

THE IMPLEMENTATION OF THE SAS METHOD WITH PICTURE CARD ACTIVITIES TO ENHANCE INITIAL READING ABILITIES

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ABSTRACT

This study examines the case of two students, Y.A.A and R, both experiencing difficulties in reading, potentially indicating learning disorders or intellectual disabilities. Y.A.A, a 13-year-old boy, struggles with reading despite being active in other activities. R, on the other hand, shows signs of malnutrition during childhood and has difficulty in various academic subjects. Assessments using the WISC and VSMS indicate below-average intellectual abilities and social-communication skills. Informal reading tests reveal R's challenges in identifying letters, pronouncing words, and comprehending text. Cognitive, socio-emotional, and motivational aspects contribute to R's reading difficulties, suggesting a need for tailored interventions. The Synthetic Analysis Structure (SAS) method is proposed to improve R's reading skills, supported by psychoeducation for R's family and teachers. Evaluation shows promising progress in R's reading ability and emphasizes the importance of personalized interventions and parental involvement.

KEYWORDS *Learning Disorder, Intellectual Disability, Synthetic Analysis Structure (SAS),*



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INTRODUCTION

The individual case at this junior high school involves a boy named Y.A.A, born on July 12, 2009, in Kupang. Currently 13 years old, Y.A.A is the second child of two siblings and lives in Dendeng, Kupang Tengah. His parents are Hendrik and Florensia, both working as farmers. Y.A.A experiences difficulty in reading, although he is very active in playing with his friends. This issue was first noticed by the Special Guidance Teacher (Guru Pembimbing Khusus), who complained that Y.A.A still cannot read even though he has reached junior high school. During elementary school, Y.A.A received little attention from teachers, and during the pandemic, his condition did not improve even though he studied from home for two

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years. Despite passing to junior high school, Y.A.A remains in the 7th grade due to his inability to read fluently.

In the learning process, Y.A.A is taught to read from scratch, starting from the alphabet. However, he still struggles to recognize letters and read fluently. Y.A.A also has difficulty in copying words correctly and cannot rewrite what is dictated by the teacher. Additionally, Y.A.A's learning focus is easily diverted by his friends, and he tends to feel tired after studying for 20 minutes. The symptoms experienced by Y.A.A do not match the language development expected at his age. Although at the age of 14, language abilities should have improved, Y.A.A still has difficulty reading and spelling words correctly. The initial diagnosis states that Y.A.A is suspected of having a learning disorder, especially in reading, but there are also indications towards intellectual disability. Referring to the summary of the case above, it can be initially diagnosed that Y.A.A is suspected of experiencing a learning disorder, specifically in reading, but other indications point towards intellectual disability.

RESEARCH METHOD

The assessment method used to gather data about the client's behavior in various situations. Observations were conducted at home and school to establish baseline conditions before intervention. Interviews with the client's teachers and mother provided information about activities and developmental history. The use of the WISC helped determine the client's overall intellectual abilities and social-communication through the VSMS. Informal reading tests and document analysis such as reports were also conducted.

The assessment results showed that R experienced malnutrition during childhood. The learning process at home was quite limited, and R struggled with reading, writing, and arithmetic. Physical observations indicated good health conditions. During the assessment at school, R appeared active but had difficulty learning. The WISC test revealed difficulties in following instructions and completing tasks.

From the interview with the mother, R appeared shy and less communicative. The relationship with the family was good, but R often resisted parents. At school, R struggled to learn and lacked focus. During the WISC test, R initially refused to take the test and tended to be unfocused. R's ability to read and complete test tasks was limited. In conclusion, R experienced difficulties in the learning process, especially in reading, writing, and arithmetic. Environmental factors and inappropriate learning approaches may be considered in planning further interventions and support..

RESULT AND DISCUSSION

Formal Test Results

The formal test results indicate that subject R has verbal IQ, performance IQ, and full-scale IQ in the category of intellectual disability. Scores on the WISC test show low abilities in both verbal and performance subtests. R has good dressing

skills, but his social maturity is still low, especially in communication and self-help. Although R can move independently at close range, he still needs assistance for long-distance travel. R's self-direction and work skills still need improvement. However, R is capable of eating independently.

R's verbal ability shows weaknesses in understanding less commonly encountered words in daily life. Subtests such as information, comprehension, arithmetic, similarities, and digit span show low levels of verbal ability. In terms of performance ability, R also shows limitations, especially in subtests like completing pictures, block design, arranging objects, and arranging pictures.

