight development delay and early intervention programs are appropriate to the developmental needs of children with disabilities by designing individual programs to develop their own self-sufficiency in aspects: Physical, cognitive, linguistic, emotional and social [1]. In addition, early intervention programs in special education provide opportunities to engage parents and family members and prepare them to better deal with and meet their child's needs. Early intervention programs within this seek to contribute to the development of the national effort to develop and improve services early intervention and disability prevention. The study is an attempt to find out the trends of special education teachers about the suitability of early intervention programs in special education with the development needs of disabled children [2]. The importance of the study stems from the importance of the role that early intervention plays in special education from the importance of the topic of disability and its psychological, social and economic effects on the disabled and the family of the

disabled. The study assumes that there was a statistical significant relationship between teachers' attitudes towards the goals of early intervention programs and forms of motor development, and there was a statistical significant relationship between teachers' attitudes towards the basic elements of early intervention programs, there is a statistical significant relationship with teachers' attitudes towards what needs to be considered in the early intervention programs. The study aims to identify early intervention programs in special education and its role in providing services early for disabled children. The study will use the descriptive analytical methods, in addition to using the questionnaire and interview tools [1,2].

II. PREVIOUS STUDIES

Mahdia (2017) investigate to reveal the differences between ordinary teachers and special education teachers in both sexes towards the process of integrating the physically handicapped, and the title of the study was: The attitudes of teachers towards integrating children with motor disabilities in regular schools. The sample of the study consisted of 60 ordinary teachers and special education teachers (30) females, (30) males, by applying the questionnaire of teachers' direction towards academic integration. The study concluded that were differences between ordinary male and female teachers in the process of motor integration and also concluded that were differences between the special education teachers for the male handicapped.

Al-Qamish and Al-Jawaidah (2014) point out to identify early intervention and children at risk. The problem of the study is summarized in the following main question: What is the role of early intervention in protecting children at risk. The study used the historical, deductive and descriptive approaches. The study concluded that the intervention and early detection will have a positive impact on society and its safety.

Omar (2011) find out the nature of primary school teachers' attitudes towards integrating Autism children with their peers in public schools, as well as identifying the nature of these trends in light of some of the variables associated with Autism children. The study used a measure of teachers' attitudes towards integrating Autism children with their peers in public schools, where it was applied to a total sample of (60) teachers. Using the descriptive approach, the researcher concluded that 85% of the sample population has negative attitudes towards integrating Autism

children and that variables selected in this study did not affect these trends.

Early intervention programs

That all types of disabilities benefit from early intervention programs, because most early intervention programs are non-class, meaning that they were concerned with any child with a disability. In fact, early intervention programs include a set of basic processes and activities that work to develop the abilities and capabilities of young children with disabilities to the maximum extent possible, namely [3,2]:

Special Education: Developmental educational assessment, curriculum development, preparation of the individual educational plan, selection and adaptation of educational methods, and designing educational strategies [3].

Public health services: such as treatment, surgery, medical examinations, nutritional organization, accurate nursing and diagnostic services, as well as physical therapy and occupational therapy [3].

Psychological services: through psychological evaluation, therapy with play, psychological counseling and behavior modification.

Family services: such as home visits, family counseling, training and awareness-raising, in addition to language therapy and audio measurement

Social services: defending the rights of children with disabilities, case studies and support [3].

Early intervention team: The intervention is based on specialized scientific knowledge, scientific knowledge of children's development on the one hand, and the general characteristics of children with special needs on the other. It depends on the integration of medical, educational, psychological and social services in order to early detection of children who have early intervention with special needs and also to create the appropriate environment that works to facilitate their growth process. Qualified specialists work with this category work in the early intervention team, as professionals specializing in this field began in recent years, and institutes and universities began developing academic programs to prepare specialists. Work in this area also requires the availability of standardized measurement tools and the development of diagnostic measures and application approaches. There was no doubt that access to a distinguished and successful program for early intervention requires the provision of financial and human resources at a high cost, and it is always preferable for women to have the largest share in working with early intervention programs, as they are the most appropriate and closest to treating children of this age [4].

