

# English collocations in scholarly articles about special education needs children

---

**Antolić, Mihael**

**Undergraduate thesis / Završni rad**

**2020**

*Degree Grantor / Ustanova koja je dodijelila akademski / stručni stupanj:* **University of Zagreb, Faculty of Teacher Education / Sveučilište u Zagrebu, Učiteljski fakultet**

*Permanent link / Trajna poveznica:* <https://um.nsk.hr/um:nbn:hr:147:828567>

*Rights / Prava:* [In copyright](#)/[Zaštićeno autorskim pravom.](#)

*Download date / Datum preuzimanja:* **2024-07-17**

*Repository / Repozitorij:*

[University of Zagreb Faculty of Teacher Education - Digital repository](#)



**SVEUČILIŠTE U ZAGREBU**  
**UČITELJSKI FAKULTET**  
**ODSJEK ZA ODGOJITELJSKI STUDIJ**

**MIHAEL ANTOLIĆ**

**ZAVRŠNI RAD**

**ENGLISH COLLOCATIONS IN  
SCHOLARY ARTICLES ABOUT SPECIAL  
EDUCATION NEEDS CHILDREN**

**Petrinja, rujan 2020.**

**SVEUČILIŠTE U ZAGREBU**  
**UČITELJSKI FAKULTET**  
**ODSJEK ZA ODGOJITELJSKI STUDIJ**  
**(Petrinja)**

**ZAVRŠNI RAD**

**Ime i prezime pristupnika: Mihael Antolić**

**TEMA ZAVRŠNOG RADA: English Collocations in Scholarly Articles about  
Special Education Needs Children**

**MENTOR: doc. dr. sc. Alenka Mikulec**

**Petrinja, rujan 2020.**

## SADRŽAJ

Sažetak .....	1
Summary .....	2
1. INTRODUCTION .....	3
2. SPECIAL EDUCATION.....	4
3. READING DISABILITIES.....	9
3.1. Dyslexia.....	9
4. ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD).....	11
5. AUTISM SPECTRUM DISORDER (ASD).....	12
6. DOWN SYNDROME .....	13
7. ACADEMIC STYLE .....	17
8. COLLOCATIONS.....	19
9. ANALYSIS OF COLLOCATIONS BY GRAMMATICAL CATEGORY AND TYPE OF SPECIAL NEED.....	23
9.1. Dyslexia.....	23
9.2. ADHD .....	27
9.3. Autism spectrum disorder .....	32
9.4. Down syndrome .....	37
10. SPECIAL EDUCATION GLOSSARY.....	42
11. CONCLUSION.....	55
REFERENCES .....	56

## Sažetak

Svrha je ovoga rada naglasiti važnost korištenja kolokacija za uspješnije usvajanje jezika i tečniji i prirodni govori. Izrada lista kolokacija vezanih za djecu s posebnim potrebama mali je doprinos uspješnijoj edukaciji odgojitelja u svrhu višeg zajedničkog cilja, a to je pružanje što boljih uvjeta za rast i razvoj djece, a posebno onoj djeci koja odudaraju u nekim aspektima razvoja od svojih vršnjaka i često su stavljena u nepovoljniji položaj od ostalih. U ovom radu ukratko su opisane sljedeće posebne potrebe: poteškoće čitanja, ADHD, poteškoće iz spektra autizma i sindrom Down. U današnje vrijeme, zahvaljujući napretku u točnom dijagnosticiranju posebnih potreba i stoga povećanom broju dijagnosticirane djece, stručnjaci se u velikoj mjeri bave ovom temom. Jedan od temelja svake profesije, a posebno odgojiteljske je stručno usavršavanje i cjeloživotno učenje, koji podrazumijevaju konstantan rad na sebi i svojim vještinama u svrhu usvajanja novih znanja i uspješnije i kvalitetnije primjene tih znanja u praksi. Jedan od glavnih alata u tom radu je stručna literatura, koja je uglavnom pisana na engleskom kao dominantom jeziku znanstvenih radova. U tu svrhu ovaj rad analizira kolokacije u četrnaest izdvojenih znanstvenih članaka vezanih za posebne potrebe. Iz istoga razloga ovaj rad također donosi manji glosar u kojemu su navedeni neki od najčešćih pojmova vezanih za posebne potrebe s njihovim inačicama na hrvatskom jeziku.

Ključne riječi: kolokacije, poteškoće čitanja, ADHD, poteškoće iz spektra autizma, sindrom Down.

## Summary

The purpose of this thesis is to emphasize the importance of using collocations as a tool for more successful English language acquisition and more fluent and natural speech. Creating a list of collocations related to children with special needs is a small contribution to more successful education of preschool teachers for the purpose of accomplishing a higher common goal, which is to provide better conditions for the growth and development of children. This is especially important for those children who differ in some aspects of development from their peers, and who are often placed at a disadvantage. The following special needs are briefly described in this thesis: reading difficulties, ADHD, autism spectrum disorder and Down syndrome. Nowadays, thanks to advances in the accurate diagnosis of special needs, and therefore an increased number of diagnosed children, a significant number of experts are showing interest in dealing with this topic. One of the foundations of any profession, especially of preschool education, is professional development and lifelong learning, which implies constant work on oneself and one's skills in order to acquire new knowledge and become more successful at implementing this knowledge in practice. Since one of the main tools in that work is the professional literature, most of which is written in English, this thesis analyses collocations in fourteen scholarly articles related to special needs. For the same reason, this thesis also provides a small glossary, listing some of the most common terms related to special needs with their equivalents in the Croatian language.

Key words: collocations, reading disabilities, ADHD, autism spectrum disorder, Down syndrome.

## 1. INTRODUCTION

Special education needs (SEN) have been defined as an individual's difficulty or limitation in the ability to participate in education because of a physical, mental, sensory or learning disability, or some other condition which negatively affects an individual's learning ability compared to a person without that condition (Mihalić, 2013). In addition, special needs may be congenital or acquired conditions which require professional approach in order to enable expression and further development of the preserved abilities, and generally improve a person's quality of life. A child might have potential special needs if there were risk factors involved during pregnancy, childbirth or after childbirth, for example, premature or difficult birth, or if the child is still exposed to adverse conditions in their surroundings, for example, a dysfunctional family, illness of a family member, etc. (Mihalić, 2013). If the child differs significantly from his/her peers in some developmental aspect, for example, because of the child's slower motor skills development or because the child is extremely lively, he or she can temporarily have special needs due to developmental gaps between the child's needs and abilities in specific developmental stages resulting from experiencing some stressful life event. Furthermore, if potential and temporary special needs are not identified on time and properly treated, a child can develop permanent special needs (Mihalić, 2013).

Considering the growing number of children with special needs, more and more studies are conducted and experts have increasingly been dealing with this topic. Hence, it is important for all professionals, especially those working with children, to become acquainted with the terminology used to talk about SEN, primarily in English, in which most of the professional literature is written. One of the aspects of acquiring the terminology are collocations, i.e. combinations of two or more words that often go together or form a fixed relation (O'Dell & McCarthy, 2008). This thesis will therefore provide an explanation of some of the special needs discussed in the selected scholarly articles and give examples of English collocations found in those articles, as well as a small bilingual (English-Croatian) glossary of some of the terms found in the selected journal articles.

## **2. SPECIAL EDUCATION**

Unique individuals, especially those with sensory and physical oddities, have been a part of society since its beginnings. However, in the beginnings, the society perceived such individuals as worthless and not equal to other members of the society, frequently describing them as demons, or seeing their differences as results of some kind of divine punishment. Since then, the shift in social perception has been more positive, and public perception of these individuals has greatly improved. Today, they are perceived as part of the society, and every individual is considered equal while his or her role is regarded beneficial to that society, which, on the other hand, has an obligation to protect and further improve the quality of their life (Rotatori, Oblikor, & Bakken, 2011). Introduction and implementation of inclusion of individuals with special educational needs is one of the reasons their status has changed. Inclusion is a process in which educational institutions and people involved in the education process adjust their practices in order to successfully include individuals with special educational needs in mainstream education. Inclusion of children with special educational needs into the society begins with proper education of all those who are involved in the educational system (Hayward, 2006).

Over the years, a number of people (Figure 1) have contributed significantly to the development of special education. These pioneers played a major role in raising awareness and giving proper solutions to problems and ways to make life easier for people with special needs as well as tools for educators to further help those individuals.

The start of the twentieth century marks a point at which special education began to emerge in public schools. During that time children as young as five were contributing to their family's prosperity by working in factories, and even basic education for children without special needs was considered a luxury. The situation was even more difficult for children with special needs.

