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The socio-emotional problems of children with dyslexia

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Declaration

This dissertation is submitted in part fulfilment of the Master's degree requirements.

I, Aynah Kerawala declare that I have developed the dissertation independently with the use of the resources listed in the bibliography.

I give full permission for this research study to be used for other research purposes, with appropriate citation and credit.

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Abstract

Although dyslexia is traditionally regarded as a purely cognitive disorder resulting in well-known and well-researched difficulties in reading, writing and mathematics, this is not a complete picture. Equally important are the attendant difficulties that children with dyslexia face. Most notable among the burdens associated with dyslexia are socio-emotional problems. It has been consistently found in research over much of the West, particularly in the United States and the United Kingdom that children with dyslexia display higher levels of social, emotional and self-concept-related problems than their peers without dyslexia. These socio-emotional problems hinder their already hampered progress and further weigh odds of favourable outcomes against children with dyslexia.

Research into the socio-emotional problems of children with dyslexia is mostly concentrated in Western Europe and North America. The recognition that this is an important area of research has yet to take root in the Czech Republic or in India, where the author has nearly a decade of experience as a special educator. This research project sought to address this gap, albeit at a limited scale. A multiple case study of five boys with dyslexia was conducted at a special education school in the city of Most in the Czech Republic. Operating from within a constructivist research paradigm and following the recommendations of leading theorists, multiple sources of information (observation, interview, questionnaire and document analysis) were used. The perspectives of three most important stakeholders – children, parents and teachers – were considered. This facilitated a fuller, more nuanced and detailed understanding of the socio-emotional difficulties of children with dyslexia.

It was found that all the five children had moderate to severe socio-emotional difficulties as assessed by both, parents and teachers. This was also borne out by the analysis of documents, the observation of the children and interviews with a teacher. Parents and teachers agreed on the overall assessment of individual children's socio-emotional abilities. However, they disagreed on their assessment of particular domains of socio-emotional functioning, notably on children's communication abilities, peer relationships and personal characteristics. Findings have implications for developing a more comprehensive understanding of the kinds of socio-emotional

difficulties children with dyslexia have. Future research will focus on the factors underlying these problems. Steps should also be undertaken to sensitise people involved with the children with dyslexia to their socio-emotional problems.

Chapter 1. Introduction

The first chapter, introduction, will present a brief statement of the research objectives asked in this dissertation. An overview of the Czech education system will be provided. The chapter will end by discussing my personal background as a special educator in India and the state of special education in India, and tie this to how this personal experience shapes the research questions I ask.

1.1) Statement of Research Objectives

My personal experience as a special educator in India led me to recognize on numerous occasions that children with dyslexia exhibited problems and had difficulties that went beyond the traditional understanding of dyslexia as a cognitive and learning disorder. Such an understanding though not inaccurate is quite limited. As the next chapter, the literature review reveals, there is increasing recognition in much of the West that children with dyslexia have difficulties in social and emotional domains of functioning and that these difficulties are often directly tied to the cognitive impairments and the resulting academic and other consequences they suffer because of dyslexia. However, in the Czech Republic, and more so in India, this recognition has not yet taken root widely among education policy makers and practitioners. My research project therefore focuses on socio-emotional difficulties of children with dyslexia. This focus is a relatively nascent area of research in the Czech Republic and an almost unexplored area of research in India. The specific research questions I ask in this study are:

- What are some of the socio-emotional problems faced by children with dyslexia?
- Do the parents and teachers of these children see them as having socio-emotional problems?
- Do parents and teachers agree in their assessments of the children's socio-emotional difficulties?

The study will answer these questions by focusing on children with dyslexia at a special school in the city of Most in the Czech Republic, and analyzing the issue from multiple perspectives, that of the teacher, the parent and the child.

1.2) The Czech Education System

The Czech education system consists of primary school, secondary school or gymnasium (which emphasises academic education) and the vocational secondary school. The Higher Education institutes offer a three year course which can lead to certification or Bachelor's, Master's or Doctorate degrees.

In the Czech Republic, special education has been provided to children with impairments since the end of the 18th century when the first school for the deaf was set up. Special education is governed by the Education Act. While this Act lists dyslexia as impairment, it does not make any specific provisions for persons with dyslexia. Every region has a special education centre which acts as a reference point for diagnosis and remediation of children with special needs. According to the 2006 report by the European Agency for Development in Special Needs Education on special education in the Czech Republic, integration policy in the Czech Republic has started only after 1989. While parents have the right to choose between educating their child with dyslexia in a mainstream or a special school, it is not binding on the principals of mainstream schools to admit them in their school. While the proportion of children requiring special education to those requiring general education has remained the same, the percentage of children integrated in mainstream schools is declining over the past 6 years. While there is no specific data for children with dyslexia, the number of children with developmental impairments is 2,571. Beginning in 2001, a shift in thinking about children with disabilities occurred in the Czech Republic from a medical model to a more functional model. This is also reflected in the official terminology that was adopted then. The term "child with special educational needs" has since been in use.

In the Czech Republic, special schools provide education for children whose needs cannot be appropriately met by mainstream schools. The class sizes in special schools are much smaller than in mainstream school (4 to 15 as compared to 22 to 30). Different special schools admit children either at the pre-school age, at the age of compulsory school attendance and at upper secondary or vocational level. Many special schools cater to more than one type of handicap.

1.3) My Background and the Indian Special Education Context

I am an Indian special educator trained to teach children with physical and mental challenges and specific learning difficulties (which are also referred to as dyslexia in this dissertation for the sake of convenience). The conception of this project was shaped by my experiences in and knowledge of the Indian special education context, along with my hope that I can undertake a similar study in India based on lessons learned in the current research exercise. An introduction to the dyslexia in the Indian context is therefore in order.

1.3.1) Dyslexia at the Government Policy Level

In India, all areas of governance are divided into Central and State subjects. Education falls under the purview of the state. Each State government formulates its own education policy resulting in great variability in the quality of the educational infrastructure among states. There is little coordination between the Centre and the states.

I practiced as a special educator in the state of Maharashtra. The local government there has made provision for giving concessions to children with dyslexia but they remain largely on paper. This is because the schools are either unwilling or financially unable to provide these concessions to students. The government neither penalizes unwilling schools nor supports unable schools.

1.3.2) Dyslexia at the Curriculum Level

The curriculum places an inordinate amount of stress on rote learning and this makes it difficult to include even those children who have minor intellectual difficulties in mainstream schools. Children with specific learning difficulties also face an uphill struggle to cope with the heavily academic curriculum that does not prepare them for vocational courses or jobs (Kalyanpur, 1996).

1.3.3) Dyslexia at the School Level

The average class size of schools in India is 60 to 75 students per class (Chadha, 2000). The teachers find it difficult to cater to the needs of so called "normal students" let alone students with special needs. In general, the regular education sector is fraught with

problems such as lack of infrastructure, poor training and poor funding (Eleweke & Rodda, 2002)

In the state of Maharashtra, schools are required by law to provide a letter to a child authorizing a state-approved organisation to test the child for specific learning difficulties. Because children are eligible for concessions only if certified by these said organizations as having learning difficulties, parents are desperate to obtain the letter from the school. Mainstream schools often force an agreement out of parents that they will withdraw their child from the school at Grade 8 before they issue the letter. Schools tend to do so in order to maintain their results relative to other schools at the crucial Grade 10 exams.

1.3.4) Dyslexia from a Mainstream Teacher's Perspective

There is only one teacher training college in India which teaches mainstream teachers about special children in any detail. Most of the teachers are totally unaware of the term dyslexia or its implications. The result is that when they come across dyslexic children, one of two scenarios may ensue. Some teachers may be worried about why a child is not performing according to his or her ability but not know what to do. Others, who are unfortunately in a majority, label the child as 'dumb, disruptive, slow' and ridicule them in front of the rest of the class (Singhal, 2005).

1.3.5) Dyslexia from a Special Educator's Perspective

In Maharashtra (my state), the government has set up centres for testing children to confirm whether or not they are dyslexic, but there is only one government-run special school for remediation. In other cases, remediation is left to private centres which charge exorbitant fees. Given the dire shortage of special educators, many a times those who have been trained to teach children with intellectual difficulties are recruited to teach those with dyslexia.

1.3.6) Dyslexia from a Parent's Perspective

The few schools that are aware of the concept of dyslexia are English medium schools. The parents who send the children to these schools are mostly first generation English learners and therefore are not able to fully participate in the child's education. Most parents also find it difficult to accept that their child, who has an Intelligence

Quotient (I.Q.) in the normal range and who appears to have no apparent medical condition, cannot cope with studies due to some hidden disability.

India is a developing country which has no social security system and much emphasis is placed on the idea that a person must at least finish undergraduate education in order to get a good job and support him or herself. Therefore, even when the parents are informed of the child's problems, they are only interested in seeing to it that the child is promoted from one grade to the next. They do not pay attention to associated problems of dyslexia such as socio-emotional difficulties and difficulties expressing themselves.

1.3.7) Dyslexia from a Child's Perspective

The plight of dyslexic children in India is truly pitiable. They are confused as to why teachers and parents do not understand their problems and why they can not meet their parent's expectations despite their best efforts. This makes them depressed, angry and frustrated. These emotional issues often play out in their immediate social context, affecting their relationships with peers, teachers, and family members.

1.4) The Indian Context and this research project

The awareness of dyslexia is very limited in India. There is little awareness of dyslexia in urban areas in India and practically none in the rural areas. The few organisations and parents who know about it are only aware of the learning problems associated with it. Given the overwhelming emphasis on academic performance in India, little or no attention is given to the fact that dyslexia does not affect only a person's ability to read, write and do mathematics, but also practically every aspect of a person's life. Particularly salient but neglected are the socio-emotional difficulties I highlight in this study. By conducting this research and using it as a template to conduct similar research in India, I hope to raise awareness of the socio-emotional aspects of dyslexia among special educators and parent groups in India. Having practiced for 9 years in India, I have developed contacts with advocacy groups like the Maharashtra Dyslexia Association. I hope to be able to convince them about the significance of the study so that they may initiate similar research in India and advocate for greater attention to this issue.

1.5) Summing Up

The topic of socio-emotional difficulties among children with dyslexia has been researched on in much of the West, particularly the United States and the United Kingdom. As the concept of dyslexia has only been recognised for a few years in the Czech Republic as in India, I feel that the timing and the setting are appropriate to address my research questions.

Chapter2. Review of Literature

This chapter is divided into the following broad sections, Definition of key terms, Socio-emotional Problems of children with dyslexia, Contradicting Research, Causes of socio-emotional problems, and Dyslexia in the Indian context and Implications for Socio-emotional difficulties. The chapter closes with a summarizing statement highlighting the need to research the topic of socio-emotional difficulties.

2.1) Definitions of key terms

This dissertation is regarding the socialization problems of learning disabled children. Therefore, I will define the terms dyslexia and socialization problems.

2.1.1) Dyslexia

The word dyslexia has been derived from the Greek words Dys (difficulty with) and Lexis (words) which means difficulty with words (Pollack, 1994). Learning disability is better known as dyslexia in India or Specific Learning Difficulty in the United Kingdom. It is an umbrella term used to cover many learning problems. Selikowitz (1998) defines 'specific learning difficulties' as an unexpected and unexplained condition, occurring in a child of average intelligence, characterised by a significant delay in one or more areas of learning. Children with dyslexia often also have problems in phonological awareness, gross and fine motor skills, sight disturbance, and lateral connections.

According to the American legislation, dyslexia is defined as a disorder which affects the psychological process of acquiring language in any form but may not be a result of any physical or mental disabilities. In the United Kingdom, dyslexia is defined as "a specific learning difficulty that mainly affects reading and spelling". Dyslexia is characterized by difficulties in processing word-sounds and by weaknesses in short-term verbal memory. The effects of dyslexia may be seen in spoken language as well as written language" (Dyslexia Action, no date). In India, the National Centre for Learning Disabilities defines learning disabilities as disorders affecting the brain's ability to deal with information. It prevents people with average intelligence to acquire basic academic skills (Sakhuja, 2004).

There is no understanding of the exact causes of dyslexia. The general consensus is that there are different causes of dyslexia. Some are acquired while others are genetic. A variety of genes can combine to cause dyslexia (Ranaldi, 2003). The current trend is also tending towards some consensus on the neurological nature of dyslexia and the contribution of structural deficits in the brain (Reid, 2005).

Brain imaging research has given numerous suggestions regarding the areas of the brain that may be implicated in dyslexia. Traditional MRI techniques and newer Functional MRI research has yield clues as to the probable causes of dyslexia. Snowling and Stackhouse (2006) provide a good review of the current state of neurological research into dyslexia. It is now known that there are abnormalities in the part of the brain that controls speech in people with dyslexia. Reduction in the size of the frontal lobes also has a role in causing difficulties in reading. More recent research has suggested that in people with dyslexia, the areas of the brain normally associated with reading and memorizing material show limited activity compared to healthy subjects. Finally, neurophysiological impairments can lead to problems in phonological and visual perception (Peer & Reid, 2003).

2.1.2) Socialization

The Oxford English Dictionary defines socialization as “make (someone) behave in a way that is acceptable to society” (The New Pocket Oxford English Dictionary, 2001).

A number of social scientists and psychologists have constructed theories on the socio-emotional characteristics of people. These theories were then adapted by researchers in special education to study the socio-emotional problems faced by children with disabilities. For example, Burden (2005) has drawn upon socio-cultural theory, symbolic interactionism and the motivational and attitudinal theory of Wilson (2002) in his study of the self concepts of children with dyslexia. The socio-cultural theorists believe that knowledge is based on the social and cultural realities of the society a person lives in. Difficulties in meeting the social and behavioural expectations faced by children with dyslexia can have an adverse effect on their self-concept. The motivational theory of Wilson et al (2002) is made up of three components: the individual’s attitude towards content to be learnt, their self-concepts as learners and their expectancy of success or failure. The attitudinal theory postulates that an individual approaches a task in a certain

way intentionally and this intention is influenced by their attitude to the task at hand and the pressure to perform that they feel. For e.g., a student with dyslexia may be aware that he or she has to behave in a certain way in a specific social situation. But if he or she has experienced failure in the past in similar situations, he or she may approach it with a negative attitude which may only further increase the chance of failure. Repeated experiences of failure will lead a child with dyslexia to develop a negative self-concept. This negative self-concept can then influence his/her behaviour positively or negatively in social situations, initiating a vicious cycle. A comprehensive review of the research on socialization and emotional functioning in healthy adults and in children is out of the scope of this dissertation. The brief discussion above highlights how general socialization and emotion research has informed research on the same processes in children with dyslexia.

2.2) Socio-emotional Problems of children with dyslexia

This section presents a comprehensive review of research on socio-emotional difficulties of children with dyslexia. As mentioned before, much of this research represents the United States and the United Kingdom. Findings will be presented under the following themes: Social Difficulties, Emotional Difficulties, and Poor Self-Concept. Though there is some overlap between these themes, it is useful to organize the literature thematically.

2.2.1) Social Difficulties

Many children with dyslexia display at least some of the following social problems: avoiding stressful and work situations, seeking reassurance, remaining on the fringe of a group, being apathetic to learning situations, blaming others and refusing to accept responsibility (Humphrey, 2002). Children with dyslexia may experience rejection in friendships, poor quality of friendships and loneliness through the course of an academic year. (Tur-Kaspa, Margalit, & Most, 1999). Some of the social-behavioural problems that children with dyslexia face are distractibility, perseveration, social skills deficits, hyperactivity, withdrawal, dependency and other problems (Calleti, & McLaughlin, 2003). Children with dyslexia find it difficult to develop an attachment with significant others in their life, especially their teachers who they perceive as being rejecting and less available (Al-Yagon & Mikulincer, 2004).

A study was conducted by Farmer et al (1999) on the perception of behaviour problems in children with mild learning disabilities held by teachers, peers and students. The study showed that all three categories of subjects perceived children with mild disabilities as having moderate to severe behaviour problems. A study of the social competence of children with dyslexia as compared to that of their siblings shows that parents of these children think that they are less competent. This perception stems from the fact that their child with dyslexia has sleeping and conduct problems and is anxious, socially withdrawn, and aggressive (Dyson, 2003).

The feeling of loneliness among children with dyslexia leads to secondary emotions of sadness, boredom, isolation, and anger. These children feel lonely when they feel left out because of being unable to complete work on time, when they are separated from friends, need help, etc. The reaction to the feeling of loneliness is rarely to constructively seek the company of others. Most often, the reaction involves solitary play or any other solitary activity and/or attention-seeking behaviours. The children feel most lonely at the times before and after school (Pavri & Monda-Amaya, 2000). Children with dyslexia who have difficulties in verbalising tend to act out their frustration through violence. Those who do not have problems in verbalising tend to withdraw from social situations or misinterpret verbal cues (San Miguel, Forness & Kavale, 1996).

A study of children with dyslexia in an Indian state, Andhra Pradesh, showed that as compared to non-dyslexic children; children with dyslexia have many psychosocial problems. Problems noted were sudden mood swings, low frustration tolerance, lability and emotional instability, neurotic tendencies, low social responsiveness and poor self control (Sharma, 2004). A survey of children with dyslexia shows that a significant percentage of this group were victims of bullying by peers and some of them took part in bullying themselves (Carlson, Flannery & Kral, 2005). Since dyslexia often affects oral language skills of a child, he or she may have difficulties in expressing himself or herself (Ryan, 2004). Peers may not be willing to wait for the person to express himself/herself succinctly and may ignore him/her.

2.2.2) Emotional Difficulties

Some of the social and emotional problems of children with learning disabilities were reported as anxiety, over-activity, moodiness, lability, withdrawn nature, poor

concentration, poor organisational skills, difficulties relating to peers and problems with discipline (Lie, O'Hare, & Denwood, 2000). More recently, Al-Yagon and Margarit (2006) elegantly studied loneliness and coherence in a sample of children with reading difficulties. They concluded that such children tend to be impulsive, hypersensitive, and aggressive. They frequently display poor performance in academic areas and engage in anti-social behaviour. Often, they deny their disability and have a higher predisposition to loneliness, anxiety and depression.

