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### **The development of integrative education and the requirement for sign language instruction for future speech therapists and psychotherapists**

**Abstract:** Integrative education has had quite a brief history in Poland, as it merely dates back to the turn of 1980s and 1990s, at which time integrative groups found their way first to some Warsaw preschools and then to schools. The experience in other European countries, such as the UK or Austria, which had made the effort of joint education of healthy children and children with disabilities, constituted the source of inspiration for the establishment of such a solution on Polish ground. The emergence of such groups in preschools and schools entailed the introduction of relevant legal provisions in education law. The incremental tendencies in the development of integrative teaching are naturally accompanied by increased participation of pupils with various dysfunctions within the structures of regular Polish schools. This is happening in the wake of improvements made at schools, which have now become much better equipped to handle the needs of children with physical disabilities. Moreover, many teachers are improving their professional qualifications or have already terminated post-graduate studies in oligophrenopedagogy, so they are able to handle pupils with disabilities. However, there is only fragmentary percentage of blind children at schools, the share of the deaf and hard of hearing being even smaller. On that account, it is of utmost importance that we make all efforts to provide training in sign language, not only to teachers, but also to speech therapists or psychotherapists who are supposed to run re-validation classes with these children.

**Key words:** disability, deaf pupils, hard-of-hearing pupils, special education, special educational needs, integrative teaching, finger alphabet, sign language, speech therapist, psychotherapist.

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### **Rozwój kształcenia integracyjnego a konieczność nauczania języka migowego przyszłych logopedów i terapeutów**

**Abstrakt:** Kształcenie integracyjne ma w Polsce dość krótką historię, bo sięgającą przełomu lat 80-tych i 90-tych XX w. Wówczas to w Warszawie zaczęły powstawać grupy integracyjne, najpierw przedszkolne, a następnie szkolne. Inspiracją do ich założenia były doświadczenia innych państw europejskich, m. in. Anglii i Austrii, które już wcześniej podjęły trud wspólnego nauczania dzieci zdrowych i niepełnosprawnych. Pojawienie się przedszkolach i w szkołach pierwszych takich grup spowodowało konieczność uwzględnienia tego faktu w przepisach prawnych dotyczących oświaty. Mimo tendencji wzrostowych w rozwoju nauczania integracyjnego widoczny jest bardzo odmienny, procentowy udział w nim uczniów posiadających różne dys-

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funkcje. Dzieje się tak dlatego, że szkoły masowe są coraz lepiej dostosowane do potrzeb osób niepełnosprawnych ruchowo. Ponadto wielu nauczycieli, doskonałych swe kwalifikacje zawodowe, ukończyło studia podyplomowe z oligofrenopedagogiki, stąd potrafią oni pracować z uczniami upośledzonymi. Niewielu jest natomiast uczniów niewidomych, a najmniejszy odsetek dzieci niepełnosprawnych w szkołach masowych stanowią głusi i niedosłyszących. Z tego względu należy podjąć starania, aby poprzez naukę języka migowego przygotować do pracy z nimi nie tylko nauczycieli – przedmiotowców, lecz również logopedów i terapeutów, prowadzących z tymi uczniami zajęcia rewalidacyjne.

**Słowa kluczowe:** niepełnosprawność, uczniowie głusi, uczniowie niedosłyszący, kształcenie specjalne, specjalne potrzeby edukacyjne, nauczanie integracyjne, alfabet daktylograficzny (palcowy), język migowy, logopeda, terapeuta.

The population of humans has been diversified since its very beginnings. The majority of healthy people have always been accompanied by people with different deviations in their development, such as: weak-mindedness, blindness or deafness. According to current estimates, over a million citizens of Poland are hard of hearing (*Problemy osób głuchych w Polsce...*). And even though their impairment is of a different degree, irrespective of the size of the deficit, it makes it difficult for them to function in everyday situations. The majority of the affected persons are hard of hearing rather than deaf, they make use of their speech and are typically equipped with hearing aids and other facilitating devices. "Their problems consist in their inability to successfully communicate with other people, in flawed reception of sound while watching television, as well as in unconstrained access to telephoning services, etc. These are day-to-day obstacles with which it is possible to reconcile and which do not constitute impassable barriers. The real problems begin when the impairment is acute, inborn or inflicted early in childhood in the wake of an illness, injury or pharmacological intoxication" (Szczepankowski, 1997, p. 5). The problems incurred as a result of deafness may relate to all spheres of life, but in particular, they affect the realm of education, naturally followed by the realm of professional activity. Although the situation of deaf people is undergoing continuous transformations, it still leaves a great deal of room for improvement (see: Kochan, 2012).

