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**ADAPTIVE PHYSICAL EDUCATION
OF PERSONS WITH
INTELLECTUAL DISABILITY**

Collection of test tasks

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This publication contains test tasks for monitoring and self-checking the knowledge of students of the specialty 1-08 80 04 Physical culture and sports (specialization: Pedagogical activity in recreational and adaptive physical culture) in the academic discipline “Adaptive physical education of persons with intellectual disabilities”.

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INTRODUCTION

The problems facing higher education today lie, on the one hand, in its mass character, and on the other, in the emergence and expansion of activities that impose increased requirements on the skills of graduates and young professionals. The appearance of a new specialty 1-08 80 04 Physical Culture and Sport in higher education institutions of the Republic of Belarus for a master's degree with the specialization "Pedagogical activity in the field of health-improving and adaptive physical culture" is associated with an acute need for specialists in this field who are able to conduct research; design and analytical; innovative; organizational and managerial; sports; physical culture and health; scientific and- teaching and methodical activities. Training of masters accelerates the introduction of innovative transformations in sports and physical culture, as well as health-improving work with various groups of the population, including those with disabilities.

Currently, questions and tasks in the form of tests are actively used in various forms of control and independent work of students in higher education institutions.

This publication contains test tasks for the academic discipline "Adaptive physical education of persons with intellectual disabilities", which is studied by foreign students of the second stage of higher education (Master's degree) in the specialty 1-08 80 04 Physical Culture and Sport.

The basic knowledge of the curriculum of the discipline under consideration is inextricably linked with special terminology and concepts from related sciences and educational physical culture areas that students have not studied specifically within the framework of specialized higher physical education (for example, "Correctional (special) Pedagogy", "Pathopsychology", "Oligophrenopedagogy" and others). Test questions cover a wide range of such knowledge, focusing on their main essence or specifics in the correct answers. At the end of the publication, information on the correct answers (subject, question number, and letter of the correct answer) is provided for each topic. In this regard, its content is an educational and methodical material that is useful for independent work of students with the possibility of self-testing and replenishment of new knowledge.

The proposed tests can be used by the teacher to control the student's academic knowledge in the form of written assignments in seminars, as well as to perform control tests through the SDO system in a computer classroom or through offline-in remote mode of work of the teacher and students, etc.

MODULE 1. PSYCHOLOGICAL, PEDAGOGICAL AND PHYSIOLOGICAL CHARACTERISTICS OF PERSONS WITH INTELLECTUAL DISABILITIES

1. 1 Psychological and pedagogical characteristics of individuals with intellectual disability

1. Intellectual disability (oligophrenia) is...

- A) mental illness;
- B) delayed mental development, which may eventually pass.
- C) the state of cognitive abilities that worsens with age.
- D) not a disease, but a condition of a person associated with an underdevelopment of his psyche, which can be both congenital and acquired.

2. Differences between the concepts of "mental retardation" and "intellectual disability":

- A) missing, these are synonyms.
- B) "intellectual disability" is an indicator of the level of intelligence, and "mental retardation" – the degree of deviation from normal mental development;
- C) there are fundamental differences in the essence of terms and their definitions;
- D) there are differences in the essence of terms and their definitions, but not very fundamental.

3. The leading symptom of intellectual disability is:

- A) weakness of analytical and synthetic activity;
- B) aggressiveness;
- C) speech disorders;
- D) sensory disturbances.

4. All of the following disorders are considered to be intellectual disabilities, WITH the EXCEPTION of:

- A) amentia;
- B) idiocy.
- C) concentric dementia;
- D) imbecility;
- E) lacunar dementia.

5. The most accurate definition of oligophrenia:

- A) reduced intelligence in children;
- B) intellectual disability;
- C) lack of abstract thinking in newborns;
- D) progressive decline in intelligence;
- E) concrete thinking in adults.

6. The most relevant social characteristics of persons with mild intellectual disability:

- A) uneducated, untrained, or disabled;
- B) not educated, trainable, or conditionally able to work;
- C) are educated, uneducated, disabled;
- D) are educated, uneducated, conditionally able to work;
- E) are educated, trainable, conditionally able to work.

7. All of the above is true for oligophrenia, EXCEPT:

- A) is congenital or occurs in the first years of life;
- B) flows progrediently;
- C) is expressed in the underdevelopment of mental functions;
- D) full-fledged education in a comprehensive secondary school is impossible;
- E) psychosis may occur.

8. Total dementia:

- A) indicates the complete death of the cerebral cortex;
- B) it is observed with idiocy and a deep degree of imbecility;
- C) develops in the outcome of malignant schizophrenia;
- D) is accompanied by stupor, catalepsy, and mutism⁴
- E) none of the above.

9. The disease that most often leads to the formation of lacunar dementia:

- A) progressive paralysis;
- B) Pick's disease;
- C) Alzheimer's disease;
- D) atherosclerosis of the cerebral vessels ⁴
- E) cysts and tumors of the frontal lobes of the brain.

10. Mental retardation:

- A) occurs in girls 3 times more often than in boys;
- B) is expressed in general mental underdevelopment;
- C) constantly progresses during life;
- D) is accompanied by a complete loss of working capacity, the acquisition of any new skills is impossible;
- E) All of the above is true.

11. The following diseases are not a typical cause of total dementia:

- A) progressive paralysis;
- B) tumors of the frontal lobes of the brain;
- C) Pick's disease and Alzheimer's disease;
- D) malignant schizophrenia.

12. Typical symptoms of schizophrenic dementia include:

- A) memory disorders;
- B) emotional flatness;
- C) lack of ability to think abstractly;
- D) passivity, lack of desire to answer questions.

13. Signs of total dementia are:

- A) melancholy, depression, a sense of hopelessness;
- B) gross personality changes, loss of modesty;
- C) passivity, lack of desire to answer questions;
- D) lack of understanding of the situation and lack of a sense of illness.

14. What indicator does this IQ symbol represent in special education and psychology?

- A) the degree of mental retardation;
- B) coefficient of intellectual development;
- C) the norm of intellectual development;
- D) coefficient of mental age.

15. A generally accepted quantitative indicator of mental development is the intelligence quotient (IQ). According to the International Classification of Diseases (ICD-10, 1995), which conditional IQ indicator corresponds to the degree of "mild mental retardation"?

- A) IQ 70-100–.
- B) IQ 50-69–.
- C) IQ 35-49–.
- D) IQ 20-34–.

16. A generally accepted quantitative indicator of mental development is the intelligence quotient (IQ). According to the International Classification of Diseases (ICD-10, 1995), which conditional IQ indicator corresponds to the degree of "moderate mental retardation"?

- A) IQ 70-100–.
- B) IQ 50-69–.
- C) IQ 35-49–.
- D) IQ 20-34–.

17. A generally accepted quantitative indicator of mental development is the intelligence quotient (IQ). According to the International Classification of Diseases (ICD-10, 1995), which conditional IQ indicator corresponds to the degree of "severe mental retardation"?

- A) IQ 20-34– .
- B) IQ 50-69–.
- C) IQ 35-49–.
- D) IQ of 19 and below.

18. What is the medical term for "mild intellectual disability"? Despite the name, the reduced intelligence and features of the emotional-volitional sphere in such children do not allow them to master the program of a mass general education school:

- A) idiocy;
- B) imbecility;
- C) debility;
- D) oligophrenia.

19. What is the medical term for "moderate intellectual disability"?

- A) idiocy;
- B) imbecility;
- C) debility;
- D) oligophrenia.

20. What is the medical term for "severe intellectual disability"?

- A) idiocy;
- B) imbecility;
- C) debility;
- D) oligophrenia.

21. What is the medical term for "profound mental retardation"?

- A) idiocy;
- B) imbecility;
- C) debility;
- D) oligophrenia.

22. About 15% of people with intellectual disability have so-called atlantoaxial instability (cervical vertebrae). These are the ones who...

- A) with Down syndrome;
- B) with a violation of the functions of the ODE;
- C) with a severe degree of intellectual disability;
- D) with multiple combined disorders.