Children with dyslexia tend to have characteristics of learned helplessness, that is, they blame their inability to perform certain tasks on their dyslexia and they are depressed at times due to negative childhood experiences (Burden, 2005). Some of the research on social and emotional problems of children with dyslexia has focused on behaviour interventions to address these issues. Frederickson & Turner (2003) successfully identified dyslexic children with social and emotional problems and tested an intervention. The problems that they perceived to be most pressing included "withdrawn, depressive or suicidal attitudes, obsessional preoccupation with eating habits, school phobia, substance abuse, disruptive, anti-social and uncooperative behaviour, and frustration, anger and threat of or actual violence." (Fredrickson & Turner, 2003: 236).

A study by Maag and Behrens (1989) suggests that people with dyslexia are more inclined to be depressive. It also found that girls with dyslexia have a more negative self-perception of their cognitive abilities than boys. Children with dyslexia have low self-confidence because they find a discrepancy between their performance level and that of other children. They may or may not discuss this feeling with their parents or teachers and this may thereby lead to depression (Eadon, 2004). A study of adults with dyslexia suggests that their anxiety and depression only increases as they go to college and university. This is more so in females rather than males (Hoy et al, 1997).

A study of the test anxiety of children with dyslexia shows that they have a high level of test anxiety. This high anxiety in addition to existing impairments hampers their performance which in turn adds to the erosion of their self-worth. If a child's social standing is determined by his or her performance at school, this can have potentially devastating effects (Lufi, Okasha & Cohen, 2004).

Children with learning disabilities are socially isolated from their peers and are less likely to turn to them for support when they experience stress. Children with dyslexia who do not perform well academically are more inclined to depression than those who do. Factors associated with dyslexia like depression make them candidates for suicidal tendencies (Bender, Rosenkrans & Crane, 1999). The suicide rate of adolescents with dyslexia is higher than their non-dyslexic peers. It is estimated that adolescents with dyslexia also contemplate suicide more often than non-dyslexic peers. They have a higher rate of psychiatric disorders because of difficulties in school, number of school days missed and dissatisfaction with grades (Daniel et al, 2006).

2.2.3) Poor Self-Concept

In 2002, Humphrey assessed teacher and student's ratings of self-esteem in children with dyslexia. He reported that children with dyslexia generally tend to be either more boastful or more timid than their peers. In another study in the same year, Humphrey with his colleague Mullins assessed the personal constructs of children with dyslexia. They concluded that children with dyslexia tend to associate their reading ability or lack of it with their intelligence. This may be the result of their having been labelled as 'lazy' and 'stupid' in early childhood.

In another study of children with dyslexia, it was found that they tend to compare themselves only with others whose social performance was equal to their own. Such children tended to give socially desirable responses to questions in order to please others. They unconsciously denied their shortcomings, and were confused between their real and ideal selves. Clever, Bear & Juvonen (1992) concluded that a significant problem that children with dyslexia have is in the area of healthy adjustment of self-standards. McNamara et al. (2005) also reported on the tendency of children with dyslexia to self-rate their abilities very poorly and related this to their lack of persistence on tasks.

A study by Nunez et al (2005) on the self concepts of children with dyslexia shows that there are two categories of children. One category of children accepts their shortcomings and adjusts to them and the other does not. The latter have less confidence in their ability to cope with schoolwork and display a poor self-concept. They suffer from low motivation in the areas of learning, achievement and gaining social approval. They tend to give up upon experiencing failure. The former category of children with dyslexia who

are more accepting tend to have more favourable outcomes on all the socio-emotional aspects mentioned above.

Children with dyslexia either underestimate or overestimate their efficacy, especially in the area of writing abilities (Klassen, 2004). They may have an accurate understanding of their social status outside class but this does not extend to an understanding of their social position inside class. They prefer to get remedial intervention outside class away from their unsympathetic peers (Mare & de la Ronda, 2000).

As there is a stigma attached to disabilities in society, children with dyslexia tend to hide their impairment. This narrows their avenues for seeking help and inhibits their self-awareness and self-belief. Their inability to make an accurate self-evaluation leads them to make wrong choices and decisions (Hoffman, 2003).

2.3) Contradicting Research

Some research disputes the themes that emerge from the studies discussed above. A study of social skills of kindergarten children with dyslexia has shown that while girls with dyslexia performed significantly lower on social information processing skills than girls without dyslexia, taken as a whole, the children with dyslexia performed on par with children without dyslexia on information processing skills (Tur-Kaspa, 2004). Nowicki (2003) showed that while teachers of children with dyslexia rate their social skills as very low and peers tend to shun them, the children rate themselves as being socially popular.

Mamlin and Harris (2001) conducted an evaluation of literature on the locus of control in children with dyslexia. Although it is belied that they give up their locus of control, that is, they tend to blame external sources for their inability to perform well academically, Mamlin and Harris concluded that most of these studies suffered from faulty interpretation of data and therefore their conclusions are unreliable. A study of children with and without dyslexia by Heath and Ross (2000) shows that children with dyslexia do not have a higher disposition to depression as compared to their non-dyslexic peers.

A study of the academic and non-academic self-concepts of children with dyslexia with or without comorbid attention deficit hyperactivity disorder shows that while children with dyslexia have a lower academic self-concept, their non-academic self-concept was on par with their non-dyslexic peers (Tabassam & Grainger, 2002). Dyson (2003) found

that the global self-concept and academic self-concept of children with learning disabilities matches that of their peers (Dyson, 2003). Dyslexic children can recall being confused right from an early age as to their inability to perform like other peers despite their best efforts. They develop their own theories for the cause of this inability. They tend to view it as a kind of block to learning that can either be surmountable or insurmountable. Children with dyslexia feel that their parents understand their feelings better than their teachers. As children with dyslexia grow older, they start believing in themselves more. A survey of dyslexic children attending a special school shows that their academic self-concept is lower than that of the general population of children attending mainstream schools but it is likely to increase the longer they stay in the school.

In general, however, the consensus is that children with dyslexia do have social and emotional difficulties and a poor self-concept. These issues need to be systematically examined, especially in contexts where they have not been explored earlier, such as the Czech Republic and India.

2.4) Causes of socio-emotional problems

Since teachers are under constant pressure to improve the academic performance of all the children in their class, they tend to overlook social skills. Social skills training is not a part of remedial education. This acts to the disadvantage of children with dyslexia (Bryan, Burstein & Ergul, 2004). Children with dyslexia find it difficult to read verbal and non-verbal cues required to interpret a social situation. This is possibly because they find it difficult to pay attention to stimuli and focus on relevant stimuli (Most & Greenback, 2000).

The low self-esteem that children with dyslexia suffer from can lead to constant anxiety (Soan, 2004). It is known that children with dyslexia who have problems with self-esteem and confidence are also stressed and anxious and display behaviour problems. In turn, their lack of self-confidence, low self-esteem, and behaviour issues may stem from frustration, high levels of stress and anxiety, and susceptibility to depression (Ranaldi, 2003).

According to a study by Humfries and Galloway cited in Reid (1996), children with dyslexia realise that they are in some way different from their peers right when they

transfer from an early education setting to primary school. This is because it is directly or indirectly inculcated in them that they will learn to read and write in a uniform pattern and go through school without any glitches. However, when they start lagging behind, they suspect that something is wrong even before formal assessment is done. They hide these feelings from others because of the fear of being ridiculed and humiliated. They are eventually referred to a psychologist for disrupting class and disobeying authority. The children then experience feelings of shame, anxiety, guilt, uselessness, frustration, and anger. This undermines their self-concept and they lose many friends. When teachers give such labels to the children, the parents believe the teachers as they think that the teachers are in the best position to judge their child's behaviour. Sometimes the parents who are aware of their child's dyslexia try to convince the teachers that their child has a problem. If the teacher disagrees on the issue, the child gets torn between the parent and the teacher as both are authoritative figures whose opinions they have learnt to accept and respect.

It is assumed that children reach certain developmental milestones as they grow older. A child with disabilities may not be able to achieve these milestones and this may adversely affect their self concept (Burden, 2005). People tend to form their self-concept primarily on the basis of their understanding of other people's perceptions of themselves. Dyslexic children may perceive themselves negatively because they reflect the negative perceptions other people hold about them. Farmer et al. (1999)'s study provides evidence for the generally negative perceptions about dyslexic children held by different groups of people. Children with dyslexia are often a target for shoving, calling names, teasing, being sworn at, ridiculed, and being targets for rumours and being excluded from joining a group. Children with dyslexia have a negative self-image which is developed due to the perceptions of teachers, parents and peers of them (Higgins et al, 2002).

Causes for socio-emotional difficulties are thus complex, involving interactions between the social and emotional domains of functioning in vicious patterns. These are further compounded by the children's learning and academic difficulties, and perceptions of stigma. The child's response to correcting these difficulties may sometimes further lower their social standing, which in turn produces emotional distress and problem behaviours and so on.

2.5) Dyslexia in the Indian context and Implications for Socio-emotional difficulties

Dyslexia goes unnoticed most of the time in India. This can have a potentially devastating affect on the child's psychology. According to the American Academy of Child and Adolescent Psychiatry (2007), if a child's dyslexia goes undetected for a long time, he/she may get increasingly frustrated, and develop emotional problems at his/her lack of success despite his/her best efforts. They may misbehave in class to avoid being labelled 'stupid'.

People with dyslexia have difficulty in learning language as they process it differently and the cause for this is being researched through out the world (Sayles & Bogdanowicz, 2004). This problem is compounded in India where the children are expected to learn three languages- the language of instruction in their school, the national language Hindi and the state language. Due to migration across states, it may be that none of the three languages may be spoken at the child's home. Many a time parents admit their child in English medium schools when they themselves do not know English. Since the quality of teaching languages is very poor, it compounds the child's problems.

Unlike most developed countries, the Indian government does not acknowledge that dyslexia needs to be covered in the Special Education Needs legislation. This is evinced by the fact that neither the People with Disabilities Act nor the Rehabilitation Council of India Act recognizes dyslexia as impairment. On the other hand, the government of India implemented the Sarva Shiksha Abhiyan or the Education for All policy under which it states that all children between the ages of six and fourteen years should receive education regardless of any potential disabilities (Ministry_of Human Resource Development, no date). The report has mentioned learning disabilities as impairment but has clubbed the provisions for learning disabilities with those for mental retardation (Tripathi, 2003).

Unlike other disabilities, the Indian government has made no provision for the education of children with dyslexia in public schools. This inadvertently restricts the number of children who have access to remedial education to those whose parents can afford to pay for remediation at private centers or those who are lucky enough to attend the few schools that employ special educators as part of their staff.

Since standardized tests are very expensive, the testing centers run by the government use a non-standardized test called the Diagnostic Test for Dyslexia which can be used for children up to 12 years of age. If an older child has to be tested informal testing is done. At times the difference between the Verbal IQ and the Performance IQ is taken into account. If the difference is more than 15 points, they are stated to be 'at risk'.

Thus, there is very little awareness of dyslexia at every level of Indian government. The little cognizance that has been taken of dyslexia in legislation is misguided. These shortcomings in the Indian system add a further burden on children with dyslexia and their parents, putting them at higher risk for experiencing social and emotional problems.

Unlike what the name suggests, specific learning difficulty affects almost every aspect of a child's life. This is something yet to be realised in India, even by most special educators. The pressure to perform, the uncompromising curriculum, and the debilitating limitations imposed by the impairment on the child with dyslexia often leave them feeling bewildered, self-reproaching, angry and frustrated. This in turn becomes a vicious cycle of low self-esteem leading to poor performance, which leads to these children being labelled as 'lazy and stupid' and eventually to emotional problems.

2.6) Summary

The literature review provides strong evidence for the presence of significant social and emotional difficulties among children with dyslexia. These difficulties have not been adequately investigated in the Czech Republic or in India. The current research project aims to address this gap and highlight this issue albeit on a limited scale.

Chapter 3. Research Methodology

The purpose of this research project is to find out and highlight the socio-emotional problems faced by children with dyslexia. This chapter has been divided into two main sections, Theoretical Framework and Methods. The first section will discuss the philosophical paradigms guiding this project followed by a description of the case study approach, the main approach used in this study. The second section will detail the specific methods used in this study, including Setting, Sample, and Research Techniques.

3.1) Theoretical Framework

3.1.1) Philosophical Paradigms

Educational research involves the application of research principles to the process of teaching and learning in the formal education setting and the clarification of the issues affecting it. The advantage of educational research is that it allows educators to gain the benefit of developing a solid knowledge base (Cohen et al, 2000).

Kuhn (1962) first used the word “paradigm” to describe the theoretical framework used by researchers to carry out research. To be more specific, Johnson & Onwuegbuzie (2006, p.24) define a research paradigm as, “a set of beliefs, values, and assumptions that a community of researchers has in common regarding the nature and conduct of research.” They suggest that a research paradigm be viewed as a *culture* of thinking about research. As paradigms are the very basis on which research is conducted, a thorough knowledge of them is very important for the researcher. He or she should also be aware of the fact that his or her beliefs will influence and shape the research and its outcomes, thus creating bias. The current research project is guided by both the constructivist and positivist research paradigms, and thus imbibes the mixed methods philosophy that is currently well-regarded.

3.1.1.1) Constructivism

Description: Constructivism is a position that reality is built or constructed by individuals (Hwang, 1996). Reality does not exist on its own for the constructivist but is constructed by many variables. The so-called physical categories like gender, race, etc., are subjective and are constructed by human beings based entirely on their experiences and social

context (Robson, 1993). The way we perceive the world is influenced by our experiences and the social and historical contexts in which the experiences occur.

The constructivist research paradigm in educational research is influenced by the work of Jean Piaget. Piaget found that young children develop much knowledge about the world that surrounds them even before they absorb any knowledge from their surrounding culture (Bereiter, 1994). This means that knowledge is *actively constructed* through experience. Because reality is 'constructed' and shaped by people's experiences, constructivist researchers are more concerned with "multiple realities in place of one single reality" (Hwang, 1996, p.346). The researcher does not place himself/herself in a position which gives an impression that he/she is in anyway superior to the subject being researched or that he or she can research 'the reality'. Instead, research is done by observing behaviour and asking open ended questions to further explore its underlying causes. The researcher is subjective and involved. The researcher is not a dispassionate bystander but has a hands-on approach to researching a problem. The research method generally used in the constructivist paradigm is qualitative research.

Qualitative Research Method: Qualitative research only began to be recognised as a form of scientific research in the 1970s. Typically, qualitative research involves small focused samples. Some of the methods used to gather data are questionnaires, survey, interview, and observation. The researcher gathers data and interprets them, often using thematic categories. Researchers refine their theories based on their observation of the participants (Robson, 1993). The researcher should either be well versed in the subject he or she is researching or should collaborate with a person who is an expert in the area (Robson, 1993).

One of the methods most commonly used in qualitative research is grounded theory. Grounded theory involves developing a theory based on interpersonal interaction and observations of people engaged in different activities (Robson, 1993). This method was developed by two American sociologists, Glaser and Strauss. They proposed that research can be done on the basis of new theories developed from data collected in the field. The methods used can be interviews, analysis of documents, and observation. Detailed records are made during the field trip and are very important in grounded theory research. The subjects of the research are carefully chosen so as to represent a specific group. Finally in

grounded theory research, as in most qualitative research, the writing style used is more descriptive, personal, and informal (Johnson and Onwuegbuzie, 2006).

Critical Evaluation: A particular strength of the constructivism paradigm is that using different perspectives, a constructive approach can lead to more holistic understanding of the participant's world. It is also a more democratic way of conducting research as the emphasis is on "taking on the role of the other" and gaining knowledge via active observation of the lives of people being studied (Rist, 1977, p. 44).

In educational research, constructivism is particularly suitable as everyone agrees that learning is a process of active construction. On the other hand, the constructivist approach in educational research has been criticized as leading to anarchy, almost as if researchers can get away with anything (Colliver, 1999). Colliver also criticizes constructivism as sometimes ignoring practical concerns.

Some advantages of qualitative research are:

- It is especially useful in social science research where variables can not easily be quantified. It may also be difficult to replicate reality in a laboratory situation (Johnson & Onwuegbuzie, 2006).
- It is useful for studying small samples in detail (Johnson & Onwuegbuzie, 2006).
- It helps in describing and understanding difficult problems and situations, particularly problems that have not received much attention in the past (Johnson & Onwuegbuzie, 2006).
- Qualitative methods can be sources of ideas and hypotheses (Colliver, 1999); in education research, they can lead to ideas about teaching and learning.
- In qualitative research, participants are allowed to define concepts (Johnson & Onwuegbuzie, 2006). Example, children can define what "socio-emotional problem" means to them, instead of the researcher defining it.
- Because qualitative research is conducted in natural settings, it is sensitive to local, social, cultural and historical contexts.

Some disadvantages of qualitative research are:

- Qualitative research may or may not be replicable.

- The researcher may be biased in the way he or she interprets data (Johnson & Onwuegbuzie, 2006).
- Qualitative research can not be generalized as it is carried out in a non-standardized manner (Robson, 1993). What may be considered credible by one researcher may not be considered credible by another.
- While qualitative research can help develop theories, they remain theories and are difficult to test (Johnson & Onwuegbuzie, 2006).
- Qualitative research can take a lot of time (Johnson & Onwuegbuzie, 2006).

3.1.1.2) Positivism

Description: The positivist philosophy was originally developed by Auguste Comte in the nineteenth century. According to positivism, the only valid reality is scientific knowledge and this knowledge can be obtained only by using the scientific method (The Columbia Encyclopedia, 2004). Positivists believe that only variables that are visible or experienced constitute true knowledge. This paradigm comes from research in pure sciences like physics, chemistry, and biology. All propositions are based on facts which are tested against hypotheses. Scientific causes are found by recording empirical regularities which are found in a sequence.

In educational research, as in many of the social and behavioural sciences, positivism retained a strong hold until the 1980s (Alexander, 2006). Since then, there have been periodic battles between positivists and constructivists, but positivism and post-positivism have retained an important place in educational research.

Positivists believe in finding the underlying causes of events and reducing them to quantifiable variables. Researchers form a hypothesis by assuming relationships between variables and then try to analyze data based on the hypothesis. Positivist researchers should be unbiased and objective to be considered competent. The research method generally used in this paradigm is quantitative research.