Comparatively recently, i.e. practically throughout the whole of the 20<sup>th</sup> century, Polish pupils with disabilities, including those hard of hearing and deaf, were almost exclusively educated at schools of segregationist character. Thus, they were isolated from their peers, as there existed no means of interrelation. It was as late as at the turn of 1980s and 1990s when there appeared some forerunners of improvement with the instigation of the first integrative classes in Warsaw. It was the parents of children with disabilities who attempted to transfer some solutions from other European countries onto Polish educational ground, and as such, it was them who were the pioneering initiators of the movement. England had been one of the first countries in Europe which had reformed its attitudes in this respect, but even there the road to the formulation of educational

answers to joint education of healthy pupils and pupils with disabilities had been long and painful.

In the first years after the war, segregation-based special education developed in England, i.e. deaf, blind and handicapped children learnt in their own separate institutions. Children with acute disabilities or with cumulative impairments were absolved from school duty. Legal acts of 1970 and 1974 changed the situation, as they introduced the principle stating that each and every child must be provided with not only care, but also with proper educational opportunities. Four years later, in 1978, regulations enabling children with disabilities to learn at regular schools, but equipped with a special adaptive profile, were enforced. A so-called Warnoch Report constituted a legal basis for this concept, which stated that the objectives of upbringing and teaching of all children, irrespective of their potential, should be identical, whereas school curricula were supposed to be modified and adapted to the degree and type of particular disorders. Thus, a child with a disability was supposed to obtain adequate assistance and support (Bińczyńska, Mazonek, 1994). Such changes were possible in England, as it was universally acknowledged there that understanding and satisfaction of children's needs constituted a basis of teaching instruction and education as such. Also, as a proof of humanization of English pedagogy, we may highlight the tendency of abstaining from naming schools as special schools in favour of schools for children with special educational needs.

In England, children with dysfunctions have been divided into 3 groups:

- 1) pupils with learning difficulties,
- 2) pupils with emotional and behavioural disorders,
- 3) pupils with physical, sensory or mental disorder (Bińczyńska, Mazonek, 1994).

These pupils were provided with specialist medical care as well as with assistance in the execution of curricular content adapted for their specific needs. Legal provisions of 1981 constituted a basis for the innovations, which imposed a legal requirement on local authorities to provide care and education to children with disabilities. Also, it was the local communes' responsibility to provide specialist staff responsible for competent organization of the teaching process and the accompanying provision of care. It was also within their prerogatives to draw up an appropriate curriculum for children with special needs in learning. It was precisely for this reason that many pupils were referred to regular schools, where they received individual assistance in the execution of curricular objectives, where they participated in compensatory classes, and if necessary, they could make use of the so-called combined programs, i.e. were taught partly individually and partly in the class.

In spite of the existence of these legal provisions, integrative teaching in England had not been a common procedure until the end of the 1980s, especially in cases of cumulative disorders. Such state of affairs must

have been affected by financial requirements of the enterprise, by inadequate facilities (architectural barriers), as well as by deficiencies in appropriately trained teaching staff. Moreover, children who, due the character of their illness, were not able to attend school on regular basis, were provided in England with the opportunity to participate in trips or school competitions, i.e. partial forms of integration.

At the beginning of the 1990s, many parents whose children attended special schools demanded some degree of extension of the range of integrative activities in England. Their expectations were reflected in the Government Educational Act of 1992, which gained the name of an including system (Bińczyńska, Mazonek, 1994), based on the assumption that the society is a diverse organism comprised of individuals who all, including people with disabilities, have something to offer to the world. Since then, the number of children educated in integrative mode has been rising systematically.

Nowadays, England boasts the best possible conditions for integrative education of children with disabilities. There is also a great deal of interest in this form of the education, thanks to which pupils with disabilities are able to learn in their natural habitat.

