THE EFFORT OF EARLY DETECTION FOR SPECIAL NEED CHILDREN IN PREPARING EDUCATION FOR CHILDREN

Dra. Alif Muarifah, M.Si., Ph.D[1], Muya Barida, M.Pd[2], Agus Supriyanto, M.Pd[3]
Universitas Ahmad Dahlan, Yogyakarta
Email: alif_muarifah@yahoo.co.id[1], moza_barid@yahoo.com[2], agussupriyantospd@gmail.com[3]

Abstract

Special needs children require special education to help optimize their potential. Potential can be developed through education. One of the factors that affect the success of education through which the child is the child's ability. For children with special needs is necessary given the education to improve potential optimally, according to the type of specialization. The type of children with special needs are varied, among others blind, deaf, quadriplegic, unsociable, mental retardation, gifted, specific learning disabilities, slow learner, and autism. Therefore, early detection is necessary so that proper education can be prepared. Early detection can be done by analyzing the child in terms of cognitive, behavioral, a motor, language, social and emotional. Detection can be done by using the test and non-test technique. Non-test technique that can be applied, among others, by analyzing the characteristics of the type of special needs children. In addition, the standardized test instrument can be used for the detection of early, among others by use Griffiths test, DDST II , and CBM.

Keywords: Early detection, Special needs children, education

1. Introduction

Education has a provision for individual to achieve the dignity of a better life. Education is a conscious and deliberated effort to create an atmosphere of learning and the learning process so that the learners are actively developing the potential for him to have the spiritual power of religion, self-control, personality, intelligence, character, and skills needed him, society, nation, and state (Undang-Undang No. 20 Tahun 2003). Based on these definitions, education has a purpose in accordance with the ideology of a country.

Undang-Undang No. 20 Tahun 2003 on Sistem Pendidikan Nasional has been mentioned goals of national education in Indonesia, namely developing student's potentials to become a man of faith and fear of God Almighty, noble, healthy, knowledgeable, skilled, creative, independent, and become citizens well. The purpose of this study can be viewed as a holistic component of individual self, which includes the realm of affective, cognitive and psychomotor. The realm of affection, learners become a man of faith and fear of God Almighty, noble, and become good citizens. The realm of cognition, learners become a man healthy, knowledgeable and creative. Psychomotor, learners become proficient and independent human beings.

Act above in accordance with Peraturan Pemerintah No. 19 Tahun 2005 on Standar Nasional Pendidikan Pasal 26 that the purpose of education at the primary level which laid the foundation of intelligence, knowledge, personality, character, skills for independent living, and to follow further education. The purpose of education at the secondary education level not only laid the foundation but to improve intelligence, knowledge, personality, character, skills for independent living, and to follow further education. While the purpose of education at the level of higher education is to prepare students to be members of the public morality, are knowledgeable, skilled, independent, able to discover, develop, and implement science, technology, and art that benefit humanity. Based on the purpose of this study concluded that there characteristic features of each goal for each level of education, which is for primary education only laid the foundation of a competence, secondary education to increase competency, and higher education to prepare members of society.

The above explanation implies learners to achieve more complex demands of primary education, secondary education, to higher education. In addition to education, it should be noted paths and levels of education. Pidarta (2009) convey educational institutions in Indonesia generally consists of three parts, namely (1) Educational formal channels, covering of the pre-school, primary education institution that is elementary and junior high schools, secondary educational institutions, namely SMA and SMK, and agencies higher education. Formal channels are oriented on developing fully human Indonesia; (2) non-formal education path; and (3) Education through informal channels to families and communities. Educational track non-formal and informal oriented affective and psychomotor development and cognition as a support element.

The purpose of education outlined above indicates a learning task that must be achieved by

learners or children. The task of learning or developmental task is a series of tasks both biological (physical maturity), social (norms and expectations), and personal (the needs and aspirations) that must be completed individually in phases or periods exceeding certain life (Havighurst in Steinberg, et .al., 2010). Learning task will be achieved optimally if the students through, levels and types of education in accordance with the age of development.