23. What is Early childhood autism (RDA)?

A) a clinical term that combines a group of chronic non-progressive symptom complexes of motor disorders secondary to brain lesions or abnormalities that occur in perinatal period;

B) дефект vision associated with of the lens, corneas or eyes that cause a person to lose the ability to see clearly;

C) this is a surgical operation aimed at removing a limb or part of it that interferes with the normal function of a healthy limb and, in addition, causes uncontrolled pain and or the risk of spreading infection;

D) disorder resulting from HYPERLINK developmental disorder and characterized by a pronounced and comprehensive deficit of social interaction and communication, as well as limited interests and repetitive activities.

24. Causes of early childhood autism?

- A) increased emotional sensitivity and weak energy potential;
- B) as an attempt to avoid the effects of the external world, a weakening of the emotional response to loved ones, up to complete disregard for them, inhibited or insufficient response to auditory and visual stimuli;
- C) infections;
- D) fractures and injuries.

25. Define the term "emotional sphere":

- A) A physical environment, transport, information and communication facilities that are retrofitted to meet the needs of persons with disabilities and enable people with disabilities to lead an independent lifestyle;
- B) it is sensitivity, impulsivity and other qualities that characterize the strength and dynamism of the manifestation of emotions;
- C) emotional stability;
- D) the ability to fulfill their desires, goals set for themselves.

26. International Classification of Diseases, 10th Revision (ICD-10), developed ~~Ошибка! Источник ссылки не найден.~~ is ...

- A) reference publication of existing diseases and medicines;
- B) extended index of international names of various groups of diseases;
- C) a generally accepted classification for coding medical diagnoses;
- D) classification of the most dangerous human diseases in the period of publication of ICD-10.

**1.2 Dysontogenesis of psychomotor development
of persons with intellectual disability**

1. Dysontogenesis is:

- A) psychophysical development of a person under the influence of the external environment;
- B) individual development deviating from the conventionally accepted norm, expressed in general underdevelopment, delayed physical and (or) mental development;
- C) disclosure of the genetic program of individual development of the organism during life;
- D) the process of individual physical and mental development of the body throughout life.

2. By "normal development" of an individual is meant:

- A) a relatively harmonious balance between many possible diverse deviations and incorrect formation, which is characteristic of any development;
- B) the state of the body without violations of physical and mental development indicators;
- C) the development of the body corresponding to the established standards of anthropometric indicators;
- D) there is no correct answer.

3. "Defect" in special pedagogy (as defined by WHO):

- A) permanent or temporary loss of or deviation from a mental, physiological or anatomical structure or function;
- B) emotional instability;
- C) non-compliance with the norm of any function of the body;
- D) damage with a deviation from the norm of any function of the body.

4. What are the external manifestations of early childhood autism (RDA)?

- A) the child has difficulty establishing emotional contact with the outside world;
- B) the child does NOT experience difficulties in establishing emotional contact with the outside world;
- C) difficulties arise when establishing eye contact;
- D) there are NO difficulties in making eye contact.

5. Features of mental development in RDA:

- A) specific perception disorders;
- B) specific speech disorders;
- C) thinking by the type of distortion, fears;
- D) all of the above.

6. How do autistic children respond to play activities?

- A) it is typical to ignore the toy;
- B) consider new toys without any desire to manipulate them, or manipulate selectively, only one;
- C) actively play with the offered toys;
- D) try to get more peers involved in the game.

7. What is affected by infantile cerebral palsy (CP)?

- A) muscle structures;
- B) the brain;
- C) hearing, sight, speech;
- D) all of the above.

8. Cerebral palsy occurs:

- A) in the period of intrauterine development, in childbirth;
- B) in adolescence;
- C) in the elderly;
- D) in the neonatal period.

9. Motor disorders in cerebral palsy are observed in:

- A) 100%;
- B) 70%;
- C) 47%;
- D) 29%.

10. In cerebral palsy, the most severely affected are the large hemispheres, which regulate:

- A) free movement and speech;
- B) hearing;
- C) hand movements;
- D) walking.

11. With spastic diplegia, they are more affected:

- A) hands;
- B) legs;
- C) hearing;
- D) vision.

12. The most severe form of cerebral palsy with total damage to the large hemispheres is:

- A) double hemiplegia;
- B) atonic-astatic form;
- C) hemiparetic therapy;
- E) hyperkinetic form.

13. Excessive increase in muscle tone in double hemiplegia:

- A) spasticity;
- B) rigidity;
- C) hypotension;
- D) muscular dystonia.

14. Decreased muscle tone; characteristic of the atonic-astatic form:

- A) spasticity;
- B) rigidity;
- C) hypotension;
- D) muscular dystonia.

15. Hyperkineses are:

- A) involuntary violent movements;
- B) arbitrary hand movements;
- C) involuntary speech;
- D) free leg movements.

16. Twisting movements of the trunk, accompanied by variable muscle tone, are observed when:

- A) athetoid hyperkinesis;
- B) choreiform hyperkinesis;
- C) torsion dystonia;
- D) choreoathetosis.

17. ODE does not apply to congenital pathologies:

- A) clubfoot;
- B) tuberculosis;
- C) underdevelopment and defects of the limbs;
- D) torticollis syndrome;

18. Acquired ODE diseases include:

- A) polyarthritis;
- B) CEREBRAL PALSY;
- C) abnormalities in the development of the spine;
- D) polio.

19. Persistent lateral deviation of the spine from the normal straightened position is:

- A) polyarthritis;
- B) scoliosis;
- C) torticollis syndrome;
- D) rickets.

20. Involuntary muscle contractions and automated movements associated with voluntary movements

- A) reflexes;
- B) dynamic stereotype.
- C) motor reactions;
- D) synkinesia.

21. What is the average degree of ODE violation?

- A) move freely and serve themselves;
- B) move in a limited space and serve themselves, but not sufficiently;
- C) no walking skill.
- D) gait disorders and involuntary actions of body parts.

22. What is considered a severe ODE violation?

- A) move freely and serve themselves;
- B) move in a limited space and serve themselves, but not sufficiently;
- C) no walking skill.
- D) gait disorders and involuntary actions of body parts.

23. Rickets is:

- A) a disease of infants and young children;
- B) disease of the elderly;
- C) the disease of adults;
- D) the disease of adults and elderly people.

24. Polyarthritis is:

A) purulent-necrotic process that develops in the bone and bone marrow, as well as in the surrounding soft tissues, caused by purulent bacteria or microbacteria;

B) a collective term used in relation to benign neoplasms in the bones in relation to primary bone tumors;

C) systemic disease of the musculoskeletal system, characterized by contracture and deformity of the limb, underdevelopment of joints and muscles, as well as fibrosis;

D) simultaneous or consecutive inflammation of several joints.

25. Children's spinal paralysis, an acute infectious disease caused by damage to the gray matter of the spinal cord and characterized mainly by pathology of the nervous system, is...

- A) polio;
- B) tuberculosis;
- C) cerebral palsy;
- D) osteomyelitis.

26. How many degrees of severity of the ODE lesion:

- A) 2;
- B) 4;
- C) 5;
- D) 3.

27. What applies to the 1st degree of severity of the ODE lesion:

A) the injuries are light, there is no shock. Limb functions are fully restored.

B) moderate injuries, shock of 1, 2 degrees. Restoration of limb function requires a long period of rehabilitation.

C) severe injuries, shock of 2, 3 degrees. There are prerequisites for partial and complete loss of limb functions;

D) extremely severe injuries that threaten the life of a patient with a shock phenomenon of 3, 4 degrees, complete loss of one or more injuries to the segments of the ODE.

28. What applies to the 2nd degree of severity of the ODE lesion:

A) the injuries are light, there is no shock. Limb functions are fully restored.

B) moderate injuries, shock of 1, 2 degrees. Restoration of limb function requires a long period of rehabilitation.

C) severe injuries, shock of 2, 3 degrees. There are prerequisites for partial or complete loss of limb functions;

D) extremely severe injuries that threaten the life of a patient with a shock phenomenon of 3, 4 degrees, complete loss of one or more damaged segments of the ODE.

29. What applies to the 3rd degree of severity of the ODE lesion:

A) the injuries are light, there is no shock. Limb functions are fully restored.

B) moderate injuries, shock of 1, 2 degrees. Restoration of limb function requires a long period of rehabilitation.

C) severe injuries, shock of 2, 3 degrees. There are prerequisites for partial or complete loss of limb functions;

D) extremely severe injuries that threaten the life of a patient with a shock phenomenon of 3, 4 degrees, complete loss of one or more damaged segments of the ODE.

