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Handbook

To the EU Project

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„Development of common modules for a European curriculum for the further and continuing education of professional teachers and therapists to qualify as conductors“

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Contents

0. Purpose of the Handbook

The end results of the project titled „Development of common modules for a European curriculum for the further and continuing education of professional teachers and therapists to qualify as conductors “ which constitute the content of this handbook form the common basis for a European curriculum to ensure the improvement of conductor qualification in Europe so that people with central motor disorders have a higher chance of education, increased independence and as a result better integration into society.

In this EU project, for the first time four European facilities – from Norway, Austria, Great Britain and Germany – each practicing different forms of conductive education devoted themselves to the scientific fundamentals of this type of education and developed common modules for a European curriculum. As a result of this collaboration, the definition and assessment of the modular contents based on the ECTS will make mutual recognition of the qualified experts possible or easier in future. The students of this further and continuing education programme will be able to use the fundamental system, set themselves goals and achieve these in one or more of the participating institutions in various countries.

1. Introduction to Conductive Education

1.1 Definition and Goal of Conductive Education

Conductive (lat.: conducere: bring together, unite, connect, lead, use) Education, or CE for short, was specially developed as a method of education for people with motor disorders involving not only specific neurophysiologic physiotherapy and ergo therapy but also established speech, cognitive and socio-emotional educational aspects with an age-specific pedagogical approach.

Conductive education for people with motor disorders means the inseparable and holistic unity of therapy, teaching, and education. The learning target is to be able to actively move according to one’s own capabilities and to be able to cope with activities of daily life. Thus, in the framework of a structured daily routine, the various therapeutic units are not consumed accumulatively. The individual is facilitated holistically every step of the way.

In this way conductive education unites, in a comprehensive, multi-dimensional and interdisciplinary way, the development, learning and socialization processes. This

approach effects maturity, further development, improved movement, intellect and socio-emotional qualities as well as increased independence in daily life through therapeutic (movement and speech), pedagogical (development and cognitive facilitation) and self help (ADL) interventions led by a qualified individual who organizes, carries out and evaluates series of activities in a balanced and integrative way.

Based on the assumption that every therapeutic intervention contains pedagogical aspects and that every pedagogical provision requires therapeutic intervention when it comes to individuals with motor disorders, this training programme to qualify as a conductor therefore encompasses expertise in both the pedagogical as well as the therapeutic fields.

Conductors as trained experts know exactly what individuals with motor disabilities wish to achieve. They not only create therapy and education concepts but carry them out as well. As conductors unite these different professions they are able to help disabled people to develop by giving them the sense of emotional stability that arises from carrying out their various daily routines with one and the same person.

1.2 Origin of Conductive Education and where it is practiced

Beginning in 1945, the Hungarian physician Dr. med. András Petö (1893-1967) began to systematically develop the basis for konduktív pedagógia, conductive education.

At a time when the expert world was convinced that children with serious motor disorders would never be able to learn to sit, stand, walk or speak and that treatment was therefore unnecessary, Petö was convinced that there was no such thing as untreatable motor disorders.

His theory of conductive education is founded on principles of pedagogy, medicine, therapy and philosophy. The premise of conductive education is that the central nervous system – despite existing damage – is capable of forming new neuronal connections and that this capability can be further improved by means of a correctly conducted, active and holistic learning process.

In 1948 Petö took the chair for physically handicapped pedagogy at the College of Rehabilitation in Budapest and at the same time founded the Institute of Movement Therapy and, in 1960, the Federal Movement Therapy Institute. Here he tested out conductive education and created the profession of Conductor which became validated by the state in 1963.

Conductive Education is now being practiced around the world. There are institutions in Australia, Belgium, Denmark, Germany, France, Greece, Great Britain, Hong Kong, Israel, Japan, Canada, Malta, New Zealand, Norway, Austria, Sweden, Spain, USA and other countries as well as, of course, in Hungary, the birthplace, which successfully help people with central motor disorders.

Above all in Europe the numerous facilities and associations have developed a variety of further and continuous education programmes depending on their national situations which vary with respect to their content, duration and prerequisites.

2. How to become a qualified Conductor in the European Union

2.1 Partner Organisations

Kuratorium for Conductive Multi-therapy Education and Integration of Children and Teenagers with Cerebral Motor Disorders (KFI), Vienna, Austria

KFI is a scientific association dealing with the scientific and legal bases of conductive multitherapy education in Austria and which collaborates with other European experts, institutions and organizations active in this field, for example with the Institut Keil and the University of Vienna.

Tasks/Goals:

- Scientific documentation and research in the field of conductive multi-therapy education and integration of people with cerebral movement disorders in Austria;
- Holding training courses;
- Two semester foundation course;
- Four semester university study programme in conjunction with the University of Vienna;
- To train specialists and parents by holding lectures, seminars and symposiums;

- National and international scientific, organisational and practical collaboration with individuals and facilities that provide conductive multi-therapy education and integration.

National:

- Advice and help for setting up new conductive groups (sometimes on location)
- Support with respect to
    - quality assurance
    - financing
- List and document all conductive education facilities in the country

International:

- Participate in EU projects and
- Coordinate EU projects
- Hold lectures at conventions
- Participating in various international working groups, esp. those dealing with therapy foundations for conductive multi-therapy education and achieving recognition for multi-therapy conduction as a health profession
- Provide training, practice and research groups for practice sessions by student conductors in cooperation with the Institut KEIL and the Foundation KoMit / Vienna

Therapie-Institut Keil gemeinnützige Ges.m.b.H, Wien, Österreich

Institut Keil, a non-profit organisation founded by Helga Keil, has been operating in Vienna for more than 30 years and currently serves more than 190 children and teenagers between 0 and 19 years in a total of 17 groups every day.

Besides providing conductive education in multi-therapy day groups, integrative Montessori groups are also offered.

Services:

Conductive multi-therapy education for infants, children and teenagers with central motor disorders and perception disorders in one to one or group settings.

Goals:

The goal of conductive practice is to help the individual to develop his or her personality in a holistic way, and to achieve the greatest degree of independence, integration into society, and enjoyment of life. Conductive multi-therapy education combined with integration is a great opportunity for social learning and prepares children with and without disability for life.

Groups:

a) Conductive multi-therapy parent classes
b) Conductive multi-therapy kindergarten groups
c) Conductive multi-therapy school classes
d) Integrative Montessori creche, kindergarten groups and school
e) part-vocational training for teenagers and young adults with special needs
f) Block sessions for children from other federal provinces and from abroad
g) Preparatory and accompanying one to one remedial action and individual therapy

Special features and additional services:

Sports for the disabled based on conductive principles: therapeutic horseback riding, swimming and ski bob courses.

Accredited training venue for students seeking practice to qualify as European Conductors.

Habiliteringsenheten for Barn – Regionsykehuset I Tromso –RiTo Department of Habilitation, Tromso, Norway

The habilitation Unit for children and young adults up to 18 years old, offers C.E. to children with Cerebral Paresis (CP) in the three most northern counties of Norway. The Unit is part of the children‘s department at the University Hospital in Tromsø. Treatments lasting four weeks are offered twice a year to children suitable for this method of treatment. Travel expenses (children and parents) are paid by the social security system, the stay is free of charge.

