

## PARENT-TEACHER ATTITUDE TOWARDS A STUDENT WITH A HEALTH DEFECT

Yusupova Maftuna

*Karakalpak State University named after Berdaq*

*Philology and language training (Uzbek language)*

*2nd year student of the second higher (correspondence) form of Education*

**Abstract:** *Every student deserves to receive an education regardless of their physical or mental abilities. However, students with health defects often face challenges in being properly understood and supported by both parents and teachers. This article will examine the importance of developing a cooperative and compassionate attitude between parents and teachers towards students with health defects. Both parties play a pivotal role in helping such students overcome obstacles and reach their full potential through education.*

**Keywords:** *education, qualified specialists, attitudes, social support, children, government acts*

### INTRODUCTION

Several global files describe the proper to training as making use of to all children, together with these who have good sized wants for one of a kind supports. The thinking of inclusive training received global focus when the United Nations Educational, Scientific, and Cultural Organization (UNESCO) put forth the concept of Education for All in 1990. Several nations have given that carried out insurance policies to promote integration and to consist of these college students in everyday schools. Neither instructors nor colleges have developed or even agreed to the thinking of inclusion.

This thinking originated as a political initiative in human rights, and it has been surpassed down from the United Nations to countrywide and neighborhood governments and then to schools. The instructors are but the ones to put in force this policy, which makes their attitudes radically necessary to the profitable implementation of inclusion, which additionally is emphasized in the Salamanca Statement (UNESCO 1994). However, it is now not clear how teachers ‘attitudes fluctuate in relation to the students ‘precise kinds of unique instructional want (SEN). In the following sections, a couple of definitions and floating meanings of inclusion and of emotional and behavioral situation (EBD) will be presented, observed via a presentation of some older opinions of teachers ‘attitudes in the direction of inclusion.

EBD is one of a number of phrases for the equal concept. In England, EBD is used interchangeably with the phrases social, emotional, and behavioral problem (SEBD) and behavioral, emotional, and social situation (BESD, each of which additionally encompass social difficulty. Regardless, EBD is an umbrella term, which makes it challenging to define; however, it normally refers to the dangers of college issues and in addition social exclusion (Department for Education, 1994). UNESCO (2009) additionally described the notion of SEBD as an imprecise umbrella term, challenging to define.

In the earliest find out about on this topic, Bowman (1986) examined integration in 14 countries throughout UNESCO 's 5 areas and targeted on, for instance, teachers 'attitudes in the direction of mainstreaming. Approximately 1,000 instructors who had skilled educating college students with SEN participated in Bowman 's study; have been from Australia, Botswana, Colombia, Czechoslovakia, Egypt, Italy, Jordan, Mexico, Norway, Portugal, Senegal, Thailand, Venezuela, and Zambia. Bowman observed full-size variations in these teachers 'attitudes, the most splendid of which is that instructors from nations the place integration used to be required by using regulation had extra beneficial attitudes than these from different countries. Teachers additionally had greater tremendous attitudes related to the integration of college students with bodily and sensory impairments than of these with getting to know concern or EBD.

The requirement for critical thinking originates from biological frameworks hypothesis, which sets that parts of the microsystem (i.e., guardians and educators independently) associate in the mesosystem (i.e., guardians and instructors together) to affect youngsters' turn of events and results. We characterize critical thinking as an efficient, solution-focused correspondence process happening with regards to parent-instructor collaborations, wherein guardians and educators share their interests and settle on procedures to address them. This meaning of critical thinking gets from many years of examination on conjoint conduct meeting, a laid-out model of critical thinking in the school brain research writing.