30. What applies to the 4th degree of severity of the ODE lesion:

A) the injuries are light, there is no shock. Limb functions are fully restored.

B) moderate injuries, shock of 1, 2 degrees. Restoration of limb function requires a long period of rehabilitation.

C) severe injuries, shock of 2, 3 degrees. There are prerequisites for partial or complete loss of limb functions;

D) extremely severe injuries that threaten the life of a patient with a shock phenomenon of 3, 4 degrees, complete loss of one or more damaged segments of the ODE.

31. Restriction of passive movements in the joint – a condition in which the limb cannot be fully bent or unbent in one or more joints, caused by scarring стягиванием of the skin, tendons, muscle diseases, joint pain reflex and other causes:

A) contracture;

B) ischemia;

C) scoliosis;

D) arthrolysis.

32. Disorders of oral speech (disorders of phonation design of utterance) include:

- A) dysphonia (aphonia);
- B) dysgraphia;
- C) deafness;
- D) lack of internal speech.

33. Violations of written speech include:

- A) aphasia;
- B) dyslalia;
- C) agraphy;
- D) stuttering;

34. Agrammatisms in speech are:

- A) substitutions of sounds;
- B) missing syllables.
- C) halting speech;
- D) incorrect construction of sentences.

35. Motor activity(activity) this:

- A) the number of steps performed per unit of time;
- B) high efficiency of the body's motor functions;
- C) increased activity of the motor system;
- D) a set of motor acts; the total value of various movements over a certain period of time.

36. How does the maturation of the motor analyzer of children occur in conditions of impaired and normal intellectual genesis:

- A) mentally retarded students are expected to finish their education by the age of 15–16, whereas in normally developing students it occurs at the age of 13–14;
- B) in both cases, the maturation of the motor analyzer ends presumably by 15–16 years;
- C) in both cases, the maturation of the motor analyzer ends at the age of 13–14 years;
- D) mentally retarded students are expected to finish their education by the age of 20, whereas in normally developing students it occurs at the age of 13–14.

37. What is " disability?

- A) a person who has a violation with a persistent disorder of body functions caused by a disease, a consequence of injuries or defects, leading to a restriction of life and causing the need for social protection;
- B) the condition or position of the disabled person;

C) it is the complete or partial loss of a person's ability or ability to perform self-care, move independently, navigate, communicate, control their behavior, study and engage in work activities;

D) physical environment, transport, information and communication facilities that are retrofitted to meet the needs of people with disabilities and allow people with disabilities to lead an independent lifestyle.

38. Define the term "disabled person":

A) a person who has a health disorder with a persistent disorder of body functions caused by diseases, consequences of injuries or defects, leading to restriction of life and causing the need for social protection;

B) this is a qualitative characteristic that determines the state of a living human body as a physical body; the ability of the body as a whole and all its organs separately to perform their functions for maintaining and ensuring vital activity;

C) poor moral condition, weakening of mental and physical strength, a state of weakening of activity, a decrease in activity;

D) a concept indicating the ability of living beings to produce spontaneous movements and change under the influence of external or internal stimuli.

39. Define the term "health":

A) the state of the body adapted to high physical exertion;

B) the natural functioning of all organs and systems of the body, the absence of diseases and physical defects;

C) a state of complete physical, mental and social well-being, and not only the absence of diseases and physical defects;

D) reserve capabilities of the organism that ensure its vital activity in all variable and extreme conditions.

40. Deviant development can be described as:

A) development that is spontaneous and unpredictable;

B) development that occurs outside of educational influence;

C) development taking place within the framework of a different language culture;

D) development in which the influence of unfavorable factors exceeds the compensatory capabilities of the individual.

41. A child with special psychophysical development –

A) a person with special psychophysical development under the age of 16;

B) a person with special psychophysical development under the age of 18;

C) a child of preschool age with special features of psychophysical development;

D). a person of preschool or school age with musculoskeletal disorders.

42. Physical and / or mental disorders –

- A) deviations from the norm that restrict social activities and are confirmed in accordance with the procedure established by law;
- B) various diseases that limit the individual's vital activity;
- C) temporary deviations in the state of health;
- D) there is no correct answer.

43. Multiple physical and / or mental disorders –

- A) two or more physical and / or mental disorders confirmed in accordance with the procedure established by law;
- B) at least three physical and / or mental disorders confirmed in accordance with the procedure established by law;
- C) several physical or mental disorders confirmed in accordance with the procedure established by law;
- D) multiple developmental disorders with difficult to diagnose etiology.

44. Severe physical and / or mental disorders –

- A) physical and / or mental disabilities allow students to master educational programs at the pre-school level;
- B) physical and / or mental disorders make it impossible to obtain an education in accordance with educational standards (including special ones), and training is limited to basic self-service and work skills;
- C) physical and / or mental disabilities allow students to master educational programs at the level of basic education (corresponding to primary school age);
- D) physical and / or mental disorders do not allow for an effective learning and upbringing process (children are "uneducated").

MODULE II. THEORETICAL AND METHODOLOGICAL FOUNDATIONS EDUCATIONAL PROCESS IN THE FIELD OF ADAPTIVE PHYSICAL CULTURE WITH PERSONS WITH DISABILITIES INTELLECTUAL DISABILITIES

2.1 Adaptive physical culture as a modern innovative educational field in the upbringing and education of people with intellectual disabilities

1. Adaptive physical culture (AFC) – is a form of:

A) a specific section (type) of general physical culture that accumulates and uses its material and spiritual values for the maximum possible development of vitality and maximum self-realization as a socially and individually significant subject – a person with stable deviations in the state of health;

B) the pedagogical process of managing the physical development of disabled people and people with persistent disabilities in the state of health, the formation of knowledge, motor skills, physical and mental (personal) qualities necessary for the maximum possible realization of the motor potential of the adaptive in various spheres of life (in everyday life, work, active recreation, sports) and maintaining a healthy lifestyle life;

C) a self-selected or assisted form of physical culture activity aimed at satisfying the need for movement, active recreation, and meaningful entertainment through the use of AFC funds;

D) a set of material and spiritual values of physical culture that ensure competitive activity and special training for it for people with special psychophysical development in order to achieve the maximum available results in their chosen sport and demonstrate personal achievements in the development of adaptive and compensatory capabilities due to the preserved functions of the body.

2. Adaptive sports are:

A) a specific section (type) of general physical culture accumulating and using its material and spiritual values for the maximum possible development of the viability of a person with stable deviations in the state of health, and maximum self-realization as a socially and individually significant subject;

B) a set of material and spiritual values of physical culture that ensure competitive activity and special training for it for people with special psychophysical development in order to achieve the maximum available results in their chosen sport and demonstrate personal achievements in the development of adaptive and compensatory capabilities due to the preserved functions of the body;

C) a self-selected or assisted form of physical culture activity aimed at satisfying the need for movement, active recreation, and meaningful entertainment through the use of AFC funds.

3. Physical rehabilitation is:

A) the pedagogical process of managing the physical development of disabled people and people with persistent disabilities in the state of health, the formation of knowledge, motor skills, physical and mental (personal) qualities necessary for the maximum possible realization of the motor potential of the adaptive in various spheres of life (in everyday life, work, active recreation, sports) and maintaining a healthy lifestyle life;

B) a specially organized process of applying physical exercises, as well as preformed physical and environmental factors in order to restore and / or compensate for the lost or temporarily impaired functions and working capacity of rehabilitators after diseases, injuries, physical or mental overexertion;

C) a self-selected or assisted form of physical culture activity aimed at satisfying the need for movement, active recreation, and meaningful entertainment through the use of AFC funds;

D) combined and coordinated use of medical, social and professional measures for the purpose of training or retraining persons with disabilities to achieve the highest level of functional capabilities.