Quantitative Research Method: Before investing resources in carrying out quantitative research, researchers start with a model or a conceptual framework based on previous literature. Hypotheses are made that some variables have a direct or indirect effect on other variables. To study these hypotheses, it is necessary to control variables that may

also have an effect but are not being studied. Quantitative researchers believe that social-psychological phenomena can be treated in the same way as phenomena in physical sciences (Johnson & Onwuegbuzie, 2006), and can be defined and measured. Increasingly, statistical techniques are becoming important while conducting quantitative research.

In quantitative research, it is important to carry out a pilot study (a small test study) to see whether the theory behind the research and the method are clear and unambiguous. Finally, the writing style used in quantitative research is more precise, formal and impersonal (as compared to qualitative research) (Johnson & Onwuegbuzie, 2006).

Critical Evaluation: A particular strength of the positivist approach is that it gives findings that are seen as credible. Colliver (1999) talks about how quantitative research is useful because it is *practical*. He goes on to say that only a positivist approach can answer important questions in educational research such as: How is a specific teaching factor connected to a learning outcome? Did a change in the teaching factor improve learning?

However, Robson (1993) has criticized the use of this paradigm in social sciences when he says that human behaviour is unpredictable (as it is governed by various factors like the time and circumstances people are living in) and it is almost impossible to quantify the variables governing it. Also, it is not possible to differentiate between observation and theory. Establishing cause and effect can be easily done in the natural sciences but would require controlling a lot of variables in the social sciences. Research undertaken in this paradigm can only be acceptable if a laboratory situation (where variables are carefully controlled) actually occurs in the real world. Thus, findings may be objective but not useful. It is important to note that positivists themselves have recognized many of these criticisms, leading to a new paradigm: post-positivism. In brief, the post-positivists criticize the positivists as being too puritanical. They challenge the assumption that knowledge consists solely of tangible variables as this assumption can not be applied to the study of behaviour.

Some advantages of quantitative research are:

- Quantitative research produces statistically verifiable data. It can be replicated if the same variables are controlled.

- The researcher being a dispassionate observer has less chance of influencing the outcome positively or negatively.
- Data produced by quantitative research is precise (Johnson & Onwuegbuzie, 2006) and easier to understand because it is numerical.
- Data collection is mostly quicker than qualitative research (Johnson & Onwuegbuzie, 2006).
- One can use the findings of quantitative research to make concrete predictions.
- It is useful for studying large samples and making generalizations (Johnson & Onwuegbuzie, 2006).

Some disadvantages of quantitative research are:

- While dealing with aggregates, group properties and general tendencies, quantitative research does not take into account individual variability.
- The researcher has to be unemotionally involved in this research thus opening him or her up to the criticism that the research is divorced from reality.
- Observers can make unintentional errors in collating or interpreting data.
- It is difficult to exactly replicate a study done in one situation to another as the participants and the circumstances vary. Generalization is also difficult because specific social, historical, and cultural contexts can be ignored in quantitative research.
- Quantitative research is too focused on testing hypotheses and may end up neglecting theory or hypothesis generation (Johnson & Onwuegbuzie, 2006).

3.1.2) Constructivism and Positivism: Implications for this research project

Statement of Interests: As a person diagnosed with dyslexia at the age of eight, I have had much experience of the difficulties posed by learning difficulties. My experience has been crucial in drawing me to a career in special education. It is also quite natural that it should inform my research and this inquiry. I do not think this would prevent me from conducting objective research if I can hold it in reasonable check. On the contrary, like the constructivists, I believe my experience would give me more empathy and insight.

How the Paradigms Inform this Research Project? Both of the above philosophical paradigms were of value in shaping and addressing the research focus of this project. The topic of socio-emotional difficulties among children with dyslexia has not received much attention in the Czech Republic (or in India). Given that it is a nascent area of research, more qualitative research methods can be helpful in describing and understanding socialization difficulties. Thus, this research project is heavily based on research techniques that have generally been associated with constructivism such as interviews, observation, and document analysis. The selection of a small but specific study sample based on input from relevant stakeholders (in this case, principal of the school) is also common to grounded theory research. Finally, like constructivists, I cannot be a dispassionate observer in this research project particularly as it is a subject that has personally affected me. My personal experience helped me generate this research topic, and was useful in formulating interview questions and interpreting data from observations.

The positivist paradigm comes into operation in this research project in the use of a Likert scale that allows tabulating the data in terms of frequencies, percentages and correlations. Such quantitative data analysis has generally been associated with positivism. Finally, like positivists would recommend, a review of the literature was helpful in formulating my research hypotheses and interpreting data collected in the study.

This project operates from the premise that reconciliation between constructivism and positivism is both possible and desirable. Bereiter (1994) wisely pointed out that we are not bound to one or the other paradigm and can choose or mix paradigms depending on what we are studying. Nowadays, mixed methods research is recommended as a strategy that takes the strengths of both the paradigms (Johnson and Onwuegbuzie, 2006). Mixed methods research combines quantitative and qualitative approaches and methods in a single study and can thus result in more complete knowledge (Johnson and Onwuegbuzie, 2006).

3.2) Case Study Approach

The case study approach, seen primarily as a qualitative research method, is quite popular in social science and behavioural research. Robert Yin defines the case study research method as an empirical inquiry that investigates a contemporary phenomenon within its

real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used (Yin, 1994). The case study approach enjoyed a boost after suffering a temporary decline during the 1950s, because of Strauss and Glaser who proposed the concept of "grounded theory" in 1967 and subsequent well-designed case study research.

According to Yin (1994), a well-designed case-study protocol includes the following:

- Overview of the project (project objectives and case study issues)
- Field procedures (credentials and access to sites)
- Questions (specific questions that the investigator must keep in mind during data collection)
- Guide for the report (outline, narrative)

Yin (1994) identified at least six sources of evidence in case studies, including documents, archival records, interviews, direct observation, participant-observation, and physical artifacts. It is best when multiple sources of evidence are used, as is in this study. The sources that are used in this project are observation, documents, interviews, and parent and teacher questionnaires.

Based upon the work of many well-known case study researchers such as Robert E. Stake, Helen Simons, and Robert K. Yin, Soy (1997) proposes six steps that should be used in case study research:

- Determine and define the research questions
- Select the cases and determine data gathering and analysis techniques
- Prepare to collect the data
- Collect data in the field
- Evaluate and analyze the data
- Prepare the report

Case studies can be single or multiple-case designs. Multiple cases strengthen the results by replicating the pattern or theme, thus increasing confidence in the theory or hypothesis (Yin, 1994). Case studies often use multiple perspectives, representing not only the main person(s) of interest (e.g., the child with dyslexia) but also other connected and relevant

persons (e.g., parents and teachers). Thus, case studies are seen as triangulated research strategies. In the case of this study, the same issue, that is, socio-emotional problems of children with dyslexia has been studied from three perspectives, those of parents, teachers, and children with dyslexia themselves (by observation).

Critics believe that the results from case studies have limited generalizability mainly because of sample size. They believe that the case study method should therefore be regarded only as a preliminary exploratory technique. Also, the researcher could be biased in interpreting the data collected via this method. Despite these concerns, case study approach continues to be widely used as it provides a rich, holistic understanding, is very much based in the actual day-to-day context, and can often generate hypotheses that can be tested in future research. Further, Yin (1994, 2002) forcefully argues that simply the size of the sample does not make a study “microscopic” or “macroscopic.” A single case can be very informative, provided it addresses the research objective.

3.3) Methods

3.3.1) Setting

The setting for the study was a special education school in the city of Most suggested by my research guide who may be considered an expert on special education in Czech Republic. The city of Most, where the school is located, is an economically backward region. It was a mining town but as the mines shut down, it went into economic decline. The majority of the people living there currently are from ethnic minority groups. Many of them have little more than high school education. They prefer to speak their native languages at home instead of Czech. Substance abuse is common in the city (including among parents of many children attending the school). The school caters to children with specific learning difficulties and/or attention deficit hyperactivity disorder, who are typically referred to this school following Grade 2. The average class size is 15. Permission was sought from the principal of this school prior to conducting this study.

3.3.2) Sample

This project used a multiple case study design, including 5 children with specific learning difficulties. The five children were identified in close consultation with the school principal. The technique of non-probability, purposive sampling was used as it is ideal for case study research. Thus, the sample was carefully selected to match the target group

(children with dyslexia and significant socio-emotional problems). Criteria used included ages 12 to 15 and identification by the principal of the school as being particularly known for social and emotional difficulties. To preserve confidentiality, the five children will be referred to as Child A, Child B, Child C, Child D, and Child E. The chapter on Data Analysis presents a detailed description of sample characteristics.

3.3.3) Techniques

As mentioned before, the study assesses multiple perspectives (teacher, parent, and child) and uses multiple sources of evidence that are described below. The sequence of techniques used was observation, interview, questionnaire, and document analysis. The techniques themselves are described below.

3.3.3.1) Document Analysis

With help from the school, I procured the Individualized Education Plan and reports from the Special Educational Centre and the Pedagogical and Psychological Counselling Centre for each child. Notes were made based on these reports, focusing on description of the learning difficulties and of any socio-emotional problems.

Individualized Education Plan: An Individualized Education Plan refers to the progress that the special educational team see in a child over a particular period of time (usually 3 months or 6 months). The special educational team usually consists of a special educator, psychologist, psychiatrist, occupational therapist, physical therapist and speech therapist. A paediatrician may be included if the child has medical problems. This plan is drawn up in consultation with the parents and they have right to ask for a change in it if they do not agree with it or want an addition to it. The plan is reviewed periodically and targets are revised if necessary.

Special Educational Centre: When the school, doctor or parent of the child suspect that a child has an impairment he/she is sent to a centre called *SPS* for psychological and cognitive testing. The testing report is then sent to the mainstream school where the child is studying and a decision made as to whether or not the child should continue in the mainstream school or be referred to a special school. In case the child is not attending a school at that point of time, the centre refers him/her to a school.

Pedagogical and Psychological Counselling Centre: Since the school does not have an in-house counsellor, the children are sent to this centre for counselling when appropriate.

3.3.3.2) Observation

With consent from the school and the teachers, I observed the five children on two separate occasions, for over an hour on each occasion. The observation took place in the classroom situation, which is a fertile context for observing social and emotional difficulties that arise in a situation that places high demands on learning and interpersonal abilities. Observations in the classroom can also provide information on peer relations and relations with authority figures, in this case, teachers. Detailed notes were taken based on the observation, following recommendations by Glaser and Strauss (1967).

3.3.3.3) Interview

One of the teachers from the school was identified for a one-on-one interview. This teacher was chosen as she had classroom interactions with 2 of the 5 children in the study. A brief interview with the aid of structured questions was conducted, focusing on these two children.

3.3.3.4) Teacher and Parent Questionnaire

The parent and teacher perspective was assessed using a questionnaire based on the work by Hamond and Haccou (2006) under the aegis of the Assessment and Training of Labour Market Related Social Skills (ATLAS).

The ATLAS project was initiated in 2003 by the European Commission and 7 different E.U. countries participated in the project. The project was aimed at developing, piloting, and introducing an instrument for assessing social skills among individuals with intellectual disabilities. The impetus for the project came from the finding that individuals with intellectual disabilities who have social skill deficits are less likely to find a job and more likely to lose a job when a company is downsizing than those with good social skills. The lack of social skills can lead to problems in good employee relationships and formation of friendships. It is believed that the most important skills needed to gain and maintain supported employment is “social competence, problem solving ability, self-management and assistance form colleagues” (pp 28-29).

The ATLAS project lists the various aspects of social skills as:

- Attitudes and personal traits
- Basic or key skills and general and specific practical skills
- Experience; that is client's contribution to group

The following competencies were targeted in the assessment instrument that resulted from this project:

- Relationship with authority figures
- Ability to communicate
- Ability to perform during work
- Relationship with colleagues
- The presence or absence of socially accepted behaviours
- Ability to manage stress
- Ability to comply with general rules and agreements

The instrument was developed with intensive stakeholder consultation. After the initial development, it was retested a year later. The instrument is available in 5 different European languages and has been designed to facilitate translation into other languages.

The competencies assessed by the instrument are as relevant for children with intellectual difficulties with slight modifications. In the context of a school, social skill deficits could lead to isolation from peers and difficulties in relating with teachers. Disregard for general norms, difficulties in following and initiating social exchanges, and behavioural difficulties can get the child into a lot of trouble in school and perhaps lead to the child being labelled as defiant or withdrawn. A person who does not or cannot communicate with his or her peers can be regarded as moody and withdrawn and could be shunned. Inability to cope with stressful situations can lead to a person overreacting or withdrawing into a shell, which can further worsen the social standing of the child among peers and teachers. In the context of home, socio-emotional difficulties can strain communication between family members and the child with dyslexia and once again lead to isolation. The spirit and majority of the substance of the original questionnaire were retained. Modifications include (1) omission of a few items that were not relevant for purposes of this project (e.g., "Keeps confidential information to himself/herself" and (2) Change in

wording of certain items (e.g., “Is confident in the face of adversity” changed to “Is confident in difficult or stressful situations”). The final questionnaire had 45 items assessed on a Likert-scale (from “strongly disagree” which is rated a 5 to “strongly agree” which is rated a 1) divided under six themes. The themes were Communication (assessed using 7 items), Behaviour at home (in the case of parents) or class (in the case of teachers) (assessed using 6 items), Personal characteristics (assessed using 15 items), Peer relationships (assessed using 10 items), Ability to deal with stressful situations (assessed using 4 items), and Ability to follow unwritten rules (assessed using 3 items). The appendix includes a copy of the final questionnaire in English. A Czech version can be made available upon request.

In addition, the questionnaires asked for basic demographic information, age and gender. The parent questionnaire also probed for parent’s marital status, order of birth of child with dyslexia, and the number of children in the family. The teacher questionnaire also probed for years of teaching experience and their assessment of the child’s social skills relative to other children of the same age on a 5-point scale ranging from “Superior” to “Inferior”.

The questionnaire was administered to one teacher and one parent for each child. The teacher who was given the questionnaire was generally the primary contact teacher for each child. The teacher’s help was enlisted in handing out the questionnaires to the parents and collecting their filled out questionnaires.

3.4) Overcoming the Language Barrier

As the study was in the Czech Republic and I have no more than a very basic command of the Czech language, access to good quality translation became necessary at every stage of the study. One of the limitations of research that requires translation is that there can be considerable loss in the process of translation, particularly if the translator is not skilled and/or not aware of the subject matter (Smit, van den Berg, Bekker, Seedat,&Stein, 2006). I chose translators for this project, in consultation with my mentor to try and minimize these problems. For translating the documents, I enlisted the assistance of a professional translator with help from a Czech language instructor. The translator too has some experience in special education as her sibling has been diagnosed with mental

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retardation. A doctoral student in special education assisted me with translation of the questionnaire and during the interview and observation sessions.

3.5) Summary

In conclusion, this study started from a mixed methods framework, trying to maximize the strengths of constructivist and positivist paradigms. A case study approach was employed to detail the socio-emotional difficulties of 5 children with specific learning difficulties. Perspectives from the teachers, parents and children (through observation) were assessed to facilitate triangulation. Multiple pieces of data were also used to draw a fuller picture.

Chapter 4. Data Analysis

This chapter presents results of analysis of the data gathered through document analysis, observation, a teacher's interview and questionnaires. To begin with, sample characteristics will be presented. As Mason (1996) points out, the analysis of the interview involves a literal reading of the data; the analysis of the documents involves an interpretive reading of the data and the observations involve a reflective reading of the data. The analysis of the questionnaire responses is primarily a quantitative exercise involving statistical techniques. Data was analyzed with the following research questions in mind: What are some of the socio-emotional problems faced by children with dyslexia? Do parents and teachers see these children as having socio-emotional problems? Are their assessments of socio-emotional abilities of children in agreement?

4.1) Sample Characteristics

Characteristics of children, parents, and teachers are presented in Tables 1, 2 and 3, respectively. The case study sample included 5 children, all male, and between the ages of 13 and 15 years. All children excepting Child C were in Grade 5. Child C is in Grade 4. The order of birth for each of these children is also presented in Table 1. Most children were reported to have 1 to 2 siblings.

All the responding parents except the parent of Child D were mothers. Their ages range from 35 to 49 years. All parents had completed at least high school education. Parents of children C, D, and E reported that they were married. Child A's mother reported being divorced and Child B's mother reported being widowed.

All the responding teachers were female. Their ages range from 26 to 38 years, with two teachers declining to report their ages. All teachers had professional educational qualifications of Master's degree level or higher. The teacher who provided data for Child D reported having less than 5 years of teaching experience. All other teachers had at least 6 years of teaching experience, with the reporting teacher for Child E having the maximum years of experience (between 16 and 25 years).

Table 1: Sample characteristics of children

	Child A	Child B	Child C	Child D	Child E
Sex	Male	Male	Male	Male	Male
Age group	13 to 15	13 to 15	13 to 15	13 to 15	13 to 15
Grade	5 th	5 th	4 th	5 th	5 th
Order of birth	First	Second	First	First	Second
Number of siblings	2	Not reported	1	1	2
Social skills compared to peers, as rated by teacher	Not as good	Not as good	Not as good	Not as good	Not as good

Table 2: Sample characteristics of parents

	Parent of Child A	Parent of Child B	Parent of Child C	Parent of Child D	Parent of Child E
Sex	Female	Female	Female	Male	Female
Age in years	35	37	41	49	40
Educational qualifications	High school	High school	High school	High school	High school
Marital status	Divorced	Widow	Married	Married	Married

Table 3: Sample characteristics of teachers

	Teacher of Child A	Teacher of Child B	Teacher of Child C	Teacher of Child D	Teacher of Child E
Sex	Female	Female	Female	Female	Female
Age in years	26	30	38	Not reported	Not reported
Educational qualifications	Master's	Master's	Master's	Master's	Master's
Years of teaching experience	6 to 10	6 to 10	11 to 15	0 to 5	16 to 25

4.2) Document Analysis

The documents, that are the Individualized Education Plan and reports from the Special Education Centre and Pedagogical and Counselling Centre, were first translated and then read carefully. Notes were made detailing information in the documents pertaining to learning, social, emotional, and behavioural difficulties. Care was taken to avoid any identifying information in these notes. What is presented below are the results of the document analysis for each child:

Child A: Child A's articulation is reported to be unclear and he has been found to have difficulties in putting his thoughts and ideas into words. His attention span is noted to be variable and problems in visual-motor coordination are also reported. He has displayed difficulties in modulating his emotions and is seen as emotionally labile. He has often been found to be cheating on classroom assignments and activities. In the assessment of

the Individualized Education Plan team, Child A has not made as much progress as expected based on the goals specified in his plan and his performance effort seems to be negligible. On several occasions, he has been noted to mock his classmates. He is reported to engage in distracting and sometimes disruptive activities, as a result of which he has earned a reputation as the 'class clown'. This is a reputation he reportedly cherishes. Finally, the reports mention that there is little cooperation from his mother who is a divorcee.