At the moment a one-year post- graduate education in Conductive Education (C.E.) is being developed at the University College of Tromsø due to start up in autumn 2003. Requirements are three years of health or pedagogical education at college/university level, as well as at least one year of relevant work-experience with children.

The Habilitation Services is a collective term for a set of services aimed to help individuals suffering from permanent or temporary disability due to illness, accident or physical defects of any kind. The services comprises each individual's entire life situation, and with regard to children and teenagers it will in addition include:

- Remedial actions for the children
- Remedial actions for the parents/superiors and siblings
- Remedial actions to the social environment
- Remedial action in the kindergarten (nursery school)
- Remedial actions in the school
- A variety of health services
- A variety of social services
- Cultural and leisure activities

The Habilitation Service is focused on each individual's own resources and his/her capability of development. In some cases the objective will be to improve ability and independence by training and education. In other cases the objective will be to prevent further disabilities and to cope with daily life. Habilitation means to create and support functions, co-operation and quality of life. Rehabilitation, on the other handy, means education/training aimed at regaining function ability lost by damages or other physical disabilities.

The Habilitation Unit for children is a section of the pediatric clinic at the University Hospital of northern Norway (UNN).

The Habilitation Unit in Tromsø is supposed to cover the habilitation needs on a county municipal level for disabled children up to 18 years old. It can provide a multidisciplinary team for diagnostics, training, guidance and courses for the parents/superiors and the municipal service units. The multidisciplinary team will consist of a medical doctor, physiologist, occupation therapist, welfare officer, physiotherapist, educator, test technician, autism consultant and secretary.

All services can be provided either at the hospital or in the home municipality of the child.

Target groups:

Children 0-18 years with need for multidisciplinary health services, that means i.e.:

- children with disabilities
- children in need of treatment of a compound medical, pedagogical and/or social character

- children whose parents, caretakers or other personnel need special training in the daily care.

As part of our treatment C. E. is offered to a limited part of children with CP. Conductors are hired from the Petø Institute in Budapest.

Goals:

- to become a centre of competence in Norway for this type of treatment
- to expand the possibilities for different types of groups by using conductive thinking
- to develop the method further and adapt it into the Norwegian education and health system

Groups:

- mother and child groups
- pre-school groups
- school groups

In addition we offer individual guidance to parents/children.

The durance of the groups varies from two days to four weeks. All groups are offered twice per year.

A medical doctor must sign all references. A thorough and multidisciplinary deliberation will be made prior to submittal of the reference.

Phoenix GmbH of the Pfennigparade Foundation, Munich, Germany

For 8 years now the Pfennigparade Foundation has been meeting the challenge of providing conductive education to children with cerebral motor disorders. We have made impressive achievements in this time: 70 children and teenagers are currently being conductively supervised by 50 co-workers. The service ranges from mother and child groups to parent classes, kindergarten and conductive school classes. Since 1999 the Phoenix GmbH of the Pfennigparade Foundation has also offered and tested out a course of training for 25 German specialists to qualify as pedagogical-therapeutic Conductors, a status recognized by the state.

Service:

The inseparable unity of education, training and therapy, i.e. a holistic approach, is the distinguishing feature of conductive education at the Pfennigparade Foundation. The neurophysiological-based education is designed for the special care of children with CP. The conductive-integrated education combines language, movement, and rhythm and facilitates children in their motor, linguistic, mental and social development. All activities are integrated into daily life and systematically encourage independence and the playful development of the child.

Children and their parents benefit from:

- fun and enjoyment during their daily work
- structured daily routine and fulltime care
- intensive parental involvement and instruction, as well as parent school for parents coming in from afar
- postoperative treatment in the conductive sense
- expert counselling by specialists in the various education and therapy methods for children with CP. One to one therapy as part of the daily conductive routine as necessary

Goals:

- reinforcing self confidence and the whole personality
- achieving the highest degree of independence in daily life
- training venue with the possibility of gaining school-leaving qualification
- preparation, counselling and support during integration into regular learning institutions.

Groups:

- early learning groups (mother /child) infants and toddlers up to 3 years)
- Kindergarten groups – facility to prepare children over 3 for school
- School groups (primary and secondary school)
- Afternoon groups with homework supervision
- Summer education weeks for the whole family (3 weeks)
- From September 2004 conductive boarding groups for children and teenagers

Special features and additional services:

- Small groups

- every group is led by a fixed conductive team that accompanies the children throughout so that they always have attachment figures :
  - teacher
  - conductor
  - therapist (ergo, physio, logo)
  - child carer
- Medical diagnosis and supervision by a neuropaediatrician and orthopedic doctor
- Collaboration with orthopaedic mechanics and orthoapedic aids companies
- Psychological parent and family counselling by a family therapist
- Well equipped rooms furnished with Petö furniture, educational and play material
- Educational and learning material adapted for the physically handicapped child
- Counselling and supervision by teacher conductors of the Petö Institute, Budapest
- Completed scientific consultation by the University Munich
- Swimming pool/gymnasium/playground
- Self sufficiency right from the beginning:
  Indpendence is practiced from the way to school to the classroom right through to the special way the lesson timetable is designed. The Ernst-Barlach-Schools of the Pfennigparade Foundation are spearheading this concept, as they were the first school in Germany to fully implement the conductive education concept.

Admission Requirements:

- Ability to participate in the designated group according to the goals of the primary and secondary school
- CP, disorders of the central nervous system
- Financial remuneration (we are happy to help apply for financial aid)
- Active participation by the parents in the education process

Range of services for professionals:

- Supervision for facilities wishing to practice conductive education
- Consultation service for experts of other facilities and schools wishing to work with children with cerebral motor disorders (consulting school and mobile service)
- Seminars for professionals and parents on the topic of conductive education
- 2-year part time course for professionals to qualify as „Pedagogical/therapeutic Conductors" (PtK) accredited by the Bavarian Ministry of Culture, on par with the

further education course to qualify as a „Remedial Teacher for Special Needs Education (HpF)“

Future:

The Pfennigparade Foundation began building an own conductive education center in April 2003, which should be ready for occupation in September 2004. All conductive activities will then be offered in Munich, Oberföhring under one roof for approximately 100 - 110 children and teenagers.

The Verein KoMit (Association for conductive multiple therapy centers and integration for the multiply handicapped and people with cerebral disorders) Vienna, Austria

Goals :

The Verein KoMit is a non-profit organisation that ensures the education and promotion of children, teenagers and adults with central motor and perception disorders by means of establishing and leading

- Therapy and education centers
- Rooming training facilities and permanent rooming opportunities
- Occupational, work and training facilities

as well as setting measures and creating facilities to integrate people with special physical, emotional or social needs.

The Verein KoMit operates living quarters and day care facilities, placing the individual needs and abilities of each and every person in the foreground. This special service is an example of conductive multi-therapy education (on the basis of Petö / Keil) and implements disability specific therapy and ADL programmes.