The Individuals	Their Ideas
Jacob Rodrigues Pereine (1715–1780)	Introduced the idea that persons who were deaf could be taught to communicate. Developed an early form of sign language. Provided inspiration and encouragement for the work of Itard and Seguin.
Philippe Pinel (1745–1826)	A reform-minded French physician who was concerned with the humanitarian treatment of individuals with mental illness. Advocated releasing institutionalized patients from their chains. Pioneered the field of occupational therapy. Served as Itard's mentor.
Jean-Marc Gaspard Itard (1774–1838)	A French doctor who secured lasting fame because of his systematic efforts to educate an adolescent thought to be severely mentally retarded. Recognized the importance of sensory stimulation.
Thomas Gallaudet (1787–1851)	Taught children with hearing impairments to communicate through a system of manual signs and symbols. Established the first institution in the United States.
Samuel Gridley Howe (1801–1876)	An American physician and educator accorded international fame because of his success in teaching individuals with visual and hearing impairments. Founded the first residential facility for the blind and was instrumental in inaugurating institutional care for children with mental retardation.
Dorothea Lynde Dix (1802–1887)	A contemporary of S. G. Howe, Dix was one of the first Americans to champion better and more humane treatment of the mentally ill. Instigated the establishment of several institutions for individuals with mental disorders.
Louis Braille (1809–1852)	A French educator, himself blind, who developed a tactile system of reading and writing for people who were blind. His system, based on a cell of six embossed dots, is still used today. This standardized code is known as Standard English Braille.
Edouard Seguin (1812–1880)	A pupil of Itard, Seguin was a French physician responsible for developing teaching methods for children with mental retardation. His training emphasized sensorimotor activities. After immigrating to the United States, he helped to found an organization that was the forerunner of the American Association on Intellectual and Developmental Disabilities.
Francis Galton (1822–1911)	Scientist concerned with individual differences. As a result of studying eminent persons, he believed that genius is solely the result of heredity. Those with superior abilities are born, not made.
Alexander Graham Bell (1847–1922)	Pioneering advocate of educating children with disabilities in public schools. As a teacher of students with hearing impairments, Bell promoted the use of residual hearing and developing the speaking skills of students who are deaf.
Alfred Binet (1857–1911)	A French psychologist who constructed the first standardized developmental assessment scale capable of quantifying intelligence. The original purpose of this test was to identify students who might profit from a special education and not to classify individuals on the basis of ability. Also originated the concept of mental age with his student Theodore Simon.
Maria Montessori (1870–1952)	Achieved worldwide recognition for her pioneering work with young children and youngsters with mental retardation. First female to earn a medical degree in Italy. Expert in early childhood education. Demonstrated that children are capable of learning at a very early age when surrounded with manipulative materials in a rich and stimulating environment. Believed that children learn best by direct sensory experience.
Lewis Terman (1877–1956)	An American educator and psychologist who revised Binet's original assessment instrument. The result was the publication of the Stanford-Binet Scale of Intelligence in 1916. Terman developed the notion of intelligence quotient, or IQ. Also famous for lifelong study of gifted individuals. Considered the grandfather of gifted education.

Figure 1. Pioneering contributors to the development of special education (Source: Gargiulo, 2012, p. 18)

The first special education programs were organized in a way that those children were separated from other pupils, and even in their free time there was no possibility for interaction between them. Children with special needs spent most of their time in the classroom, isolated from school activities. According to Gargiulo (2012), in the second half of the twentieth century after the World War II, the fast progression of special education begins:

In 1948, only about 12 percent of children with disabilities were receiving an education appropriate to their needs (Ballard, Ramirez, & Weintraub, 1982). From 1947 to 1972, the number of pupils enrolled in special education programs increased by an astonishing 716 percent, compared with an 82 percent increase in total public school enrolment (Dunn, 1973). (Gargiulo, 2012, p. 19)

Realisation that dealing with learning disabilities does not require only the usage of drugs and separated specialised institutions, and that there are other, more beneficial ways of dealing with those issues, has been a giant leap in not only inclusion of the individuals who were affected, but also with respect to general human rights.

The end of era of institutional living has been associated with what has been called a “demedication” of learning disabilities and a recognition that needs are social and cannot be wholly catered for by doctors and nurses. Concern about the overuse of drugs to manage behavioural problems and the involvement of doctors in the eugenics movement has added impetus to the move away from a medical model. Learning disabilities have come to be understood as a socially constructed condition to which the most helpful response is social inclusion. (Grant, Ramcharan, & Flynn, 2010, p. 33)

Over the years, a number of terms have been used to describe individuals who in some respect differ from others and some of these will be explained on the following pages.

Exceptional child is a term that has often been used to refer to an individual who deviates from common community norms. Most children labelled as exceptional require some sort of individualised educational program. However, it is important to emphasize that this term refers to both children with reduced abilities as well as those with above-average abilities.

For instance, a youngster with superior intellectual ability may require services for students identified as gifted; a child with a visual impairment may require textbooks in large print or Braille. However, we need to make an important point. Just because a pupil is identified as exceptional does not automatically mean that he or she will require a special education. In some instances, the student's educational needs can be met in the general education classroom by altering the curriculum and/or instructional strategies. (Gargiulo, 2012, p. 4)

The concept of normalcy and what is considered normal in social and cultural context can differ from one community to another, and it depends on the characteristics of the group. For example, some behaviours seen as normal and socially acceptable by teenagers may be perceived as abnormal and atypical by middle-aged people. Therefore, Gargiulo (2012) proposes that the concept of normalcy is defined by other people based on their established attitudes and viewpoints.

Another term that has frequently been used is learning disability, first introduced by Kirk (1963), who proposed that,

the child's behavioural symptoms arise from dysfunction of the central processing mechanisms. He described learning disability as a disorder in the development of language, speech, reading, and associated communication skills needed for social interaction. (Gopal, 2013, p. 6)

Learning disability has also been described as a condition which is in some measure caused by genetic ancestry. On the other hand, measuring brain activity has not given any definite results although it is clear that brain activity of people without learning disabilities certainly differs from brain activity of people with learning disabilities, and is further affected by the type of learning disability (Fletcher, 2012). Each person is unique, and there is no certain way of predicting how that person will develop over the course of his or her lifespan. Nonetheless, there are some risk factors and biomedical causes that can be identified, which provide valuable information about the

possibility of developing a syndrome in the future. Biomedical causes that affect the development of the central nervous system and lead to different learning disabilities can be divided into six main categories (Figure 2) (Grant et al., 2010).

<b>Cause</b>	<b>Examples</b>
<b>1 Genetic</b> Chromosomal disorders Syndromes associated with microdeletions Single gene disorders Multifactorial inheritance	Down's syndrome Velo-cardio-facial, Prader-Willi syndrome Tuberosus sclerosis, fragile X syndrome, phenylketonuria Neural tube defects
<b>2 Central nervous system malformations</b> Unknown	Sotos syndrome
<b>3 Factors in prenatal environment</b> Toxic Infectious	Foetal alcohol syndrome, maternal rubella, HIV Prematurity, birth injury
<b>4 Disorder acquired around the time of birth</b> Various	
<b>5 Disorder acquired postnatally</b> Infections of the central nervous system Accidents Toxins	Measles, encephalitis Brain injury Lead poisoning
<b>6 Unknown cause</b> Learning disabilities associated with other symptoms and signs of brain damage Learning disabilities where low IQ is a quantitative variant of normality	e.g. autism, cerebral palsy

Figure 2. Summary of biomedical classification of causes of learning disabilities (Source: Grant, et al., 2010, p. 39)

Knowing the causes and symptoms may help all those involved to act in a timely and appropriate manner to help an individual exhibiting characteristics of a disability. The main goal of health professionals and family should always be the wellbeing of a child, and the main key to accomplishing that task is the development of good and positive communication and collaboration over the course of child's lifespan. Also, there are associations of parents of children with similar disorders which can offer valuable support and information to each other (Grant et al., 2010).

### 3. READING DISABILITIES

The process of reading can be defined “as the identification or recognition of the printed and written text into a meaningful usage of letters, symbols, words and sentences” (Gopal, 2013, p. 3). The dictionary meaning of reading is “the understanding of written text that involves analysis of variety of factors such as syntactic complexity, vocabulary, thematic expression and continuity of themes” (Gopal, 2013, p. 3).

We may conclude that reading is a complex language skill, especially if we know that in order to acquire reading skills, a number of requirements must be met such as: correct and developed oral speech, appropriate graphomotor skills, developed visual and spatial perception, translating graphemes into phonemes blended to form words (Pavličević-Franić, 2015).

When it comes to difficulties related to reading, three main categories of people with reading disabilities have been identified: those individuals that have problems with phonological processing but not with comprehension, individuals with comprehension problems but not with phonological processing, and those with both phonological and comprehension problems (McGill-Franzen & Allington, 2010).

#### 3.1. *Dyslexia*

“The term dyslexia is comprised of two meanings: ‘dys’ and ‘lexia’. The first blended part incorporates *incorrect* or *inappropriate*, or *misinterpretation* whereas the second blended part incorporates *direction in general*” (Gopal, 2013, p. 9).