Child B: Child B's articulation skills are reported to be adequate by the school. However, this is inconsistent with reports from the Special Education Centre that noted his clumsiness on psychological testing. Problems in fine motor skills were also recorded by the centre. There is consensus that Child B has a short attention span and seems to tire easily. As a result, activities have to be changed frequently to retain his attention and keep him engaged. On the plus side, it has been noted that he is persistent and completes his classroom assignments. In terms of social and emotional difficulties, it has been reported that Child B has difficulties with anger management. There have been some occasions in the past when he has been displayed physical and verbal aggression towards classmates. He is perceived as argumentative at times, to be engaging in insubordination towards teachers and argumentation with classmates. It has been remarked that on such occasions, Child B can use abusive language. Finally, the reports note that his family is cooperative with the school but not with the testing centre. This has made it difficult to track changes in his psychological test performance.

Child C: Both the Special Education Centre and the Individualized Education Plan team have reported that Child C has at least average articulation skills. His learning difficulties seem to stem from multiple sources, including cognitive, emotional, and medical issues. Cognitively, it has been recorded that he has difficulties sustaining attention and cannot persist on a task. Reportedly, he tires easily while working on tasks and assignments. Although he tends to benefit from supervision, this has become an issue as he needs constant guidance and direction in order to complete any task. Emotionally, low self-esteem, insecure self-concept and occasional moodiness have been noticed. Medically, he has been diagnosed with poor eyesight. Reports indicate that this may have a role to play in his academic, social, and self-concept difficulties. On the credit side, his family has consistently cooperated with the school and the testing centre.

Child D: According to the reports of the Special Education Centre and the Individualized Education Plan team, Child D does not have any particular difficulties in speech articulation. Nevertheless, he has been noted to have difficulties in communicating and expressing himself owing to his shy and self-conscious nature. His attention span seems to be at least on par with same age peers. He may have some reading difficulties, and has tended to avoid reading by complaining that the text was illegible. Psychological testing also revealed impairments in memory, notably in tasks demanding long term memory. In terms of strengths, Child D is seen by testers and his Individualized Education Plan team as friendly, helpful, and cooperative. Finally, his family has been collaborating with the school but may have difficulties with setting limits. The family has often been noted to complete his homework assignments.

Child E: One of the striking and consistent observations noted in documents pertaining to Child E are his poor attention span and distractibility. He has also been noted to be hyperactive, sometimes unable to remain seated or persist on a task. These attention difficulties are compounded by problems in motor coordination. Notes indicate that he is often reluctant to work, putting in less than optimal effort needed for classroom assignments. Documents note difficulties in communicating with teachers and peers, and in expressing his ideas and feelings. Emotionally, he is seen as overly sensitive and prone to mood fluctuations. Interpersonally, there have been a few occasions where he has pretended to threaten his classmates. Finally, the family has been reported to be involved with the school and his teachers. However, it appears that their perception of aiding him in his school work is limited to just helping him to complete his homework.

4.3) Observation

Detailed notes made during the two observation sessions were carefully read to derive a summary description for each child. Observations that provided information about each child's learning difficulties and socio-emotional difficulties were highlighted in the summaries.

Child A: On one occasion, Child A forgot to bring his study materials. He seemed however hesitant to ask for help. When the teacher noticed and suggested that he borrow the material from his classmates, the classmates seemed reluctant to lend him their material. His classmates also laughed at him when he made mistakes in his work. During

both occasions, the teacher was critical of Child A. One time, Child A answered a question wrongly and the teacher rolled her eyes in frustration. Although the teacher was turned towards Child A on this occasion, the other children in the class noticed the teacher's disapproval.

Child B: On both occasions, Child B seemed to be restless, constantly moving in his seat, sometimes rocking his chair, and at other times, chewing his pen. Some of his behaviours indicated poor frustration tolerance, unable to persist on tasks he experienced difficulties with. At other times, it appeared as if he was trying to seek attention (e.g., trying to be loud when the teacher was giving instructions). The teacher provided several cues and instructions to Child B to facilitate his classroom work. Child B did not display any initiative to interact with fellow classmates. In fact, his constant attention-seeking behaviours and restlessness seemed to disturb the other students in the classroom.

Child C: Child C had poor posture, hunching and slouching over his work. On both occasions, he appeared a bit slow in completing the tasks on hand. On one occasion, one of the teachers seemed visibly irritated with him. She praised him somewhat grudgingly and was critical of him for his slowness in completing an assigned task. I noticed however that there were other students in the class who were at least as slow as Child C if not slower on these particular tasks, who were not remarked on by the teacher. This teacher constantly stood close to this child, making sure he was completing his work and not making too many errors or taking too long. During one of the observation sessions, the teacher was asking each student in the class a question. When it was Child C's turn to answer, I noticed that the teacher interrupted him mid-way and provided the answer herself as he was taking long to formulate the answer.

Child D: The most salient observation about Child D during both sessions was his extremely quiet demeanour. He did not initiate any conversation with peers or his teacher, and did not do anything to attract attention to himself. On one occasion, he needed a great deal of coaxing and persuasion to complete his assigned task. Ultimately, he did complete the task quite well. His teacher's opinion that he is more intelligent than the other students in his class was borne out by his general performance and his teacher's investment of additional effort in him during the observations.

Child E: Several behaviours during both occasions clearly pointed to Child E's attention difficulties, namely, his talking out of turn on numerous occasions, his easy distractibility and difficulty sticking to any assigned task, and his tendency to constantly shift his attention from one object, activity or person to another. As a result, he seemed to be missing out on the teacher's instructions. On one occasion, Child E was instructed to work in a group with other classmates. He was reluctant to join in. When he did join the group, he tried to distract the group away from the assigned task and his peers appeared to be disturbed by his behaviours.

4.4) Interview of Teacher

An interview was conducted with a teacher, who was involved in the education of Children C and E. The interview was facilitated by the doctoral student who served as the translator. The responses of the teacher were transcribed immediately after the interview. Four specific questions and their answers were particularly illuminative and are presented below:

Q. When children C and E are in the same class together, do they ever simultaneously engage in distracting or disruptive behaviours?

A. No. Only Child E is hyperactive. When Child E starts engaging in such behaviour, the other children in the class ignore him. The other one, that is Child C, rarely makes mischief in the classroom.

Q. Being hyperactive, has Child E ever been self-injurious or physically violent to other classmates? I ask this question because on one occasion, I saw him threatening other classmates with a pair of scissors.

A. No. He only pretends to threaten others. As soon as the teacher comes to the scene, he begins gradually calming down. He has never really hurt himself or any other child.

Q. In your opinion, does the medication prescribed to the hyperactive child hamper his concentration?

A. No, the doses are adjusted in such a way that they do not affect his functioning.

Q. Has the child ever been teased by his classmates when he is given the medication during class?

A. No. That is because the children are used to seeing Child E receive medication from the beginning, so they do not find it odd.

4.5) Questionnaire Data

After the questionnaires were received, they were checked carefully to make sure there were no missing responses. A database was created using Microsoft Excel, and parent and teacher responses were entered into the database. Most of the items on the questionnaire were worded in the direction where a higher score (that is, a rating of 5 or “strongly disagree”) indicated greater social and emotional problems (e.g., Gives eye contact when spoken to; Section 1; Question 3). Nine items were however in the direction where a higher score (that is, a rating of 5 or “strongly disagree”) indicated fewer social and emotional problems (e.g., Ends conversation abruptly/changes subject; Section 1; Question 6). These nine items have been highlighted via bolding in Appendix 1. To facilitate interpretation, these items were reverse scored (that is, a rating of 5 was recoded as 1, a score of 4 recoded as 2, a rating of 3 remained 3, a rating of 2 recoded as 4, and a rating of 1 recoded as 5). The overall maximum score on the 45-item questionnaire is 225, indicating the worst possible socio-emotional profile on this questionnaire. This score can be obtained only if a parent or teacher endorses all of the items with the most negative choice (i.e., a 5 on each item after reverse scoring is taken into account). In contrast, the lowest possible score on this questionnaire is 45, indicating the least problematic socio-emotional profile. This score can be obtained only if a parent or teacher endorses all of the items with the least negative choice (i.e., a 1 on each item after reverse scoring is taken into account).

This range of 45-225 will aid interpretation of each child’s actual performance with reference to the scale and relative performance with reference to other children in this study. The maximum and minimum score totals for each section are: Communication (7 to 35), Behaviour at home or in class (6 to 30), Personal Characteristics (15 to 75), Relationships with Peers (10 to 50), Ability to Deal with Stressful Situations (4 to 20), and Ability to Follow Unwritten Rules (3 to 15).

Based on the responses of the parents and teachers, the following statistics were computed for each child, using inbuilt formulas in Microsoft Excel:

1. Overall Total: Total was computed by adding up the scores on all 45 items. This score represents overall socio-emotional functioning of the child as seen by the parent and by the teacher.
2. Section Total: A total was computed for each section by adding up the scores for the items under each section. The scores represent the child's functioning in each of the six sections evaluated by the questionnaire. Thus, 12 scores were computed for each child. Six of these reflected performance of the child on each section as evaluated by the parent and six reflected the performance of the child on each section as evaluated by the teacher.
3. Percentage of Maximum: The percentage was calculated as the child's percent of the maximum possible score in each section. For example, on the parent questionnaire, Child A scored 18 in Section 1 out of a maximum possible score of 35. This represents a percentage of 51.43. Percentages were derived in order to facilitate comparison between sections, which have different numbers of items. To extend the earlier example, Child A scored 8 out of a maximum possible score of 30 on Section 2 of the parent questionnaire. This represents a percentage of 26.67. Comparing Child A's total score on each section would have been meaningless as Section 1 has 7 items and Section 2 has 6 items. The percentages can however be compared. In this instance, one can conclude that Child A has fewer behavioural difficulties than communication-related difficulties according to his parent. To aid interpretation of percentages calculated in this study, the following scale was used: Less than 20 percent signifies no or limited problems; 20 to 40 percent denotes the existence of a moderate level of problems; 40 to 60 percent represents a moderate to severe level of problems, 60 to 80 percent indicates severe problems, and above 80 percent can be seen as reflective of a profound level of problems.
4. Correlations between Parent and Teacher Ratings for each child: Bivariate correlations (Pearson's r) were calculated between parent and teacher ratings for the same child. Thus, 6 correlations were derived, one for each child. These correlations were estimated to provide an index of the level of agreement between parent and teacher ratings for each child. A commonly accepted thumb rule was used to interpret the correlations. Sign (positive or negative) was an indicator of the direction of the relationship. The actual number or r value (ranging from 0 to 1) was an indicator of the strength of the relationship. As is generally

recommended, r 's less than 20 were regarded as very weak; r 's between 20 and 40 were regarded as weak to moderate; r 's between 40 and 60 were regarded as moderately strong; r 's between 60 and 80 were regarded as strong; and r 's greater than 80 were regarded as very strong.

5. Correlations between Parent and Teacher Ratings for each section: Bivariate correlations (Pearson's r) were calculated between parent and teacher ratings for each section across children. Thus, 6 correlations were derived for each section. These correlations were estimated to provide an index of the level of agreement between parents and teachers in terms of their ratings on each section. The same rules as outlined above were used to interpret the correlation (r value).

The above statistics are presented under the following sections:

- Socio-emotional problems of each child as rated by parents
- Socio-emotional problems of each child as rated by teachers,
- Level of agreement between parent and teacher on each child, and
- Level of agreement between parent and teacher on each section

4.5.1) Socio-emotional problems of each child as rated by parents

Table 4 presents the parent ratings for the six sections of the questionnaire for each child. The percentage of the maximum possible score in each section obtained by each child is also shown. In Table 1, Sections 1 to 6 refer to Communication, Behaviour at home, Personal Characteristics, Relationships with Peers, Ability to deal with stressful situations, and Ability to follow unwritten rules, respectively.

Table 4: Parental ratings by section for children A, B, C, D, and E.

	Section 1		Section 2		Section 3		Section 4		Section 5		Section 6	
	Score	%	Score	%	Score	%	Score	%	Score	%	Score	%
Child A	18	51.43	8	26.67	54	72.00	17	34.00	17	85.00	5	33.33
Child B	16	45.71	16	53.33	42	56.00	21	42.00	14	70.00	8	53.33
Child C	23	65.71	22	73.33	45	60.00	21	42.00	16	80.00	11	73.33
Child D	16	45.71	13	43.33	41	54.67	18	36.00	11	55.00	7	46.67
Child E	17	48.57	18	60.00	45	60.00	25	50.00	16	80.00	4	26.67

Child A scored 18/35 on Section 1, 8/30 on Section 2, 54/75 on Section 3, 17/50 on Section 4, and 17/20 on Section 5, and 5/15 on Section 6. The corresponding percentages

are 51.43, 26.67, 72, 34, 85, and 33.33. Child A's performance was worst in Section 5 and best in Section 2.

Child B scored 16/35 on Section 1, 16/30 on Section 2, 42/75 on Section 3, 21/50 on Section 4, and 14/20 on Section 5, and 8/15 on Section 6. The corresponding percentages are 45.71, 53.33, 56, 42, 70, and 53.33. Child B's performance was relatively poor in all sections. His worst performance was in Section 5 and best in Section 4.

Child C scored 23/35 on Section 1, 22/30 on Section 2, 45/75 on Section 3, 21/50 on Section 4, and 16/20 on Section 5, and 11/15 on Section 6. The corresponding percentages are 65.71, 73.33, 60, 42, 80, and 73.33. Overall, Child C appears to have significant difficulties in all domains. His performance was worst in Section 5 and best in Section 4.

Child D scored 16/35 on Section 1, 13/30 on Section 2, 41/75 on Section 3, 18/50 on Section 4, and 11/20 on Section 5, and 7/15 on Section 6. The corresponding percentages are 45.71, 43.33, 54.67, 36, 55, and 46.67. Child D's performance was worst in Section 5 and best in Section 4.

Child E scored 17/35 on Section 1, 18/30 on Section 2, 45/75 on Section 3, 25/50 on Section 4, and 16/20 on Section 5, and 4/15 on Section 6. The corresponding percentages are 48.57, 60, 60, 50, 80, and 26.67. Child E's performance is worst in Section 5 and best in Section 6. Child E has at least moderate to severe problems in all areas, with profound problems in his ability to deal with stressful situations.

Table 5: Total Score on Parent Questionnaire for children A, B, C, D, and E.

	Total of all sections	
	Score	%
Child A	119	52.89
Child B	117	52.00
Child C	138	61.33
Child D	106	47.11
Child E	125	55.56

Table 5 lists the total score and related percent obtained by each child on the parent questionnaire. The totals ranged from a low of 106 to a high of 138 out of a maximum

possible of 225. The range in percent total was from about 47 percent to about 61 percent. All the children except Child C fell into the moderate/severe level of problems based on their total score. On the parents' rating, Child C's performance is the poorest (rated in the severe category) of all the five children. In contrast, Child D's socio-emotional performance was the best in the group.

4.5.2) Socio-emotional problems of each child as rated by teachers

Table 5 presents the parent ratings for the six sections of the questionnaire for each child. The percentage of the maximum possible score for each section obtained by each child is also presented. As in Table 4, Sections 1 to 6 of Table 6 refer to Communication, Behaviour at home, Personal Characteristics, Relationships with Peers, Ability to deal with stressful situations, and Ability to follow unwritten rules, respectively.

Table 6: Teacher ratings by section for children A, B, C, D, and E.

	Section 1		Section 2		Section 3		Section 4		Section 5		Section 6	
	Score	%	Score	%	Score	%	Score	%	Score	%	Score	%
Child A	14	40.00	15	50.00	46	61.33	27	54.00	14	70.00	10	66.67
Child B	23	65.71	22	73.33	52	69.33	23	46.00	16	80.00	7	46.67
Child C	22	62.86	27	90.00	52	69.33	29	58.00	16	80.00	14	93.33
Child D	17	48.57	17	56.67	37	49.33	24	48.00	13	65.00	10	66.67
Child E	19	54.29	16	53.33	40	53.33	24	48.00	16	80.00	5	33.33

Child A scored 14/35 on Section 1, 15/30 on Section 2, 46/75 on Section 3, 27/50 on Section 4, and 14/20 on Section 5, and 10/15 on Section 6. The corresponding percentages are 40, 50, 61.33, 54, 70, and 66.67. Child A's performance was worst in Section 5 and best in Section 1.

Child B scored 23/35 on Section 1, 22/30 on Section 2, 52/75 on Section 3, 23/50 on Section 4, and 16/20 on Section 5, and 7/15 on Section 6. The corresponding percentages are 65.71, 73.33, 69.33, 46, 80 and 46.67. Child B's performance was relatively poor in all sections, except for Sections 4 and 6 where he still was noted to have moderate to severe levels of difficulty. His worst performance was in Section 5 and best in Section 4.

Child C scored 22/35 on Section 1, 27/30 on Section 2, 52/75 on Section 3, 29/50 on Section 4, and 16/20 on Section 5, and 14/15 on Section 6. The corresponding percentages are 62.86, 90, 69.33, 58, 80, and 93.33. Overall, Child C appears to have

significant difficulties in all domains. His performance was worst in Section 6 and best in Section 4.

Child D scored 17/35 on Section 1, 17/30 on Section 2, 37/75 on Section 3, 24/50 on Section 4, and 13/20 on Section 5, and 10/15 on Section 6. The corresponding percentages are 48.57, 56.67, 49.33, 48, 65, and 66.67. Child D's performance was worst in Section 6 and best in Section 4.

Child E scored 19/35 on Section 1, 16/30 on Section 2, 40/75 on Section 3, 24/50 on Section 4, and 16/20 on Section 5, and 5/15 on Section 6. The corresponding percentages are 54.29, 53.33, 53.33, 48, 80, and 33.33. Child E's performance is worst in Section 5 and best in Section 6. Child E has at least moderate to severe problems in all areas, with profound problems in his ability to deal with stressful situations.