At the same time as in England, the first efforts to introduce joint teaching of healthy and handicapped children were attempted in Austria in 1974, when an experimental class was created at an Integrative Primary School. However, in order to assimilate the phenomenon into the school system on a wider scale, it was necessary to wait several more years. Legal provisions for this experiment were given by further amendments to the educational law, according to which "primary schools were obliged to conduct test classes (partly shared) of healthy and disabled children (Integrative Primary Schools)" (Gruber, Petri, 1994, p. 26).

Also, 1981 brought some energy into the popularization of problems and expectations of people with disabilities in terms of their education, as it was pronounced an International Year of People with Disabilities. At the same time, dynamic, spontaneously created groups of parents appeared, who joined in the public discussion about integration, which was conducive to increased levels of understanding and positive attitudes to the problem within the society. Notwithstanding, significant numbers of children with disabilities entered general education in Austrian state schools as late as in 1988.

All the years of conceptual activity related to the problem of integration, have yielded 4 models of education of healthy children and children with disabilities. The first model was labelled "integrative classes", whose fundamental assumption was to satisfy special and diverse educational needs in healthy pupils and in pupils with disabilities. In the process of conducting joint classes, processes of social awareness were supposed to have been triggered in children, influential in future reception of issues related to persons with disabilities. A separate timetable, taking into account the type of impairment, was allotted to every child involved in the

system of integrative education. In integrative classes, a job opening for an expert with special pedagogic qualifications was taken into account and close cooperation between a class teacher and a special needs teacher became an important component of the system, together with the reduction of class sizes, fluctuating within the limits of 19-20 pupils (Gruber, Petri, 1994).

"Cooperating classes" was another model suggested for children with disabilities in the Austrian educational system, whose objective was to enable social contacts between healthy children and children with disabilities, as well as to jointly teach some selected subjects. The scope of these classes was conditioned on the type of impairment and on the type of facilities at disposal, as the concept pre-required appropriate conditions in terms of classroom layout and situational topography of the two schools, ideally being housed under one roof with classrooms joined with each other. Lower number of pupils and proper relationships between class teachers of cooperating classes were also of paramount importance (Gruber, Petri, 1994).

"Support classes" constituted the next, third model. They were created at regular schools, and their objective was to create pedagogical conditions for remedial incentives in learning and behaviour. These classes were supposed to prevent learning and behaviour deficiencies in children with disabilities, and hence to prevent their reclassification back to special schools. Children attending support classes were also provided with the opportunity to further develop their abilities and to be screened from stresses during extracurricular classes. The period of instruction within the system was supposed to last 3 years, and the number of children in each class fluctuated within the limits of 6-12. Pupils from support classes were supposed to have direct access to their original classes, if need be (Gruber, Petri, 1994).

The last proposal for children with disabilities was the introduction of a support teacher into the classroom, who made it possible for them to participate in classes at a regular school by means of implementing additional supportive incentives. Such a solution was of special importance at these institutions in which there were too few children to create an integrative class. Assistance to a single pupil constituted the procedural basis for achieving positive attainment targets in this concept. The support teacher was supposed to "deepen the knowledge and ability of children with disabilities(...), provide advice to other teachers on diversified forms of instruction (...), offer all additional aid to teachers and parents in order to overcome the existing problems (...), when necessary take steps in order to assure (...) acceptance towards a child with disability" (Gruber, Petri, 1994, p. 36).

The aforementioned forms of education of healthy children and children with disabilities have been functioning in Austria until today. The Austrians point at some manifestation of positive outcome of these solutions, such as direct contact of children with disabilities with their healthy

peers and their assimilation into school environment. Moreover, healthy children are devoid of the feeling of fear and otherness towards pupils with dysfunctions. They have also learnt to notice positive features in their less able classmates/schoolmates. They help their disabled peers of their own free will, who, when confronted with such behaviour, become more confident, and as such, they consider themselves to be competent members of class community.

However, there are also numerous problems in the course of integrative classes. The tallest order for persons working in this system is the challenge of such organization of classes that provides equal chances for all children to demonstrate their achievements. Moreover, the significance of proper selection of teachers for cooperation is strongly emphasized, because when they subscribe to different concepts of classroom instruction and when they fail to provide mutual support, the effects of their work are of considerably lower quality. Also, there appeared a recommendation that integrative groups should accept volunteers, who are not burdened with the feeling of fear towards teaching children with disabilities (Gruber, Petri, 1994).

