



## **Educator's Strategy in Stimulating Speech Delay for Children with Mild Mental Retardation**

**Nur Cahyati Ngaisah<sup>1</sup>, Siti Zubaedah<sup>2</sup>, Azizah Nurjanati<sup>3</sup>**

UIN Sunan Kalijaga Yogyakarta<sup>1,2</sup>, Universitas Negeri Yogyakarta<sup>3</sup>

[21204032023@student.uin-suka.ac.id](mailto:21204032023@student.uin-suka.ac.id)<sup>1</sup>, [siti.zubaedah@uin-suka.ac.id](mailto:siti.zubaedah@uin-suka.ac.id)<sup>2</sup>,

[azizahnurjanati.2022@student.uny.ac.id](mailto:azizahnurjanati.2022@student.uny.ac.id)<sup>3</sup>

*Received: 28 May 2023*

*Reviewed: 10 June 2023*

*Accepted: 20 June 2023*

### **Abstract**

When communicating with the surrounding environment, speech delay or speech disorder generally occurs in normal children or children with special needs with language development disorders. Children with special needs with mental retardation tend to have various disorders, including speech delay, which requires treatment as soon as possible with the right strategy and stimulation. This study aims to describe educator strategies in stimulating mild retarded disabled children who experience speech delay. This study uses a descriptive approach through case studies of a child with mild mental retardation category having speech delay disorder. Data collection techniques used observation and interviews conducted directly at SLB-C Dharma Rena Ring Putra I Yogyakarta. At the same time, the data analysis technique uses the Miles and Huberman models with the data analysis stages, namely data reduction, data presentation, concluding, and verification by testing data wettability using triangulation techniques. The study results show that the language development of children with speech delay disorders in children with mild mental retardation can develop optimally through strategies that educators provide with various stimulations. The findings in this study are aspects that significantly influence dealing with speech delay disorder, namely parenting parents, speech therapy activities, educators understanding children's language in communicating, and exciting learning media through videos or pictures.

**Keywords:** Speech Delay; Children; Mild Mental Retardation; Educator Strategy

### **Introduction**

Mild mental retardation is a classification of children with special needs who are low intellectual but can still be trained academically or socially. Socially mentally retarded children with speech delay disorder have difficulty communicating with their surroundings. Its nature that can still be trained makes educators use various strategies so that mentally retarded children can receive optimal stimulation in aspects of development, especially in children's language skills as a tool for communication and interaction with society. The involvement of professional parties for children with special needs has significant meaning for the process of protection and growth (Purba Bagus Sunarya et al., 2018)

Language skills are an important part of the child's overall development process in communicating with others and expressing one's feelings through speech or verbally (McClure

et al., 2018). Language disorders are divided into two parts: receptive and expressive language disorders experienced by children. Language disorders make it difficult for children to receive or understand messages conveyed by other people (Mahomva et al., 2021). In addition, it is also marked by the child's difficulty in expressing himself in response to the other person speaking, which hinders the child's language development.

Even though children's language development appears to be used daily, some children experience disturbances that result in children having difficulty speaking, called speech delay disorders. Children who experience speech delay can be diagnosed when communicating, the spoken words or sentences cannot be understood, and the language patterns are not following their age stage (Misykah, 2022). Speech delay is a disturbance in the child's language development process, which causes children to have difficulty building interactions with others (Özdaş et al., 2019). This happens to normal children or children with special needs, including mentally retarded children who experience difficulties and obstacles in various aspects of development.

Mentally retarded children experience mental disorders and have intelligence levels below average, and have weak intellectual abilities compared to other children (Nuryaningsih, 2022). The mentally retarded category is divided into several sections, ranging from mild to severe (Andriana, 2017). The category of severe mental retardation will be easily detected, making it difficult to train and requiring special care (Purugganan, 2018). Conversely, if the mental retardation category is mild, it will be difficult to detect but can still be trained and educated optimally like other children (Triyanto & Permatasari, 2016). Mild mentally retarded children at the elementary school level experience academic difficulties but can still be trained through appropriate stimulation for children.

This research is based on descriptive evidence that mentally retarded children experience various disorders and obstacles in their development process. One of them is a mild mentally retarded child who has speech delay disorder with a late diagnosis which is known after the child is eight years old. The initial event was marked by the child having difficulty reading, spelling, and writing the material that the teacher conveyed. Children tend to be quiet and rarely communicate with their peers. So that children who experience speech delay disorder often get bad stigma from the environment. Speech delay or speech delay requires special treatment, such as stimulation provided by educators and parents or assisted by experts such as doctors and speech therapists.