Rooming groups:

The Verein KoMit supervises 28 people in various rooming types:

- A flat sharing community,
- A rooming training group
- Seven flat sharing communities and single flats under ambulant supervision.

A further long-term flat sharing community is being planned as well as studio flats for 17 individuals.

Work integration, life integration activity, occupational therapy:

The occupational and work facilities of the Verein KoMit give young people with disabilities a chance to discover their individual goals and abilities.

Socialtherapeutic group

People with mental disabilities and / or multiple physical disabilities can gain confidence in themselves and learn to interact with others within the framework of the social therapeutic daily routine offered at the Verein KoMit. By means of an art therapy approach the expressive and creative skills of the participants are trained and confidence in dealing with practical everyday tasks is promoted.

National Institute of Conductive Education, Birmingham,

The Foundation for Conductive Education is a national charity (non-profit organisation) created in 1986. Its founding document defines training as a central goal of the organisation.

The first stage of the strategy adopted by the Foundation to achieve its charitable object was to work closely with the Pető Institute to have British people trained as conductors in Budapest and, at the same time, bring Hungarian conductors to establish conductive practice in Birmingham, England. The first practice was with young children with cerebral palsy but, from the outset, it was intended that CE in the UK would be developed for both adults and children. At the completion of this first stage, in 1993, the Foundation's Birmingham Institute provided conductive services for children across the early years, and groups for adults, staffed by trained British and Hungarian conductors, the beginnings of a National Library of Conductive Education, and the intention to establish an indigenous programme to train professional conductors to meet national requirements.

In 1995 the Foundation opened the first phase of the National Institute of Conductive Education (NICE) to create an integrated practice base for the further development of the system of CE, for training and research. Early in 1997 the Foundation tested out programmes of skills training, accredited by the Open College Network (sub-degree level) and, in October 1997 the first students were admitted to the new three-year professional training course provided in partnership with the University of Wolverhampton.

The first conductors trained wholly in the UK graduated in 2000. In 2001 the Foundation validated its first postgraduate module.

Training strategy

Central to the Foundation's training strategy is the intention that conductors should be trained and recognised as a profession in their own right, with the practice and theory of conductive pedagogy lying at the heart of their professionalism and their training. Conductive Education therefore is not an offshoot of existing professions but a provision and a discipline in its own right.

At the same time the Foundation recognises emerging requirements for a range of other training experiences around the central core of conductor-training. This includes accredited training for assistants, insight into the conductive approach for teachers, therapists and other professionals, and the possibility of 'conversion training' for existing professionals who wish to become conductors.

The Foundation has introduced the concept of Qualified Conductor Status (QCS), to indicate the necessary threshold of competencies and understandings for a professional conductor. The Foundation recognises an Honours Degree on the NICE/Wolverhampton course as conferring QCS. Validation of a module at postgraduate (Level 4/Masterate) level is the first step towards consideration of the possibilities of creating training experiences whereby professionals working in other fields might acquire QCS.

In the longer term the Foundation looks forward to the creation of a recognised, autonomous professional body for conductors in the United Kingdom.

The emerging field of Conductive Education cannot rely upon conductors alone, however well trained. Many conductors now work with assistants and other professionals, who require relevant practical training and theoretical underpinnings, and there is a great need for the wider dissemination of skills and insights from Conductive Education to those who work in other settings. The Foundation has begun to address this challenge through its sub-degree 'skills training' courses (Open College Network) and will now examine how this might also be achieved at university levels (levels 1-4, undergraduate through to postgraduate): all within a structure of Continuing Professional Development (CDS).

BA in Conductive Education

The degree of BA in Conductive Education was created out of a partnership between the Foundation and the University of Wolverhampton. The course is three years in duration, with two semesters per year, and is a first-degree higher-education qualification within the UK's university system. As such it follows the standard regulations for admission, standards and inspection under the Government's Quality Assurance Agency. Last year the School of Educational Studies at the University of Wolverhampton, of which this course is an integral part, achieved a rating of 'Excellent' in the Agency's inspection.

Commensurate with the Foundation's goals to create a new discipline and a new profession of conductor in the United Kingdom, the BA in Conductive Education is not a teacher-training qualification for work in the state education system. The Foundation took the principled decision that the political control and whim governing state education (particularly in England and Wales), and especially the present official emphases upon curricular instruction in the state's schools, to the exclusion of almost any other consideration, meant that close proximity to teacher-education would be a dangerous position for the fledgling profession. QCS does not therefore qualify its holders to work as teachers in state schools.

QCS indicates that its holders can conduct. The training encompasses conductive work with motor disorders of any kind, congenital and acquired, across the life span, provided in a variety of settings. The practice and theory of conductive pedagogy are central to the course, students spending time in conductive practice each week of each semester for the whole three years. Practice is within the school and sessional services of NICE or in other settings where NICE conductors work, always under the conductors' direct supervision.

Motor disorders that the students work with over the three years include cerebral palsy (in children and adults), Parkinson's disease, multiple sclerosis, head injuries and strokes. Practice settings at NICE include groups for parent and child (under three years) and early years and school (three to eleven years). Sessional services reflect both the 'traditional' Hungarian ambuláncia and the rapidly diversifying world of conductive provision. Sessions for adults therefore also include short block

placements, ‘courses for carers’ and visiting sessions at Hereward College, and there are weekly sessions for children with dyspraxia.

Students’ practical work is closely monitored throughout the course by group leaders and conductor tutors, with regular feedback on performance. Students’ individual practice over the three years is recorded and assessed through the Conductive Log, a detailed document for formative assessment compiled by each student, group leaders and conductor tutors. There is an oral component to assessment throughout the course as the Foundation considers the ability to articulate Conductive Education an essential component of future conductors’ professionalism. There are also continuous assessments through written assignments and examinations.

Conductive practice is centred in the six Conductive Pedagogy modules which lie at the heart of the course. Each of these modules comprise an integrated mix of conductive practice, and lectures and tutorials on key underpinning theoretical issues. Psychology and neuropsychology, for example, are taught as an integral part of these modules. Because of the Foundation’s independence from the state system, especial attention is given to developing a professional orientation that takes a particular position towards the concerns and experiences of service-users and their families.

Lectures provided by conductor tutors and other staff at NICE include the development, assessment and pathology of human movement, the history and philosophy of Conductive Education and professional matters. In addition, the course draws upon existing modules from the Schools of Education and Health Science at the University of Wolverhampton where students also access required optional modules to broaden their education. Additional specialist input is provided by visiting lecturers. Students also study research methods and undertake a two-module dissertation in their third year.

Admission for this course is, firstly, by meeting the University’s standard academic entry requirements, upon which candidates have a day’s orientation at NICE followed by interview. Special arrangements can be made for candidates from overseas. The course has already established a tradition of accepting overseas students. Most students commence the course immediately upon completing school education but mature students are also welcome and eligible for accreditation of prior experience and learning. Most student conductors to date have been women and the Foundation

is seeking to redress this imbalance. Each year in the University's summer vacation, numbers of student conductors from NICE choose to spend time working in settings where they can expand their experience of motor disorders in children or adults. Often this is in conductive summer schools or summer camps, both in the UK and overseas. The Foundation welcomes such personal initiatives and has published guidelines on how this should be best arranged.