4. Adaptive physical education is:

A) a specific section (type) of general physical culture accumulating and using its material and spiritual values for the maximum possible development of the viability of a person with stable deviations in the state of health, and maximum self-realization as a socially and individually significant subject

B) the pedagogical process of managing the physical development of disabled people and people with persistent disabilities in the state of health, the formation of knowledge, motor skills, physical and mental (personal) qualities necessary for the maximum possible realization of the motor potential of the adaptive in various spheres of life (in everyday life, work, active recreation, sports) and maintaining a healthy lifestyle life;

C) a self-selected or assisted form of physical culture activity aimed at satisfying the need for movement, active recreation, and meaningful entertainment through the use of AFC funds;

D) a set of material and spiritual values of physical culture that ensure competitive activity and special training for it for people with special psychophysical development in order to achieve the maximum available results in their chosen sport and demonstrate personal achievements in the development of adaptive and compensatory capabilities due to the preserved functions of the body.

5. Adaptive physical recreation is:

A) the pedagogical process of managing the physical development of disabled people and people with persistent disabilities in the state of health, the formation of knowledge, motor skills, physical and mental (personal) qualities

necessary for the maximum possible realization of the motor potential of the adaptive in various spheres of life (in everyday life, work, active recreation, sports) and maintaining a healthy lifestyle life;

B) a specially organized process of applying physical exercises, as well as preformed physical and environmental factors in order to restore and / or compensate for the lost or temporarily impaired functions and working capacity of rehabilitators after diseases, injuries, physical or mental overexertion;

C) a self-selected or assisted form of physical culture activity aimed at satisfying the need for movement, active recreation, and meaningful entertainment through the use of AFC funds;

D) combined and coordinated use of medical, social and professional measures for the purpose of training or retraining persons with disabilities to achieve the highest level of functional capabilities.

6. Adaptive physical education, as a component of ROS, meets the needs of an individual with disabilities in the state of health...

- A) comparing their abilities with those of other people;
- B) their preparation for life, household and work activities;
- C) recreation, entertainment, and interesting leisure activities.
- D) risk, the need to test yourself in unusual extreme conditions.

7. In adaptive physical culture, two groups of tasks are solved:

- A) general and specific;
- B) educational and training programs;
- C) health and correctional services;
- D) compensatory and developmental activities.

8. The most professionally important qualities of a ROS specialist's personality include...

- A) benevolence, patience, respect, and empathy;
- B) confidence, flexibility, demanding of yourself and others;
- C) empathy, tact, and the desire for self-improvement;
- D) sociability, ability to empathize.

9. The process of adaptation of the body to the environment is called...

- A) adaptation;
- B) correction;
- C) compensation;
- D) rehabilitation.

10. Why is adaptive physical education called "adaptive"?

- A) the pedagogical process of this type of education allows you to adapt (adapt) the body of persons with special psychophysical development and disabilities to physical exertion;
- B) Adaptants are the contingent of students involved in AFV;
- C) AFV is an adapter between general physical culture and its component – adaptive physical culture.
- D) the means and methods used here are adapted to the psychophysical characteristics of the participants.

11. Specific tasks of adaptive physical culture include...

- A) educational, educational, and recreational activities;
- B) preventive, health-improving, correctional;
- C) general training, compensatory, developmental;
- D) corrective, compensatory, preventive measures.

12. A complicated form of adaptation, in which a healthy organ assumes partial performance of the functions of the affected organ, is called...

- A) compensation;
- B) rehabilitation;
- C) correction;
- D) stimulation.

13. "Healthy people should make decisions for people with disabilities in all important matters" complies with the provisions...

- A) a person-oriented concept;
- B) "I-Concepts";
- C) concepts of disability;
- D) concepts of social utility of persons with disabilities.

14. Adaptive physical education has a basic function:

- A) recreational and recreational activities;
- B) communicative;
- C) educational;
- D) entertainment and aesthetic.

15. Extreme types of motor activity, as a component (type) of ROS, meet the needs of people with disabilities in the state of health...

- A) risk, the need to test yourself in conditions that are dangerous to health and life;
- B) preparation for life, household and work activities;
- C) recreation, entertainment, interesting leisure activities, communication;
- D) creative self-development, self-expression of the spiritual essence through music.

16. A mandatory type of ROS for children, adolescents, and young people, regardless of their state of health, is...

- A) adaptive physical education;
- B) adaptive motor recreation;
- C) adaptive physical rehabilitation;
- D) adaptive sports.

17. Which of the rulers first issued a decree in Russia that the church and monasteries are entrusted with the care of poor and foolish children?

- A) Prince Vladimir Svyatoslavich of Kiev;
- B) Ivan the Terrible;
- C) Peter the Great;
- D) The Empress Maria Feodorovna.

18. The most famous Russian authors of educational literature on adaptive physical culture:

- A) P.F. Lesgaft, V.V. Gorinevsky;
- B) S.P. Evseev, L.V. Shapkova;
- C) V.M. Mozgovoy, A.A. Dmitriev;
- D) A.S. Samylichev, A.A.N. Pleshakov.

19. Inclusive education is...

- A) integration of children with normal and impaired development into the educational process;
- B) full inclusion of all children in the general education process, their social adaptation, regardless of age, gender, ethnic or religious affiliation, and peculiarities of psychophysical development;
- C) individualization of education and social adaptation of all children in accordance with educational opportunities and needs;
- D) education and upbringing of all children with disabilities, regardless of their forms and severity.

20. Inclusion is...

- A) integration of children with normal and impaired development into the educational process;
- B) ensuring equal access to education for all students, taking into account a variety of special educational needs and individual opportunities;
- C) organization of special education, in which the education and upbringing of persons with special psychophysical development is carried out in general-type educational institutions;
- D) individualization of students' education, taking into account a variety of special educational needs and individual opportunities.

21. Integrated learning and education –

A) training and upbringing based on personality-oriented and differentiated approaches;

B) the organization of education, in which the training and upbringing of persons with special psychophysical development is carried out jointly with students of general education institutions, special conditions are created for obtaining general education;

C) organization of general education for persons with special needs of psychophysical development in general-type educational institutions;

D) organization of special education, in which the training and upbringing of persons with special psychophysical development is carried out in general-type educational institutions, special conditions are created for such persons to stay and receive education.

22. The process of active adaptation of a person to the social environment in order to optimize their activities in accordance with existing social attitudes is typical for...

A) adaptation of analyzers;

B) social adaptation;

C) physiological adaptation;

D) mental adaptation.

23. A disabled person is...

A) a person who has a reduced ability to adapt to constantly changing conditions of the external and internal environment;

B) a person with hereditary diseases;

C) a person who has limited opportunities for his or her life in society due to his or her physical, mental, sensory or mental disabilities;

D) a person who has persistent or chronic health problems and needs some form of assistance and social protection.

24. Disability is...

A) damage to the body caused by external influence;

B) a health disorder with a persistent disorder of body functions caused by diseases, consequences of injuries or defects, leading to restriction of vital activity and the need for social protection;

C) a person's condition that manifests itself in constant concern about the possibility of getting sick with one or more diseases, complaints or concerns about their physical health;

D) reduced adaptation to adverse environmental factors.

25. Socialization of persons with disabilities – is...

A) development of social and cultural experience, preparation for independent life in society, active participation in various types of useful activities, as well as a system of values, attitudes, knowledge and skills, norms of interpersonal interaction and rules of behavior;

B) adaptation of the psychoemotional state of the body to the changed conditions and requirements of life in society;

C) the maximum possible restoration of a person's ability to lead an independent life (self-care, productive activities, recreation), regardless of what violations, restrictions on life activity or restrictions on participation in society;

D) active adaptation to the conditions of the social environment by assimilating and accepting the goals, values, norms and behavioral styles adopted in society.

26. Social integration (integration into society):

A) mastering socio-cultural experience, values, attitudes, knowledge and skills, norms of interpersonal interaction and rules of behavior;

B) adaptation of the psychoemotional state of the body to the changed conditions and requirements of life in society;

C) active inclusion of disabled people and persons with disabilities in the cultural, social, and labor life of society together with healthy people;

D) active adaptation to the conditions of the social environment by assimilating and accepting the goals, values, norms and behavioral styles adopted in society.

27. A barrier-free environment is...

A) the absence of obstacles in the life of a disabled person;

B) conditions for unhindered access of persons with disabilities to social infrastructure facilities, as well as for unhindered use of all types of urban, suburban, intercity and international passenger transport, communication and information facilities;

C) conditions of permissiveness in the activities of a disabled person;

D) arrangement of the home and workplace in accordance with the requirements of the IPR.