This study aims to analyze the strategies teachers at SLB-C Yogyakarta employ to stimulate problem-solving in speech delay among children with mild intellectual disabilities. The findings of this research are expected to serve as a practical reference for professionals in special needs schools in addressing speech delay issues in children. The study involves teachers as educators who directly interact with children with mild intellectual disabilities experiencing speech delay. These children struggle academically due to delayed language development. While they can comprehend the intentions of their conversational partners, they need help responding or producing sentences that often need to be clarified and easier to understand by

others. In light of this occurrence, educators utilize these strategies to stimulate speech delay issues in children with mild intellectual disabilities.

### **Literature Review**

Educators use the stimulation by the disturbance or delay that the child is experiencing. In the speech delay that children with mild mental retardation face, the right strategy is needed to stimulate children to be right on target. Educators are required to create simple and exciting strategies so that mentally retarded children can follow them easily. The previous researcher, Eka Adithia Pratiwi et al., used the role-play method for mentally retarded children in the mild category who had difficulties in performing verbal and non-verbal perceptions, which resulted in things that were simple but difficult to digest (Pratiwi et al., 2021). The classification of mild mentally retarded children is individuals who speak fluently, even though the vocabulary they memorize is still simple. However, if they think abstractly, the child still experiences difficulties (Laboy Cintron et al., 2022). Mentally retarded children who lack a language can still take academic lessons in public schools and special service schools (Ngaisah et al., 2023).

Novarida Manurung also explained the strategies used by educators in dealing with students who experience speech delay, including 1) singing according to the learning theme, 2) involving children in conversing with each other, 3) do not let children play alone, 4) not bully speech delay children, and 5) carry out activities that involve communication and interaction (Manurung, 2020). The difference with previous research is that this study examined mild mentally retarded children who experienced speech delay from birth but were only detected when the child was eight years old, who was initially sent to school in public institutions after their parents realized that their child had mild mental retardation with speech delay disorder and was recently transferred in an SLB-C institution that deals explicitly with mentally retarded children.

### **Methods**

This study used a qualitative descriptive method using a case study method that occurred at an SLB-C institution with children with exceptional mental retardation who experienced speech delay in language development. Data collection techniques use observation, interviews, and documentation, carried out directly in the field. The research subject that the author chose was a 10-year-old child attending SLB-C Dharma Rena Ring Putra I Yogyakarta. The researcher obtained data from the school principal that when the research subjects were eight years old, they were just diagnosed with mild mental retardation with speech delay disorder or delays in speaking, which were initially schooled in a public institution before being detected and transferred to a special institution for mental retardation, namely SLB-C. The data analysis technique uses the Miles and Huberman models, which are divided into three in qualitative data analysis, namely data reduction, data presentation, and conclusion, by testing the validity of the data using triangulation techniques.

Table 1. Question Description and Observation Guidelines

Observation Element	Observational Focus
Medical background	<ol style="list-style-type: none"> <li>1) How is the initial diagnosis of mild mental retardation detected?</li> <li>2) What causes children to experience speech delays?</li> <li>3) What action was taken?</li> <li>4) How is the handling process?</li> </ol>
The Role of Parents and Therapists	<ol style="list-style-type: none"> <li>1) What are the actions of parents when a child is diagnosed with mild mental retardation with speech delay disorder?</li> <li>2) What stimulation is given to mild mental retardation children with speech delay disorders?</li> </ol>
Educator's strategy for learning	<ol style="list-style-type: none"> <li>1) What strategies do educators use in stimulating children with speech delay disorders?</li> <li>2) How do educators communicate with mild mentally retarded children with speech delay disorders?</li> <li>3) To what extent do educators know children's language development?</li> </ol>
School background	<ol style="list-style-type: none"> <li>1) What are the institutional facilities provided to students who experience speech delay disorders?</li> <li>2) What actions are taken by institutions to stimulate children who experience speech delay?</li> </ol>

## Result

The results of research conducted at SLB-C Dharma Rena Ring Putra I Yogyakarta on children, a 10-year-old mild mentally retarded child who experienced speech delay or speech disorder. Children with mild mental retardation are more challenging to detect than those with severe categories, whose characteristics are very easy to diagnose. Mild mentally retarded children are children with special needs who have low intelligence with an IQ between 54-55. Mild mental retardation tends to be like children in general, but they will experience significant delays compared to normal children. Mild mentally retarded children at the preschool level are already seen to experience disturbances in various developments, but their parents still do not realize it.