At the conclusion of the course successful students are awarded the BA in Conductive Education by the University of Wolverhampton, graded according to the usual British academic 'classes'. At a further, separate ceremony, the Foundation confers Qualified Conductor Status, with gradings of Pass, Merit and Excellent awarded on the basis of students' practical skills as conductors. The Brian Fraser Prize for Conductive Pedagogy is awarded annually for the best conductive practice.

Continuing development

At the time of writing (Spring 2003) the NICE/Wolverhampton course has been running for nearly six years, four tranches of students have successfully completed their studies and the seventh year of operation is soon to begin. Course validation in UK universities runs for five years, and successful revalidation of the course occurred during the academic year 2001-2.

Revalidation provided opportunity for major review in the light of experience and of developments in Conductive Education and its context. There is also continuing change in the structure of higher education. Beginning in 2002-3, the NICE/Wolverhampton conductor-training course has enjoyed larger, 'double' modules, permitting yet closer integration of practical and theoretical learning, further broadening of practical experience and the availability of selected modules to students following other courses at the university.

The Foundation and the University have taken a full part in discussions between UK universities and other interested parties through the Conductive Education Higher Education Group (CEHEG). It is also participating in the EU-Project on conductor-training. The experiences and aspirations of other members of these forums contribute to thinking on the future development of training for QCS. Particularly, the Foundation will be building upon the first masterate-level module now validated to look at possibilities for post-graduate or post-experience training for practitioners in other

fields wishing to acquire QCS. In undertaking this task the Foundation will take due account of models developed elsewhere and issues arising from these, as well as the potentials for professional training through emerging electronic technologies (TV and the Internet). It has also to take account of changing emphases within higher education in the UK, dependent upon which exploration will be made of whether such further training for QCS can be provided through the university system (as a masterate, for example) or would be better served in the form of a 'private' qualification.

Whatever the outcome of this particular issue, Conductive Education now constitutes a significant area of academic study, as the extensive collection accumulated and categorised by the Foundation at its National Library eloquently testifies. Establishing a first-degree course for conductors begins the process of forging the growing knowledge-base of Conductive Education into an academic discipline with its own distinctive boundaries and professional base.

For this, teaching has to link with research and the next stage of the Foundation's strategy for training will be to meet the challenge of creating the means and the climate to achieve this.

2.2 Prerequisites for applicants

The basic prerequisites vary according to the national education systems in each country.

For all postgraduate, continuing and further education studies however, some type of qualification in a pedagogical or therapeutic field is required, and for the foundation course a school leaving certificate is mandatory (Matura, Abitur, A-levels, etc.)

2.3 Key qualifications for the study programme

Key qualifications / personal and social communication competences

SENSITIVITY **TEAM SKILLS** **and** **DIALOGUE and COMMUNICATION SKILLS**	- fundamental positive attitude - empathy - ability to anticipate - respect for the individual Team management Working in a team Leading a team Being able to identify your own role in such a way as to make a valuable contribution to the goal of the group (e.g. lead a group yourself or to work as an assistant conductor) Being able to express yourself physically, verbally and emotionally Being actively and passively critical ° continuous reflection on your own work ° guiding students ° actively participating in discussions
SELF MANAGEMENT	Willingness to learn Recognizing your own limitations and knowing when to request assistance from the experts Ability to multi task

Key qualifications / specific conductive competencies

GOAL ORIENTATION **OWN INITIATIVE** **CREATIVE DRIVE**	**COMPETENCIES for PLANNING THE LEARNING ENVIRONMENT** Conductive anamnesis, initial status ◦ define individual, short and long term goals for children / teenagers / adults Planning the implementation of group goals ◦ consider the individual competencies and resources of the group members ◦ create (development) age appropriate conductive facilitation programmes (cognitive, motor, speech) ◦ plan training units for practical, daily life competencies ◦ plan conductive lessons in accordance with the curriculum ◦ plan for changes of room and position for independent locomotion Putting together and organising the planning of a conductive group ◦ build groups of varying time structures ◦ combine groups of children / clients according to their main goals ◦ plan groups according to the aspects of their room, staff, instrument, time and content needs ◦ create a concrete daily, weekly, yearly plan for the group Planning and delivering supplementary one to one facilitation

	COMPETENCIES FOR THE DELIVERY and ADAPTATION of conductive education units:
OBSERVATION SKILLS	Participative observation Continuously adapt the tasks and programmes according to the development of the individual and the group
ABILITY TO MOTIVATE	Gain and hold attention ◦ continuously appeal to all the senses ◦ select suitable topics and themes ◦ set creative tasks ◦ make the lessons playful ◦ motivate to achieve the highest level of independent action
COMMUNICATING PEDAGOGY THROUGH DIALOGUE	Utilising all conductive facilitation possibilities ◦ commanding and holding attention using voice and language ◦ using language to make movement rhythmical ◦ using the group as a facilitation medium ◦ select suitable conductive and orthopaedic aids ◦ give manual assistance at the right time and in the right way working with children / clients ◦ positive expectations ◦ loving consistency leading children / clients to a willingness to produce effort within their individual capabilities ◦ leading children / clients to practice the functional movements learned and to new qualities of movement in daily life
CREATIVITY	◦ encourage them to transfer the abilities thus achieved to other everyday situations Encouraging independence ◦ support the conscious use of hands to grasp, support and manipulate ◦ facilitate independent shifting and movement ◦ demonstrate creativity in finding individual solutions to achieve the set goals as independently as possible

PROBLEM SOLVING SKILLS **ABILITY TO REFLECT**	**REFLECTION, EVALUATION, ADAPTATION, CONTINUATION** continuous evaluation of the individual goals set for the children / clients continuously adjust the process of the individual tasks and programmes to the evaluated goals reflect on goals independently and within the team assess one's own limitations and, if necessary, get assistance from experts regular conductive documentation of the individual status of development in all areas of the personality be able to apply theoretical knowledge to practical situations be able to defend one's work theoretically and scientifically
SELF CONFIDENCE **SENSITIVITY**	Parental support - consult - advise - care applies to all age groups and services

2.4 Professional Title

A single, common professional title is not possible due to the various country specific situations. However, in every case the status QCS (Qualified Conductor Status) will have been achieved. The various titles will therefore always contain the words „Conductor„ and „conductive“ .