Early intervention programs and special education

Early intervention programs: It is intended to provide various medical, social, educational and psychological services for children under six years of age who suffer from a disability or developmental delay or who are susceptible to delay or disability, and early intervention programs focus on developing the skills of parents and their capabilities to help Their children to grow and learn [3,4].

Special Education: Special education means a set of programs, plans and strategies specifically designed to meet the special needs of extraordinary children, and includes teaching methods, tools, equipment and special equipment, in addition to support services. Associations for children with disabilities have

known early intervention as urgent intervention before difficulties arise in order to help children from People with special needs and their families, it is a system of educational, therapeutic and preventive services provided to children from the first days or weeks after their birth, especially for those who are at risk according to the scientific perspective that depends on family history, pregnancy path and the state of the child And beyond to determine that [5].

Concept of Early Intervention Programs

Early intervention programs in the simplest form is an integrated system of educational, treatment and preventive services provided to children from birth until the age of (6) years who have special developmental and educational needs and those at risk of early disability for multiple reasons. The concept also refers to those efforts made to detect children subject to developmental delay, disability, or disability from birth to the age of six years, and to provide integrated care for them and their families in early childhood. Early intervention includes children of age that starts from birth to school age, and because children in general depend on their parents to meet their needs, early intervention develops the skills of parents to help children grow and learn. Early intervention supports the family and is closely linked to discovering disability after it occurs, It depends on the developmental examination, environmental, health and genetic tests, factors related to the pregnant mother, the fetus, the pregnancy period, the birth period and beyond, and the children who suffer from rotations or the head is large, small, or the births of the child are weak or unable to control his muscles and there are several other indications that need early intervention where the child is slower than other children in movements, speech or walking [5].

Importance of Early Intervention Programs

Early intervention acquires its importance in the early stages of the child, as it is the first block in shaping the building of the child. Several studies conducted on handicapped children in their early years of life have shown that early intervention programs have great effectiveness in repairing possible developmental deviations they have, and being in stages The first age of their development, as the application of various treatment programs and linking them to educational programs immediately after the occurrence of disability gives impressive results, and this confirms the great importance of providing specialized educational programs for children before they reach the stage of primary education [6].

Objectives of early intervention programs

The programs aim to conduct immediate and preventive treatments aimed at developing the abilities of the child discovered in multiple areas such as (motor, social, linguistic, self-care, and others) of medical instructions and necessary laboratory tests, and witness that motor growth is considered to be the basis The basic means by which a child can acquire a set of skills. When a child can control his head, this helps him focus visual eye with a better eye, which helps develop his cognitive skills. Hence, it is preferable to start an early intervention program with motor development [7].

Forms of motor development and language skills

Control of the head, use of hands, sleep on the abdomen, support with hands, sitting with his help, crawling, standing, walking, going down stairs and going up. There is no doubt that the movement and mental retardation delay the child from acquiring the language skills, even though the stages that the mentally late child is going through are the same stages that any child goes through, so the late child must be assisted in visual communication in order to see things, narrate the movement of the lips, and encourage him to issue Voices and his training in imitation skills, linking what he does with verbal guidance. The family of a handicapped child faces a set of social and psychological problems; therefore the family's questions must be carefully listened to and answered in a realistic and non-exaggerated manner. The strengths and weaknesses of the family must be clarified, and the family must be involved in the tests and designs of the treatment program [6,7].

Benefits of early intervention programs: Early intervention has important effects on individuals and society in different areas, including: Brain growth: In the event that if the brain develops well, the ability to learn develops and the probability of failure in life and school decreases, because the first two years of age develop the brain structures that affect children to learn. Nutrition: That is, giving children more food in an organized way to be better and learn better [1,2,3].

Economic productivity: Through the quality of programs that support the physical and mental capabilities of young children in the age, these programs increase the likelihood that children who enroll in programs will enter school, increase their chances of staying longer in school, and their performance is better in school. The more physically, mentally, and socially prepared child does not have difficulty in moving from home to school, and their performance is better, so dropout and repetition rates decrease, and the need for corrective treatment programs decreases, which reduces expenses [1.4].