Characterized developmental age of a child's growth state in a period or periods. Viramitha (2016) explains the meaning of growing increase in size, a number of cells and the intercellular tissue or increase in the size of the physical (body structure), the quantitative nature, while the developing means increasing the ability of the structure and function of the body structure is more complex, qualitative nature. Normality growth and development of individuals determine the success of the learning task.

Questions about normal or not a child are very reasonable emerged from the minds of parents and / or educators. Children who are not "normal" is known in the community as children with disabilities, children with the disorder and the term more commonly is a child with special needs. Special need of children is children who have a disability or a combination of disabilities that makes learning difficult, or other activities. Special-needs children include those who have: (1) Mental Retardation, the which causes them to develop more slowly than other children; (2) Speech and Language Impairment, such as a problem expressing Themselves or understanding others; (3) Physical Disability, such as vision problems, cerebral palsy, or other conditions; (4) Learning Disabilities, the which distort messages from their senses; and (5) Emotional Disabilities, such as antisocial or other behavioral problems (Jamaica Association for the Deaf, 2015).

Some questions that reflect the concerns of parents who often arise include the child does not like a healthy child, a bad experience at a previous child who can have an impact, and the possible presence of risk factors (Viramitha, 2016). These risk factors may occur during pregnancy, childbirth, or after the child is born. These risk factors need attention from all parties, especially educators and parents to make early detection so it is not wrong in doing stimulation or intervention for children, especially if another special need.

American research shows that 18.5% of American Children under 18 are special needs students. That does not mean they are not smart, talented, or capable. Just that they have specific challenges that a "normal" student would not face (http://www.masters-in-special-education.com).
This figure shows that children with special needs are very big in America, and this finding is a concern the government for the early detection of children with special needs.

Sukbunpant, et.al (2004) describe that Thailand, even though it does not have a special law for early detection, the public health policy Also include in Thai government. The Ministry of Health is the national organization responsible for these. According to the government policy, milk and necessities are provided for all young children in order to prevent those children from growing up healthily. The campaign of dropping vaccine for against poliomyelitis to children from 0-6 years was promoted two times a year. When the woman was pregnant, a blood test for AIDS and other disease were taken Including a medical checking pregnant during the period. Moreover, that woman will receive a handbook for taking care herself and her baby. In that book, information about how to promote and notice a child's development Including food and other activities also provided. When a child was born, the blood test for thyroid hormone to Prevent the mentally retard was checked. If there was a problem, a mail was sent to the parent in 7 days. From birth to six years every child has to receive a basic vaccine against the disease such as poliomyelitis. Whenever a child was born with a disability, he / she was Referred to the early intervention unit in the hospital in order to lessen the impact of the condition on the child's development. Also, Parent received the advice from the specialist. It shows the concern the Thai government on the development of children of married couples to have children 6 years of age.

Special needs children have special needs also in education. In Europe, recent estimates place the number of children with special educational needs at 15 million (European Commission, 2013). Children with a special education need frequently leave school with few qualifications and are much more likely to become unemployed or economically inactive. In addition to these concerns, the parents of children with a special education need experience high levels of stress. If they are not adequately supported, not only will the development of the child suffer, but the family unit as a whole can be placed under Considerable strain.

Research has also been carried out in China. According to the Chinese Ministry of Education at the end of 2010, there were 425. 613 Whose students need special education across the country (in Huang, 2012). Families of children with special needs have a more mature preparation to deal with children. There are three ideas to keep in

mind when working with Chinese families with children with special needs in China: (1) Chinese parents face social pressure due to having children with disabilities; (2) Chinese parents face financial stress in rearing children with special need; and (3) special Chinese education and its support and networks are in the development stage.

Based on some of the above explanation, early detection will affect the readiness of parents to face the situation of children with special needs. If detection is not done early, the treatment of children with special needs may be too late to be influential in the development of life. According to Tekinarslan & Kucuker (2015), that the children with special needs have the risk of loneliness is greater. Children with special needs tend to be able to socialize well in the wider community. This makes them more happy to live in a community that is not too large, for example, a family environment.