2.5 The study programme in detail

	A	D	No	UK
medical and therapeutic fundamentals	18 hours =270 units **8 ECTS**	Core modules 505 UNITS	Core modules 600 h = 800 UNITS	1750 h = 2333,33 UNITS core modules **70 ECTS**
conductive education	43 SWS =646 UNITS **19.4 ECTS**	**17 ECTS**	**24 ECTS**	950 h = 1266.66 UNITS div. other modules **38 ECTS**
psychology, pedagogy, sociology didactics/methodology	12.4 SWS =186 UNITS **5.6 ECTS**			
practice incl. supervision	900 UNITS **27 ECTS**	1436 UNITS **43 ECTS**	1200 UNITS **36 ECTS**	1200 UNITS **36 ECTS**
Total incl. self study	**2010 UNITS 60 ECTS**	**2000 UNITS 60 ECTS**	**2000 UNITS 60 ECTS**	**4800 UNITS 144 ECTS**
cost				

The medical - therapeutic portion of the studies constitute 50%. This means that for all foundation, further and continuous studies, as well as for students without pre-qualifications, at least 30 ECTS can be accredited from these areas.

2.6 Exam Procedure

<u>Exams during the course of study:</u>

Written or oral tests covering the basic knowledge topics of the lectures.

Practical exams with modular tasks.

<u>Final exam:</u>

The final exam consists of the following sections:

1. practical exam
2. scientific paper

3. presentation or defence of the paper (oral)

The candidate will always be examined by at least two examiners.

Practical Final Exam:

Creating and executing a conductive daily routine for a group of 5-6 participants, at least four hours in duration. This is followed up by written documentation and a verbal defence of the practical work.

During the exam, the candidate must be able to demonstrate knowledge of all conductive facilitation areas and is able to apply the fundamental theory imparted in the lectures in a conductive context.

3. Overview of the common conductive topic areas

3.1 Fundamentals of Conductive Education

3.1.1 History of Conductive Education

Topic areas	Learning goals
The life and work of A. Petö	Insight into the historical origins up to the present
Development, subsequent development of CE in Hungary, in various European countries and the world	Overview of the subsequent development of the original conductive education concept according to Petö
References to introductory literature on conductive education	List of literature

3.1.2 Introduction to the contents

Topic areas	Learning goals
Explanation of terminology: general: conductive, conductive education, conductive facilitation, .. Structural elements: conductor, group, daily routine, conductive furniture Contents: programmes Goals: Ortho function Methods: facilitation, complexity, continuous rhythmical intention	Understanding and applying this terminology

3.1.3 Philosophy and human profile

Topic areas	Learning goals
Description of the human being at the core of the subject oriented, humanistic, structured, goal oriented pedagogical and therapeutic approach. Anthropological aspects of physical disability. The dignity of people with disabilities. Unprejudiced acceptance of every manifestation of disability. Perception of human beings in the past and in the future. Social sciences: „Damage“, „Defects“, coping strategies. Philosophy: Disability and the essence of humanity. Special pedagogical effects on the consequences of physical disability. Limitations of human existence.	Awareness of and empathy for the philosophical and ethical fundamental attitudes of conductors Ability to describe the anthropological, pedagogical and philosophical aspects of people with disabilities Ability to apply the hermeneutic approach of the anthropological viewpoint Ability to differentiate between the social scientific approach and the philosophical approach. Ability to reflect on the limits of human existence. Ability to name some philosophical and special pedagogical viewpoints.

3.1 Fundamentals of Conductive Education

3.1.4 Conductive Learning Process

Topic areas	Learning goals
The distinguishing features of the conductive development and learning process. The steps of self-direction and strategies of facilitation to the same. - Principle of complexity. - Principle of active learning and of self-motivated action. - Principle of self-responsibility. - Principle of having to act.	Combining the knowledge about learning and the learning process with the specifics of conductive learning. Applying theoretical knowledge of self-motivated action as the goal of practical conductive work. Own willingness to learn on a daily basis.

3.1.4 3.1.5 Theoretical Basis

Topic areas	Learning goals
Relevant theories, (e.g. communication and interactive theories, milieu theories, development and learning theories, play and activity theories, neurophysiologic theories, cognitive theory, etc).	Overview of the traditional and modern theories. Ability to understand and explain conductive education based on these theories. Ability to reflect on one's own conductive work based on these theories.

3.1.5 3.1.6 Conductive Group

Topic areas	Learning goals
Fundamental principles of forming a conductive group. Composition and development of conductive groups. Function of the group for the development and the education of each individual child.	Ability to independently form a conductive group. Using the group for conductive facilitation. Ability to realize the individual goals of each child with the help of inner differentiation. Insight into the structure and function of the conductive group. Insight into the social structure and development of conductive groups. Ability to design tasks suited for children. Ability to develop conductive group identity. Awareness of the influence group work can have on individual personalities.

3.1.7 Conductor

Topic areas	Learning goals
Professional image of conductors: competencies, limitations, cooperation Information about various educational avenues in different countries. The conductor team, the multiprofessional team: differences, problems, opportunities, suitable personality types, professional image, functions and tasks, organisation of and leading a group. Personal leadership qualities. Team and team qualities.	A trained conductor should be able to conductively lead a group **a) personal competencies** - Fundamental positive attitude - Ability to be actively and passively critical - willingness to learn - Able to work in a team - Ability to conduct a dialogue, and to communicate - Ability to anticipate - Authenticity - Ability to motivate - Ability to work on various personality levels, namely: social-emotional, mental and physical, as well as on a meta level to develop the goal of self direction. **b) special competencies:** - Create individual goals and facilitation methods on a practical, day-to-day level in the following areas: movement, language, pedagogy, cognition, psycho-social-emotional and ADL. - Defining group goals. - Defining and implementing conductive programmes. - Leading groups in the conductive sense. - Conductive documentation. - Understanding diagnostic findings - Development diagnostics. - Working with parents. - Providing learning aids. Using all facilitation possibilities .

3.1.6 3.1.8 Conductive Daily Routine

Topic areas	Learning goals
Creating a daily routine around content, room design, instruments and available staff. Splitting the programme into the various topics. Daily routines according to the type and degree of disability and the age group. Designing and creating a programme.	Independent planning, organisation, design and implementation of an adequate conductive daily routine. A qualified conductor should be able to work conductively throughout the entire daily routine. For this he or she will need, among other things, medical, therapeutic and pedagogical-psychological competencies.

3.1.7 3.1.9 Conductive Observation

Topic areas	Learning goals
Complexity of conductive observation. Differentiation to other types of diagnosis. Conductive observation as a requirement for conductive documentation and continuous goal evaluation. Quantitative and qualitative parameters. Clinical observation of the entire personality in cooperation with a doctor / psychologist. Respect for intimacy and personal dignity. Data protection and professional discretion. How observation depends on prior information, sympathy and antipathy.	Consistent and complex observation of individual children/clients within a group. Definition of new learning goals by means of consistent observation of the group. Creating exact, therapeutic and pedagogical reports. Applying conductive observation to prepare anamnesis and status reports. Ability to observe a person in every aspect, to recognize difficulties, abilities and to draw the necessary conclusions with regard to the facilitation process. Awareness of the problem of professional discretion and intimacy. Awareness of the limitations of observation.