Dyslexia has most widely been used to refer to the disorder characterised by serious and persistent struggle with decoding of written language. Dyslexic individuals are unable to develop decoding ability, which is frustrating for them because they have to put a lot of mental effort into reading. This condition is often inherited (Høien & Lundberg, 2013).

The terms dyslexia and reading disability can sometimes be used interchangeably, which is a mistake because

Dyslexia is the term used when the causes of reading disorders are neurological or psychological in nature due to damages caused by any accident or some malfunctioning of the frontal lobe of the hypothalamus. In contrary, the term reading disabilities is used when the causes of reading disorders are psychological or cognitive in nature. (Gopal, 2013, p. 10)

#### **4. ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)**

Attention deficit hyperactivity disorder, known as hyperactivity, has been defined as a developmental self-control and attention deficit disorder that is often accompanied by restlessness and impulsivity (McGough, 2014). This means that a person with ADHD has problems with paying attention and controlling impulsive behaviours followed by constant need for some kind of activity and constant restlessness. Another definition refers to this disorder as “a frequently occurring, brain-based, neurodevelopmental disorder with substantial negative consequences for individual and public health. Once viewed as a childhood condition, it is now recognized that a majority of cases persist throughout adolescence and adulthood” (McGough 2014, p. 1).

ADHD is frequently a hereditary condition, and if there are siblings or parents who have had this condition, there is high probability of succession. It is estimated that heritability of ADHD ranges from 60% up to 90% (Ghuman & Ghuman, 2014). Among children, attention deficit hyperactivity disorder is one of the most researched and diagnosed psychiatric disorders.

Three types of symptoms of ADHD have been identified: difficulty concentrating, hyperactivity and impulsivity. Persons affected by ADHD often do not pay attention to details, often make mistakes in everyday tasks, have problems in organisation, and they are often easily distracted while performing some kind of activity. Interrupting others in conversation and play, not being able to perform activity in silence are further signs of hyperactivity and impulsivity (National Institute of Mental Health Information Resource Center, n. d.).

## **5. AUTISM SPECTRUM DISORDER (ASD)**

A significant number of individuals has been found to have autism spectrum disorder. It has been proposed that an increasing prevalence of ASD in the world today is a result of successful diagnosis of this disorder.

“According to the US Centers for Disease Control and Prevention, the current prevalence rate of ASD in the US population was most recently reported to be approximately 11.3 in 1,000 children, or 1.13%” (MMWR, 2012 as cited in Joseph, Soorya, & Thurm, 2014, p. 14). The number is similar for Europe, where it is estimated that around 1% of population is diagnosed with ASD (Joseph et al., 2014).

The main symptoms that describe autism spectrum disorder are absence or lack of social communication skills, and repeating patterns of behaviour and activities (Flanagan, 2008). One of the first symptoms that parents notice are communication problems, which are considered the basis of autism spectrum disorder. Indicators of communication problems and of autism spectrum disorder in general are: decreased eye contact, not responding to name, inability to interact with peers, lack of understanding of social rules and relationships, socially and emotionally inappropriate behaviours (Flanagan, 2008). Limited use of gestures, underdeveloped body language, limited facial expressions usage and perception, and inappropriate grimacing and gesturing are also frequent examples of communication and social skills disruptions (Chauhan, Chauhan, & Brown, 2009).

In addition, autistic individuals demonstrate inability to process certain types of sensory stimuli, which is why they cannot respond to them adequately. They are often hypersensitive to sounds, which causes them to cover their ears in order to block disruptive auditory stimulus (Flanagan, 2008).

Lack of social communication skills and difficulty in forming social relationships can also be seen in their language skills development. “Expressive language function of individuals with autism ranges from complete mutism to verbal fluency” (Chauhan, Chauhan, & Brown, 2009, p. 13). The

development of their verbal skills is usually accompanied by semantic problems, literal comprehension and misunderstanding of communicated messages.

## **6. DOWN SYNDROME**

Down syndrome is named after John Langdon Down, British physician who was the first person to describe characteristic features of this syndrome in 1866. In 1958 Professor Jerome Lejeune identified Down syndrome as a genetic disorder caused by triplication of the 21<sup>st</sup> chromosome, and not a racial degeneration as had previously been thought (Fish, 2008).

It is important to use the right terms while describing a child with Down syndrome. The preferred term is 'Down syndrome' and 'child with Down syndrome' because Dr. Langdon Down did not have the syndrome himself, so it is wrong to call it 'Down's syndrome', secondly, it is important to describe a child's condition by focusing on the fact that an individual affected by this syndrome is first and foremost a child, and that having a syndrome is secondary by importance (Selikowitz, 2008).

Down syndrome is one of the most common congenital syndromes, which is caused by an abnormal development of foetus and it is present at birth. Disorder occurs roughly once in every 700 births, and it is present in all ethnic groups. There are slightly more males than females affected by this disorder, but this difference is negligible. Doctors can recognize Down syndrome shortly after a child is born, based on child's appearance, but chromosome tests are needed in order to confirm those suspicions. These are characteristic features of individuals affected by Down syndrome:

When looked at from the front, the child with Down syndrome usually has a rounded face. From the side, the face tends to have a flat profile.

The back of the head is slightly flattened in most people with Down syndrome. This is known as brachycephaly.

The eyes of nearly all children and adults with Down syndrome slant slightly upwards. In addition, there is often a small fold of skin that runs vertically between the inner corner of the eye and the bridge of the nose

The hair of children with Down syndrome is usually soft and straight. Newborn babies with Down syndrome may have excess skin over the back of the neck, but this is usually taken up as they grow. Older children and adults tend to have short, broad necks. (Selikowitz, 2008, p. 29)

Children with Down syndrome usually weigh less than average at birth. Their length at birth is similarly reduced. During childhood, they grow steadily but slowly, and their ultimate height as adults is generally shorter than would be expected for their family. It is usually near the bottom of the normal range, and is approximately 145–168 cm in men and 132–155 cm in women. (Selikowitz, 2008, p. 31)

All children with Down syndrome have some kind of intellectual disability that can range from mild symptoms to severe ones. In contradiction to popular belief, children with Down syndrome may differ significantly from one another, and the differences range from colour of their hair, facial features to temperament inherited from their parents or wide range of abilities. It is wrong to generalize characteristics of those individuals because every person affected by this disorder is unique in his or her own way (Selikowitz, 2008).

As shown in Figure 3, the rate of development of a child with Down syndrome is significantly slower than that in children without disorder. Rate of development also varies between individuals. Adults with Down syndrome can be independent in their adulthood, but they will also need more help than an average person in their everyday life.

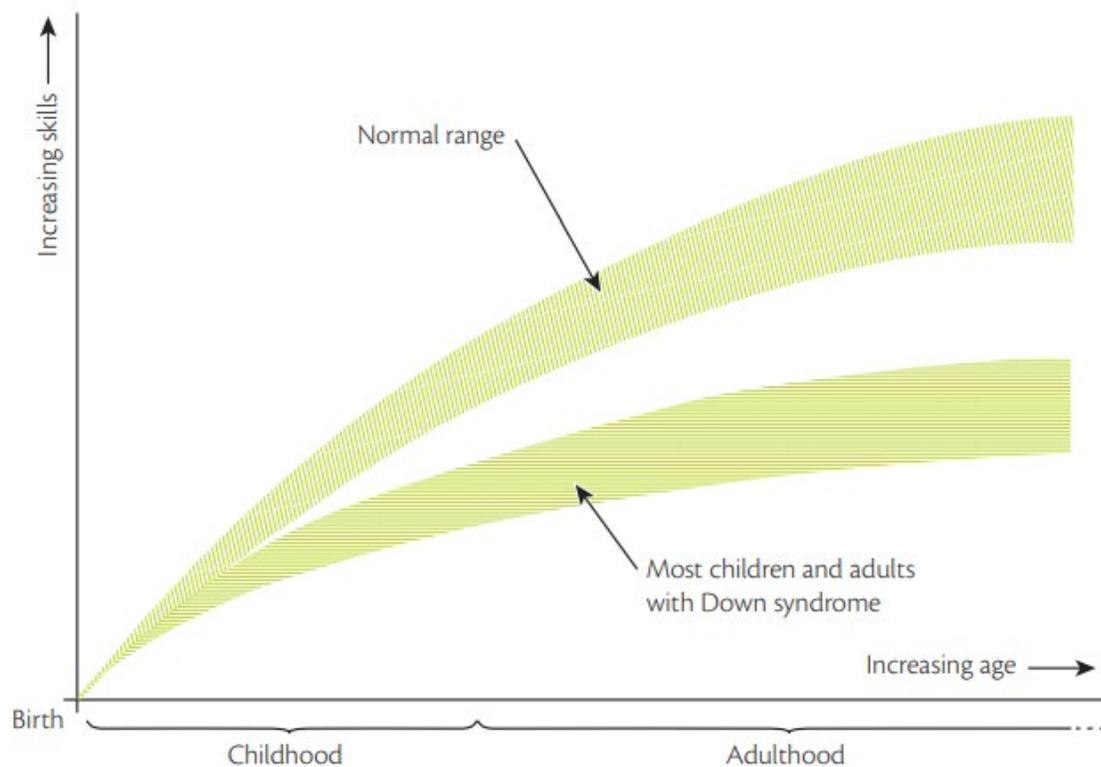


Figure 3. Rate of development of a person with Down syndrome (Source: Selikowitz, 2008, p. 44)

Language development of individuals with Down syndrome is much slower than other areas of development. Babies with Down syndrome are very responsive to the sounds they hear, and show typical reactions for newborn babies. On average, children with Down syndrome will pronounce their first words by the age of two (Figure 4). A speech therapist can help a child that has particular difficulty in acquiring language by teaching him or her hand sign language. This is important because the use of hand sign language reduces their frustration and further helps in language development (Selikowitz, 2008).