Table 7: Total Score on Teacher Questionnaire for children A, B, C, D, and E.

	Total of all sections	
	Score	%
Child A	126	56.00
Child B	143	63.56
Child C	160	71.11
Child D	118	52.44
Child E	120	53.33

Table 7 lists the total score and related percent obtained by each child on the teacher questionnaire. The totals ranged from a low of 118 to a high of 160 out of a maximum possible of 225. The range in percent total was from about 52.44 percent to about 71.11 percent. Children A, D, and E fell into the moderate to severe level of problems based on their total score. Children B and C can be characterized as having severe problems based on the teachers' total rating. On the teachers' rating, Child C's performance is the poorest (rated in the severe category) of all the five children. In contrast, Child D's socio-emotional performance was the best in the group.

4.5.3) Level of agreement between parent and teacher on each child

Figures 1 to 5 are bar graphs depicting parent and teacher ratings (not actual scores but percentages) for each section for children A, B, C, D, and E respectively. A visual

inspection of these graphs suggests that there is a high level of concordance in ratings given about the same child by parents and teachers. This is further supported by the correlations. The correlation between parent and teacher ratings was 0.93 for Child A, 0.99 for Child B, 0.97 for Child C, 0.97 for Child D, and 0.99 for Child E. All correlations were in the positive direction, indicating a direct positive association between parent and teacher ratings. All correlations were above 0.90 indicating very strong agreement between parents and teachers on their perception of socio-emotional difficulties of each child.

4.5.4) Level of agreement between parent and teacher on each section

Figures 6 to 11 are bar graphs depicting parent and teacher ratings of Sections 1 to 6 (not actual scores but percentages) for all children. Both the visual inspection of the graphs (Figures 7, 10, and 11) and the correlation values point to a moderate to strong level of agreement in how parents and teachers rated the domains of behaviour, ability to deal with stressful relationships and ability to follow unwritten rules. The actual correlation between behaviour at home rated by parents and behaviour at school rated by the teacher was 0.77. Parents and teachers were moderately in agreement regarding the children's stress management abilities ($r = 0.52$). The correlation between parent and teacher ratings in the domain of ability to follow unwritten rules was 0.75, indicating strong agreement.

There was a weak to slightly moderate correlation between parent and teacher ratings of the remaining areas (communication, personal characteristics, and peer relationships), as indicated in the graphs (Figures 6, 8, and 9, respectively) and the correlation values. The weakest association between parents and teachers was on their assessment of personal characteristics ($r = 0.14$). The correlations between parent and teacher ratings of communication ($r = 0.26$) and of peer relationships ($r = -0.25$) were also relatively weak. Interestingly, there was a negative (albeit weak) association between parent and teacher ratings of peer relationships. As seen in the graph in Figure 9, parents generally tended to rate their children's abilities to form and maintain peer relationships more favourably than did the teachers. This was not true for Child E where there was only a slight discrepancy between parent and teacher rating of peer relationships.

Finally, Figure 12 is a bar graph depicting parent and teacher totals (again, not the actual scores but the percentages) for all children. The graph suggests that (1) parents and

teachers noted Child C as having the overall worst socio-emotional problems, (2) parents and teachers were in agreement that Child D had the fewest socio-emotional and behavioural difficulties, and (3) parents and teachers agreed in their overall assessment of the children's socio-emotional abilities, with the least agreement in the case of Child B.