There are four center components to critical thinking, including (a) recognizing a shared concern, (b) deciding why it very well might be working out, (c) arranging a mediation to be executed at home and at school, and (d) assessing the viability of that intercession. These elements have been alluded to as essential social contribution in critical thinking. Effective critical thinking additionally incorporates optional social parts, like sharing data about understudies' assets, examining the school/home climate, and proposing suitable assumptions. Notwithstanding these conduct parts, communicators can be compelling issue solvers by collaborating in an unmistakable and direct way, utilizing verbal/nonverbal markers to convey understanding, and keeping up with commitment without ruling the discussion. These parts have been alluded to as mental contribution in critical thinking and have been connected to people's overall inclination to open way of behaving.

Albeit the significance of critical thinking has been broadly perceived overall training, in many schools there is restricted time for parent-educator correspondence. The most productive and viable utilization of parent and educator time might be to focus on the essential social parts, since these are the center components to critical thinking. Nonetheless, it is muddled how the various parts to critical thinking are connected. For instance, we don't know whether it is important to show different parts (optional conduct and mental) to find actual success at the center components of critical thinking (essential social).

Until this point in time, not many examinations analyze the connection between the various parts of critical thinking in instructive settings. These examinations have principally been led in different regions, like wellbeing correspondence and family brain research. For instance, Cook and Watson (2015) revealed that external the wellbeing setting (i.e., patient-doctor correspondence), Australian patients showed a customary inclination to impart, yet the

qualities of the wellbeing setting modified these patients' readiness to convey about a wellbeing worry to their doctor. In light of the ongoing writing, it is muddled whether guardians' and educators' overall inclination to impart is connected with the degree that they show the center components of critical thinking. Inside families, couples' capacity to issue tackle connects with their accomplices' ways of behaving. From the momentum research, we don't realize whether educators' critical thinking ways of behaving may affect guardians' readiness to issue settle as well as the other way around.

A child's education is of utmost importance for their holistic development and future success. However, certain health conditions can pose challenges for students in their learning journey. In such situations, the attitude of parents and teachers plays a significant role in either facilitating or hindering the child's progress. A positive, supportive and understanding approach from the key stakeholders can help the student overcome obstacles and thrive to their full potential, despite any physical or mental defect.

When a student is diagnosed with a health issue that impacts their studies, open communication between parents and teachers is essential. Both parties must come together to understand the child's specific needs and capabilities. The parents, being closest to the child, can provide valuable insights about the defect and how it affects daily activities. They can also help the teachers comprehend the student's perspective and emotional state. At the same time, teachers have expertise in pedagogy and assessing learning abilities. A collaborative discussion allows combining these perspectives to devise an effective support system.

A compassionate and empathetic mindset is a prerequisite for parents and teachers in such cases. They must avoid looking at the child through the lens of their condition alone. Instead of lowering expectations, the focus should be on nurturing the student's inherent strengths and talents. Accommodating certain changes in teaching methodology, assessment criteria or classroom environment can open new avenues for learning. For instance, allowing extra time for assignments, providing written notes or permitting breaks as needed. A flexible approach conveys the message that the student's worth is not defined by their health issue.

Furthermore, teachers need to ensure the student does not feel isolated or singled out in class. Peers should be sensitively educated not to treat the child differently. Subtle discrimination or lack of inclusion can seriously impact their self-esteem and motivation to learn. The social and emotional well-being of the student must also be prioritized along with academics. Parents and teachers must work as a team to shield the child from stress and boost their morale.

In some cases, specialized guidance or therapy may be required which is beyond the scope of regular classroom teaching. The school administration should then be proactive in facilitating such resources. Financial constraints of the parents should not become a hindrance. Overall, a caring institutional support structure can play a transformative role for the student's education and overall growth.

## **CONCLUSION**

With understanding, accommodation and teamwork, students with health defects can learn and grow alongside their peers. Parents and teachers play invaluable, synergistic roles in supporting these students through challenges and ensuring their educational needs are met.

Developing compassionate, solutions-focused attitudes based on cooperation rather than confrontation is key. When this is achieved, all children stand to benefit as we move closer to a society of true inclusion and equality of opportunity.

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