	Down syndrome		Normal	
	Average age	Age range	Average age	Age range
<i>Language</i>				
First word	23 months	1–4 years	12 months	8–23 months
Two-word phrases	3 years	2–7½ years	2 years	15–32 months

Figure 4. Rate of language development of a child with Down syndrome compared to a normally developing child (Source: Selikowitz, 2008, p. 48)

## 7. ACADEMIC STYLE

Globalisation of university education and diversity in the educational context have led to establishing English language as the predominant media of instruction. English for academic purposes may be divided into two sub-categories: English for general academic purposes (EGAP) and English for specific academic purposes (ESAP) (De Chazal, 2014). “ESAP can cover variety of types of English for specific academic and professional purposes, such as English for law, architecture, or nursing” (De Chazal, 2014, p. 6).

Development of English for special purposes (ESP) goes back to 1960s, and its representatives were several countries including: UK, Canada, USA, Chile, Thailand and India, where English-medium education was present. English for academic purposes (EAP) developed as a result of an increasing number of students whose native language was not English going abroad to study. For a long period of time, development and practicing of EAP occurred mostly in major English-speaking countries, led by the USA, Canada, UK, Australia. However, as “Many students had a level of English which was too low for academic study in English, as well as a limited background in academic English culture and practices” (De Chazal, 2014, p. 9), the main purpose of EAP became to resolve that issue. Today, English-medium universities are being founded all over the world. Both ESP and EAP are mainly directed by student’s specific English language learning goals (De Chazal, 2014).

“As its name suggests, English for academic purposes involves the teaching and learning of English language so that students can operate effectively in the disciplines, i.e. in their specific subject(s) in an academic institution, typically a university” (De Chazal, 2014, p. 10).

Learning academic and disciplinary vocabulary is a fundamental task for first and second language learners of EAP, and for that purpose it is important to learn to recognise and use vocabulary related to specific discipline (De Chazal, 2014). Vocabulary studies related to academic texts highlighted a need for certain vocabulary knowledge in order to increase success in lecture realization (Hyland & Shaw, 2016). Academic Collocation List presented by Ackermann and Chen (2013) is a list containing 2,468 most frequently used pedagogically related collocations.

“Collocations in this list are defined as words that co-occur plus or minus 3 words from the node word and include noun, verb plus noun/adjective, verb plus adverb, and adverb plus adjective combinations.” (Hyland & Shaw, 2016, p. 169). On the other hand, even though academic collocation lists are an important factor in learning and teaching EAP and ESP, vocabulary relevant for one discipline does not have to be relevant for another, so it is important to create discipline specific collocation lists (Hyland & Shaw, 2016).

“Dang and Webb (2014) recommend knowledge of the most frequent 4,000 word families (95 percent coverage) as the minimum vocabulary size a learner should have to adequately comprehend academic aural texts” (Hyland & Shaw, 2016, p. 169).

As part of any language, especially when translating from one language to another, and even more so in the language for specific and academic purposes, collocations are a useful tool for every language learner. This is why they will be further explained in the following chapter.

## 8. COLLOCATIONS

In 1930s, British linguist John R. Firth was the first person to give prominence to collocating words and to popularize the term *collocation*. The word collocation comes from the Latin verb *collocare*, which translates as *to arrange; to set in order*. In other words, the term collocation is used to define a way in which lexical items occur together (Müller, 2008).

Collocation generally refers to the expression of words which are often used together such as bitterly cold, rich imagination or close friends. If you hear the first word, the second can be expected, or at least you can have an idea what it could be. (Müller, 2008, p. 4)

Even before the accomplishments of John R. Firth, pedagogical studies related to learning first and second language were occupied by collocations, seen as one of the dominant tools for accomplishing fluency in a language. In the early years of the twentieth century, a pioneer of study of English as a Foreign Language, Harold Palmer, identified and wrote down over 6,000 frequently used collocations, which were later on memorised in blocks by students and used in learning the English language. Collocations are mainly a product of pedagogical studies of the language learning that identified them as indicators of high level of competence which can be achieved by their memorisation, a benefit that was seen as unattainable by non-native English language speakers (Seretan, 2011).

According to statistical approach (Seretan, 2011), in order for collocations to be more easily memorised, they need to be recognisable based on how often they come together to be observed as regular word combinations. If words often come together, it will be easier for English language speakers to memorise them. Most of the collocation definitions embrace statistical viewpoint even though collocation as language term has an implicit linguistic connotation. On the other hand, linguistic approach views collocations as expressions of a language, focusing on the fact that words that participate together need to be linked syntactically, which requires them to be within a short space of each other (Seretan, 2011). “In contrast with the statistical approaches, the collocation is seen here as a directed (asymmetrical) relation, in which the role played by the participating words is uneven and is mainly determined by the syntactic configuration of the collocation” (Seretan, 2011, p. 13).

In addition to the abovementioned approaches to collocation studies, we may find two main types of collocations: strong and weak (O’Dell & McCarthy, 2008). Strong or fixed collocations have a fixed and limited bond, i.e. the words are closely related to each other and the relation between them is firmly established (Figure 5). Fixed collocations have a strong link that cannot be changed under any circumstances. “For example, you can say I was walking *to and fro* (meaning I was walking in one direction and then in the opposite direction, a repeated number of times)” (O’Dell & McCarthy, 2008, p. 8). In this example of fixed collocation, *to*, *and* or *fro* cannot be replaced by any other word.

<i>collocation</i>	<i>comment</i>
<b>Inclement weather</b> was expected.	(very formal) = unpleasant weather <i>Inclement</i> collocates almost exclusively with <i>weather</i> .
She has <b>auburn hair</b> .	<i>Auburn</i> only collocates with words connected with hair (e.g. <i>curls</i> , <i>tresses</i> , <i>locks</i> ).
I felt <b>deliriously happy</b> .	= extremely happy Strongly associated with <i>happy</i> . Not used with <i>glad</i> , <i>content</i> , <i>sad</i> , etc.
The chairperson <b>adjourned the meeting</b> .	= have a pause or rest during a meeting/trial <i>Adjourn</i> is very strongly associated with <i>meeting</i> and <i>trial</i> .

Figure 5. Examples of strong collocations (Source: O’Dell & McCarthy, 2008, p. 8)

Weak collocations, on the other hand, are words that can collocate with a broad spectrum of other words. “For example, you can say you are **in broad agreement** with someone [generally in agreement with them]. However *broad* can also be used with a number of other words - **a broad avenue, a broad smile, broad shoulders**” (O’Dell & McCarthy, 2008, p. 8). The word *broad* is a weak collocation because it collocates with large number of different nouns.

As shown in Figure 6,

Strong collocations and weak collocations form a continuum, with stronger ones at one end and weaker ones at the other. Most collocations lie somewhere between the two. For example, the (formal) adjective *picturesque* collocates with *village*, *location* and *town*, and so appears near the middle of the continuum. (O’Dell & McCarthy, 2008, p. 8)

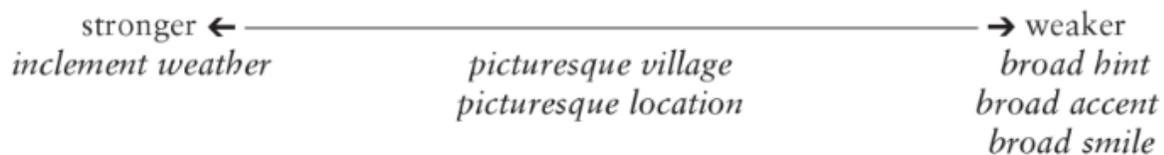


Figure 6. Continuum between stronger and weaker collocations (Source: O’Dell & McCarthy, 2008, p. 8)

The following are grammatical categories of collocations according to O'Dell and McCarthy (2008, p. 10) with some examples from the articles analysed in the following two chapters.