Parents realized that the child had a mild mental retardation disorder when they received advice from the school to be taken to a therapist for treatment according to the disorder the child was experiencing. The results of the interviews conducted with the child on the initial diagnosis of mild mental retardation with speech delay disorder.

*"the child had a delay in speaking, so it was difficult to communicate at school. To practice speaking, we deliberately brought speech therapy to a Yogyakarta hospital. The medical results stated that our child had special needs for mild mental retardation with speech delay disorders. This made it difficult for a child to accept the lessons at school,*

*unable to read, write, and do arithmetic. The development of the child is far behind compared to its other friends. We knew that after the child was eight years old, we thought he was just late in speaking and could be trained at home by frequently inviting him to communicate. Then the Child school previously suggested that my child be transferred to a special mental retardation service, so after that, I sent our child to SLB-C Dharma Rena Ring Putra I Yogyakarta. Now thank God there have been many changes in communicating with other people. After my child is ten years old, he can understand but finds it difficult to respond with speech because his speech is still back and forth."*

Based on the interview, the initial diagnosis was when the child was eight years old and experienced delays in thinking and language which caused the child to be very different from his peers. The child also experienced not going to class several times, which made his parents transfer the child to an educational institution that could stimulate his delays or abnormalities so that he could develop optimally. The language development of mild mentally retarded children is still very simple, and they are used to repeating words they already understand, so it is somewhat challenging to acquire new vocabulary.

The observations showed that the child's parents were busy working from morning to night, leaving the child with his grandmother. The lack of communication between children and parents is very influential in the development of children's language, which the child's mother explained through interviews.

*"Since childhood, we left the child with his grandmother at home; he often watches television instead of playing with his friends because he is quiet. Watching television is her daily routine, but without any assistance and supervision because grandma is busy in the fields near the house. So you are too focused on watching television without understanding what you are watching."*

Based on the explanation above, communication between children and parents, especially mothers, could be more optimal. Quiet children should be stimulated to be more active in their daily activities. The impact is that children experience language and speech delays from an early age due to the lack of interaction in the family environment.

Speech delay disorders experienced by children are caused by one of the reasons that the conversation or dialogue between parents and children is not going well. Good interaction or communication will create a desire to eliminate children's difficulties, so there is a need for improvements in the parenting style that parents apply to children. Parenting style can be interpreted as a pattern of interaction between children and parents which includes meeting children's physical, psychological, and social needs according to the habits of the local community. According to the results of the interviews, the child has received optimal physical needs from both parents, with the daily food and drink he consumes. However, the child's psychological needs still need to be fully and optimally obtained, such as a lack of attention from parents, affection, and communication caused by busy parents in daily activities.

Parenting styles that parents give to children are divided into three types, namely authoritarian, democratic, and permissive parenting styles. Authoritarian parenting is a way for

parents to educate their children using authoritarian leadership, which requires children to obey all orders and wills of their parents. The behavior of parents tends to act harshly, causing children to experience anxiety, lack of confidence, and fear of making mistakes that result in punishment from their parents; children do not have the freedom to choose what they want because it has to be according to the will of their parents. In addition, children are also rarely invited to communicate, tell stories, and exchange ideas with their parents. This authoritarian parenting style makes parents selfish and coercive in educating their children to suit their desires with various rules.

Educating by giving children freedom without pressure and coercion is a positive part of parenting. The parenting style that gives children the opportunity to choose and determine something that does not always depend on parents is called democratic parenting. This is marked by parents who often communicate with children, asking about children's feelings, desires, and aspirations. Children are given the freedom to express their opinions and desires in the life of the child itself. Parents educate children and allow them to choose what they want while supervising and guiding them.

In contrast to permissive parenting, children can exercise freedom without parental restrictions and directions. This is marked by parents who give children to act as they wish, even though sometimes it conflicts with the rules in society. Parents are also not firm in responding to children's wishes, and parents have no punishment or positive control to respond to children's behavior. The parenting style given to the child tends to be permissive; that is, the child is free to watch television without significant time limits. The family released the child without any exceptional guidance or direction. The school principal also explained this in addressing the specifics that the child faced.