Mensah & Shayar (2016) identify that early identification of at-risk factors for disabilities was ignored and there is minimal or no collaboration in the assessment procedures for learners. This has an adverse effect on the cognitive attainment and social or behavioral development on the child. A child can not develop cognitive abilities optimally. In addition, social and behavioral development are also affected.

The National Early Childhood Technical Assistance Center (2011) describe that positive early experiences are essential Prerequisites for later success in school, the workplace, and the community. Services to young children who have or are at risk for developmental delays have been shown to positively impact outcomes across developmental domains, Including health, language and communication, cognitive development and social / emotional development. Families benefit from early intervention by being Able to better their children's special needs from an early age and throughout their lives. Benefits to society include reducing the economic burden through a decreased need for special education.

The National Research Council (in Mereoiu et. al., 2015) commented on the critical importance of teacher's ability to detect early signs of special needs children with ASD children specifically so children could benefit from early intervention. Besides that, on the need for teachers to use approaches that are specifically effective for children. Parties relating to children can prepare themselves to provide all the things that can help a child to develop according to their abilities.

Furthermore, to benefit a great teacher. Teachers will have ability and success in modifying activities and Contexts in such a way that they Facilitate the development of young children with special needs (Biamba, 2016). Teachers are able to provide facilities to support the success of the child in accordance with the special kind.

Based on the above, so early detection is necessary because it can affect the lives of their own children, their families, and society. Unfortunately, there are still many Indonesian parents who do not pay attention to the importance of early detection to their children. According to information from the Ministry of Women's Empowerment and Child Protection, Lalboe (in InfoPublik, 2015) that children with special needs in Indonesia as many as 532, 13 thousand people (0.63%) of all Indonesian children. This number is still far short of the yarn assumed by the United Nations, which is about 10% of all school-age children bear special needs, or about 4.2 million children with special needs (Head of Population and Family Planning Agency BKKBN, Jalal in Muhammad 2013) ,

Early detection should be done so that we can proceed to an appropriate treatment, especially in terms of education for children. Through proper education, the potential child can develop more optimal. Eskay et. al (2012) describe that to provide an adequate education for all learners with disabilities so that they may fully play their roles in the development of the nation. Early detection can be done by using the test and non-test during pregnancy, at birth, and after the child is born.

2. Discussion

2.1 Type Children with Special Needs

Special needs children are individuals with special needs children is different from other "normal". Different conditions are often called the disorder. In accordance with the opinion of Havighurst, then the "normal" can be seen in terms of biological, social, and personal. Efendi (2006) also stated categories of children who have the disorder can be seen in terms of physical, mental, and social. The physical aspects include the visually impaired (tunanetra), deaf (tunarungu), tunawicara, and quadriplegic (tunadaksa). The mental aspects include gifted and mentally retarded. The social aspect includes tunalaras. Blind People is an abnormality in the sense of sight or eye organ so that children are not able to see objects in the vicinity. Deaf is an abnormality in the sensory organ of hearing or ear so that the child is not at all able to hear or slightly hear the noise

around him. Tunawicara is abnormalities in sensory pronunciation so that the child can not produce words. Quadriplegic is the inability of the child to move because they do not have one of the organs of motion, for example, a hand. Tunagrahita is circumstances indicate mental subnormal intelligence. Tunalaras is the inability of the child in the adjustment of social behavior so as not adaptive.

Handojo (2003) adds the type of special needs children are the most severe and most common is infantile autism, Asperger syndrome, attention deficit (hyperactive) disorder or AD (H) D, speech delay, dyslexia, and dyspraxia. Infantile Autism is a disorder in children as if it had a life of its own. Asperger syndrome refers to disorders such as infantile autism, the child has difficulty in social interactions but good enough to communicate. Gelfand & Drew assume that Asperger's disorder is characterized by severe impairment in social interaction is accompanied by the emergence of a typical pattern of behavior and activities. AD (H) D is a disorder in which an overactive motor behavior and concentration or concentration disorders. Speech delay is the delay in producing the child's words. Dyslexia is a developmental disorder of language. Dyspraxia is a disorder in the coordination of movement.