Health Care Expenditures: Early intervention programs in their entirety help the child's family to reduce other health care expenditures, which reduces the incidence of disease, accidents and social costs, as well as the percentage of absence from work, which is reduced when parents are reassured that their children receive appropriate care. By creating conditions for children who are less fortunate to have a fair start at school and at home. Studies show that girls become more willing to attend school and continue schooling, after increasing expectations for parents. Likewise, when programs are available for young brothers, the responsibility (caring for their siblings) eases, which opens the way for them to enroll in school by supporting the actions of parents and providing environments towards which children attach importance to values. Socially desirable [5,6,7].

Social Mobility: There is no doubt that political and social pressures prevent people from wanting to carry out activities that benefit them. Early education can act as an effective strategy for developing teamwork. Early childhood programs such as improving health, hygiene and nutrition benefit the parents by reducing the burden of childcare [5].

Stages of Early Intervention Programs: Identification: Any observation of the first signs or signs that indicate that the child is at risk of development or is in an abnormal progress. Discovery: It is done by examining the signs and through surveys

through analyzes vaccination campaigns, and some tests. Diagnosis: Diagnosis is the one that confirms a defect in one aspect of development and that the child is at risk and deserves intervention programs. Training: All direct goals for activities affecting the child and his environment that are designed to create better conditions for growth. These activities include alerting and developing growth areas, educational activities and specialist services. Advice: all forms of counseling available to parents and the family, providing information and Treatment and provision of services: This stage comes after confirming the child's need for curative services, according to a treatment plan that may be implemented by a multidisciplinary team working according to the child's condition [8].

Childhood and Early Intervention Programs

Childhood stages in terms of early intervention policies are divided into three phases: the first stage: the newborn and the embraced child and extends directly from birth until the end of the first year of life, and the child at this stage is called the infant child even if breastfeeding extends up to two years of age. In the first stage, the early intervention focused on providing children with disabilities with treatment services and activities aimed at providing them with sensory stimulation. The second stage: The nursery child stage, which extends from the end of the first year of birth until the beginning of early childhood, i.e. 36 months of birth. In the second stage, early intervention became concerned with the role of parents as adjunct therapists or as educators for their handicapped children. The third stage: It is the preschool child and runs from 3 to 5-6 years, and the child is then called a preschool child. In the third stage, all attention has focused on the family system as the largest social content that has an impact on the child's development. Supporting, training and guiding the family had become the most important goal [6,7,8].

Basic Elements of Early Intervention Programs

When choosing the appropriate program for the treatment group, focus on the following points: the child's special needs, the family's special needs, long-term goals, short-term goals, restrictions and difficulties, available materials, methods and methods of implementation, and planning for follow-up and evaluation. In addition to choosing the best practices currently applied in early intervention such as family-centered intervention and not the child with special needs, relying on the environmental and functional direction in determining the contents of the curriculum through analyzing the characteristics of the child's environments, moving away from rigid and highly organized methods in teaching, providing services In the natural environments of the child Generalizing the skill while teaching the child and helping him to acquire it, relying on the team model across the disciplines, planning the transitions and transitions, especially moving from hospital services to home or child care center, and from the child care center to pre-school services, and from pre-school services to school . The school is considered one of the most important environments that embrace ordinary and extraordinary children. The school is a social and educational institution that complements the role of other institutions for raising children, provides social services and earns them appropriate behaviors and modifies inappropriate behaviors, especially when children have special needs[9].