*"Children with mental retardation who experience speech delay disorders can be given stimulation by watching videos or pictures that are interesting for students. These activities can increase children's vocabulary, but apart from that, children are also given special therapy to encourage children to speak properly and correctly so that other people they are invited to dialogue with can understand what the child means.*

Based on the opinion above, improper parenting is a factor in the difficulty of detecting speech delay disorders in children with mild mental retardation, so children do not get treatment quickly and precisely. The stimulation that parents provide after a child is diagnosed with speech delay disorder is doing speech therapy and moving the child's school to a special school that treats mentally retarded children with various kinds of disorders that children have.

Educators use several strategies in the language development of mild mentally retarded children who are faced with the child with speech delay disorders, including the following:

#### *Speech therapy*

Speech therapy is an activity to stimulate speech disorders or speech delays that occur in children (Yuniari et al., 2020). Speech therapy is used through several stages carried out by the therapist, namely observation and socialization beforehand as an initial assessment; the

therapist uses this to diagnose disorders experienced by patients (Mirantisa et al., 2021). The next stage is the implementation of speech therapy, carried out by a therapist or an expert in that field.

Educators use speech therapy for students who experience speech delay disorders. Results of interviews conducted with GL as educators who provide stimulation through speech therapy.

*"The Child is a mentally retarded student who has had a speech delay disorder since birth, but we have only treated him for about two years. When the speech therapy schedule is carried out directly in the classroom approximately 20 minutes before learning begins. Moreover, after therapy for these two years, there have been many changes in THE CHILD's language with the people around him."*

#### *The interaction of educators with students*

The interaction between educators and students influences children's language development. Children with mental retardation who experience speech delay disorders will find it difficult to understand what educators convey in the learning process, resulting in different understandings (Nurfadhillah et al., 2022). Educators will determine the right attitude with various strategies to understand the character of students with different disabilities and abilities. Saihu explained that communication between educators and students carried out in schools uses nonverbal types in the form of limb movements such as articulation when speaking, hand movements to emphasize the meaning to be conveyed, facial expressions, eye contact, and others (Saihu, 2019). In addition, educators also use verbal communication in the learning process. The combination of verbal and nonverbal communication is important in the stimulation process for students with speech delay disorders.

The research results found through interviews with educators regarding strategies for communicating with mentally retarded children with speech delay disorders also use face-to-face interpersonal communication between educators and students. A personal approach with students to provide personal stimulation so that it can be optimal in children's language development, one of the stimulations used by educators is through the method of telling stories about the daily activities experienced by educators or students at that time.

Based on the explanation above, it can be concluded that educators use various strategies in communicating with mentally retarded children who have speech delay disorders who have difficulty communicating with their surroundings. Educators use verbal and nonverbal communication in delivering learning material. In addition, educators also stimulate children through special personal handling in communicating to train children to communicate properly and correctly.

#### *Interesting learning media*

Learning media development parallels the development of technology in Indonesia (Saddam Husein, 2018). Technology in the entertainment world has developed rapidly, so

children are more interested in watching YouTube, soap operas, movies, and games. The phenomenon that occurs makes today's educators required to create exciting and entertaining learning, such as information technology and the world of entertainment, which has many followers. Samad Umarella et al. argue that engaging learning media can be adapted to advances in educational technology and learning technology, so it is required to use media with increasingly sophisticated equipment (Saddam Husein, 2018). Learning media is a tool as an intermediary between educators and students in the form of physical and non-physical to make it easier for students to learn (Silalahi et al., 2021)

The learning media an educator uses is a device that facilitates and facilitates educators in delivering learning material. Fitria Sartika explained that using learning media, in general, could create a more varied, quality, effective, and efficient teaching and learning process (Sartika et al., 2020). The media that educators use in general are audio, visual, and audio-visual methods (Saddam Husein, 2018). Based on the results of observations, educators in conveying material to mentally retarded children, especially THE CHILD who experience speech delay disorders, use exciting media in the form of learning videos that stimulate children's language development so that their children's understanding and vocabulary increases. Educators select and sort videos that are interesting or appropriate so that they are easy to understand for mild mentally retarded children who experience difficulties in various ways. The process of selecting videos is based on the learning material that educators convey to strengthen children to remember the language in sound or images in the video (Ruangdaraganon et al., 2009).