Figure 1: Parent and teacher assessment of Child A's socio-emotional abilities

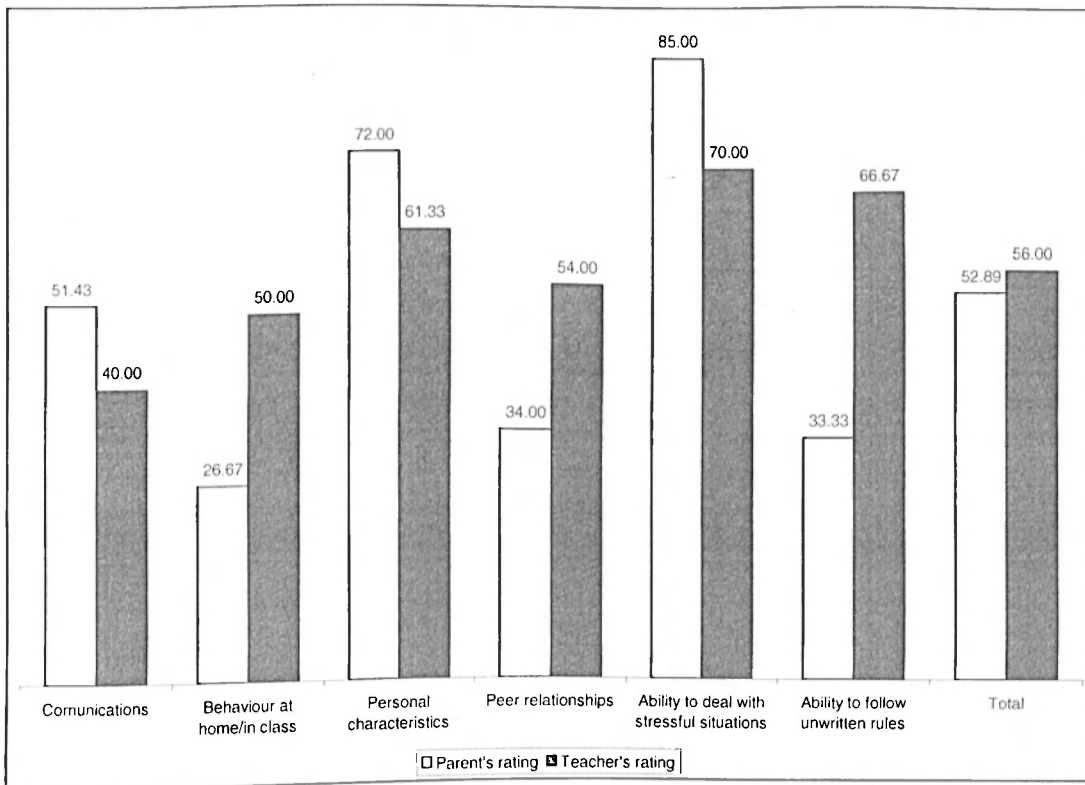


Figure 2: Parent and teacher assessment of Child B's socio-emotional abilities

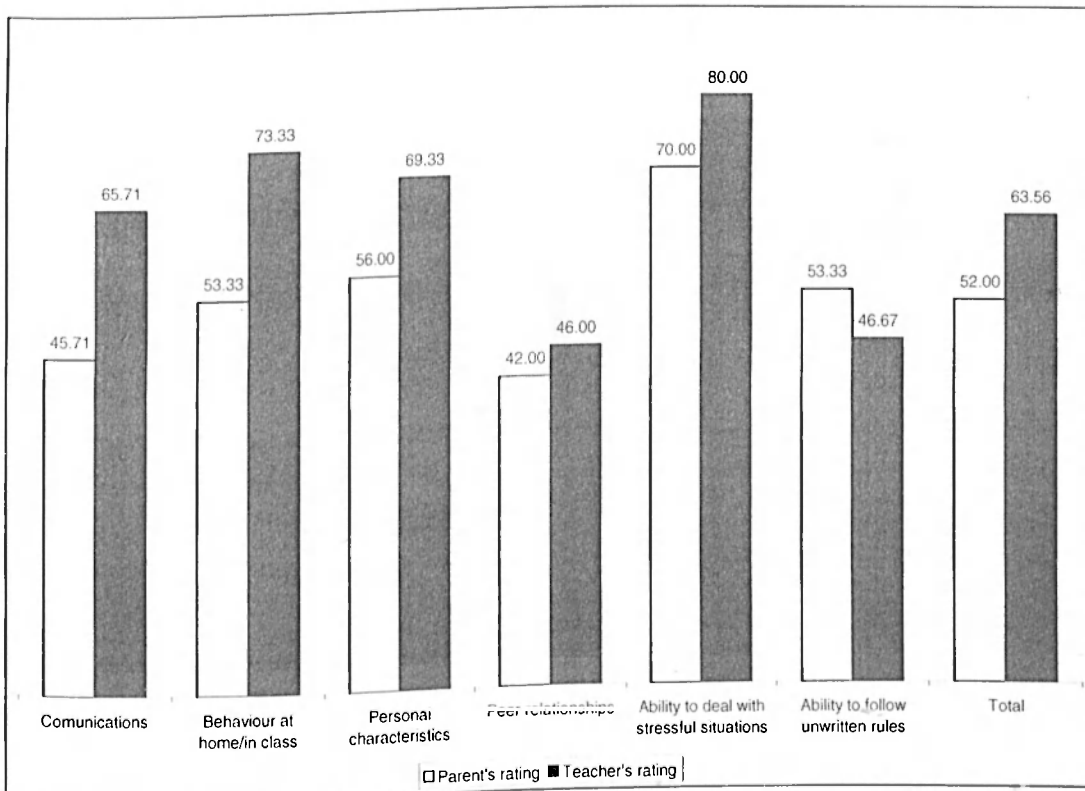


Figure 3: Parent and teacher assessment of Child C's socio-emotional abilities

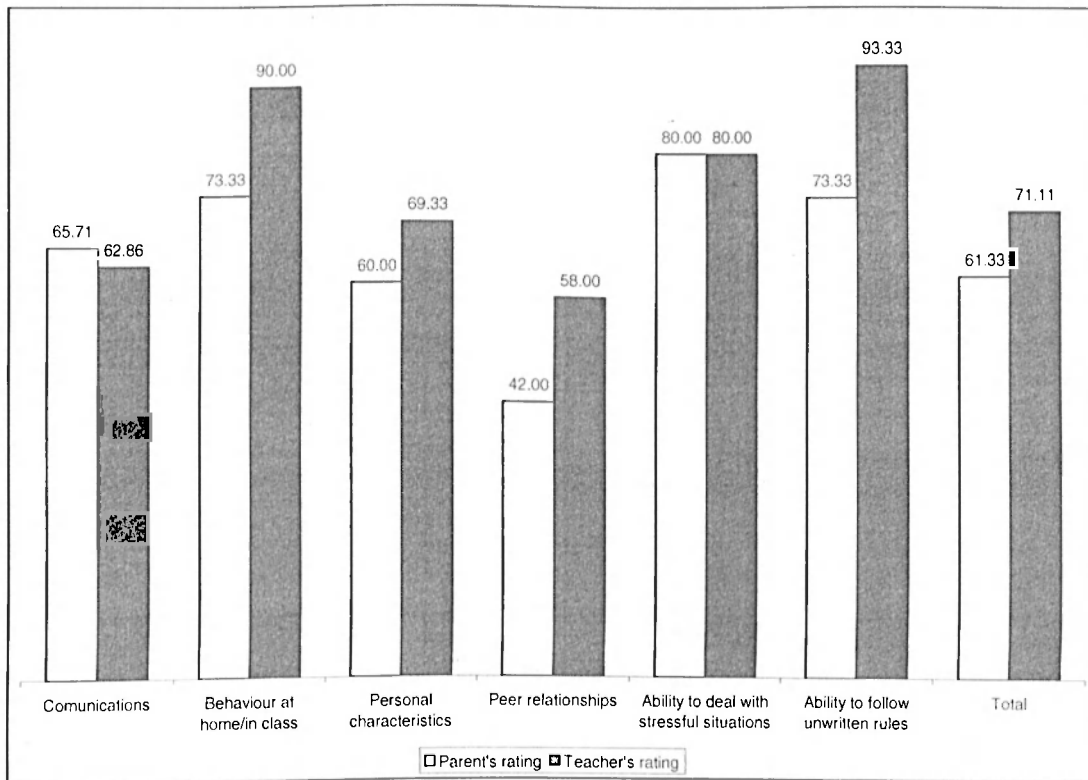


Figure 4: Parent and teacher assessment of Child D's socio-emotional abilities

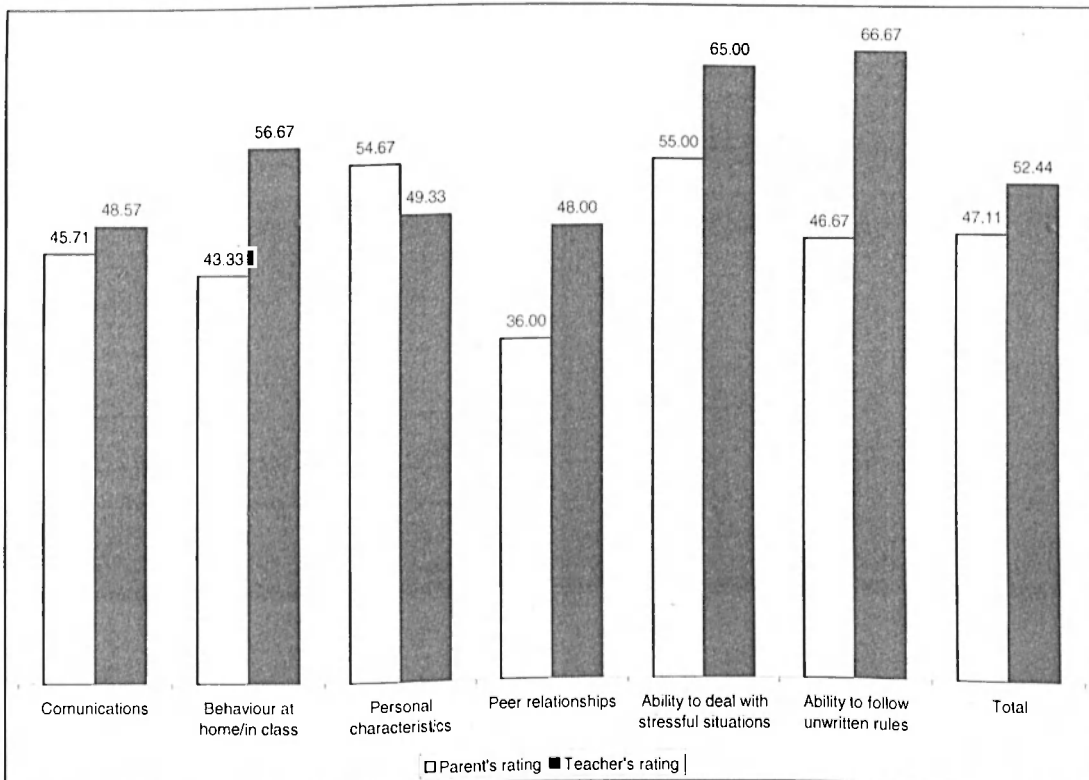


Figure 5: Parent and teacher assessment of Child E's socio-emotional abilities

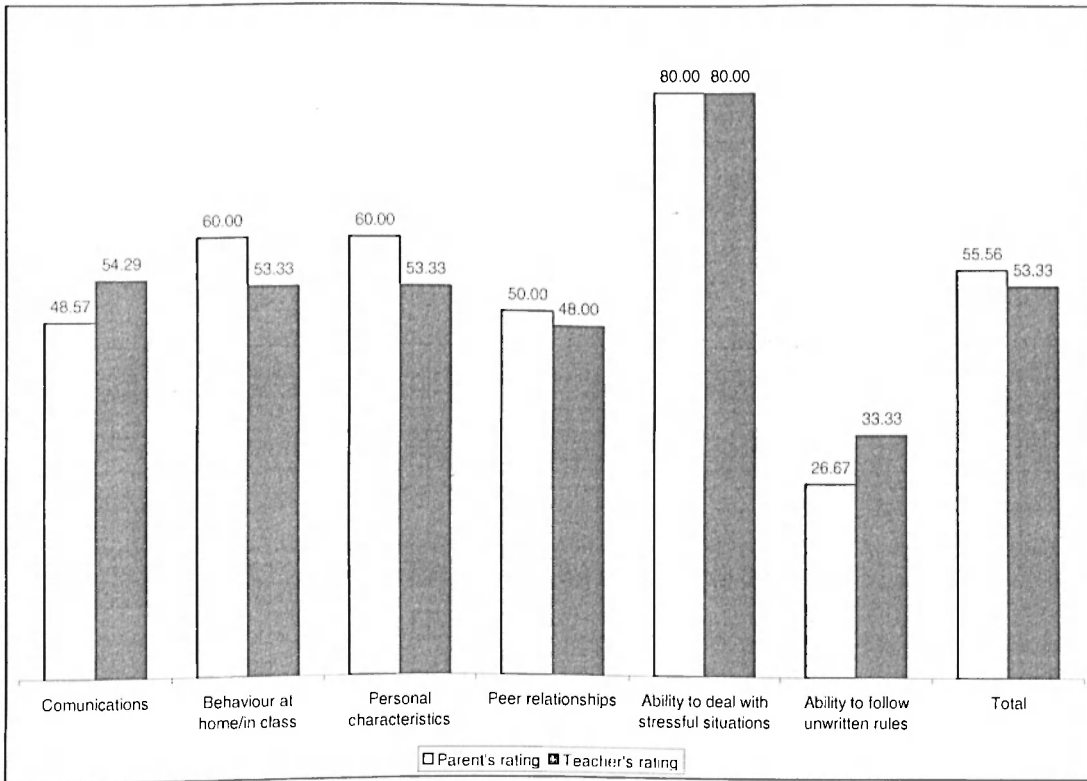


Figure 6: Communication: all children's scores compared

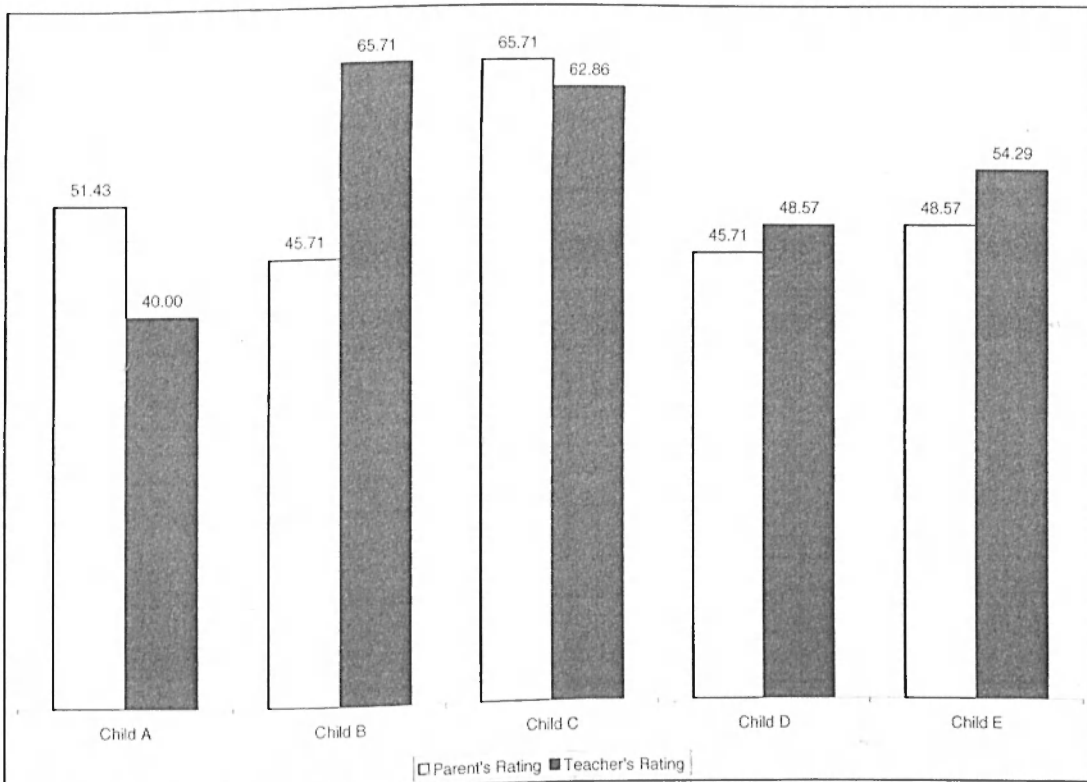


Figure 7: Behaviour at home/in class: all children's scores compared

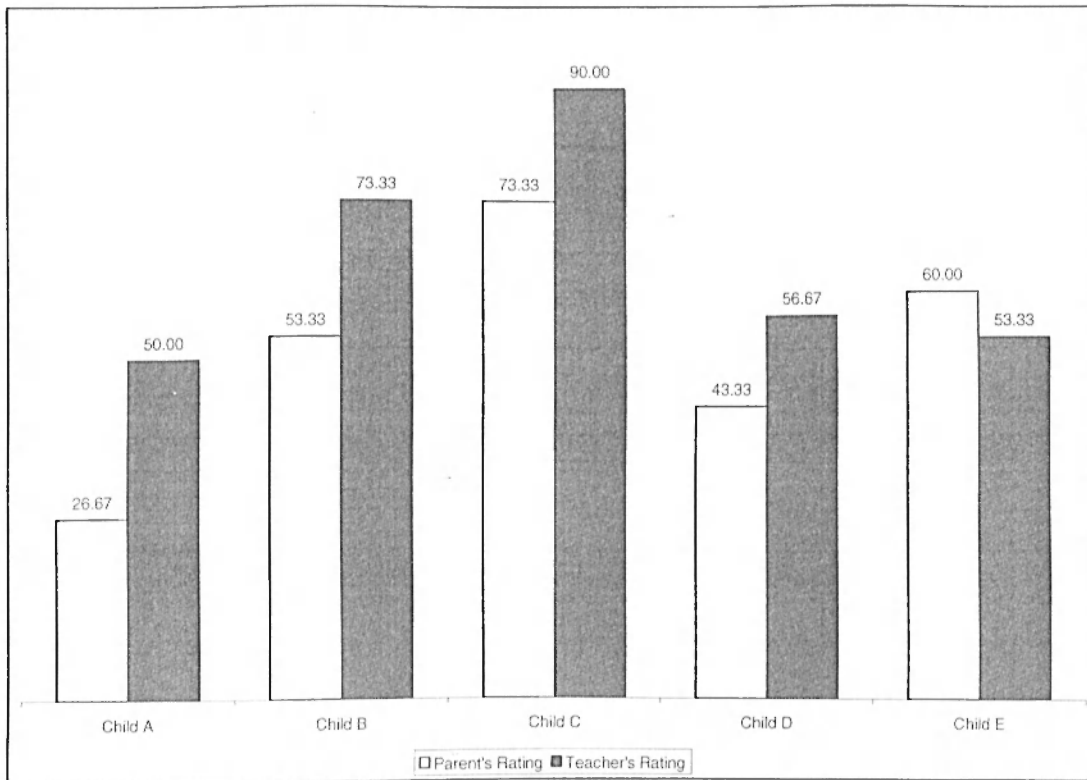


Figure 8: Personal characteristics: all children's scores compared

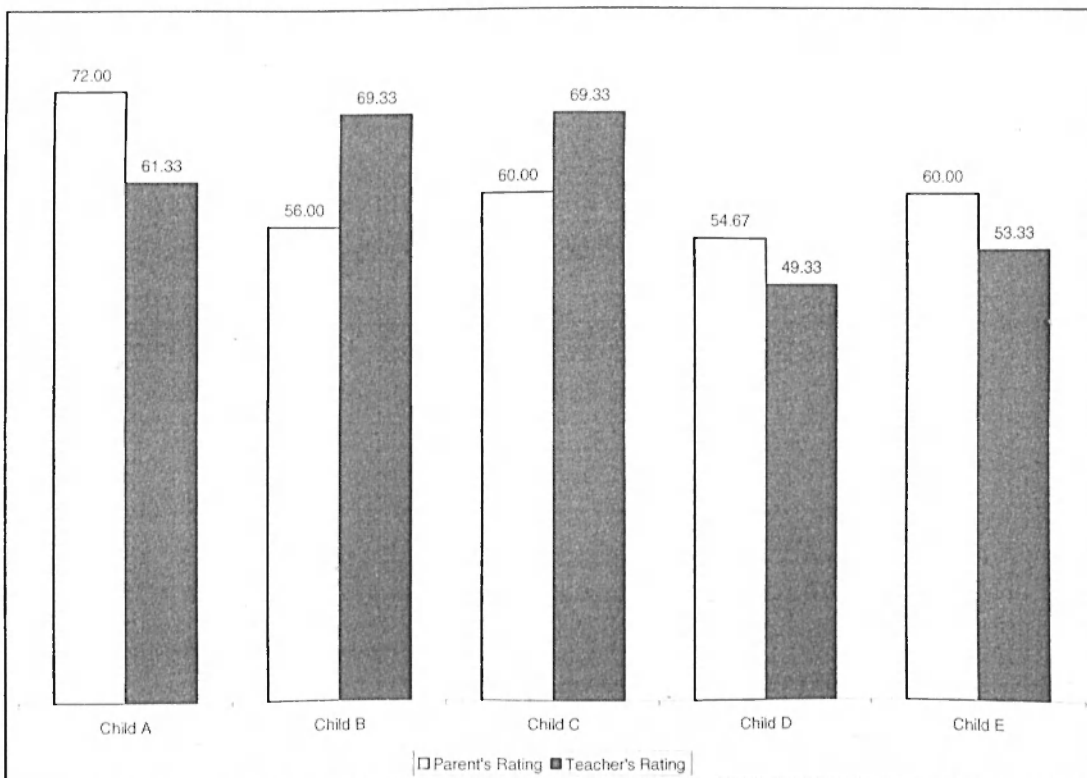


Figure 9: Peer relationships: all children's scores compared

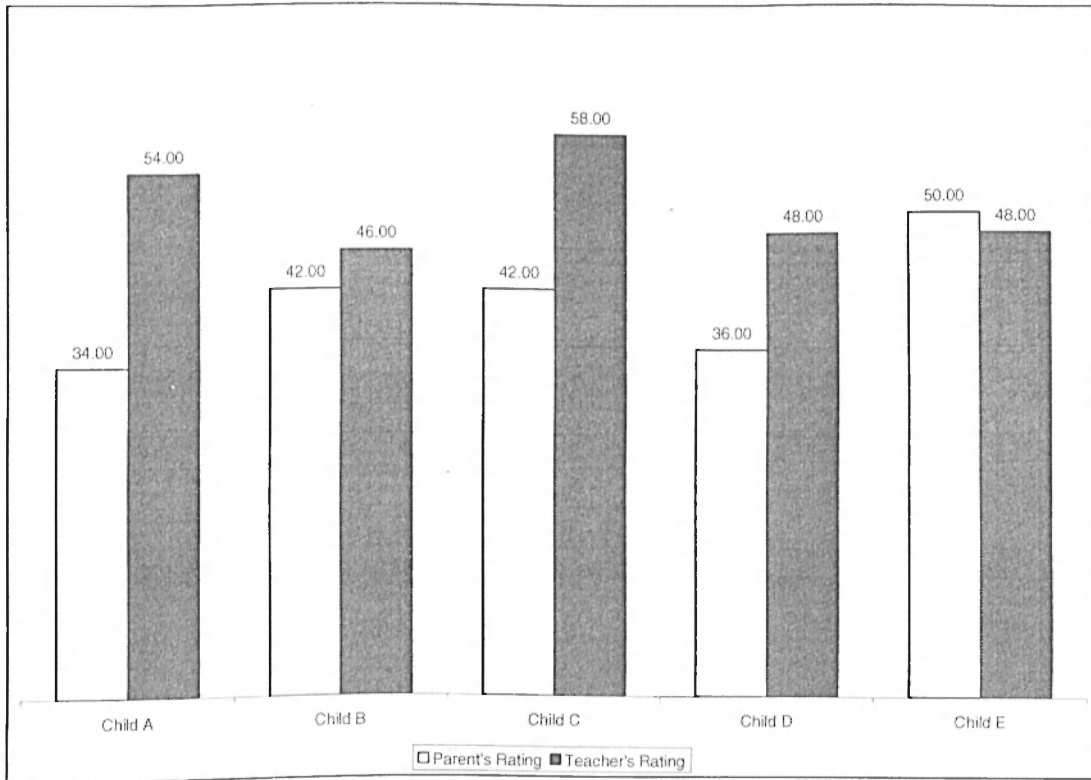


Figure 10: Ability to deal with stressful situations: all children's scores compared

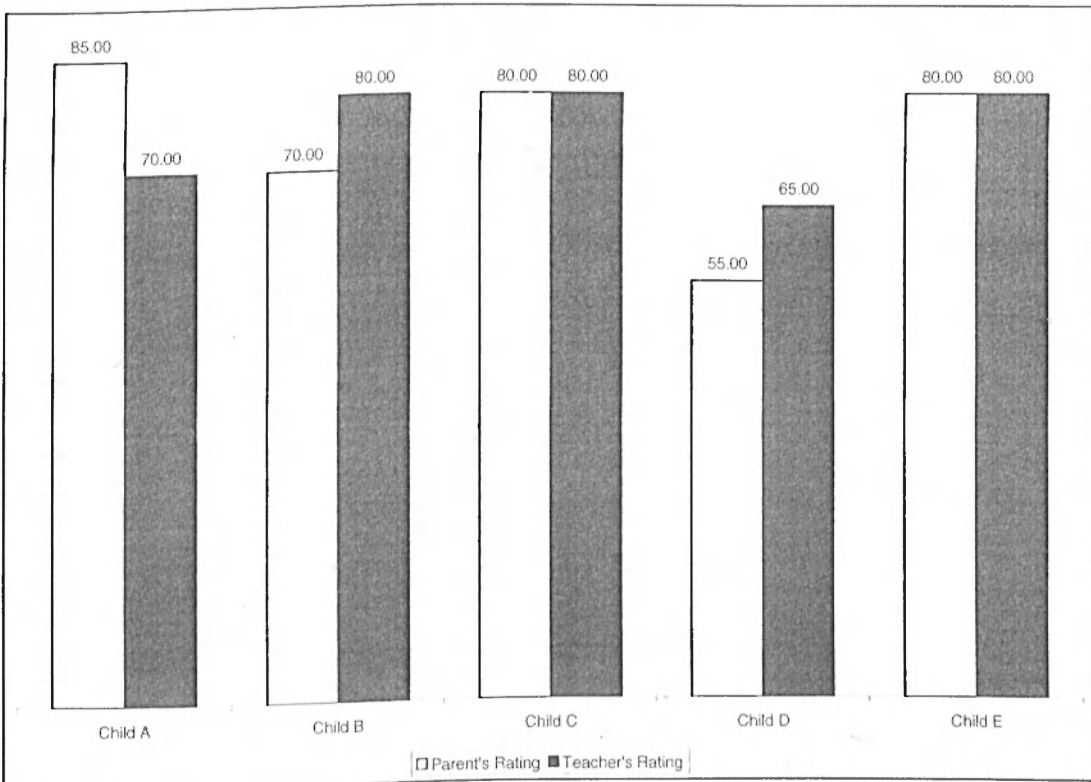


Figure 11: Ability to follow unwritten rules: all children's scores compared

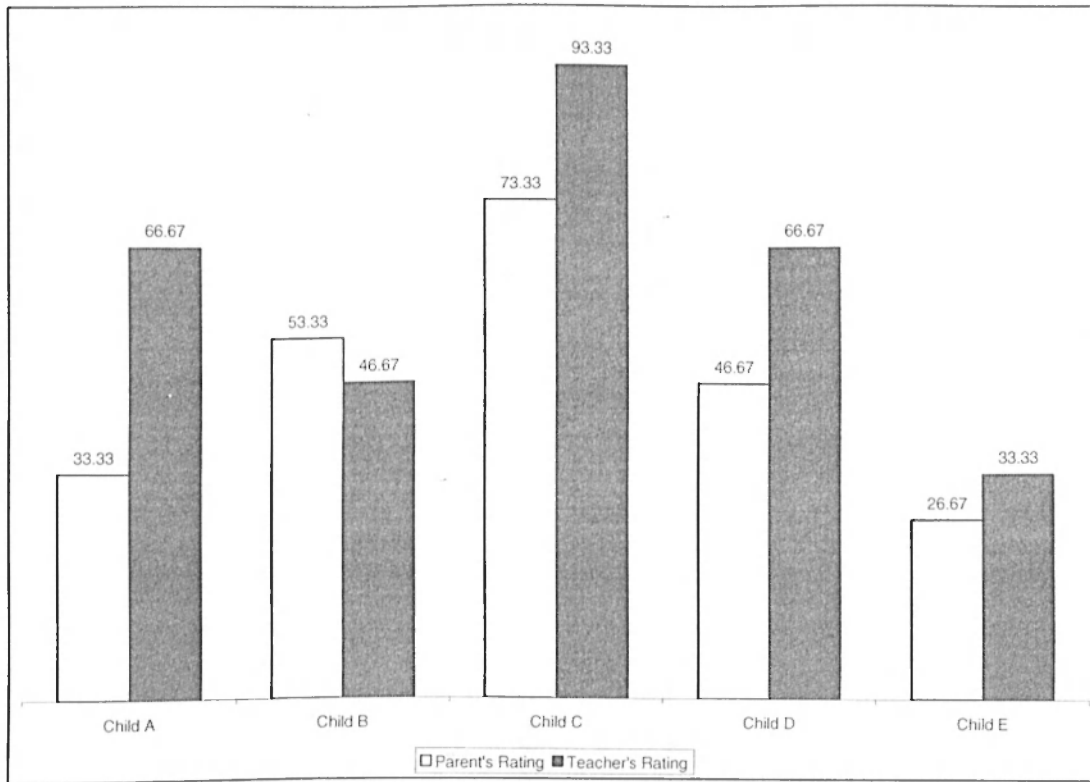
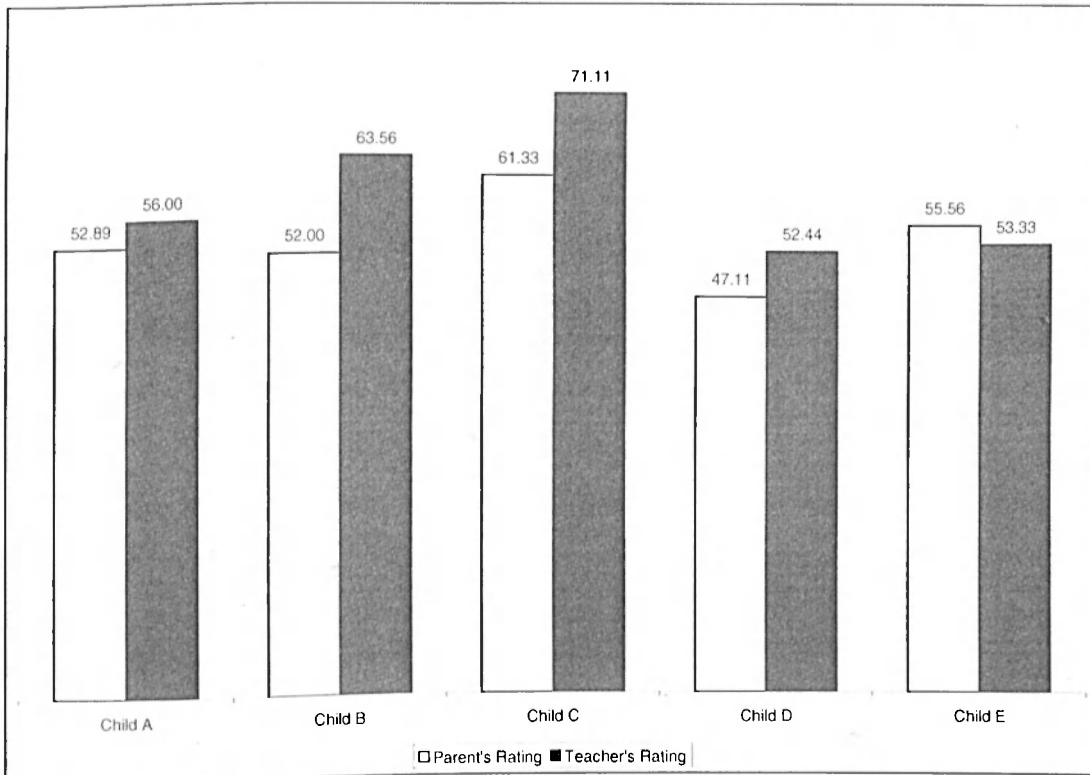


Figure 12: All children's total scores compared



Chapter 5. Evaluation

To answer the main research questions of the study, this chapter interprets the findings from the various pieces of evidence employed in the study and the three perspectives tapped into by this study (that of the teacher, the parent, and of the child). The questions were: What are the socio-emotional difficulties that children with dyslexia have? Do their parents and teachers see them as having socio-emotional difficulties? Is there agreement between parents and teachers on their evaluation of socio-emotional abilities of children? In doing so, we describe each child in detail. The detailed case description will help develop a comprehensive understanding of the child's socio-emotional difficulties. Relations between these socio-emotional difficulties, the child's learning and cognitive difficulties and the child's interpersonal world (including the teacher, parents, and peers or classmates) will also become evident via the case description. Following detailed case descriptions, this chapter will focus on levels of agreement between parents and teachers, general patterns and themes suggested by the data, limitations of the current study, and implications of study findings. A summary is finally provided that highlights key findings with respect to the major research questions.