All in all, it is possible to state that the legal provisions applicable in Austria fully enable joint education of healthy children and children with disabilities. The four existing models of integrative education provide the option of making an appropriate choice of arrangement for a particular child, as well as make it possible to secure education to the highest possible number of pupils.

It was the English and Austrian experience that constituted inspiration for the initiators of integrative education in Poland. Creation of a joint classroom for healthy children and children with disabilities in one of Warsaw preschools in 1988, is considered to have been the moment of birth of integration on Polish ground. The children enjoyed joint education in the course of 2 years, when they managed to create a very cooperative group. They made friends with each other and the friendships extended beyond the preschool walls. Both parents and teachers were very pleased with the experiment, and when the children had achieved school age, it was universally acknowledged that it was not possible to separate them and that their joint education should be continued at school. In this way, the first two integrative classes came into existence in school year 1990/1991 at Primary School No. 161 in Warsaw. They began learning in classes of 16 pupils, with three or four children with disabilities of different type per class. Parental acceptance of the form of instruction, teachers' approval and school's "readiness to provide adequate facilities, constituted entry requirements for the acceptance of children with disabilities to these classes" (Bogucka, Brzozowska, 1994, p. 13).

The school, in order to perform its tasks properly, introduced a sequence of changes, i.e. it eliminated architectural barriers, purchased and installed equipment essential for rehabilitation, as well as appropriate teaching aids. Apart from teachers of primary education, a special needs

teacher, a physiotherapist, a speech therapist, a psychologist and a support employee were also employed. Class arrangement was also adapted to new requirements, i.e. the traditional rows of desks were replaced with clusters of 2-3 benches, which facilitated team work. By means of furniture rearrangement, the classes were divided into zones or corners, e.g. the corner of silence, in which pupils could rest, the corner of play, handicraft and painting, enabling children to express themselves, as well as a nature corner (Bogucka, Brzozowska, 1994). Such decor was supposed to encourage creative activity.

Also, educational and didactic concepts were changed at the school. When planning the program, children and their needs became the focal point of reference. Regular textbooks were used to execute the main curricular contents. Two teachers worked simultaneously in every class, i.e. a teacher of early-school education and a special teacher, being responsible for the progress in learning of all pupils. The joint cooperation of two persons was also supposed to provide an opportunity for individualization in the course of instruction. Also, a pedagogic innovation of "open hours" was introduced in the integrative classes, during which a pupil worked on the basis of an individualized weekly agenda. This solution made it possible to customise the pace of work and as such, gave children a choice in the order of performed exercises.

To be able to thoroughly assess pupils, descriptive evaluation replaced marks at the end of terms. Such descriptive certificate contained information related to "pupils' emotions and motivation; their social behaviour and interests; classroom activity; the level of acquisition of the material and skills acquired in particular subjects; as well as ways of coping with problems" (Bogucka, Brzozowska, 1994, p. 13). Even though the first integrative class was formed in Warsaw, the idea quickly spread throughout the whole country.

The tendency was also strongly encouraged by the ratification of the UN Convention on the Rights of the Child of 20 November 1989. This fact was of strategic importance in the development of the system of integrative education, permeated with novel, more humane approach to the problem of disabilities. Poland, being a party in the Convention, recognised that "a child in order to acquire harmonious development, should be brought up in family environment, in the atmosphere of happiness, love and understanding" (*Konwencja...*). It also committed itself to secure "adequate living conditions for children's development" (*Konwencja...*, art. 7). Separate decisions included in the convention concerned children with disabilities, stating that they should be provided with worthy living standards and active participation in social life. They also recognised the right of children with disabilities to particular care and attention, as well as provided access to education, healthcare and rehabilitation (*Konwencja...*, art. 23, pkt. 1, 2, 3).

The Convention also featured some notations related to "children's rights to learn" (*Konwencja...*, art. 28), which stated that "the learning

process will be oriented towards the following: optimal development of personality, talents, as well as mental and physical abilities (...), preparation to becoming existence within a free society (...)" (*Konwencja...*, art. 29, pkt. 1a,d).