3.1.8 3.1.10 Continuous rhythmic intention

Topic areas	Learning goals
Applying voice and speech Functions of continuous rhythmic intention: neurophysiologic, pedagogical fundamentals – consequences - phases. Auto directive movement formulas, differences - for different age groups - for different types of disability and degrees of severity - goals for movement and action Rhymes and songs.	Conscious use of voice and speech. Possibilities of differentiation. Designing and applying different movement formulas. Conscious composition of the acoustic environment during interaction with a child and / or a homogenous and heterogeneous group.

3.1.9 3.1.11 Conductive Equipment and Room Layout

Topic areas	Learning goals
Conductive furniture and equipment : multifunctional usage, Procurement, technical details. Employment and application, evaluation of efficiency with respect to the various individual and group goals Aids for locomotion. Room design, room size Room setup, function and ambience.	Implementation and use of conductive furniture and equipment in practice. Ability to design and furnish a conductive group room independently. Understanding order, room layout and safety Creativity when improvising.

3.1.12 Conductive Documentation

Topic areas	Learning goals
Forms of conductive documentation (incl. Photo, video, ..) Parameters of conductive documentation (incl. the documented time period) Target groups for reports Appropriate language / expressions Quality and quantity parameters Extensive planning Documentation as an instrument of quality, quality development and quality assurance	Creating a written, scientifically based, but generally understandable documentation that encompasses the whole personality ; containing progress and changes Being able to handle photo and video documentation responsibly Photo and video documentation

3.1.10 3.1.13 Differing Requirements

Topic areas	Learning goals
Various facilities, types of organisation and possibilities of conductive education with respect to duration, group size, frequency, target groups, one to one facilitation -- group work Dealing with other professional groups and institutions	Adapting the CE principle to different work environments for people with disabilities. Awareness of the various possibilities at different venues and institutions.
Opportunities and limitations of implementing CE in “non-conductive” facilities	Ability to build a CE group as a whole day concept.
Conductive education in an institution, as part of a parent initiative, in a private setting. CE as a whole day concept. CE as alternative concepts.	Ability to build a CE group as an afternoon concept. Knowledge about the aims of the parent school, parent-child group, rooming group.

3.2 Basics of Educational Science

3.2.1 Selected Theories

Topic areas	Learning goals
cognitive learning theories Learning through construction and instruction (self regulated, situative, problem oriented, social)	Knowledge of theory underpinning CE and forming the basis of the practical work

3.2.2 National Systems of (Re) Habilitation / national special education system

Topic areas	Learning goals
Introduction to the national (Re-) Habilitation facilities: medical – pedagogical – social alternative Rehabilitation systems for ill and disabled people. Services, institutions, financing	Knowledge of the existing institutions and facilities as contacts for cooperation, special education, and further measures as well as missing facilities, if any

3.2.3 Pedagogy of play

Topic areas	Learning goals
Characteristics, features and classification of play (incl. Object oriented play and role play). Theories of play. Development of play, meaning of play in various stages of developmental phases Requirements for free play Planning, structure and design of concrete play situations Adaptation of play equipment	Recognize mechanisms and goals of play in the different stages of development . Knowledge of play activities and play intervention. Knowledge and practical design in one to one and group situations . Knoweldge of play equipment and play possibilities. Gaining diagnostic competence .

3.3 Basics of Psychology

3.3.1 Pedagogical Psychology

Topic areas	Learning goals
Introduction to pedagogical psychology as distinguished from general psychology , Fundamentals of delivering lessons. Insight into diagnostics .	Applying the basic knowledge in practice with children and teenagers . Awareness of the problems of educational diagnostics and styles of education

3.3.2 Development psychology including sensomotoric development and possible functional disorders.

Topic areas	Learning goals
Development in early childhood: sensomotoric development, development of perception; development of clutching; development of walking; bonding behaviour; self awareness and empathy, Sexual role identity; emotional development *Cognitive development, speech development, speech development disorders*	Gaining a basic knowledge of specific facilitiation in all areas of CE. Evaluating the developmental stage of children / people in all areas in order to prepare the next step of their development
Handlungsorganisation: Handlung und Intention; Handlung auf verschiedenen Regulationsebenen	

3.3.3 Neuropsychology

Topic areas	Learning goals
Introduction to neuropsychological models and concepts; Neuropsychological diiagnostics, assessment, treatment; Clinical studies . Neuropsychological theories (attention, memory, planning and control function, language and social behaviour); Dynamic functional localisation (Luria); Brain plasticity, forming of the synapses Limitations of brain research.	Theoretical understanding of the potentials and learning processes in a damaged brain. Introduction to the basics of modern brain research. Understanding diagnostic reports; planning educational measures and care together in a team with psychologists.

3.4 Medical and therapeutic basics

3.4.1 Functional anatomy and physiology of the locomotor system

Topic areas	Learning goals
Anatomy of the movement apparatus, bones, muscles, connective tissue Basics of histology. How muscle groups work together, levels of movement and movement axes Movement extension, scope, types of muscle work . Influence of gravity , Physical force (friction, resistance).	Practice relevant knowledge of the anatomy of the movement apparatus as the foundation for observing movement and analyzing movement

3.4.2 Functional anatomy and physiology of the sensory organs

Topic areas	Learning goals
principal function of the sensory organs adequate stimulus, leading conversions structure and function of the eye ear, organs of equilibrium skin	Knowledge of the structure and function of the sensory organs.
Visual, auditive, gustative, tactile, proprioceptive und vestibular perception, e.g. orientation in space	Insight into the functional and physiological events in individual sensory organs, as far as these are relevant for the understanding of the most important disorders. Understanding of multi sensorial work
Disorders of the various sensory organs and their effects.	Knowledge about the most important disorders of senses which appear at the CP child and their relevance for therapy

3.4.3 Functional anatomy and physiology of the speech apparatus

Topic areas	Learning goals
Introduction to the anatomical fundamentals of voice and speech organs; Central functions and speech disorders development of the functions of the mouth, significance of eating for the development of the disabled child . Disorders of the mouth function and their treatment ; orale reflexes, sensitivity, biting and choking reflexes . Mouth and eating therapy development of speech. Disorders of speech development and their treatment . Introduction to the orofacial stimulation according to Castillo Morales. Areas of responsibility of conductors, ergo and speech therapists , Providing equipment to facilitate speech and to initiate speech; Means of communication.	Knowledge of the structure and function of the speech apparatus as the basics for: - selective mouth- and eating therapy in the group – practical implementation - individual speech initiation and speech training as well as the setting up of speech programs within the CE group

3.4.4 Theory of movement, analysis of movement, movement status

Topic areas	Learning goals
Posture control; Normal development of movement. Status of movement . Movement analysis. Movement control incl. proprioceptive control. Movement training. Movement observation. Biomechanical principles. Training observation of movement and imitation. Handling. Modular series of tasks.	Analyse movement sequences by means of consistent conductive observation with respect to : - Motor goals - Structure and planning of individual motor and - group emphasis programmes.