Nevertheless, R shows progress in some skill aspects, such as dressing and eating independently. However, his social skills need to be further improved, especially in communicating with adults and self-help. R also shows the ability to self-direct, but still requires further guidance to enhance overall independence.

Informal Test Results

Identifying reading difficulties

No	Aspect Observed	Check list	Result of Assessment
1.	Identifying letters Vowel (a,i,u,e,o)	X	R can correctly identify all letters A, I, U, E, O with precision, without reversing them, and answer them spontaneously (without thinking for a long time)
2.	Identifying consonant letters	X	- When asked to read consonants sequentially, R can correctly pronounce them. When asked to read randomly, R can also pronounce them correctly. R can distinguish <ul style="list-style-type: none"> - Letters 'b', 'd', and 'p' - Letters 'v', 'w', and 'y' - Letters 'm', and 'n'
3.	Identifying diphthong letters (ny, ng)	✓	R can pronounce 'n' and 'g' or 'n' and 'y' individually, but when these letters are combined, R cannot read them. R appears to try to read them but cannot. “nyanyi” read as “yayi” “saying” read as “sayah” “yang” read as “ya”
4.	Unable to pronounce consonant-vowel combinations	X	R can pronounce correctly and fluently “ba-ca”, “bu-ku”, “ma-ta”, ju-ni”

5.	Unable to pronounce diphthong vowel combinations (nya, ngu)	✓	R struggles to read “nya” in the word “nyamuk”. R pronounces "n" first and then reads "nya-muk" a few moments later; the word “mengajak” read as “megajak”
6.	Unable to pronounce consonant-vowel-consonant combinations	X	R can pronounce vowel-consonant combinations
7.	Unable to distinguish between letters with similar shapes (b-d), (p-q), (m-n), (u-w)	✓	R cannot differentiate between the letters b and d or p and q
8.	Omission of letters or words (bunga mawar itu merah), (bapak membaca buku)	✓	R omitted some words in the sentence “bapak membaca buku” becoming “bapak baca buku”
9.	Identifying words	✓	Omitting some letters in the word “ketukan” becoming “tukan”, “giliran” becoming “giran”.
10.	Use of punctuation marks	✓	Reads with a flat tone without pause
11.	Reading fluency	✓	Not very fluent in reading and pauses intermittently
12.	Ability to answer questions about reading content	✓	Not yet able to read fluently, thus unable to answer reading content
13.	Listening attentively	X	Subject can listen attentively
14.	Ability to answer questions from listening text	X	Subject can answer questions from the heard story
15.	Substituting words with different meanings (“itu kucing Ali” read as “itu kacang Ali”)	✓	Sentence “Rangga punya mangga” read as “Rangga punya manggis” after correction and read as “Rangga punya manga” Sentence “Setelah itu mereka pergi ke sekolah dengan menggunakan sepeda” read as “Setelah itu mereka pergi ke sekolah dan menggunakan sepeda” Sentence “ada

			nyamuk di rumah Irna” read as “ada ngamuk di rumah Irna”
16.	Pronouncing words incorrectly, nonsensically (“ibu beli nenas” read as (ibu beli memas)	✓	Sentence “Wati main bola” read as “Wati main bolam” Sentence “Rumah paman di Semarang” read as “Rumah paman di Semaram” Sentence “Putri sayang Bunda” read as “Putri sayah Bunda” Sentence “ada nyamuk di rumah Irna” read as “ada nanyamuk di rumah Irna” Sentence “Rangga punya mangga” read as “Rangga puga manga”
17.	Not paying attention to punctuation marks (“Bapak dan Ibu pergi ke kantor. Saya pergi ke sekolah.”) read as (“Bapak dan Ibu pergi ke kantor saya per-gi ke sekolah”	✓	When asked to read a short paragraph using punctuation marks, R cannot follow according to the punctuation marks. If there is a comma or period after the sentence, R immediately reads the next sentence without pause.

In the informal test above, it can be seen that R has difficulty in reading words containing diphthongs such as “nyanyi” pronounced as “yayi”. Then the inability to pronounce diphthong letter combinations (nya, ngu) like “nyamuk”. Inability to differentiate between letters with almost similar shapes (b-d), (p-q), (m-n), (u-w). R omitted some words in the sentence “bapak membaca buku” becoming “bapak baca buku”. When reading a story, R reads it with a flat tone without pause, as if spelling. Not very fluent in reading and pauses intermittently. Not yet able to read fluently, thus unable to answer reading content. Substituting words with different meanings (“itu kucing Ali” read as “itu kacang Ali”). Correcting their own mistakes (“Duku itu manis.”) read as “Buku itu manis” self-corrected “Duku itu manis”. R hesitates when reading, especially words containing diphthongs. R also cannot arrange the sequence of reading stories.

Document Analysis Report Results

Based on the report data, it shows that the subject has grades ranging from good to fair in almost all subjects. The subject appears to have less mastery in some subjects, namely religious education and character education, Pancasila and Civic Education, Indonesian Language, Natural Sciences, Social Sciences, and English. The subject also has less good grades in Mathematics. There are several notes given

on the subject's report, namely the subject needs to increase enthusiasm, responsibility, and discipline especially in learning and consultation so that the material is not delayed.

Data Integration Results

Cognitive Aspect

R's academic ability is below average, indicating that R has less potential to grasp or understand given information. R's intelligence potential is not optimally actualized, leading to the client's tendency to have low achievement. Based on the assessment results conducted on R, the WISC results show that in aspects of information, comprehension, arithmetic, similarities, and digit span are in the low category. Meanwhile, in aspects of vocabulary, completing pictures, arranging pictures, block design, and arranging objects are in the very low category. In the symbol aspect, the subject is in the fair category. Based on these score data, it can be estimated that the subject has an IQ score of 56, categorized as intellectual disability.

Socio-Emotional Adjustment Aspect

The client's emotional expression tends to be emotional; when communicating with others, the subject sometimes uses a high tone and speaks quite quickly. R lacks enthusiasm and interest in receiving lessons. R needs support and encouragement from the environment, such as family and teachers.

R is quite capable of socializing with others. R can interact with others; R is more silent, and when the teacher asks R, he just smiles. During break time, R also plays with his friends. When at home, R interacts with peers, but R is more involved indoors and plays with his mobile phone.

Motivational Aspect

R lacks enthusiasm when doing activities in his class. R is less able to focus during task completion and easily gets bored. The teacher mentions that R can only focus on lessons for about 15 to 20 minutes; besides, when the teacher pays attention, R does nothing, even when asked to rewrite the material, R does not write anything in his book. R's behavior during task completion, such as daydreaming, looking at his friends, playing with his pen, or watching his friends study. To complete tasks, R requires a very long time. R lacks initiative to study at home or at school. Even when studying at home, if his family reminds him to study, R will study but not do anything, just sit in front of his book, while at school, the teacher has to pay close attention to him; if not, R will not study and just sit quietly, causing the teacher to complain that they also have to pay attention to other classmates, not just R. Additionally, R never reviews lessons at home unless asked to study, and his parents are also less supportive in helping R study and prefer his siblings to assist him in studying.

Intervention of Synthetic Analysis Structure

This method is a combination of phonics method with linguistic method. However, there is a difference in its application, where in this SAS method, the

written code analyzed is in the form of complete short sentences, while in the linguistic method, the analyzed written code is words. The SAS method is based on the assumption that a child's observation starts from wholes to parts. Therefore, children are encouraged to decode short sentences considered as complete language units and then analyze them into words, syllables, and letters, then synthesize them back from letters to syllables, words, and finally back to sentences. SAS is also a method of analyzing sentences accompanied by pictures and/or without pictures into words, syllables, letters, then re-synthesized into sentences (Mulyono, 1997). According to Depdikbud (1991), the SAS method is to analyze sentences with or without pictures into words, syllables, letters, syllables, words, and then re-synthesized into sentences. The advantages of this SAS method are that children can focus on the reading material, attract their attention due to the presence of teaching aids, and instill the concept of words in sentences.

Theoretical Analysis

Based on the data obtained from the assessment results, it is found that R is a student with intellectual disabilities or mental retardation experiencing difficulties in reading. Characteristics of R that reinforce that R belongs to children with intellectual disabilities are:

1. The onset of identifying intellectual limitations began at the age of 6 when R was in first grade of elementary school. Since elementary school, teachers often reported that R always did not understand the material taught. Teaching to R is repeatedly done so that he can understand it.
2. Weak intellectual function, seen from the IQ score of 59 (Weshler Scale). In the results of intelligence tests that have been conducted, almost all cognitive aspects are below average. These aspects include memory, arithmetic, understanding concepts, vocabulary, verbal fluency, and analytical abilities. Although many aspects are below average, R's visual motor skills are very good. This is evidenced by R's interest in activities that hone skills such as assembling and disassembling bicycles and playing ball.
3. Weak adaptive function. Based on the VSMS results, R's SQ score is below average for his age, especially in the communication and general self-help areas. Referring to DSM 5, R shows prominent inability in several domains of adaptive function, namely the conceptual domain (difficulties in reading, writing, telling time, solving mathematical problems, and remembering information), and the practical domain (limited self-care attention in using money to pay accordingly).

Referring to the factors influencing reading ability according to Wulan (2009 in Kumara, 2014), R's condition can be described as follows:

Factors Influencing	R Condition
Intelligence	IQ = 59 on the Weshler scale. If using DSM V, R falls under students experiencing intellectual disabilities. Low intelligence aspects within R include memory, arithmetic, understanding

	<p>concepts, vocabulary, verbal fluency, and analytical abilities. Performance aspects such as completing pictures, assembling pictures, block designs, and object assembly are also very low.</p>
Psychological Condition	<ul style="list-style-type: none"> - R has good hearing abilities. This data was obtained from interviews and observations. When researchers interacted with R, it appeared that R had no difficulty capturing sounds and could respond to the researcher's questions correctly. Observations also showed that R hears well, as evidenced by his response when called by his friends. R does not show difficulty in listening to his interlocutors. R's ability to speak with his interlocutors indicates that he also does not have constraints in conversation. - R has good visual abilities. This was observed during the study. When asked to read some words in the textbook, R could see the letters correctly. When the researcher asked R to look at the letters on the blackboard, R could also pronounce them correctly.
Teaching and Available Facilities	<ul style="list-style-type: none"> - Learning facilities provided to R are very minimal. There is no special space for R to study at home. - Learning media such as reading books are also not available due to the family's economic limitations, so R reads through his religious scriptures.
Opportunities and First Learning Experiences	<ul style="list-style-type: none"> - R started school at the age of 4 (preschool). - R was usually taught to read by his older sibling, but because R had difficulty accepting learning, his sibling often acted harshly towards him. His sibling often got angry, which made R even less willing to learn.
Educational Level and Family Background	<ul style="list-style-type: none"> - Since pregnancy, R's father left home and there has been no news since. - R was raised by his grandparents from birth until now. - The educational background of R's parents is junior high school. - The educational background of R's grandparents is elementary school graduates.

According to Havighurst, the process of mastering reading skills occurs between the ages of 6-12 years. If a child is unable to master reading skills during this period, other developmental tasks will be disrupted. This is also the case with R. When R does not master reading skills until his current age, he experiences difficulty in school subjects. When assisting R in studying in class, it is apparent that R cannot follow the lessons well. When the teacher writes material on the blackboard, R cannot follow because he does not understand what his teacher wrote. Instead, he can only copy what is written on the board into his notebook.

In the process of reading, various cognitive functions are involved, one of which is attention and concentration. Attention and concentration are used to focus

on recorded material and maintain the content in short-term memory. However, theoretically, children with intellectual disabilities experience weaknesses in these areas. Attention, concentration, and working memory are required for remembering sequences of letters forming words, the relationship between letter shapes and their sounds, and are involved in the process of spelling words (Konold, et al., in Kumara 2014). Based on the reading test results, R is already able to identify letters and remember them. R can also read some simple words and form them into short sentences. However, there are still some word and sentence structures that are difficult for R to read, such as words containing double consonants "ng" and "ny".

Referring to Chall's stages of reading (1979), at R's current age, he should already be in the third stage heading towards the fourth stage. In this third stage, the motivation to read should begin to shift from "learning to read" to "reading to learn". However, R's current condition has not yet reached the goal he should achieve, which is "reading to learn", because R has not mastered all aspects of reading as proposed by Abdurrahman (2012). Through the reading assessment results conducted on R, R has only entered the second stage, where R is already able to decode well, although his speed is lacking.

Considering the importance of reading ability for children in following lessons, the investment in R is focused on his reading ability, specifically on reading words and sentences where R has difficulty, such as words and sentences containing double consonants "ny" and "ng".

Personality Overview

Physical Aspect

Physically, R does not experience any obstacles in vision or hearing, all are in normal condition. R's motor skills are considered very good compared to other abilities. Based on health history, R has received complete immunizations. However, R's eating pattern is irregular; in a day, R may only eat once with a relatively small portion, resulting in R being categorized as thin physically.

Cognitive

R's academic abilities are below average, indicating that R has less potential to grasp or understand given information. R's intelligence potential is not optimally actualized, leading to a tendency for low achievement. Based on the assessment results using WISC, R's scores in aspects like information, comprehension, arithmetic, equations, and number series are in the low category. Vocabulary, completing pictures, arranging pictures, block designs, and object arrangement are in the very low category. The symbolic aspect is considered adequate. Based on these score data, it can be estimated that the subject has an IQ score of 56, falling into the mental disability category. R struggles to follow lessons at school due to the intellectual limitations he possesses, which also affect learning skills, especially reading.

Affective / Motivational Aspect

The client's emotional expression tends to be emotional; when communicating with others, the subject sometimes uses a high tone and speaks quite fast. The client lacks enthusiasm and interest in receiving lessons. The client requires support and encouragement from the environment, such as family and teachers.

Social

R is sufficiently able to socialize with others. R can interact with others, but R is more reserved, and when the teacher asks him questions, R just smiles. During break time, R also plays with his friends. At home, R interacts with peers, but R is more active indoors and plays with his cellphone.

Behavior

R has difficulty focusing during task completion and easily gets bored. The teacher says R can only follow lessons for about 15 to 20 minutes; besides, R does not do what the teacher asks to rewrite material in his book. R's behavior during task completion includes daydreaming, looking at his friends, playing with his pen, or watching his friends study. It takes R a very long time to complete tasks. R lacks initiative to study at home or at school. When studying at home, if reminded by his family to study, R will study but not do anything else, just sit in front of his book and then play with his cellphone. Moreover, at school, the teacher needs to pay close attention to him; otherwise, R will not study and just sit quietly. Furthermore, R never revisits lessons at home unless asked to study, and his parents also provide insufficient support for R's learning, relying more on his siblings to assist him in studying.

Aposteriori Hypothesis (Final Diagnosis)

Based on the assessment results, it is known that subject R indicates he is experiencing reading difficulties due to intellectual limitations.

Intervention Plan

Intervention Objective Based on the assessment results of R, it is evident that R is experiencing reading difficulties due to intellectual limitations, especially with words containing double consonants. Therefore, it is necessary to implement an appropriate reading intervention method tailored to R's needs and intellectual capacity. The objective of this intervention is to improve R's reading ability, particularly focusing on enhancing the ability to read words with double consonants and training R to comprehend what has been read.

Intervention Method

Intervention for R Based on explanations of several methods applied in teaching children with reading difficulties, the writer will utilize the Synthetic Analysis Structure (SAS) method in this intervention. The selection of this reading method is based on the consideration that R's current reading ability is equivalent to that of an 8-year-old elementary school child (developmental stage according to Chall, 1979). With the goal of SAS method being to teach reading to elementary-aged children, it is hoped that it can also help R improve his reading ability within his capacity. Besides considering this goal, the SAS method involving visual aspects using pictures as media is expected to enhance R's motivation to participate in this intervention.

Intervention for R's Family and Teachers Individuals who have been caring for and assisting R in learning at home are R's siblings. R's siblings need intervention to continue monitoring and supporting R's reading learning process at home. Teachers at school also need to be involved in the intervention to continue and

collaborate with R's family at home so that improvement in R's reading ability can be achieved according to R's intellectual capacity. The intervention to be conducted for R's family and teachers will be done using the psychoeducation method.

According to Himpsi (2010), psychoeducation is an activity conducted with the aim of:

1. Increasing understanding and/or skills as an effort to prevent the emergence or spread of psychological disorders in a group or community.
2. Enhancing understanding for the environment regarding the disorders experienced by an individual after undergoing psychotherapy.

In its implementation, psychoeducation can be conducted through training (Himpsi, 2010). Psychoeducation without training is usually done directly in the form of lectures and brief explanations. Psychoeducation can be conducted by psychologists and/or psychology scientists who understand psychoeducation methods as well as the issues present in a community and/or society. The stages of psychoeducation without training that must be carried out include assessment, program design, program implementation, monitoring, and program evaluation. In its implementation, psychologists and/or psychology scientists must conduct it according to scientific principles and empirical evidence available and based on the assessment results conducted.

Intervention Plan for R

Session 1

Location: R's School

Facilitator: Writer

Equipment: Flashcards

Duration: 20 Minutes

Behavioral Target	Initial Condition	Intervention Process	Desired Outcome	Evaluation
R feels comfortable with the writer and is willing to participate in the intervention process until completion	<ol style="list-style-type: none"> 1. R is still uncomfortable when interacting with the writer during the intervention process. 2. R refuses or feels embarrassed to complete the assignments. 	<ol style="list-style-type: none"> 1. The writer builds rapport by engaging in conversation with R, asking about R's day and activities 2. The writer then inquires about R's difficulties in reading 3. The writer communicates the purpose and objectives of the session, which is to engage in an activity together with R 4. The writer asks for R's willingness to participate in the reading activity with the prepared visual aids 5. The writer explains: "Now we will engage in an activity, which is reading. I will show picture cards like this, and you will identify what the picture is." 	<ol style="list-style-type: none"> 1. R begins to feel comfortable with the writer 2. R is willing to participate in the intervention with the writer. 	Observation sheet, R's attitude and response

6. The writer gives R the opportunity to respond to the invitation to participate.
 7. Once R agrees to participate in the activity with the writer, the session proceeds to the second phase.
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The Intervention Plan for R consists of several sessions conducted at R's school by the writer. In the first session, the focus is on making R feel comfortable with the writer and willing to participate in the intervention process. The steps include building rapport, identifying R's difficulties, and engaging R in a reading activity using visual aids. Evaluation is conducted through observation sheets and R's responses.

Subsequent sessions involve activities such as assembling words based on syllables and letters, as well as finding words that correspond to instructional images. The writer provides guidance and assistance to R when needed and praises successful achievements. Evaluation is done by ensuring that R can read all the given words.

Psychoeducation is also provided to R's assisting teacher and parents/guardians. For the assisting teacher, the writer provides information about R's reading difficulties and the intervention methods to be implemented. Evaluation is conducted by assessing the teacher's involvement in the intervention and the approach tailored to R's condition.

Meanwhile, psychoeducation for R's parents/guardians aims to help them understand that R's reading difficulties are due to his intellectual limitations. The writer provides information about assessment results, characteristics of children with intellectual disabilities, and offers advice on how to support R's learning. Evaluation is done by assessing whether parents/guardians no longer push R to learn beyond his capacity.

CONCLUSION

Evaluation of the intervention implementation on subject R indicates improvement in reading ability after the intervention treatment. Initially, the subject struggled to read words with certain consonant sounds such as "ny" and "ng," but with practice using flashcards, the subject began to show progress in reading these words. Additionally, the subject was trained to write dictated words, where initially the subject only wrote according to pronunciation but later could write correctly. Enjoyable and non-boring learning models, such as using visual media, also helped the subject focus and understand the correct form and way of writing words.

Intervention was also conducted with the parents, where they were guided to accompany the subject during learning. Creating a regular study schedule, creating a pleasant learning atmosphere, and not scolding the subject when experiencing difficulties were the focus of intervention for parents. With an understanding of the subject's condition, parents can provide appropriate support and monitor the subject's development at home.

On the teacher's side, intervention was carried out by providing information about the subject's development during the intervention process. Teachers were given an understanding of learning methods that can be used to assist the subject, and they received input from the writer regarding effective approaches to teaching the subject. Teachers also focused on creating a fun and non-threatening atmosphere for the subject during the learning process, with the presence of a special assisting teacher to help the subject in reading.

Suggestions and recommendations provided include the need for teachers to implement interventions according to the established methods, praising the subject for effort and progress made, creating individual learning programs for each student experiencing learning delays, and the importance of parents to accompany and monitor the subject's progress to achieve behavioral targets.

REFERENCES

- Abdurrahman, M. (2012). Pendidikan Bagi Anak Berkesulitan Belajar Teori, diagnosis, dan remediasinya. Jakarta: Rineka Cipta
- American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorder Edition (DSM-V). Washington: American Psychiatric Publishing.
- Departemen pendidikan nasional. (2007). Metode Pengembangan Kemampuan Bahasa. Direktorat Pendidikan Anak Usia Dini: Bandung
- Hallahan, D.P & Kauffman, J.M. (2006). Exceptional Learners: Introduction to Special Education 10th ed, USA: Pearson
- Hallahan, D., & Kauffman, (2011). Exceptional children: introduction to special education. edition. Prentice-Hall International, Inc
- Himpsti. (2010). Kode Etik Psikologi Indonesia Juni 2010. Jakarta: Pengurus Pusat Himpunan Psikologi Indonesia
- Jhon W. Santrock, (2011). Masa Perkembangan Anak Children (Edisi ke sebelas), Jakarta : Selemba Humanika.
- Kumara, A. (2014). Kesulitan berbahasa pada anak. Yogyakarta: Penerbit PT Kanisius
- Santrock, J.W. (2007). Perkembangan Anak (edisi kesebelas, jilid 2). Jakarta: Erlangga.