<b>adjective + noun</b>
mainstream classroom
cognitive skills

<b>noun + noun</b>
peer group
risk factors

<b>verb + noun</b>
develop a disorder
meet criteria

<b>noun + verb</b>
studies fail to support
reports reveal

<b>verb + adverb (adverb + verb)</b>
anatomically connect
decrease significantly

<b>adverb + adjective</b>
highly consistent
spatially transformed

In the next chapter some English language collocations related to special education are presented according the abovementioned grammatical categories and grouped by special needs.

## 9. ANALYSIS OF COLLOCATIONS BY GRAMMATICAL CATEGORY AND TYPE OF SPECIAL NEED

### 9.1. Dyslexia

<b>adjective + noun</b>	
beginning	readers
fluent	
normally developing	
poor	
struggling	
initial	letters
persistent	difficulties
phonemic	awareness
phonological	recording
	skills
structural	cues
visual	
nonsense	
unfamiliar	words
upcoming	

<b>noun + noun</b>	
coding	skills
decoding	
letter-sound	knowledge
literacy	development
phoneme	awareness
reading	acquisition
	development
	difficulties
	failure
	intervention
sentence	processing
word	recognition

<b>verb + noun</b>	
cause	problems
complete	blocks of practice
define	dyslexia
result in	
identify	(unfamiliar) words
oppose	the recognition

recognize	the condition
-----------	---------------

<b>noun + verb</b>	
condition	arises
dyslexia	is associated
	includes
	arises
miscue analysis	was introduced
multiple cues theorists	assume
phonological decoding	was measured
prereaders	demonstrate
reading acquisition	is seen
spinoffs	include

<b>adverb + verb (verb + adverb)</b>	
affect	adversely
formally	recognize
greatly	influence
present	shortly
read	incorrectly
recognize	accurately
rely	heavily
subsequently	develop

<b>adverb + adjective</b>	
attentionally	demanding
clinically	significant
less	able
more	generic
	productive
severely	limited
typically	
widely	accepted

9.2. ADHD

<b>adjective + noun</b>	
appropriate social	behaviour
delinquent	
disruptive	
hostile	
impulsive	
maladaptive	
mindful	
cognitive	deficit
	impairments
	tasks
	weaknesses
comorbid	diagnosis
	disorder
	mood
developmental	disorders
	impairments
emotional	control
	impairments

	reactions
frequent	interrupting
impaired social	conduct
	interactions
neurobehavioral	disorder
oppositional defiant	
neurological	impairments
sensory	
underlying cognitive	
neuropsychological	deficits
temporal processing	
poor	self-regulation
	inhibition
sustained	attention

<b>noun + noun</b>	
attention-deficit/hyperactivity	disorder
behaviour	therapy
childhood	ADHD
conduct	disorder
	problems

hyperactivity	symptoms
impulsivity	
impairment	pattern
inattention	subtype
	symptoms
management	strategies
mindfulness	training
paying	attention

<b>verb + noun</b>	
address	ADHD
assess	(visuo-spatial) memory
develop	substance use disorders
divide	attention
maintain a focus on	
express	anger
	frustration
impose	control
lack	friendship

<b>noun + verb</b>	
ADHD	arises
	may include
	may involve
disability	contributes
disorders	may arise
emotional impairments	include
functions	facilitate
training	is provided
treatment	

<b>verb + adverb (adverb + verb)</b>	
act	hastily
speak	
change	substantially
	successively
effectively	participate
measure	effectively
perform	slightly
respond	appropriately
robustly	relate

typically	focus
-----------	-------

<b>adverb + adjective</b>	
highly	heritable
	dispersed
less	responsive
mentally	difficult
physically	
moderately	effective
reasonably	
more	avoidant
	hostile
socially	acceptable
typically	characterized
	developing
	focused

9.3. Autism spectrum disorder

<b>adjective + noun</b>	
adaptive	functioning
alternative	communicating
atypical	nonspeech sounds
augmentative	methods
nonaugmentative	
developmental	regression
fixed	phrases
interactive	exchanges
nonverbal	abilities
repetitive	behaviour
restricted	
scripted	language
spoken	
stereotyped	
social	engagement
	exchange
	functioning
	interactions

	relationship
verbal	abilities
	children

<b>noun + noun</b>	
autism	intervention
communication	skills
developing	imitation
engagement	activities
imitating	others
sharing	emotions
sign	language
skill	patterns
vowel	approximations

<b>verb + noun</b>	
acquire	language
assess	
address	limitations
base (something) on	scores
	report

develop	awareness
	behaviour plan
follow	developmental paths
have	deficits
identify	signs
point to	something
promote	(affective) engagement
receive	instruction

<b>noun + verb</b>	
assessing (skills)	facilitates
efficient methods	facilitate
focus	shifts
information	can be found
	has been described
interventions	consider
	emerge
	incorporate
	target
	vary
scaffolding	involves

techniques	include
------------	---------

<b>verb + adverb (adverb + verb)</b>	
actively	engage
effectively	
commonly	report
learn	most easily
objectively	verify
systematically	
readily	implement
slowly	acquire
strategically	design
use	independently

<b>adverb + adjective</b>	
affectively	engaged
	rich
considerably	lower
developmentally	appropriate
socially	
generally	paired

minimally	verbal
more	compliant
overly	restricted
previously	acquired
	described

9.4. Down syndrome

<b>adjective + noun</b>	
aging	process
cardiac	defect
cognitive	impairment
congenital	anomalies
endocrine	systems
enhanced	quality
excessive	skin
extra	chromosome
facial	appearance
	features
familiar	characteristics
genetic	counselor
heavy	breathing
hematologic	abnormalities
immune	deficits
innate	capacities
multiple	comorbidities
musculoskeletal	disorder

neurologic	dysfunction
obstructive	sleep
poor	
physical	features
prenatal	diagnosis
social	situations

<b>noun + noun</b>	
body	composition
chromosome	evaluation
daytime	sleepiness
detection	rate
morality	
obesity	
feeding	issues
	problems
heart	defect
	disease
life	expectancy
	quality
lobe	dysfunction

screening	tests
sleep	disorder
	position
support	systems
weight	loss

<b>verb + noun</b>	
give	a prenatal diagnosis
improve	health
lead to	extension
maintain	follow-up
measure	TSH
offer	guidance
provide	assurance
	care
	counseling
suspect	the diagnosis

<b>noun + verb</b>	
adaptive behaviour	encompasses
areas	require

children with DS	display (facial features)
dementia	was linked
estimates	suggest
families	benefit from
first trimester screening	incorporates
improvements	lead
rates	double
risk factors	are identified

<b>verb + adverb (adverb + verb)</b>	
affect	early
commonly	observe
follow	longitudinally
function	more effectively
improve	significantly
promptly	refer
typically	show

<b>adverb + adjective</b>	
clinically	normal
currently	estimated
occasionally	severe
particularly	common
possibly	attributable
potentially	modifiable
socially	deficient
typically	developing

## 10. SPECIAL EDUCATION GLOSSARY

For the purpose of this thesis, we have selected some terms found in the selected articles and listed them in the glossary. The glossary includes terms related to special education, their definition in the English language, Croatian translation of the term and its definition in Croatian.

Term in English	Definition in English	Term in Croatian	Croatian translation of the English definition
acquired disorder	Acquired disorder is a disorder that is not congenital and develops after birth. <a href="https://medical-dictionary.thefreedictionary.com/Acquired+disorder">https://medical-dictionary.thefreedictionary.com/Acquired+disorder</a> )	stečeni poremećaj (generally accepted translation)	Stečeni poremećaj je poremećaj koji nije urođen i razvija se nakon rođenja.
acquisition deficit	Acquisition deficit is a “type of social skills deficit that stems from a lack of knowledge: a child does not understand a skill, and thus cannot master it.” <a href="https://www.specialeducationguide.com/special-education-dictionary/">https://www.specialeducationguide.com/special-education-dictionary/</a> )	poteškoće u usvajanju vještina (suggested translation)	Poteškoće u usvajanju vještina vrsta je deficita socijalnih vještina koja proizlazi iz nedostatka znanja: dijete ne razumije vještinu i stoga je ne može svladati.
aphasia	Aphasia is a complete absence of comprehending and/or verbal expression.	afazija (generally accepted translation)	Afazija je „potpuna odsutnost razumijevanja i/ili govornog izražavanja.“