Poland's ratification of the Convention on the Rights of the Child made it possible to create a legal system enabling full development of children with disabilities. Bearing in mind "the well-being of the society as a whole", as well as having acknowledged "the recommendations included in the Universal Declaration of Human Rights (...) and the International Convention on the Rights of the Child", the Act on the Educational System was announced on 7. September 1991. It ensured the "opportunity to receive education in all types of schools, by both healthy children and children with disabilities, in accordance with their developmental and educational needs and predispositions" (*Ustawa...*, art. 1, pkt. 5). It also stated that "the eight-form primary school constituted the educational basis of the system" (*Ustawa...*, art. 15, pkt. 1), in which "learning (...) was compulsory" (*Ustawa...*, art. 15, pkt. 2). The act also guaranteed free-of-charge instruction in state schools (*Ustawa...*, art. 7, pkt. 1).

Another legislative act related to educating children with disabilities was published on 4 October 1993 in the form of a regulation of the Minister of National Education, on the principles of organization of care for pupils with disabilities and on their education at regular and integrative state preschools, schools and institutions of special education. It provided legal grounds for the creation of integrative classes stating that: "at regular schools and state preschools integrative branches may be established. Integrative branches are established in order to enable pupils with disabilities to acquire knowledge and skills that is up to the standards of their potential, within the conditions available at these institutions" (*Zarządzenie...*, § 9.1).

In order to provide optimal developmental conditions for pupils attending integrative classes, it was established that the number of pupils may oscillate within the limit of 15-20 persons per class, including from 3 to 5 pupils with disabilities (*Zarządzenie...*, § 9.2). Children with special education needs were given additional assistance in the form of special teachers employed at the premises, who were supposed to help teachers in the selection of curricular contents and methods of work with pupils with disabilities (*Zarządzenie...*, § 9.4).

A Resolution of the Parliament of the Republic of Poland of 1. August 1997, labelled as the Chart of Rights of People with Disabilities, certified the right of children with developmental shortages to "learn at school together with their healthy peers" (*Uchwała...*, § 1 pkt. 4). Aby mieć nadzór kontrolny nad przestrzeganiem zasad określonych w Karcie, w tym także nad dostępnością nauki osób niepełnosprawnych w szkołach ogólnodostępnych wezwano "Rząd Rzeczypospolitej Polskiej do składania corocznie, w terminie do 3 czerwca, informacji o podjętych działaniach w celu urzeczywistnienia praw osób niepełnosprawnych" (*Uchwała...*, § 3). Due



to these factors, the first half of the 1990s constituted a time of intense development of integrative teaching in Poland.

Table 1. Number of schools with integrative classes

YEAR	1989	1990	1991	1992	1993	1994	1995
Number of schools with integrative classes	0	1	5	13	25	56	102

Source: Bogucka, 1996, 54.

In spite of upward tendencies in joint teaching of healthy children and children with disabilities, a comparatively small number of children with special education needs made use of this form of education in that period. In 1995, 62 517 pupils were educated at special schools and in integrative classes merely 204, i.e. approx. 0.32%. The units for visually handicapped educated 1401, whereas in integrative teams merely 37, i.e. approx. 2.65% (*Rocznik...*, p. 417). The institutions for the deaf and hard of hearing provided education for 3 488 children, with 86 within the integrative system, i.e. approx. 2.47%.

According to Kruk-Lasocka and Bartosik, "there is no turning back away from inclusive education and from the idea of self-determination amongst persons who are hard of hearing. Theoretically then, there are no two worlds" (Kruk-Lasocka, Bartosik, 2007, 83). In practice however, the hearing world is strange and unfriendly for deaf people, and inversely, the non-hearing world is closed for healthy, hearing people. The contact point between these two worlds is the most clearly perceptible at educational institutions, even at those within integrative program, where there are comparatively few children and adolescents with hearing disorders. The basic problems a deaf person encounters at school are the following:

- communication problems, i.e. peers or even teachers are not familiar with sign language, and if a deaf child is able to speak, its speech is typically unclear and it is hard to understand it;
- problems with curricular content, i.e. deaf pupils will frequently fail to understand what is happening during the lesson and do not know what the teacher is saying, and in consequence cannot grasp the content of the lesson;
- complicated peer relations – hearing pupils, not understanding a deaf person, move away, fail to become involved in longer interactions with them, actually live beside each other, which often leads to feelings of loneliness, social isolation, not to say to neurotic disorders or bouts of depression.