Based on the explanation above, it can be concluded that mild mentally retarded children who experience speech delay disorder can be stimulated using several strategies that educators do, namely practicing speaking through speech therapy and speaking with face-to-face interactions with educators who understand the child's language characteristics. Educators use the media engaging and memorable learning for children through videos and pictures.

## **Discussion**

Education is part of the process of a person or group to mature humans through training and teaching, which has a significant influence in creating quality human resources, broad-minded and skilled in various things. Every human resource has the same right to education: normal children and children with special needs. Permendiknas Number 70 of 2009 mandates inclusive education for children with special needs in every sub-district in Indonesia. This regulation was made so that every child can learn in a formal education environment (Candra Pratiwi, 2015). Wardhani (2020) conveys that there are equal rights for every child to gain access to education, including children with special needs; each teacher must be able to provide opportunities for learning and motor development according to children's needs.

Children with special needs will get exceptional services according to the types of obstacles and the characteristics they experience. One of them is mentally retarded children who have low intellectual impairment below normal children in general. Mentally retarded children are divided into three categories, namely mild mentally retarded who can still be educated and attend school. Meanwhile, moderate mental retardation can still be trained to fulfilling one's



own needs and obligations continuously. However, severe or very severe mental retardation, which is already in the category of an idiot, means that children cannot do anything without the help of others, so they need more intensive care. It is hoped that this treatment will train the ability to develop one's needs even though challenging (Maulidiyah, 2020). This affects language skills in mentally retarded children because their intelligence level is below average, and their intellectual abilities are weak, causing speech delay disorders. Experienced child *speech delay* can be diagnosed when in communicating, the words or sentences spoken are incomprehensible, and the language patterns are inappropriate for the age level (Misykah, 2022).

Children practice the optimal language from their immediate environment, namely the family (El-Din et al., 2019). Communication is important in supporting the quality of life as initial human capital in interacting with the surrounding environment, which requires excellent and correct language (Janah, 2020). The problem of speech delay often occurs in mentally retarded children at SLB-C Yogyakarta, the institution, together with educators, seeks to provide a stimulus that can stimulate the language development of mentally retarded children. The strategy used is described in the results section, carried out with speech therapy, direct interaction, and exciting learning media. These three methods are a stimulus to encourage children to speak better or at least convey their meaning correctly. Communication between children and parents is important for language development (Putro et al., 2020). A child generally interacts more with his mother than a father who is busy working (Rahmawati & Latifah, 2020). However, nowadays, a mother also has a career to fulfill the family's needs; this impacts children who lack special attention from the mother figure (Kurnia, 2018).

Abnormalities in mentally retarded children affect other children's developmental delays, such as social, motor, child language, and others. Mentally retarded children generally experience speech delay disorders from birth. This causes the child to have difficulty communicating with the surrounding environment. In this case, education for children with special needs uses various strategies to stimulate mentally retarded children to communicate well. Mentally retarded children can be stimulated with speech therapy trained by competent people; besides that, when children are in school, educators can also train them through direct communication with children, through media such as singing and watching videos together. Parents at home can also stimulate children with excellent and appropriate parenting for children's growth and development needs.

## **Conclusion**

The research results at SLB-C Dharma Rena Ring Putra I Yogyakarta on mild mentally retarded children aged ten years who experience speech delay or speech delay need optimal treatment. Educators use several strategies to stimulate students' barriers to communicating with the surrounding environment, namely: first, parenting is democratic by inviting children to communicate well in various ways. Both participated in speech therapy activities that were carried out at schools, clinics where the therapists were, and at home. Third, interaction with students both in groups and as personalities. They were fourth, using learning media in the form of videos and pictures to make it easier for students to understand the material presented by

educators. These findings significantly affect students in the language development of mentally retarded children who experience speech delay disorders whose nature can still be trained and educated with various strategies and stimulation that are correct or on target.