			<a href="http://hud.hr/rjecnik-termina/">http://hud.hr/rjecnik-termina/</a>
assessment plan	Assessment plan is a “written description of the assessments that will be used to evaluate a student’s strengths, weaknesses and progress and to determine his or her eligibility for special education services and the types of services that would help that student succeed.”  ( <a href="https://www.specialeducationguide.com/special-education-dictionary/">https://www.specialeducationguide.com/special-education-dictionary/</a> )	plan procjene  (suggested translation)	Plan procjene je pisani opis procjena koje će se koristiti za procjenu prednosti, nedostataka i napretka učenika te za utvrđivanje ispunjava li uvjete za vrstu primjerenog programa/kurikula odgoja i obrazovanja i ostale vrste usluga koje će pomoći učeniku da postigne uspjeh.
attention deficit/hyperactivity disorder (AD/HD)	Attention deficit/hyperactivity disorder is brain-based, neurodevelopmental disorder, characterized by poor concentration, impulsivity, disorganization, overactivity, social and personal problems (Selikowitz, 2004).	deficit pažnje/ hiperaktivni poremećaj  (generally accepted translation)	Deficit pažnje/ hiperaktivni poremećaj je neurorazvojni poremećaj mozga kojeg karakterizira slaba koncentracija, impulzivnost, dezorganizacija, prekomjerna aktivnost, socijalni i osobni problemi.
augmentative and alternative	“AAC includes all forms of communication (other than oral speech) that are used to	uređaj za potpomognutu	Uređaj za potpomognutu komunikaciju podrazumijeva sve oblike

<p>communication device (AAC)</p>	<p>express thoughts, needs, wants, and ideas. An AAC device is a tool that uses a non-speech mode of communication to augment spoken language. AAC devices include electronic devices that digitize or synthesize speech and non-electronic communication aids such as manual communication boards.”</p> <p><a href="https://www.specialeducationguide.com/special-education-dictionary/">(https://www.specialeducationguide.com/special-education-dictionary/)</a></p>	<p>komunikaciju (PK) (generally accepted translation)</p>	<p>komunikacije (osim usmenog govora) koji se koriste za izražavanje misli, potreba, želja i ideja.</p> <p>Uređaj za PK je alat koji koristi negovorni način komuniciranja kao pomoć/potporu govornom jeziku. U ovu vrstu uređaja ubrajaju se elektronički uređaji koji digitaliziraju ili sintetiziraju govor i neelektronske komunikacijske uređaje poput ručnih komunikacijskih ploča.</p>
<p>autism</p>	<p>“Autism is a complex developmental disability that typically appears during the first three years of life and affects a person’s ability to communicate and interact with others. Autism is defined by a certain set of behaviours and is a “spectrum disorder” that affects individuals differently and to varying</p>	<p>autizam (generally accepted translation)</p>	<p>Autizam je složeni razvojni poremećaj koji se obično pojavljuje tijekom prve tri godine života i utječe na sposobnost osobe da komunicira s drugima. Autizam je definiran određenim skupom ponašanja i smatra se "poremećajem iz spektra" koji na pojedince utječe</p>

	degrees.” ( <a href="http://www.autism-society.org/about-autism/">http://www.autism-society.org/about-autism/</a> )		na različite načine i različitim intenzitetom.
autism spectrum disorder (ASD)	“Autism spectrum disorder (ASD) is a developmental disability that can cause significant social, communication and behavioural challenges.” ( <a href="https://www.cdc.gov/ncbddd/autism/facts.html">https://www.cdc.gov/ncbddd/autism/facts.html</a> )	poremećaj iz spektra autizma (generally accepted translation)	Poremećaj iz spektra autizma razvojni je poremećaj koji može uzrokovati značajne socijalne, komunikacijske i bihevioralne (ponašajne) izazove.
behaviour management	Behaviour management is “Responding to, preventing and de-escalating disruptive behavior.” ( <a href="https://www.specialeducationguide.com/special-education-dictionary/">https://www.specialeducationguide.com/special-education-dictionary/</a> )	upravljanje ponašanjem (generally accepted translation)	Upravljanje ponašanjem je reagiranje na ometajuće oblike ponašanja, te prevencija i deeskalacija istih.
blindness	“Blindness is a severe vision impairment, not correctable by standard glasses, contact lenses, medicine, or surgery. It interferes with a person's ability to perform everyday activities.” ( <a href="https://web.archive.org/web/20150429145832/http://www.cdc.gov/healthcommunica">https://web.archive.org/web/20150429145832/http://www.cdc.gov/healthcommunica</a>	sljepoća (generally accepted translation)	Sljepoća je teže oštećenje vida, koje se ne može popraviti standardnim naočalama, kontaktnim lećama, lijekovima ili operacijama. Ometa sposobnost osobe za obavljanje svakodnevnih aktivnosti.”

	tion/toolstemplates/entertained/tips/blindness.html)		
deaf-blindness	<p>Deaf-blindness is a term for “Simultaneous hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.”</p> <p>(<a href="https://www.parentcenterhub.org/deafblindness/">https://www.parentcenterhub.org/deafblindness/</a>)</p>	gluhosljepeča (generally accepted translation)	Gluhosljepeča je pojam kojim su opisana istodobna oštećenja sluha i vida, čija kombinacija uzrokuje ozbiljne komunikacijske i druge razvojne i obrazovne potrebe zbog kojih se osobe kod kojih su navedena oštećenja dijagnosticirana ne mogu smjestiti u posebne odgojno-obrazovne programme/kurikule namijenjene isključivo djeci s gluhoćom ili djeci sa sljepečom.
deafness	<p>“Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance.”</p> <p>(<a href="https://sites.ed.gov/idea/regulations/b/a/300.8/c">https://sites.ed.gov/idea/regulations/b/a/300.8/c</a>)</p>	gluhoća (generally accepted translation)	Gluhoća podrazumijeva oštećenje sluha koje je tolikog intenziteta da dijete nije u mogućnosti obraditi jezičnu informaciju pomoću sluha, s ili bez pomagala, što nepovoljno utječe na uspješnost djeteta u odgojno-obrazovnom procesu.

developmental disorder	<p>“A developmental disorder is a group of conditions caused by an impairment in physical, learning, language or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and can last through a person's lifetime.”</p> <p><a href="https://www.umc.edu/Research/Centers-and-Institutes/Centers/Center-for-Developmental-Disorders%20Research/Development%20Disorders/Overview.html">https://www.umc.edu/Research/Centers-and-Institutes/Centers/Center-for-Developmental-Disorders%20Research/Development%20Disorders/Overview.html</a>)</p>	razvojni poremećaj (generally accepted translation)	Razvojni poremećaj je pojam koji opisuje skupinu stanja koja su uzrokovana oštećenjem tjelesnoga područja, područja učenja, jezika ili ponašanja. Ova stanja počinju tijekom razvojnog razdoblja te mogu utjecati na svakodnevno funkcioniranje i mogu trajati tijekom cijeloga života.
developmental delay	Developmental delay refers to a “delay in one or more of the following areas of childhood development: cognitive development, physical development (including vision and hearing), communication development, social and/or emotional development and adaptive development (including eating skills, dressing and toileting skills	zaostajanje u razvoju (generally accepted translation)	Zaostajanje u razvoju je kašnjenje u jednom ili više područja dječjeg razvoja: kognitivni razvoj, tjelesni razvoj (uključujući vid i sluh), komunikacijski razvoj, socijalni i/ili emocionalni razvoj i adaptivni razvoj (uključujući vještinu hranjenja, odijevanja, osobne higijene i drugih

	and other areas of personal responsibility).” <a href="https://www.specialeducationguide.com/special-education-dictionary/">(https://www.specialeducationguide.com/special-education-dictionary/)</a>		područja osobne odgovornosti).
dyslalia	Dyslalia is a term that describes incorrect pronunciation of sounds, that can manifest itself as omission of a sound, its replacement by another sound or its distorted pronunciation.	dislaliya (generally accepted translation)	Dislaliya je „neispravan izgovor glasova koje se može očitovati kao izostavljanje nekog glasa, njegova zamjena nekim drugim glasom ili pak njegov iskrivljen izgovor.” (Galić-Juić, <a href="http://hud.hr/rjecnik-termina/">http://hud.hr/rjecnik-termina/</a> )
early intervention	Early intervention is “the term used to describe the services and supports that are available to babies and young children with developmental delays and disabilities and their families.” <a href="https://www.cdc.gov/ncbddd/actearly/parents/states.html">1)</a>	rana intervencija (generally accepted translation)	Rana intervencija je izraz koji se koristi za opisivanje usluga i potpore koji su dostupni djeci s teškoćama u razvoju i njihovim obiteljima.
emotional disturbance	Emotional disturbance is a “mental health issue including, but not limited to, anxiety disorders, bipolar	emocionalni poremećaj	Emocionalni poremećaj je pojam koji opisuje teškoće (poremećaje) mentalnog zdravlja koje