28. Social protection is...

A) the process of assimilation by an individual of behavioral patterns, psychological attitudes, social norms and values, knowledge and skills that allow him to function successfully in society;

B) a system of state-guaranteed economic, legal and social support measures that provide disabled people with conditions for overcoming, replacing (compensating) for life restrictions and aimed at creating equal opportunities for them to participate in society with other citizens;

C) the process of establishing optimal links between relatively independent, poorly interconnected social objects (individuals, groups, social classes, states) and their further transformation into a single, integral system in which its parts are coordinated and interdependent on the basis of common goals and interests;

D) assignment of a pension to a person who has lost the ability to work.

29. Correctional classes in special education institutions are:

A) a form of organization of the educational process during extracurricular hours, which ensures the correction or mitigation of physical and (or) mental disorders existing in students;

B) the form of organization of the educational process in the classes of integrated (joint) education and upbringing of students with and without special psychophysical development;

C) during extra-curricular hours, which ensures the creation of conditions for teaching and upbringing students with a FIU, taking into account individual needs, abilities and requests, and the capabilities of the institution providing special education;

D) the form of organization of the educational process during extracurricular hours with students who have temporary difficulties in studying certain academic subjects, or with the most capable students who have a tendency to study certain academic subjects.

30. The goal of comprehensive rehabilitation is...

A) rehabilitation of the patient, assistance in recovery, development of professional skills, taking into account the specifics of the disease;

B) prevention of disability, mitigation of its manifestations;

C) early diagnosis of diseases, recording and dynamic monitoring of persons with chronic diseases;

D) prevention of the transition of the disease to a chronic form.

2.2 Pedagogical conditions, means and methods of implementing the basic principles of adaptive physical education of persons with intellectual disabilities in the special education system

1. The goals of special education are:

A) realization of the rights of persons with special psychophysical development to receive education and correctional assistance by ensuring their accessibility and creating special conditions for this;

B) social adaptation and integration of these individuals into society, including the acquisition of self-service skills;

C) preparation for work and professional activities, family life;

D) all of the above.

2. In the concept of "method" is...

- A) the method of achieving the goal;
- B) the leading orientation of the pedagogical process;
- C) a specific concept;
- D) physical exercise.

3. A set of methods and techniques aimed at solving correctional, health-improving, educational (and other) tasks of the ROS is called...

- A) the methodology;
- B) a methodical approach;
- C) methodological direction;
- D) the methodological system.

4. According to the biomechanical structure of movements, physical exercises are divided into...

- A) general development, recreational, choreographic, dance activities;
- B) therapeutic, active, speed and power;
- C) cyclic, acyclic, mixed;
- D) sports, passive, artistic and musical activities.

5. Active exercises –

- A) exercises performed by students independently, at the expense of their own muscle effort;
- B) the student's movements are performed due to the control and physical effort (assistance) of another person;
- C) the exercise is performed slowly, without tension;
- D) the exercise is performed actively, with increased amplitude.

6. Passive exercises –

- A) exercises performed by students independently, at the expense of their own muscle effort;
- B) the student's movements are performed due to the control and physical effort (assistance) of another person;
- C) the exercise is performed slowly, without tension;
- D) the exercise is performed actively, with increased amplitude.

7. The main document used by a physical education teacher when planning the content of the educational process

- A) curriculum approved by the Ministry of Education;
- B) methodological recommendations (manual) planning and organization of the educational process;
- C) annual (calendar) plan of physical culture and health-improving work of the educational institution;
- D) curriculum approved by the Ministry of Education.

8. How many parts does a physical education lesson have?

- A) the FC lesson has no parts;
- B) two parts: the main part and the final part;
- C) three parts: preparatory, main, and final;
- D) the number of parts (two or one) is determined by the teacher.

9. The complex of general development sparing exercises in the physical education lesson is formed based on the content of:

- A) the preparatory part of the lesson;
- B) the main part of the lesson;
- C) the final part of the lesson;
- D) the entire lesson.

10. Disabled children can participate in the motor action "passing the ball with both hands from the chest, standing still". Which categories will be excluded without special inventory?

- A) mentally retarded people;
- B) blind people.
- C) the deaf.
- D) are not excluded.

11. Which categories of disabled children will be exempt from performing the motor action "rope climbing in three steps with the help of their legs"?

- A) the deaf;
- B) blind people.
- C) disorders of the musculoskeletal system.

12. In the motor action "somersault forward" some children have contraindications. What are the categories of children?

- A) blind people;
- B) violations of the emotional sphere;
- C) the deaf.
- D) the autism spectrum.

14. The principle of correctional and developmental orientation of the pedagogical process put forward by L. S. Vygotsky is that...

- A) pedagogical influences should be aimed not only at overcoming, smoothing, equalizing, and reducing the physical and mental disabilities of children with special needs, but also at actively developing their cognitive activity, mental processes, physical abilities, and moral qualities;

B) physical education classes should constantly stimulate compensatory processes in damaged organs and systems, creating over time a stable long-term compensation;

C) the physical and mental capabilities of a student with special psychophysical development should be raised to the level of a normally developed peer;

D) it is necessary to conduct training primarily in the skills that students will use in the current and near future.

15. The principle of compensatory orientation of pedagogical influences requires that:

A) the physical and mental capabilities of a student with special psychophysical development reached the level of a normally developed peer;

B) pedagogical influences were aimed not only at overcoming, smoothing, equalizing, and reducing the physical and mental disabilities of children with special needs, but also at actively developing their cognitive activity, mental processes, physical abilities, and moral qualities;

C) physical education classes should constantly stimulate compensatory processes in damaged organs and systems, creating over time a stable long-term compensation;

D) training was conducted primarily in the skills that students will use in the current and near future.

16. The principle of age-appropriate content of adaptive physical education with persons with severe intellectual disabilities suggests that::

A) despite the perceived infantile nature and age discrepancy of the overall development of the student, the choice of means and methods of physical education should be determined by the physical age of the students;

B) the physical and mental capabilities of a student with special psychophysical development reached the level of a normally developed peer;

C) strictly follow the content and requirements of the curriculum for students of a particular age group in the course of AFB classes;

D) training was carried out taking into account the age-specific features of the development of the students ' body.

17. The principle of functionality of the acquired knowledge and skills in adaptive physical education of persons with severe mental and / or physical development disorders is that:

A) pedagogical influences should be aimed not only at overcoming, smoothing, equalizing, and reducing the physical and mental disabilities of children with special needs, but also at actively developing their cognitive activity, mental processes, physical abilities, and moral qualities;

B) physical education classes should constantly stimulate compensatory processes in damaged organs and systems, creating over time a stable long-term compensation;

C) the physical and mental capabilities of a student with special psychophysical development should be raised to the level of a normally developed peer;

D) it is necessary to conduct training primarily in the skills that students will use in the current and near future.

18. The principle of systematicity and consistency in adaptive physical education means...

A) physical exercises without unjustified absences;

B) compliance with the structure of the adaptive physical education lesson;

C) conducting classes in accordance with the schedule of the educational process;

D) ensuring the continuity, priority, and consistency of classes.

19. Which of the special methodological principles of adaptive physical culture requires the allocation of typological groups with similar characteristics: according to health status, motor disorders, behavior, etc., and also take into account these characteristics and other features inherent in each individual:

A) diagnostics;

B) differentiation and individualization;

C) correctional and developmental orientation;

D) taking into account age characteristics.

20. Leading in special pedagogy is the principle of...

A) compensatory orientation of pedagogical influences (F.Z. Meerson);

B) taking into account age characteristics (V.K. Balsevich);

C) correctional and developmental orientation of the pedagogical process (L.S. Vygotsky);

D) humanistic orientation (L.I. Lubysheva).

21. What functions does the family perform in the upbringing and development of a child with disabilities?

A) correctional and developmental activities;

B) compensating;

C) assign the entire burden to the correctional school;

D) rehabilitation.

22. Main problems faced by parents of disabled children:

- A) lack of educational institutions to create full-fledged conditions for the development of children;
- B) lack of staff-educators, psychologists, rehabilitation specialists, teachers who can help the child develop the skills and abilities necessary for independent life;
- C) material well-being;
- D) emotional stability.

23. The main areas of correctional work are:

- A) teaching the child about external contacts;
- B) economic orientation in favor of the correctional institution;
- C) training in more complex behaviors;
- D) development of the child's self-awareness and personality.