Furthermore, the grouping of children with special needs has been delivered Direktorat Pembinaan Sekolah Luar Biasa dan Direktorat Jenderal Manajemen Pendidikan Dasar dan Menengah Departemen Pendidikan Nasional (in Satrio, 2015) includes the blind, deaf, retarded (Down syndrome), mild mental retardation (IQ = 50-70), moderate mental retardation (IQ = 25-50), severe mental retardation (IQ below 25), talented or potential special talent (multiple intelligences: language, logic mathematic, visual-spacial, bodily-kinesthetic, musical, interpersonal, intrapersonal, natural, spiritual), learning difficulties (hyperactive, ADD / ADHD, dyslexia / disordered read, dysgraphia / write disorders, dyscalculia / arithmetic disorder, dysphasia / speech disorder, dyspraxia / motor disorders), slow learning (IQ = 70-90), autism , victims of drug abuse, and indigo. Down syndrome is a genetic disorder that is formed trisomy of chromosome structure, causing mental retardation (Supraktinya, 1995). IDEA (in Gelfand & Drew, 2003) define Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects educational performance.

2.2 Early Detection Technique for Children with Special Needs

The benefits of early detection are widely recognized identifying a need at the earliest point and then making effective provision improve long-term outcomes for the child or young persons. So, identifying children and young people who are struggling is vitally important with early identification, we can the make sure that children and young people get early intervention.

Early detection efforts require collaboration with several professional. According to Phillips (1997) in many cases, identification of special education need will be a matter of professional judgment roommates complex may have begun before the child was born; Several local authorities have a comprehensive, assessment system. Soon after birth, there is a medically based assessment in hospital. This will be particularly subject to thorough if any adverse signs have been noted at prenatal examinations. Babies showing particular conditions, Down's Syndrome, for example, will be referred to a child development center or be visited by a senior medical officer and specialist health visitor. They will examine the baby and outline an intervention program, often involving other professionals, such as physiotherapists. Thus Spake the beginning of this early assessment process is a medical doctor, pediatrician, specialist health visitor. At 3-6 months parents take their babies to the child development center for further assessment where they are Likely to be seen, the child interviewed and assessed by various members of a multi-professional team. Possible members of such a team are pediatricians, doctors, specialist health visitors, orthoptists, occupational therapists, speech therapists, educational psychologists, audiologists, dieticians, dentists, social workers, teachers and Portage workers. Emphasis is placed on the need for professionals to work with parents as partners and the contributions the which parents can make an informed and full assessment of their children are widely acknowledged.

Detection is known as an attempt to identify, as early means more beginning. Experts agree that the ideal age for the early detection which is below the age of 2-3 years. Parents, physicians, educators or the parties concerned with a child can see the development of children in terms of cognitive, behavioral, motor, language, social and emotional. These aspects are rarely single stand. The technique used to detect the possibility of children with special needs (ABK) varied.

Buckish (2016) said that to be able to do early detection, parents or other parties should

understand all the circumstances that have the potential to affect the development of fetuses, infants, and children with a good covering of risk factors in fetuses, infants, and children, a genetic disorder , congenital defects, developmental milestones, and early detection tools. The risk factors, for example, premature, low birth weight, infections, mothers who consume alcohol, smoking, and diabetes, as well as maternal age. Genetic disorders such as Down syndrome, Sanfilippo syndrome, fragile X syndrome, and others. Developmental milestones, such as infants age 2 years can not run. In connection with the tools, some experts have also used different instruments to detect the possibility of a child belonging to a type of ABK.

Early detection can be performed by non-test techniques and tests. Non-test is usually done informally, while tests are usually known formally. Reid (2011) states that informal often detection can be the first step in a diagnosis. In many ways, an informal assessment can yield more useful, and more detailed information than formal standardized assessment. One of the powerful points in favor of informal assessment is that it can be seen as dynamic. Yet one can often obtain a lot of information about children, their learning habits, and preferences from informal assessment and some of this information may not be as easily obtained from formal, standardized assessment.