5.1) Case Description

5.1.1.) Child A

Child A is a first-born male, between the ages of 13 and 15, studying in Grade 5. He has two siblings, and his mother and father are divorced. Key findings from the documents include difficulties managing emotions, articulation difficulties, variable attention, some visual-motor coordination difficulties, poor persistence, and disruptive, "funny" behaviour in class. Documents note concerns about cooperation from his mother. Key findings from the observation include his forgetting of study materials, receiving critical feedback from teacher, and subsequent amusement from class mates. According to his teacher, Child A is "not so good" in his socio-emotional abilities compared to other children his age. According to both the parent and the teacher, overall, child A has at least moderate (52 to 56%) socio-emotional difficulties.

More specifically, Child A's abilities were rated as moderate to severe, moderate (lower range), severe, moderate, profound, and moderate (lower range) by the parent on Communication, Behaviour at home, Personal Characteristics, Relationships with Peers, Ability to deal with stressful situations, and Ability to follow unwritten rules, respectively. Child A's abilities were rated as moderate, moderate to severe, severe, moderate to severe, severe, and severe by the teacher on Communication, Behaviour at home, Personal Characteristics, Relationships with Peers, Ability to deal with stressful situations, and Ability to follow unwritten rules, respectively. According to both his teacher and his parent, Child A's strength was his communication abilities. Again, there was agreement between his parent and teacher that his weakest socio-emotional area was his ability to deal with stressful situations. An item analysis reveals that his parent and teacher unanimously agree that Child A has difficulty with emotions and difficulty with responding to negative feedback. The other two specific difficulties pointed out by both parents and teachers are his distractibility and his moody nature. Interestingly, there seems to be some disagreement between his parent and his teacher on their assessment of his ability to follow unwritten rules. While his parent sees little problem in that area, his teacher sees him as having difficulties with hygiene, appearance and being on time.

5.1.2.) Child B

Child B is a second-born male, between the ages of 13 and 15, studying in Grade 5. His mother is a widow. Key findings from the documents include a short attention span, need for constant variation in activities, and anger problems. Noted strengths include adequate articulation and persistence at tasks. Documents note that his mother is cooperative with the school, but does not want testing of her child. Key findings from the observation include his restlessness, need for cues, and some attention seeking behaviour. According to his teacher, Child B is "not so good" in his socio-emotional abilities compared to other children his age. According to both the parent and the teacher, overall, Child B has at least moderate to somewhat severe (52 to 63%) socio-emotional difficulties.

More specifically, Child B's abilities were rated as moderate to severe in all domains (that is, Communication, Behaviour at home, Personal Characteristics, Relationships with Peers, and Ability to follow unwritten rules) by his mother. However, his mother rated his ability to deal with stressful situations as "severe" indicating significant problems in that domain.

In contrast, Child B's abilities were rated as moderate to severe only in two domains (Relationships with Peers and Ability to follow unwritten rules) by the teacher. The teacher rated Child B's abilities as severe, severe, severe, and profound in Communication, Behaviour at home, Personal Characteristics, and Ability to deal with stressful situations, respectively. Although there seem to be discrepancies in the way his mother and his teacher perceived Child B's performance, they both agreed that his strength was his ability to form and maintain peer relationships. Again, there was accord between his parent and teacher that his weakest socio-emotional area was his ability to deal with stressful situations.

An item analysis reveals that his parent and teacher unanimously agree that Child B has difficulty with emotions and difficulty with responding to negative feedback. His mother also endorsed her belief that Child B has difficulty in responding to high stress situations. This difficulty with managing emotions is evident in the document analysis that points to anger issues as a primary problem area. Interestingly, there seems to be some marked disagreement between his parent and his teacher on certain items, with his mother generally being more lenient than his teacher. For example, his teacher rated him as having problems in organization skills (rated a 5) and being boastful (rated a 5). On the same items, Child B's mother rated him only a 2.

5.1.3.) Child C

Child C is a first-born male, between the ages of 13 and 15, studying in Grade 4. He has one sibling, and his mother and father are together. Key findings from the documents point to multiple problems, including attention difficulties, easy fatigability, need for constant help, low self-esteem, moodiness, and poor eye-sight. Key findings from the observation include his extremely low psychomotor speed, his slouching posture, and the teacher's apparent difficulty in retaining patience in her interactions with Child C. According to his teacher, Child C is "not so good" in his socio-emotional abilities compared to other children his age. According to both the parent and the teacher, overall, Child C has severe (61 to 71%) socio-emotional difficulties. Of note, Child C displayed the highest number of socio-emotional problems in the study sample, according to parents and teachers.

More specifically, Child C's abilities were rated by his mother as having a moderate level of difficulty in his behaviour at home and a severe level of difficulty in 4 out of the 6 domains (Communication, Behaviour at home, Personal Characteristics, and Ability to follow unwritten rules). She rated him as having profound difficulties in his ability to deal with stressful situations. According to the teacher, Child C scored at the profound level in 3 domains (Behaviour at home, Ability to deal with stressful situations, and Ability to follow unwritten rules), at the severe level in 2 domains (Communication and Personal Characteristics) and moderate to severe in one domain (Relationships with Peers).

While his teacher and his mother agreed that Child B was best at forming peer relationships, they did not agree on his worst performance. His mother indicated maximum problems in the area of ability to deal with stressful situations and his teacher thought his biggest difficulty was in the area of following unwritten rules. Child C is an excellent example of how problems in multiple domains can compound social-emotional difficulties in children with dyslexia. His poor vision may contribute to his slow speed and his slow speed and poor attention in turn contribute to his low self-esteem. Although data was limited to 2 observation sessions, the teacher's critical demeanour may further negatively impact Child C's self-concept and his social standing in the class. An important asset that might buffer these problems is the support from his family, as indicated in the document analysis.

5.1.4.) Child D

Child D is a first-born male, between the ages of 13 and 15, studying in Grade 5. He has one sibling, and his mother and father are together. Key findings from the documents are his shy nature and some problems in reading and memory abilities. Documents note his friendly nature and his competence in articulation. Key findings from the observation are consistent. He was very quiet and needed coaxing to do tasks. Interestingly, the teacher mentioned to the researcher and the other observer that Child D is quiet and intelligent. It is possible that this perception of the nature gets reflected in her interactions, which then contribute to Child D's emotional health and his friendly cooperative nature. According to documents, Child D's parents are involved but sometimes complete his homework for him.

According to both the parent and the teacher, overall, Child D has moderate to slightly severe (47 to 52%) socio-emotional difficulties. Of note, Child D displayed the lowest number of socio-emotional problems in the study sample, according to parents and teachers.

More specifically, Child D's abilities were rated as moderate to slightly severe by his mother in all domains. The teacher agreed with this assessment on 4 out of the 6 domains (Communication, Behaviour at home, Personal Characteristics, and Relationships with Peers). However, she thought Child D had severe difficulties in his ability to deal with stressful situations, and ability to follow unwritten rules, although this was still in the lower range of the severe category (60 to 80 percent). There was agreement between Child D's parent and teacher that he was best in the area of peer relationships and relatively worse in the area of ability to deal with stressful situations. Although Child D's teacher did rate him as worst in his ability to follow unwritten rules, this rating was quite close to the rating for ability to deal with stressful situations.

5.1.5.) Child E

Child E is a second-born male, between the ages of 13 and 15, studying in Grade 5. He has two siblings, and his parents are together. The documents highlight multiple problems including poor attention, hyperactivity, easy distractibility, motor coordination problems, poor perseverance, problems in communication, moodiness and hypersensitivity. His family's involvement is limited generally to helping him with homework. Key findings from the observation include his poor attention and difficulty participating in group activities. According to his teacher, Child E is "not so good" in his socio-emotional abilities compared to other children his age. During the interview, she also describes his diagnosis of ADHD, and discusses his "mock threats". Child E takes medication during class, which may make his classmates aware that he has a specific obvious problem and lower his social standing. Although the classmates do not apparently mock him (according to his teacher), this is still an issue to be kept in mind.

According to both the parent and the teacher, overall, Child E has at least moderate to somewhat severe (55 to 53%) socio-emotional difficulties. Interestingly, the parent and teacher ratings of all six domains were in close agreement. Specifically, Child E was rated as having few to moderate problems in one domain (Ability to follow unwritten rules), as

having moderate to severe difficulties in four domains (Communication, Behaviour at home, Personal Characteristics, and Relationships with Peers) and as being profoundly impaired in one domain (Ability to deal with stressful situations). Thus, Child B's forte was his ability to follow unwritten rules and his biggest weakness was his response to high stress situations.

5.2) Areas of Agreement and Disagreement between Parents and Teachers

Correlational analyses point to very high agreement between parents and teachers on their overall assessment of each child's socio-emotional abilities. In contrast, there was variability in levels of agreement between parent and teacher ratings of each section. On the one hand, there was strong agreement on their evaluation of children's behaviour at home or in class and their ability to follow unwritten rules. On the other hand, there was only moderate agreement on how they rated children on their ability to deal with stressful situations. Strikingly, there was little concord between how parents and teacher's rated children's communication abilities, personal characteristics, and peer relationships. It is possible that the disagreement may have been limited to few items in each of these sections. Lack of agreement in certain domains may also stem from the fact that the contact parents and teachers have with children is in different contexts and settings. The significant implication of this finding pertains to cooperation between parents and teachers to achieve desired educational and functional goals in their child.

5.3) General Patterns and Themes

Consistent with the literature review, the five children with dyslexia in this study had significant socio-emotional difficulties. Some of the socio-emotional difficulties in the children with dyslexia in this study include difficulties expressing and/or modulating emotions, difficulty accepting or reacting to negative feedback, moodiness, poor stress management skills, and low self-esteem. Further support for the notion of socio-emotional difficulties among children with dyslexia came from the fact that teachers rated all the five children as being "not so good" in terms of social skills when compared to same age peers. In general, children were rated as high on their abilities in peer relations. All five children had problems in dealing with stressful situations. There was convergence between findings from the different techniques used in this study, that is,

observation, interview, questionnaire and document analysis. Such convergence enhances the level of confidence one can have in the conclusions arrived at in this study.

Interestingly, as would be suggested by literature, there seems to be interactions between learning, cognitive, social, emotional, and self-concept abilities. Having problems in a few of these areas can contribute to problems in other areas and vice-versa. The reverse holds true, where strengths in one area can lead to better outcomes in other domains.

5.4) Limitations

- Findings have limited generalizability as the sample only included 5 children, all males, studying in the same school and belonging roughly to the same age group (13-15).
- Also, there was a significant language barrier. Though I had very good translators, I personally feel that teachers would have been more comfortable talking to me directly.
- Several other variables that may have potentially played a role in forming a more complete understanding of socio-emotional difficulties in children with dyslexia were not assessed (e.g., child's social standing in the class)
- The child's perspective was only assessed by observation. Talking to the child individually may have led to interesting insights.
- Some of the techniques have limitations. The observation was limited to 2 sessions per child. Only one teacher was interviewed.

5.5) Implications

- Findings have implications for enhancing our understanding of the kinds of socio-emotional difficulties children with dyslexia have.
- Findings suggest that special educators and policy makers must focus not only on the learning and academic difficulties of children with dyslexia, but also on social functioning, emotional health, and self-esteem. This is a particularly important finding for the Czech Republic (and India) where there has been little attention to these issues

- Findings throw light on why there may be communication difficulties between special schools and teachers by highlighting areas they are most likely to agree on and those they are most likely to disagree on.
- Using the methods in this study and lessons learned, a similar study can be undertaken in Maharashtra, India. This study therefore functions as an important template.

5.6) Summary

The key findings of this study are (a) children with dyslexia can have socio-emotional difficulties, (b) parents and teachers are important sources of information about children's socio-emotional problems, and (c) there is general agreement between parents and teacher's overall assessment of children's socio-emotional performance. Thus, the study findings adequately addressed the research questions outlined in the first chapter, Introduction

Chapter 6. Conclusion

I propose to evaluate my research in this chapter. I will discuss the short comings of the project and suggest potential alternatives to it. I will then make recommendations and proposals for its implementation in the Indian context.

6.1) Evaluation of the Study

My main aim of the study was to highlight the social and emotional problems faced by children with dyslexia as this is a highly neglected area in the Czech Republic and in India. I carried out the research in a special school in the city of Most in the Czech Republic. This school caters to the needs of children with dyslexia and or hyperactivity problems. This study sought to answer three main research questions:

- What are some of the socio-emotional problems faced by children with dyslexia?
- Do the parents and teachers of these children see them as having socio-emotional problems?
- Do parents and teachers agree in their assessments of the children's socio-emotional difficulties?

6.2) The Results

The results show that the five children with dyslexia studied had problems in social and emotional domains of behaviour and functioning. Both parents and teachers reported that the children had social and emotional difficulties. There was agreement between parents' and teachers' overall assessment of each child's socio-emotional abilities. However, they disagreed on their assessments of certain areas of social and emotional functioning. Thus, the study findings answered the research questions that informed the design of the study.

6.3) Recommendations

Steps should be taken to sensitize adults and significant others regarding the problems of children with dyslexia. At present, children with socio-emotional problems are referred to an outside agency for counselling but sometimes there is a lack of follow up from home. If the school could find an in-house counsellor, it could significantly improve the situation. Teachers and policy makers need to be made aware of the multifaceted nature

of dyslexia, and that dyslexia entails more than just problems of reading, writing and mathematics.

6.4) Implications for practice

This study has several important implications for practice. A fuller understanding of the multi-faceted nature of dyslexia, as it emerges from research, must be integrated into the training of special educators, both in the Czech Republic and in India. Special educators the world over operate under several constraints. These may include paucity of resources, large class sizes, poor training and pressure from parents to focus on children's academic performance. Yet, if the understanding that dyslexia means much more to the child who suffers from it than it can ever mean to a concerned parent remains at the core, a teacher can do much to help a child with his or her socio-emotional difficulties.

6.5) Limitations

The most significant limitation was the language barrier. Neither the teachers nor the students could speak English. I was aided by very competent and knowledgeable translators, but I feel that certain nuances in the teacher-child interactions may have been lost due to the language barrier. Time was another significant factor in this process. The schools close for work at the end of July and before that, they have exams for two weeks. It was therefore necessary to complete the research by the middle of July. The time constraints prevented me from conducting more interviews and observations. Some other limitations have also been discussed in the preceding chapter. I could have interviewed the parents and teachers to explore the topic further. I could have studied students with dyslexia who attended mainstream schools. Some other limitations have also been discussed in the preceding chapter.

6.6) Future Directions

Research can be conducted in conjunction with a psychologist to find out reasons for the socio-emotional problems that the children face and the possible solutions to them. The present study can serve as a template for future research in India. Such research, in conjunction with my networks among advocacy groups in India, could, in the much longer term, also steer policy in more desirable directions.

In terms of study design, future research should actively assess the child's perspective of their socio-emotional difficulties via sensitively designed interviews. Future research should also use a larger sample, include girls with dyslexia, and more male parents.