Early Intervention Programs

Home programs: It aims to train parents on how to deal with children with disabilities and teach them the necessary skills within the home environment, for example the Al Portage program. Centers' programs: These centers may be hospitals or special centers. Children in these centers spend (3-5) hours a day and are trained in various fields. Inclusion programs: It is meant to combine services that are provided in homes and provided at the centers in order to meet the needs of children and their families with more flexibility. Programs of intervention through the media: These are done through the use of print and audio media to train parents on how to deal with their young children. Early intervention services are based on the firm belief in the following convictions and principles: Every child is unique and unique in his characteristics and characteristics, regardless of the type of disability or disability conditions. Belief in the rights of the child, their preservation and protection. The family is the natural incubator for caring for the child and meeting his needs and a basic partner in providing the conditions for better growth. The optimal environment for the child's development and the development of patterns of behavior and mental health is the natural environment with the family and peers from all groups. Various social institutions (nurseries, care centers, regular schools) play a role Great for the importance in achieving the principle of equal opportunities for children. The integration of services and roles between institutions concerned with childhood is the basis for achieving the principle of equal opportunities for all. Services and facilities should be adapted according to the needs of children, and the principle of flexibility should prevail in all types of services provided. Early child service intervention increases the effectiveness of programs and services provided. The effectiveness of the programs and services provided to children increases as they are provided early. Developing the capabilities of childhood workers and developing their skills in a manner commensurate with the emerging trends to maintain the effectiveness of the programs and services provided. The program that seeks to serve the child should include a variety of services that are appropriate to the diversity of children's needs Designing intervention services so that they are an essential part of the daily activities of the child and his family Designing early intervention programs with the aim of protecting the child from developing future problems or disabilities [10].

Early Intervention Needs

There is a set of basic needs for early intervention that must be taken into consideration to ensure the success of an early intervention program and achieve its objectives. These requirements constitute the scientific and methodological foundations that must be adhered to: the education of the child as a whole and not part of it, that is, it does not focus on disability but rather views the child as an integrated unit. Meet the child's special needs. Arranging the educational units logically in a logical manner. Presenting the skills according to the child's abilities. Enhance the child's responses and attempts. Full participation of the family in the program. Support and improve the child's development. Prevention of secondary disability development. Reducing the chances of the child being enrolled in internal institutions for the disabled. Improve and increase the chances of

children enrolling in general education schools. Providing consulting services for the family and related institutions [9,10].

Family and Early Intervention Programs

The family is the natural incubator, which provides care and satisfy the emotional, social and biological needs of the child. Therefore, early intervention services are services that are directed to the family and the child together. The role of the family is not limited to receiving services but is also a major partner in the design and implementation of services provided to the child. The family of a child with special needs suffers from anxiety and psychological pressure and lacks the information and skills necessary to raise this child in the best way, the needs of this child often differ from the needs of his siblings and require new methods to meet them. Some of these needs require scientific knowledge of a specialized nature and therefore the intervention program A successful early childhood should work to build a continuous partnership with the family of the child and respect their needs and potentials at the same time as it provides assistance to this family to overcome any adaptive difficulties that it may face in dealing with the needs of its child. The aforementioned participation can only be achieved by working to raise the family's motivation level, its belief in the right and potential of its child to grow, enhance its perseverance to work with this child, and support the therapeutic and educational interventions provided to him by the early intervention program. Each stage has its own basic development tasks and requirements that failure to achieve will lead to a clear negative impact on growth in the next stage. The rate of growth varies from one age to another and from one developmental aspect to another. In general, the fastest growth rate is in the early stages of life. Therefore, the effectiveness of the early intervention program increases as the services are provided to the child early [10].

Factors of Early Intervention Programs

Scientific research has proven that early intervention helps children to mitigate the effects of disability and it achieves this faster than late intervention, but such a role and the extent of its impact depends on several factors, the most important of them are: the history of early detection of disability, the age of the handicapped child at the time of enrollment in the center, and the nature of the disability that he suffers from. The services provided to him, the competence of those who implement it, and the involvement of parents and family in implementing the program. The researchers, Binat and Juralink (1991), found that the overwhelming majority of children who were provided with early intervention services in the pre-school stage achieved a lasting improvement that prevented them from returning to special classes or their enrollment in special education programs in the future and left untreated effects on their achievement, attitudes, and values, and in their analysis of the results reached The scientific researches that tried to verify the effectiveness of the early intervention suggested that the programs be divided into categories as follows: Category of preventive programs aimed at children at risk for environmental reasons. Category of preventive programs directed at children at risk for biological reasons. And the category of curative-corrective programs directed towards children with developmental disabilities or with disabilities [10].