## References

- Andriana, L. (2017). Kesejahteraan Sosial Tunagrahita di Ponorogo. *Inklusi*, 4(1), 25. <https://doi.org/10.14421/ijds.040102>
- Candra Pratiwi, J. (2015). Sekolah Inklusi Untuk Anak Berkebutuhan Khusus: Tanggapan Terhadap Tantangan Kedepannya. *Prosiding Seminar Nasional Pendidikan "Meretas Sukses Publikasi Ilmiah Bidang Pendidikan Jurnal Bereputasi," November*, 237–242.
- El-Din, E. M. S., Elabd, M. A., Nassar, M. S., Metwally, A. M., Abdellatif, G. A., Rabah, T. M., Shalaan, A., Shaaban, S. Y., Kandeel, W., El Etreby, L. A., & Al-Tohamy, M. (2019). The interaction of social, physical, and nutritive factors in triggering early developmental language delay in a sample of Egyptian children. *Open Access Macedonian Journal of Medical Sciences*, 7(17), 2767–2774. <https://doi.org/10.3889/oamjms.2019.642>
- Janah, N. M. (2020). Intervensi Kejelasan Berbicara Anak Tunagrahita melalui Pemodelan berbasis Video. *INKLUSI: Journal of Disability St.* <https://doi.org/10.14421/ijds.070101>
- Kurnia, F. T. (2018). Koping Religius-Spiritual pada Ibu sebagai Caregiver Utama Down Syndrome. *Inklusi*, 5(1), 115. <https://doi.org/10.14421/ijds.050106>
- Laboy Cintron, D., Muir, A. M., Scott, A., McDonald, M., Monaghan, K. G., Santiago-Sim, T., Wentzensen, I. M., De Luca, C., Brancati, F., Harris, D. J., Goueli, C., Stottmann, R., Prada, C. E., Biderman Waberski, M., & Mefford, H. C. (2022). A recurrent, de novo pathogenic variant in ARPC4 disrupts actin filament formation and causes microcephaly and speech delay. *Human Genetics and Genomics Advances*, 3(1), 100072. <https://doi.org/10.1016/j.xhgg.2021.100072>
- Mahomva, C., Kim, A., Lieu, J. E. C., Goldberg, D. M., & Anne, S. (2021). Speech and language outcomes in mild-moderate unilateral sensorineural hearing loss. *International Journal of Pediatric Otorhinolaryngology*, 141(December 2020), 110558. <https://doi.org/10.1016/j.ijporl.2020.110558>
- Manurung, N. (2020). *Strategi Pembelajaran Guru Dalam Menangani*. 3(1), 30–41.
- Maulidiyah, F. N. (2020). Media Pembelajaran Multimedia Interaktif Untuk Anak Tunagrahita Ringan. *Jurnal Pendidikan*, 29(2), 93–100. <https://doi.org/10.32585/jp.v29i2.647>
- McClure, C., Cunningham, M., Bull, S., Berman, S., & Allison, M. A. (2018). Using Mobile Health to Promote Early Language Development: A Narrative Review. *Academic Pediatrics*, 18(8), 850–854. <https://doi.org/10.1016/j.acap.2018.07.010>
- Mirantisa, F. A., Wirman, W., Firdaus, M., & Lestari, S. S. (2021). Komunikasi Terapeutik

