higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

MARKING GUIDELINE

NATIONAL CERTIFICATE

EDUCATIONAL PSYCHOLOGY N6

24 May 2021

This marking guideline consists of 9 pages.

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SECTION A

QUESTION 1

1.1
1.1.1 L
1.1.2 I
1.1.3 M
1.1.4 J
1.1.5 O
1.1.6 N
1.1.7 E
1.1.8 C
1.1.9 A
1.1.10 D

(10 × 1) (10)

1.2
1.2.1 True
1.2.2 True
1.2.3 True
1.2.4 True

1.2.5 False – Playing hopscotch will promote eye-foot coordination.

1.2.6 False – The Adventure Bus initiative is offered by the Grassroots.

1.2.7 False – A physiotherapist deals with physical problems.

OR

A speech therapist deals with language problems.

(10)

1.3
1.3.1 B
1.3.2 A
1.3.3 D
1.3.4 B
1.3.5 C
1.3.6 B
1.3.7 D
1.3.8 A
1.3.9 C
1.3.10 A

(10 × 2) (20)

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1.4 1.4.1 Visual discrimination

1.4.2
- Large muscle development
- Gross motor skills development
- Eye-foot coordination (Any ONE)

1.4.3
- Ocular motor control
- Fine motor skills development
- Eye-hand coordination (Any ONE)

1.4.4
- Eye dominance
- Eye-hand coordination (Any ONE)

1.4.5
- Large muscle development
- Gross motor skills development
- Eye-foot coordination (Any ONE)

(5 × 2) (10)
[50]

TOTAL SECTION A: 50

SECTION B

QUESTION 2

2.1
- Developmental level: Moral and social behaviour has an important influence on a child's behaviour, e.g. it is normal for a two-year-old to throw a tantrum, but this is not appropriate for a five-year-old. It is normal for a one-year old to touch everything, but not a six-year-old.
- The environment: Acceptable and unacceptable behaviour is learned by children. They react to their environment and the people in it. While interacting with peers and other people, children learn ways of reacting in social situations. They adapt to behaviour that seems to be acceptable to others. In this way, unacceptable behaviour can be acquired.
- Unrealistic expectations of children: Parents sometimes set standards that are too high for their child to achieve. Being aware of a child's development level is important. This will prevent parents from having unrealistic expectations. Often children are compared to other children in their own age group, but they do not have the same potential. Disobedience can occur if the expectations are too high or too low.

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- Health problems: A child's health influences his/her behaviour. Children cannot verbally explain how they feel. Medication will also influence the behaviour of a child, e.g. it can make the child hyper-active or sleepy, which can result in him/her being irritable. Educators must be aware of medication that a child may be taking and also be sensitive towards the child's health.
- Allergies: Food can have a negative effect on a child, e.g. Coca Cola and colourants in other cooldrinks make children hyperactive. Too many sweets and sugar causes the child to be overactive and difficult to handle.
- Attention: Adults tend to react when children do something wrong. The child receives the message that to gain attention, he must misbehave. Adults should pay attention to a child's positive behaviour too, so that it will not be necessary for them to be disobedient in order to get attention.
- Confusing guidelines: Children must know what is expected of them. Rules must be simple and clear. People often over-estimate children's ability to understand their expectations. (Any 5 × 2) (10)

2.2 2.2.1

- Hereditary
- Delayed bladder maturation
- Low antidiuretic hormone (ADH)
- Deep sleepers
- Smaller functional bladder
- Constipation (Any 5 × 1) (5)

2.2.2

- Encourage the child to go to the toilet before bedtime.
- Restrict a child's fluid intake before bed.
- Encourage the child to wake up and go to the toilet on time.
- Cover the mattress with plastic.
- Use bed-wetting alarms that sense urine and wake the child to use the toilet.
- Adults must potty train children at the appropriate time.
- Avoid potty training when a child is experiencing emotional problems, e.g. stress, divorce, moving, hospitalisation.
- Encourage the child to wear easy-access clothing.
- Do bladder training exercises.
- Be supportive, sympathetic and do not punish or tease.
- Divert the child's attention, e.g. tell a story.
- Always have extra clothing on hand.
- Advise parents to visit a paediatrician who may prescribe medication. (Any 5 × 2) (10)

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2.3 2.3.1 Tantrums refer to a collection of behaviours that are carried out as a reaction to an upsetting event (including the child throwing himself/herself onto the floor, kicking, pounding fists, crying, etc.).

2.3.2 A paediatrician is a medical practitioner who deals with medical problems in childhood.

2.3.3 Pica is an eating disorder associated with a child eating strange objects.

(3 × 2) (6)

2.4 2.4.1
- Stress in a child's life, e.g. arrival of a new baby, death of a family member, moving to a new house or parents divorcing or separating
- Way of showing love and affection to a caregiver
- Frustration due to a speech delay not allowing the child to ask for what he/she needs
- Not knowing how to behave due to over-stimulation
- Looking for attention
- Feeling threatened because he/she was hit/attacked first
- Way to take control and take charge of a situation (Any 6 × 1) (6)

2.4.2
- Try to stay calm.
- Make sure that the child that has been bitten is ok.
- Do not be tempted to do anything irrational.
- Ask the child (biter) for an explanation.
- Talk to the child (biter) about alternate strategies for dealing with anger.
- Try to figure out what triggers the child if he/she is a habitual biter.
- Explain to the child that biting is wrong.
- Consult the paediatrician or school teacher for professional advice. (Any 5 × 2) (10)

2.5
- Avoid telling lies because children follow adults' behaviours.
- Analyse the situation when a preschooler tells a lie, i.e. identify if it is fantasy or reality.
- Confronting the child directly with the evidence to explain disappointment in the behaviour will make the punishment more acceptable.
- Show disappointment in the behaviour – not the child.
- In severe cases, where lies are the rule rather than the exception, professional help should be sought. (Any 3 × 1) (3)

[50]

QUESTION 3

3.1 3.1.1
- Unit 1: Observing the world around us
- Unit 2: Sensing and knowing
- Unit 3: Shaping and relating
- Unit 4: Sorting and classifying (4)

3.1.2
- Sensory skills
- Spatial skills
- Measurement skills
- Classification skills
- Language skills (5)

3.1.3
- The activities are presented in small groups.
- There must be close contact between the teacher and the child.
- Children with similar levels of skills may be grouped together.
- Duration of activities: 20 minutes each.
- The teacher conducts demonstrations pertaining to the activities under special circumstances.
- The teacher must accept different answers and opinions.

(Any 5 × 2) (10)

3.2 3.2.1
- Respect for the child
- Absorbent mind
- Sensitive periods
- Prepared environment
- Auto-education (5)

3.2.2
- She has respect for the child and his/her privacy.
- She is a good observer.
- She knows that interaction with children is important.
- She is ready to guide and direct the children.
- She does not point out to the child what other children are doing.
- She never shows the child a model of how things should be done.
- She encourages the child to be independent.
- She does not punish the children.
- She diverts the child's attention when negative behaviour is displayed.
- She keeps in mind that discipline originates from within the child.
- She is cheerful and enthusiastic.
- She lets each child work at his/her own pace.
- She does away with the competitive spirit. (Any 5 × 1) (5)

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3.3
- Each child is valued as a unique individual.
- Montessori students develop order, coordination, concentration and independence at an early age.
- Students are part of a close, caring community.
- Students enjoy freedom within limits.
- Students are supported in becoming active seekers of knowledge.
- Self-correction and self-assessment are an integral part of the Montessori classroom approach. (Any 5 × 2) (10)

3.4
- Accredited training programmes for those working in the ECD field
- Training in integrating diversity, anti-bias and nonviolence in educational settings
- Post-training advisory and support for implementation
- Facilitated stakeholder dialogue for establishing development initiatives that provides ECD services in communities
- Access for caregivers to the family and community motivators (FCM) programme that focuses on children and their parents in their homes (5)

3.5
- Government funding focuses on up-scaling Grade R funding in public schools as opposed to community-based Grade R's which is more prevalent in South Africa.
- Facilities in the rural and disadvantaged areas are often the most in need of both public and private funding, yet they struggle to access it.
- There is no designated agency to oversee integration, implementation and evaluation of the ECD programmes.
- ECD centres are required to register with the DSD and to comply with strict norms and standards. This is a challenge for centres in poor communities.
- The ECD teachers in disadvantaged areas often lack access to the education and training they need. ECD is not viewed as an attractive career path for educated professionals. (Any 3 × 2) (6)

[50]

QUESTION 4

4.1 4.1.1

SCHOOL READINESS	SCHOOL MATURITY
• Mainly physical development • Only one development area • Cannot be forced • Determined by a doctor/nurse • Does not guarantee success at school	• Includes physical development • Development in totality • Can be acquired through stimulation • Administered by school psychologist or qualified personnel • Ensures good progress in school

(Any 4 + any 4) (8)

4.1.2 (a)
- The child is shy and withdrawn.
- The child cries easily.
- The child is slow to respond to instructions.
- The child is reluctant to perform in front of other people.
- The child cannot be separated from his/her parents.
- The child is not willing to participate in group activities.
- The child tends to daydream.
- The child cannot distinguish between fantasy and reality.

(Any TWO)

(b)
- The child uses baby language.
- The child experiences problems with pronunciation of certain sounds.
- The child does not speak fluently and may even stutter.
- The child is unable to name basic colours. (Any TWO)

(2 × 4) (8)

4.2
- Collecting information
- Counting and making tallies
- Surveying peers
- Sorting objects
- Making graphs with both pictures and real objects
- Reading and making observations from a graph
- Working with tally marks and comparing their results with a friend's results
- Asking questions about graph results (Any 6 × 1) (6)

4.3 4.3.1
- The inner awareness of the two sides of the body. These sides are called left and right.
- The preference that most humans show for one side of their body over the other. (Any ONE)

4.3.2 The ability to make movements guided by the eyes and carried out by the hands.

4.3.3
- Distinguishing between similarities (what are the same) and differences (what is different) through the eyes
- Discriminating differences including differences in size, shape, colour and orientation
- Distinguishing between similarities and differences of objects through one's eyes. Classification and concept formation takes place during this process. (Any 1 × 2)

4.3.4 The ability of the brain to receive information through the ears (sound)

4.3.5 The child's awareness of his/her body and the possibilities of the body (what the body can/cannot do).

(5 × 2) (10)

4.4 Active language development occurs when the child actively takes part in the language activities. Passive language development occurs when the child's language will develop through listening and watching. (2 + 2) (4)

4.5
- A feeling of security: Loving care will let the child feel secure and develop trust in people.
- Emotional readiness for learning: The child does not learn with his brain; he/she must also be emotionally ready to learn. A feeling of safety will encourage emotional readiness.
- Acceptation: The parent and educarer must accept the child as he is. Each child is an individual and should feel valued.
- Uniqueness: Each child is different and each child is unique. Be realistic in your expectations of the child and do not compare him with other children. Keep in mind that it is also not good to underestimate the child's abilities. Compare the child against the development stages of his/her age.
- Acknowledgement and appreciation: Each child is dependent on acknowledgement and appreciation. A child should feel valued. Praise and encourage the child.
- Consequent behaviour: Rules and guidelines should be clear. Double standards are confusing for the child.
- Discipline: Children must be disciplined. They must learn what behaviour is acceptable and what is not. Discipline creates a feeling of safety. (5 × 2) (10)

4.6
- Participating in sport
- Movements involving walking, marching, trotting, skipping, jumping, swaying, running, etc.
- Ball games
- Completing an obstacle course
- Crawling exercises
- Walking on a rope
- Jumping in and out of a hoop
- Rolling over on a mat
- Sliding over a balance beam (Any 2 × 2) (4)

[50]

TOTAL SECTION B: 150
GRAND TOTAL: 200

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