Early detection was applied by Handojo (2003) on children autism, namely (1) Determine indicators autistic behavior in children that can be applied at any age, (2) Apply the CHAT (Checklist for Autism in Toddlers) Screen to look for early symptoms, and very good for ages under 3 years old, and (3) Check List of ICD-10 WHO that can be used to make a conclusive diagnosis.

Autistic behavior in terms of language, relationships with people, relationships with the environment, in response to sensory stimulation / sensory, and behavioral development gap. In terms of languages include: (1) expression was flat, (2) Do not use language / gestures, (3) rarely start the communication, (4) Do not imitate the action / sound, (5) Speak little or no or maybe quite verbal, (6) Repeating words or parroting, (7) Intonation / vocal rhythms are weird, (8) Looks do not understand the meaning of the word, and (9) understand and use words limited. In terms of relationships with people, includes: (1) Not responsive, (2) There is no social smile, (3) not communicating with the eye, (4) The eye contact is limited, (5) Looks cool solo, (6) Do not do the game turn and (7) Using the hands of adults as a tool. In terms of the relationship with the environment, including: (1) Playing repetitive, (2) Anger or do not want changes, (3) Rigid, (4) Shows very interested in one thing and inflexible. In terms of responses to sensory stimulation/sensor, include: (1) In some cases such as deafness, (2) Panic the sounds of squealing, (3) Very sensitive to noise, (4) Play around with light and reflection, (5) plays fingers in front of the eye, (6) Pulling away when touched, (7) It is not like the clothes and certain foods, (8) Interested in patterns/textures/certain odors, (9) Very inactive or hyperactive, (10) Love swirling, banging away, biting ankles, hopping, (11) Hold or odd respond to pain. In terms of gaps behavioral development, including: (1) The ability to be very good or very late on a particular field, (2) Study skills beyond the normal order, (3) Draw in detail but can not buttoning clothes, (4) Clever puzzles but very difficult to follow orders, (5) Walk at the normal age but not communicating, (6) Current parroting the talking but it is difficult to speak of oneself, and (7) One time can do something but not at other times. In cognition, children with autism have normal intelligence level or below normal.

CHAT (Checklist for Autism in Toddlers) Screen is used to detect the possibility of autism in children that can be used for children under 3 years old. Furthermore Checklist of ICD-10-WHO for the possibility of early detection of autism. Through monitoring for indications of autism, CHAT, and ICD-10-WHO, the detection of the possibility of autism more valid.

Tjandra (2014) describes the practical things that can serve as the basis for the early detection for dyslexic children. The description is as follows: (1) It is difficult to distinguish the right and left so it is often difficult to explain directions and read maps, (2) Just remembering the first sentence or the last of a long instruction, (3) Often forget the name of a friend, but can tell the complete what is seen or gone through, (4) like to observe and clever build a lego, (5) Fast tired of the things he likes, but if like it will be the focus of the work, (6) often looks clumsy and drop things in surroundings, (7) When scolded, like do not understand and laughed, (8) Full of curiosity and always ask, (9) It is difficult to read an analog clock, confused which one is bigger or smaller, and which are more or smaller, (10) Very generous and considerate with his friend, (11) Often mispronounce the words, (12) Often upside down and one to write letters or numbers for which he saw as dancing, (13) It is difficult to sort something, and (14) Often viewed in a different way from most people. In cognition, intelligence levels dyslexic children above normal or much above normal.