	<p>disorder (sometimes called manic-depression), conduct disorders, eating disorders, obsessive-compulsive disorder (OCD) and psychotic disorders.”</p> <p>(<a href="https://www.specialeducationguide.com/special-education-dictionary/">https://www.specialeducationguide.com/special-education-dictionary/</a>)</p>	(generally accepted translation)	<p>uključuju anksiozne poremećaje, bipolarni poremećaj (koji se ponekad naziva i manična depresija), poremećaje ponašanja, poremećaje prehrane, opsesivno-kompulzivni poremećaj (OKP) i psihotične poremećaje.</p>
hearing impairment	<p>“Hearing loss is defined as an inability to hear specific frequencies at the appropriate intensity.”</p> <p>(Elzouki, Harfi, Nazer, Oh, Stapleton, Whitley 2011, p. 602)</p>	oštećenje sluha (generally accepted translation)	<p>Oštećenje sluha definira se kao nemogućnost da se čuju određene frekvencije odgovarajućim intenzitetom.</p>
inclusion	<p>Inclusion refers to the “idea that everyone should be able to use the same facilities, take part in the same activities, and enjoy the same experiences, including people who have a disability or other disadvantage.”</p> <p>(<a href="https://dictionary.cambridge.org/dictionary/english/inclusion">https://dictionary.cambridge.org/dictionary/english/inclusion</a>)</p>	inkluzija (generally accepted translation)	<p>Inkluzija podrazumijeva ideju prema kojoj bi svi imali mogućnosti koristiti iste sadržaje, sudjelovati u istim aktivnostima i uživati u istim iskustvima, uključujući i ljude koji imaju invaliditet ili neku drugu poteškoću.</p>

intellectual disability	Intellectual disability refers to “Significantly subaverage general intellectual functioning, existing simultaneously with deficits in adaptive behaviour and manifested during the developmental period, that adversely affects a child’s educational performance.” ( <a href="https://www.specialeducationguide.com/special-education-dictionary/">https://www.specialeducationguide.com/special-education-dictionary/</a> )	intelektualna poteškoća (generally accepted translation)	Intelektualna poteškoća definira se kao značajno ispodprosječno intelektualno funkcioniranje, koje se pojavljuje istovremeno s ograničenjima u adaptivnom ponašanju i očituje se tijekom razvojnog razdoblja, što nepovoljno utječe na djetetov odgojno-obrazovni uspjeh.
motor impairment	“The term ‘motor impairment’ refers to conditions that restrict or interfere with normal functioning of the motor or musculoskeletal system.” (Simeonsson & Rosenthal, 2001, p. 205)	motoričko oštećenje (generally accepted translation)	Izraz "motoričko oštećenje" odnosi se na stanja koja ograničavaju ili ometaju normalno funkcioniranje motoričkog ili mišićno-košanog sustava.
partially sighted	“Partially sighted means a person has partial vision, either in one or both eyes.” ( <a href="https://ibvi.org/blog/blind-vs-visually-impaired-whats-the-difference/">https://ibvi.org/blog/blind-vs-visually-impaired-whats-the-difference/</a> )	slabovidan (generally accepted translation)	Pojam slabovidosti odnosi se na osobu koja ima djelomičan vid, bilo u jednom ili u oba oka.
physical therapist	Physical therapist is term that defines “Professionals who help people who have	fizioterapeut	Fizioterapeut je stručni djelatnik koji pomaže ljudima koji imaju neku

	<p>injuries or illnesses improve their movement and manage their pain. They are often an important part of rehabilitation and treatment of patients with chronic conditions or injuries.”</p> <p>(<a href="https://www.specialeducationguide.com/special-education-dictionary/">https://www.specialeducationguide.com/special-education-dictionary/</a>)</p>	(generally accepted translation)	<p>ozljedu ili bolest da poboljšaju svoje kretanje i kontroliraju bol. Često su važan dio rehabilitacije i liječenja bolesnika s kroničnim stanjima ili ozljedama.</p>
positive behaviour support	<p>Positive behaviour support refers to an “approach to eliminate challenging behaviours and replace them with pro-social skills.”</p> <p>(<a href="https://www.specialeducationguide.com/special-education-dictionary/">https://www.specialeducationguide.com/special-education-dictionary/</a>)</p>	<p>podrška pozitivnom ponašanju (suggested translation)</p>	<p>Podrška pozitivnom ponašanju definira se kao pristup kojemu je cilj ukloniti nepoželjne oblike ponašanja i zamijeniti iste prosocijalnim vještinama.</p>
skill evaluation	<p>Skill evaluation refers to “Diagnostic measures for determining a child’s gross motor skills, fine manipulative skills and hearing, sight, speech and language abilities, administered by specialists such as a school speech pathologist or general practitioner.”</p>	<p>procjena vještina i sposobnosti (generally accepted translation)</p>	<p>Procjena vještina i sposobnosti podrazumijeva dijagnostičke postupke za utvrđivanje djetetove grube motorike, finih manipulativnih vještina, sluha, vida, govora i jezičnih sposobnosti, koje provode stručnjaci poput školskog logopeda, psihologa, edukacijskog</p>

	<a href="https://www.specialeducationguide.com/special-education-dictionary/">(https://www.specialeducationguide.com/special-education-dictionary/)</a>		rehabilitatora ili liječnika.
social development	Social development is defined as creating and maintaining social relationships with adults and peers (Kagan, Moore, & Bredekamp, 1998).	društveni razvoj (generally accepted translation)	Društveni razvoj definiran je kao stvaranje i održavanje društvenih odnosa s odraslima i vršnjacima.
special education (SPED)/ special needs education	“Special education is defined as specially designed instruction to meet the unique needs of students with disabilities.” <a href="http://whimsicalnbrainpan.blogspot.com/2012/05/what-makes-special-education-so-special.html">http://whimsicalnbrainpan.blogspot.com/2012/05/what-makes-special-education-so-special.html</a>	odgoj i obrazovanje osoba s posebnim odgojno-obrazovnim potrebama (generally accepted translation)	Odgoj i obrazovanje učenika s posebnim odgojno-obrazovnim potrebama definirano je kao posebno dizajnirana vrsta poučavanja koja zadovoljava jedinstvene potrebe učenika s teškoćama.
specific learning disability (SLD)	Specific learning disability is “a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical	specifični poremećaji učenja (generally accepted translation)	Specifični poremećaji učenja su poremećaji u jednom ili više osnovnih psiholoških procesa koji su uključeni u razumijevanje ili korištenje jezika, govornog ili pisanog, a koji se može očitovati nesavršenom

	<p>calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.”</p> <p><a href="http://www.doe.mass.edu/sped/links/learndisability.html">http://www.doe.mass.edu/sped/links/learndisability.html</a></p>		<p>sposobnošću slušanja, razmišljanja, govorenja, čitanja, pisanja, slovanja ili rješavanja matematičkih problema, uključujući stanja kao što su poteškoće s percepcijom, oštećenja mozga, minimalne moždane disfunkcije, disleksija i razvojna afazija i dr.</p>
<p>speech or language impairment (SLI)</p>	<p>Speech or language impairment refers to a “communication disorder such as stuttering, impaired articulation, a language impairment or a voice impairment that adversely affects a child’s educational performance.”</p> <p>(<a href="https://www.specialeducationguide.com/disability-profiles/speech-and-language-impairments/">https://www.specialeducationguide.com/disability-profiles/speech-and-language-impairments/</a>)</p>	<p>oštećenje jezično-govorne glasovne komunikacije (generally accepted translation)</p>	<p>Oštećenje jezično-govorne glasovne komunikacije je komunikacijski poremećaj poput mucanja, otežane artikulacije, jezičnog poremećaja ili oštećenja glasa, koji nepovoljno utječu na djetetov odgojno-obrazovni uspjeh.</p>
<p>visual impairment</p>	<p>“Visual impairment is a term experts use to describe any kind of vision loss, whether it's someone who cannot see</p>	<p>oštećenje vida (generally accepted translation)</p>	<p>Oštećenje vida je pojam koji stručnjaci koriste za opisivanje bilo kojeg oblika gubitka vida, bilo da je riječ o nekome tko</p>

	at all or someone who has partial vision loss.” ( <a href="https://kidshealth.org/en/teens/visual-impairment.html">https://kidshealth.org/en/teens/visual-impairment.html</a> )		uopće ne može vidjeti ili nekome tko ima djelomičan gubitak vida.
--	--	--	---

## **11. CONCLUSION**

In conclusion, after years of unfair treatment of children with special needs, society has finally reached that step where most of the professional workers have realised the importance of inclusion of special education needs children in mainstream classrooms. We can all agree that there is still much to be done, and it is a duty of every single one of us to do our best to contribute to our common goal.

In order to improve our workplace and create an inviting surroundings for all children, and especially children with special educational needs, teachers have to start by improving themselves. Professional literature, which is for the most part written in the English language, is one of the main tools in expanding one's knowledge and improving skills in every profession. The importance of successful use of professional literature is even greater in preschool profession because of the enormous responsibility early childhood and preschool teachers have.