24. What is the name of a specialist working with children with speech disorders?

- A) an oligophrenopedagogue;
- B) a sign language teacher;
- C) speech therapist;
- D) typhlopedagogue.

25. What is the name of a specialist in working with children with intellectual disabilities...

- A) an oligophrenopedagogue;
- B) a sign language teacher;
- C) speech therapist;
- D) typhlopedagogue.

26. What is the name of a specialist working with children with hearing impairments?

- A) an oligophrenopedagogue;
- B) a sign language teacher;
- C) speech therapist;
- D) typhlopedagogue.

27. A specialist in working with children with visual impairments is called...

- A) an oligophrenopedagogue;
- B) a sign language teacher;
- C) speech therapist;
- D) typhlopedagogue.

MODULE III. PRACTICAL IMPLEMENTATION OF GOALS AND OBJECTIVES TASKS OF ADAPTIVE PHYSICAL EDUCATION OF VARIOUS POPULATION GROUPS WITH INTELLECTUAL DISABILITIES

3.1 Organization and content of adaptive physical education in special education institutions

1. What types of institutions are not related to special education:

- A) a special preschool institution;
- B) special general education school (special general education boarding school);
- C) auxiliary school (auxiliary boarding school);
- D) secondary general education boarding school.

2. What types of institutions are not related to special education:

- A) a special preschool institution;
- B) secondary specialized educational institution;
- C) the center for correctional and developmental training and rehabilitation;
- D) other special education institution.

3. Which of the following applies to special preschool institutions:

- A) a special nursery school;
- B) center for correctional and developmental training and rehabilitation
- C) a special children's health camp;
- D) special rehabilitation kindergarten.

4. Center for Correctional and Developmental Training and Rehabilitation (CCROiR) –

- A) a special education institution that implements an educational program of special education at the pre-school level for persons with intellectual disabilities;
- B) a special education institution that implements an educational program of special education at the secondary level for persons with intellectual disabilities;
- C) a special education institution where children's mental and physical development disorders are corrected in their free (extracurricular) time;
- D) there is no correct answer.

5. Medical and social expertise is...

- A) one of the types of medical expertise that studies the prevalence and structure of disability, as well as the causes, factors and conditions that affect the occurrence, development and outcome of disability;

B) a system of medical measures implemented by medical institutions for the purpose of timely diagnosis, treatment and prevention of diseases;

C) determining, in accordance with the established procedure, the needs of the examined person for social protection measures, including rehabilitation, based on an assessment of existing life limitations caused by a health disorder with a persistent disorder of body functions;

D) checking a person for professional aptitude.

6. What percentage of children are enrolled in correctional and developmental training and rehabilitation centers?

A) persons with severe and (or) multiple physical and (or) mental disabilities;

B) persons with varying degrees of intellectual disability;

C) persons with severe forms of cerebral palsy;

D) persons who are unable to attend special or auxiliary schools independently.

7. Adaptive physical education in relation to children with severe and (or) multiple physical and (or) mental disorders is primarily aimed at:

A) promote health by increasing the level of motor abilities;

B) perform correction of psychomotor development disorders;

C) promote the maximum adaptation (adaptation) of children of this category to the surrounding reality, the formation of stable practically necessary skills and abilities;

D) stimulate motor activity.

8. What is the main purpose of training sessions on "Adaptive physical culture" in the CKROiR (according to the curriculum of this subject):

A) to carry out comprehensive and harmonious physical development of the child;

B) promote the maximum possible development of children's vitality and help them acquire skills of domestic independence;

C) carry out comprehensive physical development and health promotion;

D) promote health promotion and correction of physical development disorders.

9. What kind of adaptive physical education lessons are most typical for CKROiR?

A) health-related lessons;

B) complex;

C) recreational lessons;

D) sports-oriented lessons;

E) therapeutic lessons.

10. Correction of physical and / or mental disorders –

A) a system of psychological, pedagogical, medical and social measures aimed at correcting or reducing physical and / or mental disorders;

B) a system of pedagogical work aimed at improving weakened indicators of physical and (or) mental development;

C) psychological system of correction of the disturbed functional system of the body;

D) use of means of physical education aimed at correcting or reducing physical and (or) mental disorders.

11. What are the differences between the concepts of "developmental" and "correctional" activities?

A) practically absent;

B) development activities are aimed at creating socio-psychological conditions for personal development;

C) correctional activities are focused on solving specific problems in the child's development process related to the correction of mental and personality development deficiencies, inadequate forms of behavior and well-being;

D) developmental activities are related to the physical development of the individual, and correctional activities are related to mental development.

12. Education and upbringing of children with special psychophysical development at home –

A) organization of special education, in which the development of relevant educational programs by a person who temporarily or permanently does not attend an educational institution for medical reasons is carried out at home;

B) organization by a special educational institution of training and upbringing of a child, carried out at the request (application) of parents at home;

C) organization of special training at home in connection with a temporary long-term illness;

D) organization of special education of "family type" (at the place of residence of any family).

13. Duration of special education at the level of general secondary education for persons with intellectual disabilities in the first department of an auxiliary school (auxiliary boarding school) compose:

A) from ten to twelve years of age;

B) five years;

C) nine years;

D) the number of years, depending on educational opportunities.

14. The term of special education at the level of general secondary education for persons with intellectual disabilities in the second department of an auxiliary school (auxiliary boarding school), in the center for correctional and developmental training and is:

- A) the number of years, depending on educational opportunities;
- B) five years;
- C) nine years;
- D) from ten to twelve years of age.

15. Special general education schools (boarding schools) are opened for...

A) training and education of students with speech, hearing, vision, mental development (learning difficulties), musculoskeletal system functions for general basic and general secondary education;

B) training and upbringing, correction of physical and (or) mental disorders and social adaptation of students with intellectual disability (mental retardation);

C) co-education and upbringing of students with speech, hearing, vision, mental development (learning difficulties), and musculoskeletal system functions, and ensure that they receive general basic and general secondary education;

D) training and education of students with special psychophysical development and obtaining special professional education.

16. Auxiliary schools (boarding schools) are created for...

A) training and education of students with speech, hearing, vision, mental development (learning difficulties), musculoskeletal system functions for general basic and general secondary education;

B) training and upbringing, correction of physical and (or) mental disorders and social adaptation of students with intellectual disability (mental retardation);

C) co-education and upbringing of students with speech, hearing, vision, mental development (learning difficulties), and musculoskeletal system functions, and ensure that they receive general basic and general secondary education;

D) training and education of students with special psychophysical development and obtaining special professional education.

17. In the first department of students in auxiliary schools (boarding schools), the educational process involves:

A) providing training for students' conscious professional self-determination, ensuring their social adaptation and integration into society;

B) organization of the correctional and pedagogical process with leading activities aimed at developing students' socially significant knowledge and skills necessary for them in everyday life, cultural and social behavior skills that ensure the maximum possible integration into society;

C) orientation of students in a variety of professions and types of professional activity and preparation for the chosen profession;

D) correction or mitigation of physical and (or) mental disorders existing in students.

18. In the second department of students in auxiliary schools (boarding schools), the educational process involves:

A) providing training for students' conscious professional self-determination, ensuring their social adaptation and integration into society;

B) organization of the correctional and pedagogical process with leading activities aimed at developing students' socially significant knowledge and skills necessary for them in everyday life, cultural and social behavior skills that ensure the maximum possible integration into society;

C) orientation of students in a variety of professions and types of professional activity and preparation for the chosen profession;

D) correction or mitigation of physical and (or) mental disorders existing in students.

19. What is the name of the subject and, accordingly, the curriculum for physical education of students with a slight degree of intellectual disability (first department) studying in auxiliary schools of the Republic of Belarus?

A) Adaptive physical culture;

B) Physical culture and health;

C) Physical culture;

D) Physical education of students with intellectual disabilities.

20. What is the name of the subject and, accordingly, the curriculum for physical education of students with moderate and severe intellectual disabilities (second department) studying in auxiliary schools of the Republic of Belarus?

A) Adaptive physical culture;

B) Physical culture and health;

C) Physical culture;

D) Physical education of students with intellectual disabilities.