Furthermore, Choiri & Yusuf (2009) describes some of the characteristics of each type of ABK. These characteristics can serve as the basis for classifying ABK. Characteristics of the blind, among others (1) Less able to see (fuzzy),

was not able to recognize objects at a distance of more than 6m, (2) The difficulties of a small object nearby, (3) Not able to write in a straight line, (4) Often groping and stumbled upon it while walking, (5) the eyeball is black colored dry / flaky dry, (6) Not being able to see, (7) Inflammation great on both eyeballs, and (8) currency hold sway. Characteristics of the Deaf, among others (1) Frequent cocked his head in an effort to listen, (2) Lots of attention to vibration, (3) Late in language development, (4) There are no reaction to sound or voice, (5) Late in language development, (6) Frequent use gestures to communicate, (7) No response when invited to speak, and (8) Speech word is not clear, quality sound odd / monotonous. Characteristics quadriplegic, among others (1) The fingers stiff and can not be grasped, (2) are part of the limb that is not complete / incomplete / smaller than usual, (3) difficulty in movement (not perfect, no bending / uncontrolled , vibrating), (4) There are defects in the limbs, and (5) paralyzed limbs, stiffness, weakness / paralysis.

Further characteristics of mental retardation, among others (1) Barriers intelligence function in general or below average, (2) inability to behave in social / non-adaptive. This obstruction occurs in developmental age until the age of 18 years, (3) Physical appearance is not balanced, for example, the head is too big / small, (4) Unable to take care of themselves according to their age, (5) No / less attention once on the environment, and (6) Coordination movements less (often uncontrolled movements). Characteristics tunalaras, among others (1) Tends defiant, (2) Easy to inflame emotions / emotional / irritability, (3) Often aggressive action, undermine, disrupt, (4) Often acting in violation of the norms of social / moral norms / law, and (5) Tend learning achievement and low motivation, often absent, rarely go to school. Characteristics of gifted, among others: (1) Being able to read at a younger age, more rapidly, and has a vocabulary extensive, (2) Having a curiosity strong, interest is high enough, (3) have the initiative, creative, and original in suggesting ideas, (4) Being able to provide answers or reasons are logical, systematic, and critical, (5) Open to stimuli from the environment, (6) to concentrate in the long term, especially to the task or field interest, (7) Glad to try new things, (8) having the power of abstraction, conceptualization and synthesis of high, has the power of imagination and a strong memory, (9) Glad to intellectual activities and solutions to problems, (10) quickly capture causal relationships, (11) Not easily satisfied on achievements, (12) more great to hang out with older kids his age, and (13) can be mastered quickly the subject matter.

Further characteristics specific to the type of learning disabilities: (a) Dyslexia, among others (1) The difficulty of distinguishing form, (2) ability to understand the content of reading is low, and (3) Often wrong in reading; (b) dysgraphia, among others (1) Very slow in copywriting, (2) Often one writes letters (b and p, p with q, v with u, 2 to 5, 6 to 9, and so on.), (3) Results ugly and illegible writing, (4) It is difficult to write straight on unlined paper, and (5) write a letter to the inverted position (p written q or b); and (c) dyscalculia, among others, (1) It is difficult to distinguish the signs (+, -, x,:, <,>), (2) Hard operate count / number, (3) Often one count consecutively, (4) often one distinguish figures 9 to 6, 17 to 71, 2 to 5, 3 to 8, and so on., and (5) It is difficult to distinguish the shapes of geometry. Characteristics Slow learner, among others (1) average academic achievement is low, (2) Often late completing academic tasks than friends of his age, (3) Comprehension slow to the lesson, and (4) Never grades. Characteristics of autism, among others (1) Experiencing obstacles in language, (2) It is difficult to recognize and respond to emotions with social cues, (3) Rigid and poor expression of feelings, (4) Less own feelings and empathy, (5) often behave outside control and explosiveness, (6) thoroughly experiencing problems in behavior, (7) Lack of understanding of existence itself, (8) Limited in expressing themselves, and (9) Behaving monotonous and difficult to adapt to the environment.

In accordance with the above description, children with special needs have different criteria. Therefore, children need educational programs are also different. To follow the formal education, the first aspect to consider is the psychological state. Early detection can be done by conducting psychological tests. Anastasi (1990) explains that the psychological tests can be used to measure the difference between an individual or a reaction from the same individual at different times. Early detection of children through psychological tests can be seen from the intelligence, emotions, and behavior. Psychologists agree that intelligence is crucial children classified as grade ABK by looking at a child's IQ, including whether IQ is average, below average, or above average. Intelligence tests commonly used in Indonesia for example by testing the Stanford-Binet and Wechsler Scales, which can be applied at school age.