Preventive Measures for Disability

Preventive measures of disability are divided into three levels, which are the first level: preventing the occurrence of morbidity or injury and in which the following are done: Providing genetic medical consultations and genetic counseling services. Activating the level of primary health care and spreading public health awareness. Regular health monitoring of pregnant mothers and young children of the age. Vaccination against dangerous childhood diseases. Providing appropriate diets. Eliminating environmental risks. Conducting births in healthy conditions. Taking the necessary measures to maintain the safety of children and not subject to accidents, injuries and abuse. Educating mothers about the dangers of taking medications during pregnancy without consulting a doctor, smoking, x-rays, etc. Early detection of diseases in a pregnant mother and treating them as soon as possible. Encouraging community members to take precautionary measures before marriage and before pregnancy. Encouraging appropriate upbringing patterns. The second level: Preventing the deterioration of morbidity into a deficit in which the following is done: Early detection of diseases and disorders such as low blood sugar, etc. And implement appropriate compensatory measures such as hearing aids or corrective lenses and medical treatment, whether through medicines, surgery or nutrition. The third level: Preventing the development of disability into a disability and the following is done: Providing early intervention services. Providing guidance services and training programs. Providing physical therapy, occupational therapy, speech therapy, special education and rehabilitation services. And adjust the trends of society. And integrate persons with disabilities academically and socially [10].

Target Groups for Early Intervention Programs: They are children who have a permanent or total deficiency in their physical, sensory, mental, communicative, academic or psychological abilities to the extent that requires special education services. The special education literature classifies the target groups of children who need to provide early intervention services by disability to [11]:

Children who were at Risk: They are also called children with biological danger and they are children who have been exposed to at least three of the following environmental factors (the inappropriate age of the mother at birth, or children who have suffered injuries during pregnancy or during childbirth that may affect their normal development, use Dangerous drugs during pregnancy, drinking alcohol and drugs for a parent, social, material, and cultural conditions that are not suitable for the family: and children from broken families or families with special circumstances.

Children with Developmental Delay: They children who suffer from neurological disorders, and are born with birth defects, genetic characteristics, infectious diseases, or sensory disorders. They fall into the category of children at risk of standing.

Children with developmental delay: They children who suffer from a distinct deficiency and different from their ordinary peers in one of the areas of knowledge, motor, emotional, linguistic communication, and the field of self-care [2]. The inability to build satisfactory personal relationships with others and the inability to maintain these relationships, if any. Inappropriate behavior patterns appear in normal situations. A general mood of depression and sadness. Tendency to show

physical symptoms, pain, or concerns related to personal and school problems.

Children in Immediate Danger: that is, those who have been officially diagnosed and have a specific medical disorder, whose causes and symptoms are often known. This category does not require that they currently show developmental delay, but the probability of this occurring is not less than 65% [3].

Important groups Early Intervention Team

The Obstetrics and Gynecology Specialist [4]: It works to study the family's pathology and follow-up on any health problems suffered by the pregnant mother and genetic counseling, as well as early detection of problems or prevention.

Pediatrics specialist: Its role is to identify children who are most at risk, to prevent disabilities and to monitor their development and health periodically.

Ophthalmologist: Its role is to diagnose and treat eye diseases, diagnose visual impairment and prescribe necessary corrective lenses

Audiometry: Its work is to assess the hearing of the child so that they are provided with the necessary and appropriate auditory aids and also develop an appropriate audio training program for each child and follow up its implementation.

Psychology specialist: Its role or contribution is to assess cognitive development and emotional social skills on the one hand and to participate in the design and implementation of the appropriate individual educational program for a disabled child on the other hand.

Social worker: This specialist assists the child and his family in obtaining the necessary social services as well. It helps in assessing and analyzing family and economic conditions, identifying children at risk and also participating in evaluating the effectiveness of the services provided.