Learning collocations is one of the first steps in later professional education and successful analysis and usage of written texts. Collocations have been defined as combinations of words that sound "right" to most English language speakers, and for those who are not certain about their use, it is important to learn which words collocate in order to make one's speech sound more natural and easier to understand and to better understand a written text. This is why some of the relevant examples of collocations have been presented in this thesis. The most widely used collocations in the analysed scholarly papers in all of the sections related to different special needs (dyslexia, ADHD, autism spectrum disorder and Down syndrome) are adjective + noun collocations, whereas the least frequent ones are noun + verb collocations.

In this thesis a small bilingual glossary that includes terms related to special education in both English and Croatian language was also proposed and presented with explanations of the selected terms in both languages. It is our hope that this thesis will, at least to a small extent, facilitate early childhood and preschool teachers' use of academic texts and thus contribute to their professional development, so that they might provide the best care and education for children.

## REFERENCES

1. Cambridge University Press. (2016). *English Grammar Today: An A-Z of Spoken and Written Grammar: Collocation*. Presentation retrieved from <https://dictionary.cambridge.org/grammar/british-grammar/collocation>.
2. Chauhan, A., Chauhan, V., & Brown, T. (2010). *Autism: Oxidative Stress, Inflammation, and Immune Abnormalities*. Boca Raton: CRC Press.
3. De Chazal, E. (2014). *English for Academic Purposes - Oxford Handbooks for Language Teachers*. New York: Oxford: Oxford University Press.
4. Elzouki, A. Y., Harfi, H. A., Nazer, H., Oh, W., Stapleton, F. B., Whitley, R. J. (2011). *Textbook of Clinical Pediatrics*. New York: Springer Science & Business Media.
5. Fish, Q. (2008). *Down Syndrome: What You CAN Do*. Moodys: Qadoshyah Fish.
6. Flanagan, M. A. (2008). *Improving Speech and Eating Skills in Children with Autism Spectrum Disorders: An Oral-motor Program for Home and School*. Shawnee Mission: AAPC Publishing.
7. Gargiulo, R. (2012). *Special Education in Contemporary Society: An Introduction to Exceptionality*. Los Angeles: SAGE.
8. Ghuman, J., & Ghuman, H. (2014). *ADHD in Preschool Children: Assessment and Treatment*. New York: Oxford University Press.
9. Gopal, C. M. (2013). *Dyslexia: An Introduction to Learning Disorder*. New Delhi: Tata McGraw-Hill Education.
10. Grant, G., Ramcharan, P., & Flynn, M. (2010). *Learning disability: A life cycle approach*. New York: Maidenhead: McGraw-Hill Education.

11. Høien, T., & Lundberg, I. (2013). *Dyslexia: From Theory to Intervention*. Dordrecht: Springer Science & Business Media.
12. Joseph, L., Soorya, L., & Thurm, A. (2014). *Autism Spectrum Disorder*. Boston: Hogrefe Publishing.
13. McGill-Franzen, A., & Allington, R. L. (2010). *Handbook of Reading Disability Research*. Abingdon: Routledge.
14. McGough, J. J. (2014). *ADHD*. New York, Oxford: Oxford University Press.
15. Mihalić, S. (2013). *Koja je razlika između djece s posebnim potrebama i djece s teškoćama u razvoju*. Retrieved from <http://www.istrazime.com/djecja-psihologija/koja-je-razlika-između-djece-s-posebnim-potrebama-i-djece-s-teskocama-u-razvoju/>
16. Müller, Y. (2008). *Collocation – A Linguistic View and Didactic Aspects*. Norderstedt: GRIN Verlag.
17. Pavličević-Franić, D. (2005). *Komunikacijom do gramatike: razvoj komunikacijske komepetencije u ranome razdoblju usvajanja jezika*. Zagreb: Alfa.
18. Rotatori, A., Oblikor, E., & Bakken, J. (2011). *History of Special Education*. Bingley: Emerald Group Publishing.
19. Selikowitz, M. (2004). *ADHD: The Facts*. New York: Oxford University Press.
20. Selikowitz, M. (2008). *Down Syndrome*. New York, Oxford: Oxford University Press.
21. Seretan, V. (2011). *Syntax-Based Collocation Extraction*. New York: Springer Science & Business Media.
22. Simeonsson, R. J., & Rosenthal, S. L. (2001). *Psychological and Developmental Assessment: Children with Disabilities and Chronic Conditions*. New York: Guilford Press.

## ARTICLES USED IN THE ANALYSIS

1. Bull, M. J. and the Committee on Genetics (2011). Clinical Report—Health Supervision for Children with Down Syndrome. *Pediatrics*, 128(2), 393-406. doi:10.1542/peds.2011-1605
2. Gooch, D., Snowling, M., & Hulme, C. (2011). Time perception, phonological skills and executive function in children with dyslexia and/or ADHD symptoms. *Journal of Child Psychology and Psychiatry*, 52(2), 195–203. doi:10.1111/j.1469-7610.2010.02312.x
3. Head, E., Silverman, W., Patterson, D., & Lott, I. T. (2012). Aging and Down syndrome. *Current Gerontology and Geriatrics Research*, 412536. doi:10.1155/2012/412536
4. Kofler, M., Rapport M., Bolden, J., Sarver, D., Raiker J., & Alderson R. (2011). Working memory deficits and social problems in children with ADHD. *Journal of Abnormal Child Psychology*, 39(6), 805-817. doi:10.1007/s10802-011-9492-8
5. National Institute of Mental Health Information Resource Center. (2016). *Attention-Deficit/Hyperactivity Disorder (ADHD): The Basics*. Retrieved from <https://www.nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder-adhd-the-basics/index.shtml>
6. Pitettia, K., Baynard, T., & Agiovlatisisc, S. (2013). Children and adolescents with Down syndrome, physical fitness and physical activity. *Journal of Sport and Health Science*. 2. 47–57. doi:10.1016/j.jshs.2012.10.004.
7. Qiu, M., Ye, Z., Li, Q., Liu, G., Xie, B., & Wang, J. (2010). Changes of Brain Structure and Function in ADHD Children. *Brain Topography*, 24, 243–252. doi:10.1007/s10548-010-0168-4

8. Schreibman, L., Dawson, G., Stahmer, A. C., Landa, R., Rogers, S. J., McGee, G. G., Kasari, C., Ingersoll, B., Kaiser, A. P., Bruinsma, Y., McNerney, E., Wetherby, A., & Halladay, A. (2015). Naturalistic Developmental Behavioral Interventions: Empirically Validated Treatments for Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, 45(8), 2411–2428. doi:10.1007/s10803-015-2407-8
9. Singh, N. N., Singh, A. N., Lancioni, G. E., Singh, J., Winton, A. S. W., & Adkins, A. D. (2010). Mindfulness Training for Parents and Their Children with ADHD Increases the Children's Compliance. *Journal of Child and Family Studies*, 19, 157–166. doi: 10.1007/s10826-009-9272-z
10. Tager-Flusberg, H., & Kasari, C. (2013). Minimally verbal school-aged children with autism spectrum disorder: the neglected end of the spectrum. *Autism Research: Official Journal of the International Society for Autism Research*, 6(6), 468–478. doi:10.1002/aur.1329
11. Tunmer, W., & Greaney, K. (2009). Defining Dyslexia. *Journal of Learning Disabilities*. doi:10.1177/0022219409345009
12. Viscidi, E. W., Triche, E. W., Pescosolido, M. F., McLean, R. L., Joseph, R. M., Spence, S. J., & Morrow, E. M. (2013). Clinical characteristics of children with autism spectrum disorder and co-occurring epilepsy. *PloS one*, 8(7), e67797. doi:10.1371/journal.pone.0067797
13. Wehmeier, P., Schacht, A., & Barkley, A. (2010). Social and emotional impairment in children and adolescents with ADHD and the impact on quality of life. *Journal Adolescent Health*, 46(3), 209-217. doi:10.1016/j.jadohealth.2009.09.009

## Izjava o samostalnoj izradi rada

Ja, dolje potpisani, Mihael Antolić, izjavljujem da sam samostalno napisao završni rad. U izradi završnoga rada vodstvom i savjetima pomogla mi je mentorica doc. dr. sc. Alenka Mikulec te joj ovim putem zahvaljujem. Također zahvaljujem i izv. prof. dr. sc. Jasni Kudek Mirošević na pomoći pri izradi dvojezičnoga glosara s terminima vezanima uz odgoj i obrazovanje učenika s posebnim odgojno-obrazovnim potrebama. Izjavljujem da ni jedan dio ovoga rada nije napisan na nedozvoljen način te da je sva korištena literatura navedena prema pravilima.

Student:

