Hope 2014 Bucharest

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HOPE

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Sweden	Italy
Kindergarten (public and private) 0 - 5	Kindergarten (not public school) from 0 to 3
Pre - school (public and private) 6	Nursery (public or private school) from 3 to 6
Primary school (public and private) 7 - 9 Secondary school (public and private) 10 - 12 Junior high school (public and private) 13 - 15	Primary School (public or private school) from 6 to 11
	Secondary school of first grade (n school) (public or private school) from 11 to 14
High school (public and private) 16 - 18	Secondary school of second grade (public or private school) from 14 to 19
	Regional vocational school only regional) from 14 to 17

Poland	Italy
	Kindergarten (not public school) from 0 to 3
	Nursery (public or private school) from 3 to 6
	Primary School (public or private school) from 6 to 11
	Secondary school of first grade (middle school) (public or private school) from 11 to 14
	Secondary school of second grade (public or private school) from 14 to 19
	Regional vocational school only regional) from 14 to 17

Eat disorder is one out many aspects of a more complex situation.

We have been observing since some years two different group of students the first group is made up of students with evolutive break down in this specific situation the learning approach styles are changing the scholastic quality spent. During this initial phase difficulty and disease are present, faced checked and eventually controlled. It is possible a recovery that makes possible to the student a re-entry in a scholastic context.

The average stayng in the hospital is three months but in the DH students usually stay longer period that go up to an annual one.

The learning capability of each student are generally preserved.

A second category analyzed shows how anorexia is part of a wider frame that involves different pathologies that involve bio social and psico aspects. Often this aspects do take place simultaneously creating difficulty in the learning approach of the student who finds very difficult his everyday life both socially and inside a social and communicative situation.

It has been observed how the learning ability the self esteem and the basic know-how rules are seriously compromessed and the student feels him/her self isolated from society.

The following step will always be a passage in a social community rarely he she goes back inside the family.

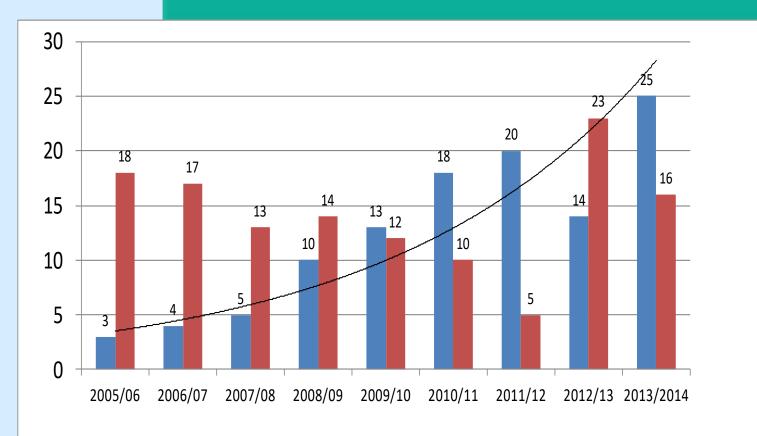
What do you observe ?

What kind of school do you want propose to these pupils?

What kind of cooperation with the home schools of the pupils?

What is the hospital teacher's responsibility about the schooling? (mainly with the second category)

PUPILS, AGED 14 TO 18, ATTENDING THE HOSPITAL SCHOOL IN NEUROPSYCHIATRIC WARD (HOSPITAL "REGINA MARGHERITA" - TURIN - ITALY)



other diseases

HOSPITAL SCHOOL LINKÖPING

Inpatient ward

Outpatient ward

Daycare ward

ALICIA & CORNELIA

" She is so clever", says parents, homeschool teachers and hospital staff.

" She enjoys working hard and school is the only thing that works well for her, it makes her happy". What is the hospital teachers' responsibility concerning the student's attitude towards schoolwork?

Are there reasons to support the student in his/ her effort to get the highest grades?

How do we cope with this and do we have arguments that explains our view?

"ARE YOU REALLY A TRAINED TEACHER"?

Sometimes students are criticizing us and have the attitude that we are not so qualified. We can sometimes feel that students look down on us.

Some students prefer working without trying to understand or discuss the work, they just want to count pages. Demands Right or wrong Cognitive capacity Frustration & disappointment Self-confidence Pedagogical disaster

Less demands and less right or wrong by choosing the subjects Art, Music or language. Better self-confidence. Less pedagogical disaster. **INSPIRED BY BRYAN LASK & CO**

" EATING DISORDERS IN CHILDHOOD AND ADOLESCENCE"

NINA LINDBERG KLAS BRUNNANDER