Specialist in language and speech disorders: It represents an important member of the multidisciplinary team that can develop therapeutic educational programs for the prevention, early detection and treatment of disability, since language plays a critical role in the overall development of all children and can set a special assessment of the verbal and linguistic skills of each Child, and compare it to the regular child, then develop a suitable treatment program for him

Physiotherapist: to treat and rehabilitate physically handicapped children in particular and children with disabilities in general. This specialist is concerned with correcting deformities, preventing deterioration in muscles and body conditions, and developing great motor skills for the child

Occupational Therapy Specialist: To develop the fine motor skills of children and train them in the areas of self-care, movement and the use of assistive, corrective or compensatory tools.

Female teachers: Kindergarten teachers can be used to present programs to them or to those suspected of having a developmental disability or delay and then converts them to appropriate treatment programs to stop the deterioration of the situation

Special Education Teachers [5,7]: They design and implement early intervention services, whether at the center or at home, and often act as coordinators of the team's work, and they have a responsibility to develop the individual and appropriate

training program and what it includes in terms of performance levels in different areas of growth and the identification of long-term goals and short-term goals And the appropriate methods and means to achieve these goals.

Nurses: Their role can be determined by providing great assistance to children, their families, and those interested in persons with disabilities in terms of their care, public health awareness, and routine and emergency medical care.

Parents

Parents can be active members of the team working with the child because they are familiar with him because of their proximity to the child, and also as volunteer members to provide the necessary education to other parents, and offer their experience to them and help them overcome difficulties. There must be a number of skills and capabilities in the early intervention work team such as The ability to know the symptoms of various disabilities, knowledge of stages and characteristics of natural and abnormal development in childhood, the ability to observe and record children's behavior, the ability to define long-term goals and short-term goals appropriate to the level of child development

and compatible with the learning pattern, weaknesses and Force had The ability to build a relationship based on trust with children through effective communication, the ability to understand and respect cultural differences, understand the philosophy behind the curriculum used, the ability to recruit and train technicians and work with them, and the ability to work effectively as a member of the multidisciplinary team [7,8].

Justifications for Early Intervention

The most important justifications for early intervention are: Preschool education easier and faster than education at any age. Late development children follow the same path natural development, although it is usually not at the level of functional performance. So that the families of children with disabilities have established rules on how to raise their children in order to avoid falling into future problems. Development delay in first 5 years may be among the main reasons for the potential for the emergence of lifelong negatives. The responsibility for planting principles and skills of all kinds rests with the parents [8].

III. RESULTS AND DISCUSSION

Table (1) chi-square test for the first hypothesis: Those teachers 'attitudes towards early intervention programs contribute to developing the capabilities of disabled children with disabilities.

N o	Statement	Chi valu e	df	Chi - Pro b	Significan ce
1	It contributes to making immediate preventive treatments and developing the capabilities of the discovered child in the motor fields.	69.5	2	0.00	Significan ce
2	It helps in developing the abilities of the child discovered in the social fields.	73.8	2	0.00	Significan ce
3	It plays a role in developing the capabilities of the child discovered in linguistic and social welfare domains.	79.5	2	0.00	Significan ce
4	Contributes to developing the capabilities of the child discovered in the areas of (head control) and (sleeping on the stomach)	84.8	2	0.00	Significan ce
5	Lead to developing the abilities of the child discovered in the motor areas (hand support)	64.6	2	0.00	Significan ce
6	Causes the development of the abilities of the child discovered in the motor areas (sitting with his assistant)	74.3	2	0.00	Significan ce
7	It helps in developing the abilities of the child discovered in the motor areas (standing - walking).	80.3	2	0.00	Significan ce

Source: Preparation by researcher's from field work data, 2020.

Table (1) should that early intervention programs contribute to conducting immediate preventive treatments and developing the abilities of the discovered child in the motor fields. It helps in developing the abilities of the child discovered in the social fields, it plays a role in developing the capabilities of the child discovered in linguistic and social welfare domains, It contributes to developing the abilities of the child discovered in the areas of (head control) and (stomach sleeping), it develops the capabilities of the child discovered in the kinematic fields (hands support), it improves the abilities of the child discovered in the motor areas (assistant sitting), Develop the capabilities of the child discovered in the areas of movement (head control), it contributes to developing the abilities of the child discovered (assistant sitting) and helps in developing the abilities of the child discovered in the motor areas (Standing ,walking). That means the teachers 'attitudes towards early intervention programs contribute to developing the abilities of children with disabilities, because the probability value (0.00) less than (0.05).