Making the decision to enrol a deaf child in the mass educational system requires immense effort on the part of all the involved parties, starting with the affected pupil, through his parents, up to teachers.

The statistical data concerning educating persons who are deaf or hard of hearing explicitly demonstrates a continual tendency to send children and adolescents with hearing disorders to regular schools, not only of integrative character. Whereas in school year 2005/2006, the total number of 5 663 deaf or hard-of-hearing pupils were educated in regular schools and 4263 in special schools, in school year 2009/2010, i.e. 5 years later, the figures were 5986 and 2622, respectively.

Table 2. Deaf and hard-of-hearing pupils in regular schools of all levels

School year	Deaf pupils	Hard-of-hearing pupils	Total
2005/2006	493	5170	5663
2006/2007	444	5072	5516
2007/2008	419	5232	5651
2008/2009	419	5377	5426
2009/2010	457	5529	5986

Source: *Główny...*

Although the number of affected pupils and the number of integrative classes are still growing, this form of education is continuously unavailable to many. The needs of persons with disabilities in joint education at mass schools are far greater than the educational potential of the system. Undoubtedly, high costs of integrative education, associated with the need to employ additional specialists, constitutes one reason. However, social awareness is still low and there are continual shortages in appropriately trained teachers.

A fundamental problem concerning preparation of teachers to work with deaf children lies in communication boundaries, resulting from negligence in learning sign language. Inasmuch this subject is taught within the curriculum of surdopedagogics, it is not included in graduate training schemes for speech therapists or occupational therapists. The analysis of seven randomly selected school curricula from all types of higher schooling institutions in Poland, revealed that none of them featured a course of sign language, even though their graduates are supposed to work with children who are deaf or hard of hearing. The students of post-graduate studies in speech therapy at the Academy of Humanities and Economy in Łódź only learn surdopedagogics and non-verbal forms of communication,

at School of Educational Managers' Training in Kalisz, they learn alternative and auxiliary communication, at the Malopolska Higher School of Economics in Tarnów, there are also courses in alternative and auxiliary communication, at the University of Warsaw, there are courses of surdopedagogics and non-verbal forms of communication, and at M. Curie-Skłodowska University in Lublin, there is only a course in surdopedagogics. The post-graduate studies of pedagogic therapy at the University of Silesia in Katowice, feature a subject Early Support and Revalidation of Persons with Different Types of Disabilities, whereas at the Catholic University of Lublin, there is a subject: Individual Therapy of Visually and Aurally Impaired Pupils at Regular Schools (*Program studiów podyplomowych logopedii na Akademii...; Program studiów podyplomowych logopedii w Studium...; Program studiów podyplomowych logopedii w Małopolskiej...; Program studiów podyplomowych logopedii na Uniwersytecie Warszawskim...; Program studiów podyplomowych logopedii na Uniwersytecie im. M. Curie-Skłodowskiej...; Program studiów podyplomowych terapii pedagogicznej na Uniwersytecie Śląskim...; Program studiów podyplomowych terapii pedagogicznej na Katolickim...*).

Having graduated from post-graduate studies, a future speech therapist or an occupational therapist is in fact not adequately prepared to work with deaf pupils, as he or she is not able to communicate with them. The problem will not be solved by occasionally offered sign language courses for general public, because their curriculum is not adapted to practical needs of teachers, speech therapists and psychotherapists. Admittedly, it is possible to acquire the ability of basic communication, but such courses lack the vocabulary associated with teaching or therapy. Only courses addressed to specific groups of recipients, in this case speech therapists and psychotherapists, may meet the necessary requirements. Thus, if we wish to provide some space for deaf pupils at regular schools, we should redress school curricula of training courses for teachers, speech therapists and psychotherapists.

This issue is on the top of the agenda in the light of the recent incentive of the Ministry of National Education in terms of work with pupils with special educational needs (*Rozporządzenie...*). It obliges educational institutions, among others, to create teams of a head teacher, teachers, a school pedagogue and specialists employed at school, which will be responsible for the quality of provisions bestowed upon pupils. Nevertheless, in order to secure appropriate conditions for deaf children, it is of utmost importance that all those involved in direct contact with them, are able to use and understand sign language, which ideally should constitute a minimum entry requirement into the realm of integrative education of deaf and hard-of-hearing pupils.

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