3.4.5 Neuroanatomy and Neurophysiology

Topic areas	Learning goals
Overview of the central and peripheral nervous system And its structure (brain, spinal cord, brain and spinal nerves). Terminology of position and direction using the brain and spinal cord as examples	Overview of the structure and physiological processes of the central and peripheral nervous systems Ability to define position and direction
Basic terminology and basic structure of the nervous system (neuron, synapses, etc.). Brief explanation of the formation of the brain and the spinal cord and their subsequent development .	See 1. above Insight into the significance of embryonic development of the brain.
Structure and function of the brain (brain stem, FR, cerebellum, thalamus, hypothalamus, epi and sub-thalamus, basal ganglia, limbic system, cerebrum, the brain's supply system, brain nerves); Structure and task of the RM (spinal reflexes, rising and falling channel system).	See 1. above Fundamentals of neuroanatomy and neurophysiology, in order to understand pathological events and conditions of diseases, injuries and disabilities.
Visceral nervous system; Vegetative NS, Parasympathicus, Sympathicus.	Overview of the function of the visceral nervous system and its significance; the effects and changes in the case of disabilities.
Neurological examinations, apparative examinations (EEG, EMG, Echoencephalography, CT, MR)	Insight into clinical testing processes.
	Neurophysiology and neuropsychological basics of sensomotoric learning and the specific learning needs of people with ICP and perception disorders.

3.4.6 Neuropathology, clinical pathology, symptomology

Topic areas	Learning goals
Pathology of infantile cerebral palsy; Associated functional disorders of CP. Congenital, acquired disorders Various types of CP – classification, common causes, localisation in the brain, pathological reflexes and everyday movement patterns.	Fundamental knowledge of the neuropatho-physiologic processes, their characteristics, causes and interaction. Recognizing different pathological reflexes. Development of counter strategies as a basis for designing motor-programmes. Knowledge of diagnostic measures, classification of the significance for conductive diagnosis and intervention.

3.4.7 Orthopaedics

Topic areas	Learning goals
Typical orthopaedic disorders in people with CP, their prevention, treatment (conservative and operative). Introduction to reading and interpreting X-ray photos; Diagnosis and clinical manifestation; Spinal deformities; Foot deformities; (Sub-) luxation in the hip joint; contractions in other joints; Botulinum therapy; Operations (possibilities, indications, contraindications); OP pre and post treatment; Future perspectives after the OP; Orthopaedic shoes, splints and provision of orthoses. Insight into orthopaedic diagnosis and treatment methods (conservative and operative). Becoming familiar with general examination methods (Orthopaedic anamnesis, clinical examination such as inspection, palpation, neutral-null method measurement).	Recognizing spinal, joint and foot deformities in order to plan therapy and positioning. Introduction to and implementation of the appropriate conductive consequences; practical implementation of therapy in the group before and after operations and to prevent fixed position defects. . Ability to independently recommend orthopaedic aids (shoes, splints, ortheses)

3.4.8 Various areas of therapy and therapy methods

Topic areas	Learning goals
Introduction to the various different neurophysiologic treatments relevant to cerebral palsy. Application and use of the above methods for various disorders.	Knowledge of neurophysiologic treatments for CP. Basic knowledge of their application and knowing how to use these in conductive education.

3.5 Basics of age specific methodology and didactics

3.5.1 Infants, toddlers

Topic areas	Learning goals
Anamnesis and initial status for infants, medical diagnosis, Medication and recommendations by other experts for the child with central movement disorders. Forming a parent-child group. Fundamental pedagogical principles of parent-child groups. Parent work, parent discussions (consulting, advice, support). Planning content and time frame. Equipment and furniture. Task series and programmes; Home programme, one to one facilitation, ADL for babies, games, toys, motivation, baby massage.	Gaining fundamental knowledge for conductive work with infants and parent school groups with small children and their parents; Recognizing special individual education needs at individual personality levels. Ability to design individual conductive facilitation programmes and to discuss these with the respective parents. Being able to and prepared to understand medical diagnosis reports and medical instructions and to work together with other specialists.

3.5.2 Children between 3-5

Topic areas	Learning goals
Age specific aspects of educational and facilitation areas - perception and movement - language and cognition - socio-emotional and social - emphasis on practical conductive education Planning content and schedule, motivational aids, task sequences and programmes, forming a conductive kindergarten group .	Knowledge of the educational areas and their methods, age appropriate delivery . Knowledge of conductive goals and principles, systematic structuring of conductive measures. Ability to design and deliver conductive one to one and group programmes . Ability to form a conductive kindergarten group, to equip it and to work in a conductive team .

3.5.3 School age

Topic areas	Learning goals
Educational topics: - perception and movement, - language and cognition, - socio-emotional and social, - practical educational topics based on the conductive concept. structuring a curriculum; education and facilitation tasks across the	Knowledge of the curriculum and how it is structured Knoweldge of some cross-subject educational and facilitation tasks. Knowledge of some of the contents of the subjects in the curriculum. Ability to deliver the content using special pedagogical teaching methods. Ability to plan lessons in collaboration with

subjects ; Specific content taken from the specialist areas and curriculum; practical training for daily life (toilet, getting dressed and undressed); Motivation aids; Planning content and schedule, Task sequences and programmes, Age appropriate design of a daily routine. Froming a conductive school class .	special school teachers. Knowledge of methods, techniques and processes of lesson planning. Ability to form a conductive school class . Ability to create a conductive (development) age-appropriate daily routine and to work in a conductive team.

3.5.4 Teenagers

Topic areas	Learning goals
Initial status, developing goals with respect to further and continuous education . Coping with disability Education possibilities, work and occupation. Help finding a job, Accommodation for people with disabilities, partnership and sexuality, social and professional integration , dance, creativity, moto-pedagogy, recreational activities, hobbies, sports, motivation . Overview of social and disability systems. Professional discussion. Task sequences and programmes. Wheel chair training.	Ability to gradually lead teenagers and adults with disabilities to independence, self-determination, planning and directing their own lives . The ability to step back as conductor, to allow people with disabilities to take the “lead” as far as possible, but to provide assistance on “request”.

3.5.5 Adults

Topic areas	Learning goals
Psychology of adults with the associated disorders of people with physical disability, self awareness vs how others see them CE relevant aspects of cerebral palsy, head injuries, apoplexy, Parkinson's, multiple sclerosis and their causes, pathology, symptoms, localisation and other therapies. Special conductive diagnosis for the above clients with respect to the following aspects: movement status, psychological changes, vigilance disorders, cerebral sight disorders, attention disorders, memory and problem solving disorders, perception disorders, aesthesia disorders, aphasia and dysarthia, degree of independence, social environment, evaluation of findings, constructing treatment and education goals in collaboration with the physician and other specialists. Methodical construction of education programmes for adults: e.g. action oriented, instructive, lecturing, questioning, reflecting. Daily routine, creating a programme, self-sufficiency and self help training for adults: besides the lying, standing, sitting and hand programme also compensation training, bimanual training, graphomotor and functional training ; Making sense of achievement possible, neuropsychological training. Deciding for or against one to one or group programmes. The physically handicapped adult in his or her social environment: family relations, setting up a support network, friends, establishing hobbies, professional socialization; problems of ageing: thinking, hearing, memory, osteoporosis.	Understanding and knowledge of the psychological and sociological situation of the physically handicapped adult. Overview of the specific neuro-pathological and status conditions in respect of conductive education. Understanding of conductive findings for adults with neurological disease or disabilities, Understanding and applying special tests to assess the pathological condition. Interrelate and evaluate the findings to create a daily conductive programme Understanding methodical procedure for adults, age appropriacy, knowledge of special educatin and therapy equipments, play and work equipment. Knowledge of conductive treatments and education for the above clients: Planning a daily programme, constructing programme units to improve motor, perception, cognitive, social and psychological abilites and independence. Ability to vary and diversify the education programme, to decide on the basis of the group or individual needs. Ability to acknowledge the necessity of a closed social network around the physically handicapped adult as a requirement for leading an independent life, knowing how to deliver the above skills and to integrate these into the conductive education process as a key feature of conductive autonomy training