Table (2) chi-square test for the second hypothesis: The teachers' attitudes towards the early intervention programs provide the basic needs and goals for the handicapped children.

No	Statement	Chi Square	df	Chi-Prob	Significance
1	Provides the special needs of the child and meets the special needs of the family.	69.7	2	0.00	Significance
2	Achieve short and long-term goals.	73.6	2	0.00	Significance
3	Eliminates restrictions and difficulties.	79.7	2	0.00	Significance
4	Exploits available materials, methods and methods of implementation.	69.7	2	0.00	Significance
5	Planning for follow-up and evaluation.	54.5	2	0.00	Significance
6	Family and not child-centered intervention and analysis of the characteristics of child environments.	84.5	2	0.00	Significance
7	Relying on a cross-disciplinary team model.	90.7	2	0.00	Significance

Source: Preparation by researcher's from field work data, 2020.

Table (2) should that the teacher's attitudes towards early intervention programs provide the basic needs of the disabled child, provides special needs for the family, achieve short and long term goals, eliminates restrictions and difficulties, take advantage of the available materials, availability of methods and methods of implementation, assists with planning, monitoring and evaluation and the application of the business model in a team of disciplines. That means teachers' attitudes towards early intervention programs work to provide the basic needs and goals for children with disabilities, the probability value (0.00) less than (0.05).

Table (3) chi-square test for the third hypothesis: Teachers' attitudes toward early intervention programs help in the needs of early intervention in disabled children.

N o	Statement	Chi	df	Chi	Significance
1	Educating the child as a whole and meeting his or her specific needs	58.6	2	0.00	Significance
2	The arrangement of educational units logically in a logical manner	58.6	2	0.00	Significance
3	It develops skills according to the child's abilities and enhances his responses and attempts	79.7	2	0.00	Significance
4	Reducing the chances of the child being enrolled in internal institutions for the disabled	69.7	2	0.00	Significance
5	Full participation of the family in the program	35.3	2	0.00	Significance
6	Supporting and improving child development and increasing the chances of children enrolling in general education schools	79.7	2	0.00	Significance
7	Providing consulting services for the family and related institutions	26.0	2	0.00	Significance

Source: Preparation by researcher's from field work data, 2020.

Table (3) should that the teachers' attitudes towards early intervention programs help in educating the child as a whole and not as part of it, help to meet the child's special needs. It contributes logically to the arrangement of educational units, It develops skills according to the child's abilities, It reduces the chances of the child being enrolled in internal institutions for the disabled, Supports and improves child development, Supports full family participation in the program, It improves and increases the chances of children enrolling in general education schools, It works to provide consulting services for the family and related institutions and leads to enhance the child's responses and

attempts, From the foregoing, the hypothesis is correct, that means teachers' attitudes toward early intervention programs help in the needs of early intervention in children with disabilities, because the probability value (0.00) less than (0.05).

IV. RESULTS

1. The Early intervention programs do not lead to immediate treatment of problems that led to his disability.
2. The early intervention programs achieved the development of capabilities of the discovered child in some motor

areas, such as sleeping on the abdomen, and this may be attributed to the weakness of the applied side in the programs.

3. The early intervention programs work to educate parents about the special needs of child and encourage them to hone capabilities of their handicapped child and convince them of the possibility of using these capabilities to produce a child to be produced.

4. The early intervention programs work to meet the special needs of the family and hold educational and guidance sessions and seminars for the mothers of the handicapped and the institutional bodies that take care of them in the areas where illiteracy prevails.

V. RECOMMENDATIONS

1. Providing psychological, moral and material support to the family of the handicapped child to help her in the best development.

2. Providing new methods to meet the special needs of children with disabilities.

3. Building a smart partnership with the child's family with the aim of providing help and assistance to meet the needs of her child.

4. Increase the family's motivation and support in the therapeutic and educational interventions provided for her disabled child.

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