21. The main goal of the curriculum for "Adaptive Physical Culture" of students with moderate and severe intellectual disabilities studying in auxiliary schools is to:

A) development and correction of impaired functions, strengthening the health of students;

B) strengthening health and achieving the maximum level of development of physical and personal qualities that provide the student with full self-realization in various spheres of life and maintaining a healthy lifestyle.

C) comprehensive physical and mental development, health promotion and integration of students into society;

D) health promotion and achievement of individually accessible motor experience, the level of development of physical and personal qualities that provide the student with the maximum possible self-realization in various spheres of life and maintaining a healthy lifestyle.

22. What of the above does not apply to the "health-improving tasks" of the curriculum for "Adaptive Physical culture" of students with moderate and severe intellectual disability?

A) provide optimal motor mode and pedagogical conditions for the formation of play and voluntary motor activity of students;

B) form correct posture, prevent obesity, flat feet, and visual disturbances;

C) comprehensively develop the physical qualities of all parts of the musculoskeletal system;

D) to learn and improve educational motor skills and abilities with a wide use of their varieties and variable practical application (with changes in the conditions of performance, location, equipment, inventory, etc.).

23. Which of the above does not apply to the "educational tasks" of the curriculum for "Adaptive Physical culture" of students with moderate and severe intellectual disabilities?

A) develop accessible physical culture knowledge and skills aimed at intellectualizing organized motor activity and independent use of physical education tools;

B) teach purposeful actions with sports equipment, rational interaction in collective forms of physical exercises, games, sports and mass events;

C) use the means of physical education for active recreation, reducing fatigue in the process of educational, household and work activities, and maximizing cognitive activity.

D) to learn and improve educational motor skills and abilities with a wide use of their varieties and variable practical application (with changes in the conditions of performance, location, equipment, inventory, etc.);

24. What of the above does not apply to the "educational tasks" of the curriculum for "Adaptive physical culture" of students with moderate and severe intellectual disabilities?

A) to form a positive attitude to physical culture and health-improving activities, a stable interest, habits and needs in physical culture and health-improving activities and maintaining a healthy lifestyle;

B) develop personal qualities (organization, discipline, respect and demanding attitude towards oneself, kindness, attentive attitude to others, etc.);

- C) to form the basis of safe behavior during physical exercises, outdoor games, participation in sports and mass events;
- D) carry out social adaptation of students and integration into society.

25. What of the above does not apply to the "correctional and developmental tasks" of the curriculum for "Adaptive Physical culture" of students with moderate and severe intellectual disability?

A) provide continuous development of sensory systems (visual, auditory, tactile, vestibular analyzers, skin-kinetic perceptions, vestibular stability, etc.) in the process of solving health-improving and educational tasks, taking into account individual characteristics of students' psychophysical development;

B) promote the formation of compensations, the replacement of lost or grossly impaired functions and methods of motor activity with motor stereotypes and analogues, the development of compensatory mechanisms for the tolerance of physical exertion of various directions;

C) form correct posture, prevent obesity, flat feet, and visual disturbances;

D) systematically carry out correction and development of indicators of cognitive activity, mental properties and personal qualities of students on the basis of preserved motor and other body functions;

26. What is the basic component of the curriculum for "Adaptive Physical Culture" for students with moderate to severe intellectual disabilities?

A) mandatory educational material for the educational process on the formation of knowledge, motor skills, and the development of physical qualities;

B) mandatory training material on physical fitness and regulatory requirements;

C) a list of motor skills and sports used at the teacher's choice;

D) practical material that the teacher can choose to use for the full implementation of an individual approach to solving problems of general physical training of students and planning individual educational routes.

27. What is the variable component of the curriculum for "Adaptive Physical Culture" for students with moderate and severe intellectual disabilities?

A) mandatory educational material for the educational process on the formation of knowledge, motor skills, and the development of physical qualities;

B) mandatory training material on physical fitness and regulatory requirements;

C) a list of motor skills and sports used at the teacher's choice;

D) practical material that the teacher can choose to use for the full implementation of an individual approach to solving problems of general physical training of students and planning individual educational routes.

28. What is the main criterion for the quality of the educational process in the subject "Adaptive physical culture" for students with moderate and severe intellectual disability?

A) positive dynamics in the formation of the studied knowledge, motor skills, growth of indicators of physical development and fitness, as well as in improving the health status of each student;

B) compliance with the regulatory requirements of the curriculum;

C) social adaptation of children and their integration into society;

D) mastering the knowledge being studied, motor skills and abilities, increasing the indicators of physical development and fitness, as well as improving the health status of each student.

29. What are the levels of mastering the educational material that the content of the curriculum "Physical Culture and Health" for students with mild intellectual disability (first department) is divided into in auxiliary schools of the Republic of Belarus? (specify which level is not included)

A) preparatory level;

B) the basic level;

C) sports level;

D) the application layer.

30. What does the "basic level" of mastering the educational material imply? The content of the curriculum "Physical Culture and Health" for students with mild intellectual disability (first department) in auxiliary schools of the Republic of Belarus is divided?

A) mastering motor actions of varying complexity, as well as their various combinations with types of vital movements (walking, running, jumping, etc.);

B) mastering physical exercises performed in conditions of competitive activity or close to them, which requires the manifestation of high muscle and volitional tension;

C) mastering elementary types of vital movements (walking, running, jumping, etc.);

D) mastering the largest amount of practical material in the curriculum.

31. What does the "applied level" of mastering the educational material imply? The content of the curriculum "Physical Culture and Health" for students with mild intellectual disability (first department) in auxiliary schools of the Republic of Belarus is divided?

A) mastering motor actions of varying complexity, as well as their combinations with the main types of vital movements (walking, running, jumping, etc.);

B) mastering physical exercises performed in conditions of competitive activity or close to them, which requires the manifestation of high muscle and volitional tension;

- C) mastering elementary types of vital movements (walking, running, jumping, etc.);
- D) mastering the largest amount of practical material in the curriculum.

32. The content of the curriculum "Physical Culture and Health" for students with mild intellectual disability (first division) in auxiliary schools of the Republic of Belarus is divided into the following categories:

- A) mastering motor actions of varying complexity, as well as their various combinations with types of vital movements (walking, running, jumping, etc.);
- B) mastering physical exercises performed in conditions of competitive activity or close to them, which requires the manifestation of high muscle and volitional tension;
- C) mastering elementary types of vital movements (walking, running, jumping, etc.);
- D) mastering the largest amount of practical material in the curriculum.

33. Directed development of one physical ability, which led to positive changes in the other, is called...

- A) transfer of physical qualities;
- B) negative transfer;
- C) positive transfer;
- D) cumulative effect.

34. What is the name of the subject and, accordingly, the curriculum for physical education of students with a mild degree of intellectual disability studying in vocational education institutions of the Republic of Belarus?

- A) Adaptive physical culture;
- B) Physical culture and health;
- C) Physical culture;
- D) Physical education of students with intellectual disabilities.

35. What physical education training programs for people with intellectual disabilities studying in special education institutions of the Republic of Belarus include 10-point scales for assessing the level of development of students' motor abilities?

- A) Curriculum on the subject of "Physical culture and health" for students of the first department of auxiliary schools;
- B) Curriculum on the subject of "Physical culture and health" for students of vocational education institutions;
- C) Curriculum on the subject "Adaptive physical culture" for students of the second division of auxiliary schools;
- D) In no circumstances.

36. What are the names of subdivisions attached to Territorial Social Service Centers that are created to involve adults with disabilities, taking into account the available opportunities, in various forms of social life, in creative activities, and in physical culture and recreation activities?

- A) day care units for disabled people;
- B) the center for correctional and developmental training and rehabilitation;
- C) clubs (by area of activity);
- D) special social security groups for persons with disabilities.

37. What form of physical culture and health work is most frequently used during the day of the department of day care for disabled people at the TCSON?

- A) an hour of adaptive physical recreation;
- B) sports competitions;
- C) excursions and hikes;
- D) physical education classes of recreational walking.

3.2 Sports activities of persons with intellectual disabilities

1. The emergence and activity of the world-famous public international organization "Special Olympics" (Special Olympics) is associated with the name of:

- A) Edouard Seguin;
- B) Pierre de Coubertin;
- C) John F. Kennedy;
- D) Eunice Kennedy-Shriver.