3.6 Practice and practical training

3.6.1 Comparison of the various practices

	Units	Hours	Age groups
A	900	675	At least 2 age groups 0-1 years, only therapists
D	636+800	477+600 =1077	All age groups 0-3 years, only therapists
No	1200	900	3 age groups from 1 year onwards
UK	1267	950	Decision after the first training year about distribution of children and adults

Minimum practical training hours:

625 Std. = 25 ECTS for students with pre-qualifications
950 Std. = 38 ECTS for students without pre-qualifications

Practice done abroad will be accredited if carried out at a validated venue.

3.6.2 Goals of the practical training

The students are required to independently carry out conductive work of increasing complexity and responsibility in the various training areas.

Fundamental requirements:

- willingness to learn
- open mindedness
- ability to work in a team
- self reflection, able to critically assess performance

Students acquire practical skills and abilities in the following areas in 3 consecutive, modular study sections:

- ADL (Activities of Daily Life)
- Daily structure and programme
- Finding, goal definition, observation and documentation
- Social competencies
- Professionalism and organisation

	ADL	Daily structure and programme	Findings, goal definitions, observation and documentation	Social competencies	Professionalism and organisation
Section 1	Implements *one* ADL situation for *one* child / teenager in the group as co-conductor.	Works as *Co-Conductor* in the group. Feels at home in the daily structure and has exact knowledge of the individual elements of the routine and the programme . Demonstrates exact knowledge of the individual goals of the children *assigned* to him or her. Knows all forms of facilitation including continuous rhythmic intention with respect to the assigned children and can implement these.	Observes the children *assigned* to him or her. Observes *one* child in all areas and is able to keep an appropriate record of the observations (related documentation). Observes the group during a sequence of the daily routine.	Actively participates in the group activities. Demonstrates age appropriate behaviour towards children / teenagers / adults, makes contact in an appropriate manner and maintains this *in the group..* Participates as an observer in all forms of parent/relative work. Participates as an observer in the teamwork.	Listens actively and observes all organisational processes. Applies the regulations he or she has learned concerning hygiene and safety standards for social institutions. Assists with organisational preparation, implementation, and documentation of the parent/relative work. Understands the importance of teamwork and observes team processes.

	ADL	Daily structure and programme	Observation, goals, documentation	Social competencies	Professionalism and organisation
Section 2	Constructs ADL programmes for *one child/teenager* in *all areas* and carries these out, can differentiate in theory and practice between therapeutic and functional execution. Executes a *predefined* ADL programme with *a group* in all areas.	*Leads* a *predefined group programme* in all areas under supervision. Independently integrates pedagogical aspects into the daily routine (preparation and execution). Knows about the concrete facilitation of every group member and confidently applies this with 3-4 children/ clients.	Assists with the individual findings of a child/client in all areas and forms. Observes and documents the realization of the individual goals within the group.	Can describe the social processes taking place in the group verbally and in written form. Facilitates age appropriate interaction between the children/teenagers/adults in *small programme units.* Actively participates in all forms of parent/relative work. Keeps in touch with the parents/relatives of *an assigned child/teenager/adult.* Actively participates in teamwork and interacts with other members of the team.	Takes over first organisational planning task for *one part of the programme (e.g. an outing) and one child (e.g. financial aid application).* Prepares the organisation for the parents/relatives of *one child under supervision*, carries this out under supervision and documents it. Plans staff rotors for different daily sequences/understands role reversal og programme leaders and co-conductors. Participates in the staff rotor planning.

	ADL	Daily structure and programme	Observation, goals, documentation	Social competencies	Professionalism and organisation
Section 3	Independently creates *all ADL areas* for a *Group*, executes these and documents them.	Independently constructs group structures for the respective service. Indpendently constructs programmes in all areas. Knows about the individual facilitation of the whole group and can apply this in practice.	Conducts findings independently and if necessary organizes additional tests. Carries out documentation and goal definition in all areas independently.	Can *actively facilitate and lead social processes in the group.* Facilitates age appropriate interaction for all *group processes*. Independently reflects parent work processes and can set appropriate action. Acts as a full-fledged member of the team.	Takes over organisational planning *for the programmes in the weekly and monthly schedule.* Organisationally prepares parents/relative work *for 5-6 children/clients under supervision* and executes and documents this under supervision. Plans the staff rotor for the entire day. Constantly practices role reversal of programme leaders and co-conductors. Plans the staffing in the group.

Comments:
Type of service: includes afternoon group, annual group, blocks and also community practice
Facilitation: includes continuous rhythmic intention.

3.6.3 Criteria for trainee internship placement

Trainee internship placements for the study programme must conform to the defined quality requirements and fulfil the defined criteria with regard to group size, daily programme, children/clients, co-workers, supervision, documentation and access to medical services.

Accreditation of a trainee internship position at a training facility must be in the form of a contract. An inspection of the groups must precede this. Students must be directed by tutors during their practical training.

Group size: the group size must always be stipulated.

Duration of the group: ideally, the following times:

- parent school: 1.5 – 2 hours
- Kindergarten: min. 4 hours
- School: min. 5 hours

All for at least 12 weeks per year.

Daily schedule: conductive programme;
Children/clients: mainly with motor disabilities
Staff: at least one conductor per group, regardless of the group size
Supervision / expert tutoring:

1) Conductive group leader is supervised in his or her position as teacher
2) Regular supervision (expert tutoring) of the group

Team meetings: min. 1x week
Documentation: the group goals and programmes are in written form, continuous documentation, detailed documentation 1-2x/year
Additional services: access to medical services according to the health system of the respective country must be available
Number of trainees per group: depending on the size of the group, 1-3 students

4. Appendix

4.1 Adresses and contacts

Homepage of the EU project: www.conductive-training.com
Email: info@conductive-training.com

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4.2 Literature

You will find an international list of literature on the topic of Conductive Education at the following site:

www.conductive-education.org.uk/html/library_additions/biblio.html

The literature list can be downloaded as a word document or in pdf format using Acrobat Reader.

If you have any questions, please contact :

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gill@conductive-education.org.uk

4.3 Training internship placement

You can find training internship openings as well as an application document at: www.conductive-training.com