Bibliography

- (2004) 'Positivism' in Lagasse, P., L. Goldman, A. Hobson & Norton S. R. eds. The Columbia Encyclopaedia, New York: Columbia University
- Al-Yagon, M. & M. Margarit. (2006) 'Loneliness, sense of coherence and perception of teachers as a secure base among children with reading difficulties', European Journal of Special Needs Education, 21, no. 1, 21-37
- Al-Yagon, M. & M. Mikulincer. (2004) 'Socioemotional and Academic Adjustment among Children with Learning Disorders', The Journal of Special Education, 38, no. 2, 11-123.
- Alexander, H. A. (2006). 'A View from Somewhere: Explaining the Paradigms of Educational Research', Journal of Philosophy of Education, 40, no. 2, 205-217
- Aubrey, C. (2000) Early Childhood Educational Research: Issues in Methodology and Ethics, New York: Taylor and Francis
- Bender, W., C. Rosenkrans, & M. Crane (1999) 'Stress, Depression, and Suicide among Students with Learning Disabilities: Assessing the Risk', Learning Disability Quarterly, 22, no.2, 143-156
- Bereiter, C. (1994) 'Constructivism, Socioculturalism, and Popper's World', Educational Researcher, 23, no. 7, 21-23
- Bryan, T., K. Burstein & C. Ergul. (2004) 'The Social-Emotional Side of Learning Disabilities: A Science Based Presentation of the State of the Art', Learning Disabilities Quarterly, 27, no. 1, 54-51
- Burden, R. (2005) 'Factors associated with successful learning in pupils with dyslexia: a motivational analysis' British Journal of Special Education, 32, no. 2, 100-104
- Burden, R. (2005) Dyslexia and Self-Concept: Seeking a Dyslexic Identity. London: Whurr/John Wiley & Sons
- Calleti, C. & C. McLaughlin (2003) 'Learning Disabilities: Some Suggestions for Educators', International Journal of Special Education, 18, no.1, 55-65
- Carlson, E. J., M. C. Flannery & M. S. Kral (2005) Differences in Bully/Victim Problems between Early Adolescents with Learning Disabilities and their Non-Disabled Peers, Internet WWW page at URL: http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/1b/c0/e7.pdf (accessed 10/07/07)
- Carr, W. & S. Kemmis. (1986) Becoming Critical: Education Knowledge and Action Research, London: Falmer Press

- Chadha, A. (2000). 'The inclusive initiative in India', Journal of the International Association of Special Education, 3, 31-34
- Clever, A., G. Bear & J. Juvonen (1992) 'Discrepancies between Competence and Importance in Self-perception of Children in Integrated Classes', Journal of Special Education, 26, 125-138
- Cohen, L. (2000) Research methods in education. Oxford: Routledge Falmer
- Colliver, J. A. (1999) 'Constructivism with a Dose of Pragmatism: A Cure for What Ails Educational Research', Advances in Health Sciences Education, 4, 187-190
- Costello, P. (2003) Action Research, London: Continuum Publishers
- Daniel, S., A. Walsh, E. Arnold, B. Reboussin & F. Wood. (2006) 'Suicidality, School Dropouts, and Reading Problems among Adolescents', Journal of Learning Disabilities, 39, no. 6, 507-514
- Dyslexia Action. (No Date) What is Dyslexia?. Internet WWW page at URL: <http://www.dyslexiaaction.org.uk/Page.aspx?PageId=66> (accessed 17/04/07)
- Dyson, L. (2003) 'Children with Learning Disabilities within the Family Context: A Comparison with Siblings in Global Self-Concept, Academic Self-Perception and Social Competence', Learning Disabilities Research and Practice, 18, no.1, 1-9
- Eadon, H. (2004) Dyslexia and Drama, London: David Fulton Publishers
- Eleweke, C. J. & M. Rodda. (2002) 'The challenge of enhancing inclusive education in developing countries', International Journal of Inclusive Education, 6, no. 2, 113-126
- Farmer, T., P. Rodkin, R. Pearl & R. van Acker. (1999) 'Teacher Assessed Behavioral Configurations, Peer Assessments, and Self Concepts of Elementary Students with Mild Disabilities', The Journal of Special Education, 32, no.2, 66-80
- Fredrickson, N. & J. Turner. (2003) 'Utilizing the Classroom Peer Group to Address Children's Social Needs: An Evaluation of the Circle of Friends Intervention Approach', The Journal of Special Education, 36, no. 4, 234-245
- Halliwell, M. (2003) Supporting Children With Special Educational Needs: A Guide for Assistants in Schools and Pre-schools, London: David Fulton Publishers
- Hamond, B. & R. Haccou. (2006) Gaining and Proving Yourself in Social Competence: The Atlas Way, Tilburg: Fontys OSO and Grant-Uitgevers n.v.
- Heath, N. & S. Ross. (2000) 'Prevalence and Expression of Depressive Symptomology in Students with and without Dyslexia', Learning Disability Quarterly, 23, no. 1, 24-36

- Higgins, E., M. Raskind, R. Goldberg & K. Herman. (2002) 'Stages of Acceptance of a Learning Disability: The Impact of labelling', Learning Disability Quarterly, 25, 3-18
- Hoffman, A. (2003) ERIC Digest: Teaching Decision Making to Students with Learning Disabilities by Promoting Self-Determination. Internet WWW page at URL: http://www.eric.ed.gov/ERICDoes/data/ericdocs2sql/content_storage_01/0000019b/80/1b/81/18.pdf (accessed 04/07/07)
- Hoy, C., N. Gregg, J. Wisenbaker, E. Manglitz, M. King & C. Moreland. (1997) 'Depression and Anxiety in Two Groups of Adults with Learning Disabilities', Learning Disability Quarterly, 20, no. 4, 280-291
- Humphrey, N. & P. Mullins. (2002) 'Personal constructs and attribution for academic success and failure in dyslexia', British Journal of Special Education, 29, no.4, 196-203
- Humphrey, N. (2002) 'Teacher and pupils ratings of self-esteem in developmental dyslexia', British Journal of Special Education, 29, no. 1, 29-36
- Hwang, A. (1996) 'Positivist and constructivist persuasions in instructional development', Instructional Science, 24, 343-356
- Johnson, R. B. & A. J. Onwuegbuzie. (2004). 'Mixed Methods Research: A Research Paradigm Whose Time Has Come', Educational Researcher, 33, no. 7, 14-26
- Kalyanpur, M. (1996) 'The Influence of Western Special Education on Community-based Services in India', Disability & Society, 11, no. 2, 249-270
- King, E. (2005) 'Addressing the Social and Emotional Needs of Twice Exceptional Children', TEACHING Exceptional Students, 38, no.1 16-20
- Klassen, R. (2004) 'A Question of Calibration: A review of the Self-Efficacy Beliefs of Students with Learning Disabilities', Learning Disability Quarterly, 25, no. 2, 88-102
- Kuhn, T. (1962) The Structure of Scientific Revolutions, Chicago: Chicago Uni. Press
- Learning Disabilities Association of America. (2006) Social Adjustment Problems Associated with Learning Disabilities, Internet WWW page at URL: http://www.lidaamerica.org/aboutld/teachers/social_emotional/adjustment.asp (accessed 09/04/07)
- Lie, K., A. O'Hare & S. Denwood. (2000) 'Multidisciplinary support and the management of children with specific writing difficulties', British Journal of Special Education, 27, no. 2, 93-99
- Lufi, D., S. Okasha & A. Cohen. (2004) 'Test Anxiety and Its Effects on Students with Learning Disabilities', Learning Disability Quarterly, 27, no. 3, 176-184

- Maag, J. & J. Behrens. (1989) 'Depression and Cognitive Self Statements of Learning Disabled and Seriously Emotionally Disturbed Adolescents', The Journal of Special Education, 23, no.1, 17-27
- Mamlin, N. & K. Harris. (2001) 'Locus of Control and Learning Disabilities: Rethinking a Common Assumption', The Journal of Special Education, 34, no. 4, 214-225
- Mare, L. & M. de la Ronda. (2000) 'Links among Social Status, Service Delivery Mode, and Service Delivery preference in LD, Low Achieving and Normally Achieving Elementary-Aged Children', Learning Disability Quarterly, 23, no. 1, 55-62
- McNamara, J., T. Willoughby & H. Chamlers. (2005) 'Psychosocial Status of Adolescents With and Without Comorbid Attention Deficit Hyperactivity Disorder', Learning Disabilities Research and Practice, 20, no.4, 234-244
- Ministry of Human Resource Development, Government of India. (No Date) Basic Features of Sarva Shiksha Abhiyan, Internet WWW page at URL: <http://ssa.nic.in/ssaframework/ssafram.asp#1.0> (accessed 20/06/07)
- Most, T., Greenback, A. (2000) 'Auditory, Visual and Auditory-Visual Perception of Emotions by Adolescents With and Without Learning Disabilities, and Their relationships to Social Skills', Learning Disabilities Research and Practice 15, no.4, 171-178
- National Information Center for Children and Youth with Disabilities. (2004) Learning Disabilities (Disability Fact Sheet No. 7), Internet WWW page at URL: <http://www.nichey.org/pubs/factshe/fs7txt.htm#top> (accessed 16/04/07)
- Nowicki, E. (2003) 'A Meta Analysis of the Social Competence of Children with Learning Disabilities Compare to Classmates of Low and Average to High Achievement', Learning Disability Quarterly, 26, no. 3, 171-188
- Nunez, J., J. Gonzalez-Pienda, S. Gonzalez-Pumariega, C. Roces, L. Alvarez, P. Gonzalez, R. Cabanach, A. Valle & S. Rodriguez. (2005) 'Subgroups of Attributional Profiles in Students with Learning Difficulties and Their Relation to Self-Concept and Academic Goals', Learning Disabilities Research and Practice, 20, no. 2, 86-97.
- Pavri, S. & A. Monda-Amaya. (2000) 'Loneliness and Students with Learning Disabilities in Inclusive Classrooms: Self-Perceptions, Coping Strategies, and Preferred Interventions', Learning Disabilities Research and Practice, 15, no.1, 22-33
- Peer, L. & G. Reid. (2003) Introduction to Dyslexia: Inclusion in the Secondary School. London: David Fulton Publishers
- Pollack, J. & E. Walker. (1994) Day to Day Dyslexia in the Classroom, London: Routledge Palmer

- Ranaldi, F. (2003) Dyslexia, Design and Technology: BDA Curriculum Series, London: David Fulton Publishers
- Reid, G. ed. (1996) Dimensions of Dyslexia, Edinburgh: Moray House Publications
- Reid, G. (2005) Dyslexia and Inclusion: Classroom Approaches for Assessment, Teaching and Learning, London: David Fulton Publishers
- Rist, R. C. (1977) 'On the Relations among Educational Research Paradigms: From Disdain to Détente', in Anthropology & Education, 8, no. 2, 42-49
- Robson, C. (1993) Real World Research, Oxford: Blackwell Publications
- Ryan, M. (2004) Social and Emotional Problems Related to Dyslexia. Internet WWW page at URL: <http://www.interdys.org/fact%20sheets/Soc-Emo%20FS%20N.pdf> (accessed 09/05/07)
- Sakhuja, S. (2004) Education for All and Learning Disabilities in India. Internet WWW page at URL: http://www.sspeonline.org/article_details.asp?artid=art10 (accessed 17/04/07)
- San Miguel, S., S. Forness & K. Kavale. (1996) 'Social Skills Deficits in Learning Disabilities: The Psychiatric Comorbidity Hypothesis', Learning Disability Quarterly, 19, no. 4, 252-261
- Sayles, H. A. & M. Bogdanowicz. (2004) Rights of Dyslexic Children in Europe. Gdansk: Harmonia
- Selikowitz, M. (1998) Dyslexia and other learning difficulties: The facts. Oxford: Oxford University Press
- Sharma, G. (2004) 'A Comparative study of the Personality Characteristics of Primary School Students with Learning Disability and their Nondisabled Peers', Learning Disability Quarterly, 27, no.3, 127-140
- Singhal, N. (2005) 'Mapping the field of inclusive education: A review of the Indian literature', International Journal of Inclusive Education, 9, no. 4, 331-350
- Snowling, M. J. & J. Stackhouse. (2006) Dyslexia, Speech and Language: A Practitioner's Handbook, London: John Wiley & Sons
- Soan, S. (2004) Additional Educational Needs: Inclusive Approaches to Teaching Teaching Assistants, London: David Fulton
- Soy, S. K. (1997) The case study as a research method, Unpublished paper, University of Texas at Austin. Available at URL: <http://www.gslis.utexas.edu/~ssoy/usesusers/I391d1b.htm>

- Tabassam, W. & J. Grainger. (2002) 'Self-concept, Attributional Style and Self-Efficacy Beliefs of Students with Learning Disabilities with and without Attention Deficit Hyperactivity Disorder', Learning Disability Quarterly, 25, no.2, 141-151
- The American Academy of Child and Adolescent Psychiatry. (2007) Children with Learning Disabilities, Internet WWW page at URL: <http://www.aacap.org/page.wv?name=Children+With+Learning+Disabilities§ion=FACTS+for+FAMILIES> (accessed 09/05/07)
- The European Agency for Development in Special Needs Education. (2006) Special Needs Education in the Czech Republic, Internet WWW page at URL: http://www.european-agency.org/sne_in_candidate/downloads/CzechRepublic.doc (accessed 15/16/07)
- Tripathi, S. C. (2003) Responding to Children with Special Needs – A Manual for Planning and Implementation of Inclusive Education in Sarva Shiksha Abhiyan. New Delhi: Ministry of Human Resource Development, Government of India
- Tur-Kaspa, H. (2004) 'Social –Information Processing Skills of Kindergarten Children with Developmental Learning Disabilities', Learning Disabilities Research and Practice, 19, no.1, 3-11
- Tur-Kaspa, H., M. Margalit & T. Most. (1999) 'Reciprocal friendship, reciprocal rejection and socio-emotional adjustment: the social experiences of children with learning disorders over a one-year period', European Journal of Special Needs Education, 14, no. 1, 37-48
- Wiener, J. (2003) 'Resilience and Multiple Risks: A Response to Bernice Wong', Learning Disabilities Research and Practice, 18, no. 2, 77-81
- Wikipedia contributors (2007) Socialization, Internet WWW page at URL: <http://en.wikipedia.org/w/index.php?title=Socialization&oldid=145146066> (accessed 17/04/07)
- Yin, R. (1994 & 2002) Case study research: Design and methods, Beverly Hills, CA: Sage Publishing

Appendix: Parent and Teacher Questionnaires

The following questionnaire was administered to parents and teachers. Items highlighted with bolding were reverse scored. A Czech language version of the questionnaire can be made available upon request.

Dear Sir/Madam,

I, Aynah Kerawala, am doing a master's degree in Special Educational Needs at Charles University, Prague. As part of my studies, I am conducting research on the socio-emotional problems of children with dyslexia and other learning difficulties. For this I would like to enlist your help to fill out this questionnaire, based on your observations of your child. Your support will help better understand and address the needs of children with dyslexia and other learning difficulties. All information you provide will be treated confidentially. Thank you for your time and cooperation.

Parent's Questionnaire on the Socio-Emotional Problems of Children with Dyslexia

Your Personal Information

Age _____ years

Gender Male Female

Educational Qualifications

High school Undergraduate (bachelor's) degree

Graduate (master's) degree Other (please specify)

Marital Status

Married Divorced Separated Single Widow/Widower

Number of children _____ Order of birth of child with dyslexia _____

Age of child with dyslexia _____ years

Gender of child with dyslexia Male Female

For each of the statements below, tick one box to indicate your agreement, as: (1) Strongly agree (2) Agree (3) Neither agree nor disagree (4) Disagree (5) Strongly disagree

Communication

Gives information 1 2 3 4 5

Asks for information 1 2 3 4 5

Gives eye contact when spoken to 1 2 3 4 5

- Listens to instruction/questions 1 2 3 4 5
- Replies in conversation 1 2 3 4 5
- Ends conversation abruptly/changes subject** 1 2 3 4 5
- Takes turns while conversing in group 1 2 3 4 5

Behaviour at home

- Has a sense of initiative 1 2 3 4 5
- Is motivated during play/study-related activities 1 2 3 4 5
- Is able to follow instructions 1 2 3 4 5
- Is able to work independently 1 2 3 4 5
- Is willing to listen to and learn from siblings and/or family members 1 2 3 4 5
- Is able to ask for permission 1 2 3 4 5

Personal characteristics

- Is easily distractible** 1 2 3 4 5
- Helps peers 1 2 3 4 5
- Knows how to react to humour 1 2 3 4 5
- Knows how to express pleasantries 1 2 3 4 5
- Knows how to accept compliments 1 2 3 4 5
- Is withdrawn** 1 2 3 4 5
- Is moody** 1 2 3 4 5
- Has poor organisational skills** 1 2 3 4 5
- Knows when to apologise 1 2 3 4 5
- Is honest 1 2 3 4 5
- Can assert himself/herself 1 2 3 4 5
- Is boastful** 1 2 3 4 5
- Blames others for misdemeanours** 1 2 3 4 5
- Is aggressive** 1 2 3 4 5
- Is hypersensitive** 1 2 3 4 5

Relationship with peers

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Is friendly with peers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Asks for help | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Shows interest in peer's welfare | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Has two or more friends | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Can keep a steady friendship with peers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Tries to initiate conversation with peers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Shares/exchanges things with peers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Is invited by peers to join in games | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Responds to invitations | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Respects peers' opinions | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Ability to deal with stressful situations

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Is confident in difficult or stressful situations | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Can deal with emotions | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Can deal with negative feedback | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Is perseverant | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Ability to follow unwritten rules

- | | | | | | |
|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Is punctual | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Takes care of his/her appearance | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Takes care of personal hygiene | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Dear Sir/Madam,

I, Amynah Kerawala, am doing a master's degree in Special Educational Needs at Charles University, Prague. As part of my studies, I am conducting research on the socio-emotional problems of children with dyslexia and other learning difficulties. For this I would like to enlist your help to fill out this questionnaire, based on your observations of the students identified for the research. Your support will help better understand and address the needs of children with dyslexia and other learning difficulties. All information you provide will be treated confidentially. Thank you for your time and cooperation.

Teacher's Questionnaire on the Socio-Emotional Problems of Children with Dyslexia

Your Personal Information

Age _____ years

Gender Male Female

Educational Qualifications

- No professional qualifications High school
 Undergraduate (bachelor's) degree Graduate (master's) degree
 Other (please specify)

Years of teaching experience

- 0-5 6-10 11-15 16-25 26 and over

I am teacher in a mainstream school special school

Your Observations

Compared to other children of the same age, this child's social skills are:

- Inferior Not as good As good Better Superior

For each of the statements below, tick one box to indicate your agreement, as: (1) Strongly agree (2) Agree (3) Neither agree nor disagree (4) Disagree (5) Strongly disagree

Communication

- | | | | | | |
|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Gives information | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Asks for information | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Gives eye contact when spoken to | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Listens to instruction/questions | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Replies in conversation | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Ends conversation abruptly/changes subject 1 2 3 4 5

Takes turns while conversing in group 1 2 3 4 5

Behaviour in class

Has a sense of initiative 1 2 3 4 5

Is motivated during class activities 1 2 3 4 5

Is able to follow instructions 1 2 3 4 5

Is able to work independently 1 2 3 4 5

Is willing to listen to and learn from peers 1 2 3 4 5

Is able to ask for permission 1 2 3 4 5

Personal characteristics

Is easily distractible 1 2 3 4 5

Helps peers 1 2 3 4 5

Knows how to react to humour 1 2 3 4 5

Knows how to express pleasantries 1 2 3 4 5

Knows how to accept complements 1 2 3 4 5

Is withdrawn 1 2 3 4 5

Is moody 1 2 3 4 5

Has poor organisational skills 1 2 3 4 5

Knows when to apologise 1 2 3 4 5

Is honest 1 2 3 4 5

Can assert himself/herself 1 2 3 4 5

Is boastful 1 2 3 4 5

Blames others for misdemeanours 1 2 3 4 5

Is aggressive 1 2 3 4 5

Is hypersensitive 1 2 3 4 5

Relationship with peers

Is friendly with peers 1 2 3 4 5

Asks for help 1 2 3 4 5

Shows interest in peer's welfare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Has two or more friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Can keep a steady friendship with peers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Tries to initiate conversation with peers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Shares/exchanges things with peers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Is invited by peers to join in games	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Responds to invitations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Respects peers' opinions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Ability to deal with stressful situations

Is confident in difficult or stressful situations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Can deal with emotions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Can deal with negative feedback	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Is perseverant	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Ability to follow general norms

Is punctual	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Takes care of his/her appearance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Takes care of personal hygiene	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5