Subsequent developments that intelligence can be measured at an earlier age, ie under 2 years through tests Griffiths. Hogrefe (2016) described the test Griffiths or the Griffiths Mental Development Scales (GMDS) measures five areas of development for the 0-2 age group as follows: (1) Locomotor, assesses gross motors skills Including the ability to balance and to coordinate

and control movement; (2) Personal-Social, measures the developing abilities that Contribute to independence and social development; (3) Hearing and Language, assesses the hearing (in the sense of active listening), receptive language and expressive language; (4) Eye and Hand Coordination, focuses on fine motors skills, manual dexterity, and visual monitoring skills; and (5) Performance, draws on the developing ability to reason through performance tests. Griffiths test is still limited in use in Indonesia.

These tests are often used to measure the domains of cognitive function (Marnat, 2010) include: (a) The Sphere of Attention, among others, (1) Arithmetic, (2) Digit Span, (3) Letter-Number Sequencing, (4) Trail Making, and (5) the Stroop Color Word Test; (b) Language, among others (1) Comprehension, (2) Information, (3) Aphasia Screening Test, (4) Boston Naming, and (5) Controlled Oral Word Association Test; (c) The memory, among others (1) Digit Symbol / Coding, (2) Wechsler Memory Scale, (3) Rey Auditory Verbal Learning Test, (4) Bender Gestalt (recall), and (5) Rey-Osterrieth (recall) ; (d) The Spatial, among others (1) Block Design, (2) Picture Concepts, (3) Matrix Reasoning, (4) Picture Completion, (5) Bender-Gestalt, and (6) Rey-Osterrieth Complex Figure Test, Judgment of line Orientation; and (e) The Executive, among others (1) Interviews / history, (2) Delis-Kaplan Executive Function System, (3) Category Test, (4) Wisconsin Card Sorting Test, and (5) Behavioral Assessment of Dysexecutive Syndrome.

Early detection can also be performed by DDST II (Denver Development Screening Test II) (Chamidah, 2010). DDST II is a tool for finding problems early developmental disorders of children aged 0 s / d <6 years. This tool, not an IQ test and not psychic ability or intellectual adaptive child in the future. Additionally, DDST II is not a diagnostic tool inability and difficulties of learning, language disorders, or developmental disorders. DDST II is also not a substitute for diagnostic evaluations or physical examination, but more towards the development of the ability to compare one child with another lifetime. DDST II aims to assess the level of development of children according to age. DDST II can also be used to ascertain whether any abnormalities in children with suspicion. Selan, DDST II can be used to monitor children at risk to development.

Language development is also very important to early detection. Valladolid (2015) states that progress monitoring is one of the feasible and practicable methods for identifying students at risk. It makes use of Curriculum-Based Measurement (CBM), the which has been demonstrated by research to effectively gather student at performance data to support a wide range of educational decisions, such as screening to identify students with learning disabilities, evaluating referral interventions, and determining eligibility for and placement in remedial and special education programs. Curriculum-Based Measurement (CBM) is a set of methods for indexing academic competence and progress that teachers could use efficiently and would produce accurate, meaningful information with roommates to index standing and growth of students (Deno, Fuchs, Marston, & Shin; Fuchs & Fuchs in Valladolid, 2015). It can be used to screen and identify at-risk students, Evaluate pre-referral interventions, Determine eligibility for and placement in remedial and special education programs, Evaluate instruction, and Evaluate reintegration and the inclusion of students in mainstream programs (Deno, 2003).

3. Conclusions

Early detection is needed to avoid the impact of which is not good for the development of children with special needs. Through early detection, the preparations for the proper education to do so the potential of children with special needs can be more developed. Early detection of the type of special needs children can be both formal and informal. Formal through a series of tests, while informal can be done by analyzing the criteria of each type of special needs children. Cooperation between parents and experts in child development is needed to help children with special needs succeed in education.

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