- Berbasis Kartu (Flash Card) Pada Anak Dengan Gangguan Bicara (Speech Delay) Di Eka Hospital Pekanbaru. *Jurnal Keperawatan Abdurrah*, 5(1), 53–62. <https://doi.org/10.36341/jka.v5i1.1691>
- Misykah, Z. (2022). Studi Kasus Pada Anak Speech Delay Di TK Raudhatul Atfhal Sakinah Jakarta. *Edumaniora : Journal of Education and Humanities*, 70–75.
- Ngaisah, N. C., Janah, A. I., & Azizah, S. N. (2023). Permainan Tradisional Engklek sebagai Mengembangkan Motorik Kasar Anak Tunagrahita Upaya. *Murhum : Jurnal Pendidikan Anak Usia Dini*, 4(1), 74–85. <https://doi.org/10.37985/murhum.v4i1.159>
- Nurfadhillah, S., Riswanti, C., Mufliha, D., & Solatun, S. (2022). Pendidikan Inklusi: Gangguan Keterlambatan Bicara (Speech Delay) pada Siswa SDN Sukasari 5. *Tsaqofah*, 2(6), 635–652. <https://doi.org/10.58578/tsaqofah.v2i6.635>
- Nuryaningsih, N. (2022). Upaya Peningkatan Kemampuan Mengenal Angka melalui Media Audio Visual Pada Siswa Tunagrahita SLB N Angkola Timur. *Aksara: Jurnal Ilmu Pendidikan Nonformal*, 8(1), 649. <https://doi.org/10.37905/aksara.8.1.649-654.2022>
- Özdaş, T., Şahlı, A. S., Özdemir, B. S., & Belgin, E. (2019). Comparison of anxiety and child-care education characteristics of mothers who have children with or without speech delays. *Brazilian Journal of Otorhinolaryngology*, 85(2), 199–205. <https://doi.org/10.1016/j.bjorl.2017.12.004>
- Pratiwi, E. A., Mulianingsih, M., Romadonika, F., & Supriyadi, S. (2021). Upaya Peningkatan Perkembangan Bahasa melalui Metode Role Play bagi Anak Tunagrahita di SLBN Pembina Mataram. *ADMA : Jurnal Pengabdian Dan Pemberdayaan Masyarakat*, 2(1), 117–124. <https://doi.org/10.30812/adma.v2i1.1264>
- Purba Bagus Sunarya, Irvan, M., & Dewi, D. P. (2018). Kajian Penanganan Terhadap Anak Berkebutuhan Khusus. *Jurnal Abadimas Adi Buana*, 2(1), 11–19. <https://doi.org/10.36456/abadimas.v2.i1.a1617>
- Purugganan, O. (2018). Intellectual disabilities. *Pediatrics in Review*, 39(6), 299–309. <https://doi.org/10.1542/pir.2016-0116>
- Putro, K. Z., Amri, M. A., Wulandari, N., & Kurniawan, D. (2020). Pola Interaksi Anak dan Orang tua Selama Kebijakan Pembelajaran Di Rumah. *Fitrah: Journal of Islamic Education*, 1(1), 124–140.
- Rahmawati, M., & Latifah, M. (2020). Gadget Usage, Mother-Child Interaction, and Social-Emotional Development among Preschool Children. *Jurnal Ilmu Keluarga Dan Konsumen*, 13(1), 75–86. <https://doi.org/10.24156/jikk.2020.13.1.75>
- Ruangdaraganon, N., Chuthapisith, J., Mo-suwan, L., Kriweradechachai, S., Udomsubpayakul, U., & Choprapawon, C. (2009). Television viewing in Thai infants and toddlers: Impacts to language development and parental perceptions. *BMC Pediatrics*, 9, 2–7.

<https://doi.org/10.1186/1471-2431-9-34>

- Saddam Husein, S. U. M. S. S. (2018). Urgensi Media Dalam Proses Pembelajaran. *Al-Iltizam: Jurnal Pendidikan Agama Islam*, 3(2), 237. <https://doi.org/10.33477/alt.v3i2.605>
- Saihu. (2019). Komunikasi Pendidik terhadap Anak Berkebutuhan Khusus di Sekolah Khusus Asy-Syifa Larangan. *Jurnal Pendidikan Islam*, 1(3), 418–440.
- Sartika, F., Desriwita, E., & Ritonga, M. (2020). Pemanfaatan media pembelajaran dalam meningkatkan motivasi dan hasil belajar PAI di sekolah dan madrasah. *Humanika*, 20(2), 115–128. <https://doi.org/10.21831/hum.v20i2.32598>
- Silalahi, E. R., Gunara, S., & Gunawan, I. (2021). Penggunaan Whatsapp Dalam Pembelajaran Daring Mata Pelajaran Seni Budaya Oleh Mahasiswa Program Pengenalan Pengalaman Lapangan Satuan Pendidikan (Pplsp). *SWARA - Jurnal Antologi Pendidikan Musik*, 1(3), 53–64.
- Triyanto, T., & Permatasari, D. R. (2016). Pemenuhan Hak Anak Berkebutuhan Khusus Di Sekolah Inklusi. *Sekolah Dasar: Kajian Teori Dan Praktik Pendidikan*, 25(2), 176–186. <https://doi.org/10.17977/um009v25i22016p176>
- Wardhani, M. K. (2020). Persepsi dan Kesiapan Mengajar Mahasiswa Guru Terhadap Anak Berkebutuhan Khusus dalam Konteks Sekolah Inklusi. *Scholaria: Jurnal Pendidikan Dan Kebudayaan*, 10(2), 152–161. <https://doi.org/10.24246/j.js.2020.v10.i2.p152-161>
- Yuniari, N. M., Ayu, I. G., & Triana, I. (2020). Strategi Terapiw Wicara Yang Dapat Diterapkan Oleh Orang Tua Penderita Keterlambatan Berbicara (Speech Delay). *Jurnal Ilmiah Pendidikan Dan Pembelajaran*, 4, 564–570.