2. The philosophy of creating Special Olympics was based on the belief that...

A) people with intellectual disabilities can, with appropriate treatment and systematic training, acquire accessible sports skills and participate in adapted individual and team sports;

B) people with intellectual disabilities should receive special physical education and experience on an equal basis with other members of society;

C) people with intellectual disabilities should participate in sports competitions and prepare for them on an equal basis with ordinary athletes;

D) people with intellectual disabilities have the right and can participate in adapted individual and team sports with the assignment of sports categories and titles, as a result, enjoy and benefit from it.

3. Main goal Special Olympics consists of:

A) providing support and assistance to people with intellectual disabilities to become full and respected members of society through sports training and competitions, informing the public about their abilities and needs;

B) improving and strengthening the health of people with intellectual disabilities through sports training and competitions;

C) forming a positive and active attitude to sports among people with intellectual disabilities;

D) health promotion and comprehensive development of physical qualities in people with intellectual disabilities through sports training and competitions.

4. Official date of creation and start of activity of the public organization "Special Olympics" (Special Olympics):

A) 1957;

B) 1963;

C) 1968;

D) 1980.

5. Since what year did the International Special Olympic Games in Summer Sports (Summer World Games) start to be held?

A) 1977;

B) 1968;

C) 1963;

D) 1975.

6. Since what year did the International (World) Special Olympic Games in Winter Sports begin to be held?

A) 1957;

B) 1980;

C) 1968;

D) 1977.

7. Which sports program is the most popular official sports program in Russia:

A) physical activity training program (PTDA or MATR);

B) training program and competitions in Olympic sports (traditional sports);

C) the Unified Sport or United Sports program;

D) The "Healthy Athlete" program.

8. In what year does Special Olympics arrive in Eastern Europe on the territory of the USSR:

- A) 1992;
- B) 1960;
- C) 1980;
- D) 1990.

9. When and where under the auspices of SOInk. the first All-Union seminar for physical culture specialists was held, dedicated to the organization of sports work with mentally retarded people under the CO program:

- A) in February 1990 in Sukhumi (Georgia);
- B) in April 1991 in Moscow;
- C) in Minsk in 1992;
- D) in March 1960 in Moscow.

10. Athletes with intellectual disabilities from which republics first represented the team of the Union of Soviet Socialist Republics (USSR) at the European Summer Special Olympics on June 20-28, 1990 in Glasgow (Scotland):

- A) Russia, Belarus, Azerbaijan and Uzbekistan;
- B) Russia and Belarus;
- C) Russia, Belarus and Kazakhstan;
- D) all republics of the USSR.

11. At what age is it allowed to participate in the Special Olympics?

- A) any person with intellectual disabilities aged eight years and older;
- B) any person with special psychophysical development at the age of 2 years and older;
- C) persons of any age who have mild or moderate intellectual disability detected from the moment of birth;
- D) persons with intellectual disabilities aged eight years and older who do not belong to the special medical group and the physical therapy group.

12. Can children between the ages of 2 and 7 participate in Special Olympics competitions?

- A) Young Athletes of the Special Olympics cannot, but can participate in the program;
- B) Cannot participate in any Special Olympics programs;
- C) can not, but can participate in the Program of motor activity training;
- D) can participate in Special Olympics competitions, by decision of the Accredited Program.

13. Prohibited sports include those that do not meet the minimum health and safety standards approved by the SOI or otherwise unduly endanger the health and safety of athletes and other participants during training and Special Olympics competitions. Which of the above are considered as such:

- A) boxing, karate and other types of martial arts;
- B) fencing;
- C) all the names mentioned;
- D) shooting.

14. ... is a Special Olympics program in which Special Olympics athletes (Athletes) and non-intellectual athletes (Partners) participate jointly in team sports training and competitions (*insert missing*):

- A) The "Volunteers" program;
- B) The "Athlete – leader" program;
- C) The United Sport Program;
- D) The "Join" program.

15. ... – this is a Special Olympics program designed for athletes with severe or severe intellectual and motor disabilities that do not allow them to participate in official Special Olympics competitions, and training is carried out for specially organized sports events that correspond to their abilities (choose the name of this program):

- A) The Healthy Athlete Program;
- B) "Motor activity training program";
- C) The United Sport Program;
- D) The "Join" program.

16. "Partial participation" distinguishes PTAs from the official sports of Special Olympics. What does this principle mean?

A) providing support to the student in achieving the motor task being solved (for example, beating a suspended ball with a racket, using special devices), without waiting for a long time when he will perform it himself: by active accompanying performance or by performing a passive exercise;

B) the motor task during mastering or demonstration is performed in parts or with interruptions;

C) the student does not master all types of sports programs in the classroom and participate in performances;

D) each participant does not master all types of sports programs, but only the part that corresponds to their capabilities.

17. The distribution of athletes in SO into divisions assumes that the difference between the best and worst performance in any division should not exceed:

- A) 15%;
- B) 10%;
- C) 5%;
- D) the indicator established by the Competition Regulations.

18. Which means: "The opportunity to compete in Special Olympics for athletes of all ability levels":

- A) all official sports are tailored to the specific level of physical abilities of athletes;
- B) regular training provides an opportunity for people of all levels of physical ability to compete in Special Olympiads in official sports;
- C) athletes of all ability levels can compete in a competition (for example, a 100 m race).
- D) all competitive exercises of special competitions and sports programs are differentiated by levels of difficulty, providing an opportunity for successful participation of athletes of various levels of fitness (even with very low capabilities).

19. Students with Down syndrome are not allowed to participate in exercises or sports that may cause excessive stretching, bending, or direct pressure on the neck and upper spine. In the Special Olympic Movement, which sports are considered *prohibited* for such individuals:

- A) swimming in the style of butterfly and jump start in water, pentathlon, gymnastics;
- B) high jump, barbell squats, adapted judo;
- C) football, alpine skiing, equestrian sports;
- D) all those named.

ANSWERS

1.1 Psychological and pedagogical characteristics of individuals with intellectual disability

1 D	2 A	3 A	4 B	5 A	6 E	7 D
8 B	9 C	10 B	11 C	12 C	13 D	14 B
15 B	16 C	17 D	18 C	19 B	20 B	21 A
22 A	23 A	24 C	25 B	26 C		

1.2 Dysontogenesis of psychomotor development of persons with intellectual disability

1 B	2 A	3 A	4 A	5 D	6 B	7 D	8 A	9 B
10 C	11 B	12 A	13 A	14 B	15 A	16 C	17 B	18 C
19 B	20 D	21 B	22 B	23 A	24 D	25 A	26 D	27 A
28 B	29 C	30 D	31 A	32 A	33 C	34 C	35 D	36 A
37 C	38 A	39 C	40 A	41 B	42 A	43 A	44 D	

2.1 Adaptive physical culture as a modern innovative educational field in the upbringing and education of people with intellectual disabilities

1 A	2 B	3 B	4 B	5 C	6 B	7 C	8 C	9 A
10 D	11 D	12 A	13 C	14 B	15 B	16 A	17 A	18 B
19 B	20 B	21 D	22 B	23 C	24 A	25 A	26 C	27 B
28 B	29 A	30 A						

2.2 Pedagogical conditions, means and methods of implementing the basic principles of adaptive physical education of persons with intellectual disabilities in the educational system special education

1 D	2 A	3 A	4 C	5 A	6 B	7 D	8 B	9 B
10 B	11 C	12 D	13 B	14 A	15 C	16 A	17 D	18 D
19 B	20 C	21 B	22 D	23 C	24 C	25 A	26 B	27 D

3.1 Organization and content of adaptive physical education education in special education institutions

1 D	2 B	3 A	4 A	5 C	6 A	7 C	8 B	9 B
10 A	11 C	12 A	13 A	14 C	15 A	16 B	17 A	18 B
19 B	20 A	21 D	22 D	23 C	24 C	25 C	26 A	27 D
28 A	29 A	30 C	31 A	32 B	33 C	34 B	35 B	36 A
37 A								

3.2. Sports activities of persons with intellectual disabilities

1 D	2 A	3 A	4 C	5 D	6 D	7 B	8 D	9 A
10 A	11 A	12 A	13 C	14 C	15 B	16 A	17 A	18 D
19 D								

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