DETERMINING THE EFFICACY OF USING VIDEO MODELING TECHNIQUES IN DEVELOPING LIFE SKILLS AMONG CHILDREN WITH MILD AND MODERATE INTELLECTUAL DISABILITIES IN THE GOVT. INSTITUTIONS OF SPECIAL EDUCATION

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Abstract

The study investigates the efficacy of video modeling (VM) techniques in developing life skills among children with mild and moderate intellectual disabilities (MMID) in government institutions of special education in Punjab, Pakistan. Video modeling, a visual-based teaching method, has gained traction as a tool for improving functional skills, including hygiene, grooming, table manners, safety, and social interactions. This study utilized a single-subject experimental design involving ten children (five mild, five moderate) to examine their skill development across pre-intervention, during-intervention, and post-intervention phases. Three checklists were employed to evaluate the effectiveness of the intervention. Results showed significant improvement in the acquisition of life skills, particularly in social skills, with children performing better in post-intervention compared to pre-intervention trials. A repeated-measures analysis revealed that performance improved across trials, affirming the long-term benefits of VM. Paired-sample t-tests also showed a significant improvement in overall life skills from pre-intervention (M = 52.56, SD = 4.563) to post-intervention (M = 58.80, SD = 4.651), t = -0.248, p < .001, Cohen's d = 0.89. The study concludes that VM is a cost-effective and scalable solution for teaching essential life skills, recommending its broader application in educational settings. The study also highlights the need for specialized teacher training and future research on VM's long-term retention and broader applications.

Keywords: video modeling, intellectual disabilities, life skills, special education

Introduction

The use of video modeling (VM) has gained popularity as an effective strategy in special education, especially for teaching life skills to children with intellectual disabilities (ID). This method involves the use of pre-recorded videos that depict targeted behaviors or skills, which students then observe and imitate (Wong et al., 2015). Video modeling is considered highly effective because it aligns with the strengths of many individuals with mild and moderate intellectual disabilities (MMID), who often benefit from visual learning (Shukla-Mehta et al., 2010). This technique enables learners to grasp social, communication, and daily living skills in a structured, visual format that simplifies complex concepts.

Children with MMID face significant challenges in acquiring life skills such as personal hygiene, grooming, table manners, safety awareness, and social interactions. These skills are crucial for their independence and participation in daily life (Bellini & Akullian, 2007). Life skills instruction is particularly important for individuals with intellectual disabilities, as it fosters autonomy and self-care, essential for improving their quality of life and reducing dependency on others (Shukla-Mehta et al., 2010).

While video modeling has proven effective in various international contexts, limited research exists on its implementation and efficacy in government special education institutions in Punjab, Pakistan. The region's special education system faces several challenges, including resource constraints and inadequate teacher training. Therefore, understanding the potential of video modeling in this context is critical for improving educational outcomes for children with intellectual disabilities in Punjab.

Literature Review

The acquisition of life skills is crucial for the personal development and independence of children with mild and moderate intellectual disabilities (ID). These skills, encompassing personal care, household tasks, and social interaction, are often challenging for these children due to cognitive limitations. Video modeling, an instructional strategy where individuals learn behaviors and tasks by observing recorded performances, has emerged as an effective approach in promoting skill acquisition for children with ID (Charlop-Christy et al., 2000).

Video Modeling as a Teaching Strategy

Video modeling capitalizes on the visual learning strengths of children with ID, which makes it an ideal tool for teaching life skills. This method involves demonstrating desired behaviors through video, allowing repeated viewings until the child grasps the skill. Research indicates that children with ID respond well to visual instructions because these minimize cognitive demands and reduce anxiety compared to traditional, verbal methods (Ayres & Langone, 2005). Additionally, video modeling offers flexibility in time and location, as students can learn at their own pace by replaying videos as needed (Keen, 2003).

Several studies have shown the effectiveness of video modeling in teaching daily living skills to children with autism spectrum disorder (ASD) and ID. For instance, Charlop-Christy et al. (2000) found that children with ASD learned self-help and social skills more quickly through video modeling than through in vivo modeling or direct instruction. Similar results have been reported by Shipley-Benamou et al. (2002), who demonstrated that video modeling facilitated the acquisition of household skills in children with developmental disabilities. These findings suggest that video modeling can be adapted successfully to address a wide range of life skills in children with varying intellectual capacities.

Life Skills Development for Children with Intellectual Disabilities

Life skills are essential for children with mild and moderate intellectual disabilities, as they promote independence and help them function effectively within their homes, schools, and communities. Daily living skills, such as personal hygiene, dressing, meal preparation, and money management, are often difficult for these children due to cognitive and motor impairments (Bouck, 2012). Teaching these skills is fundamental to improving their quality of life and integrating them into society (Browder & Spooner, 2011).

Video modeling, particularly when used alongside other interventions, has proven to be highly effective in teaching life skills to children with intellectual disabilities. According to Banda et al. (2011), video modeling can reduce the time required to learn new skills while increasing the likelihood of generalization across different settings. This is critical for children with ID, as generalization is often one of the most challenging aspects of skill acquisition. Furthermore, video modeling enables children to visually connect abstract concepts with concrete actions, making it easier for them to replicate behaviors (Bellini & Akullian, 2007).

Efficacy of Video Modeling in Government Institutions of Special Education

In the context of government institutions of special education, where resources may be limited, video modeling offers a cost-effective and scalable solution for teaching life skills to children with mild and moderate intellectual disabilities. The structured environment of these institutions, coupled with teacher guidance, provides an ideal setting for the implementation of video modeling techniques (Hayes et al., 2010). Teachers in these institutions often face challenges such as large class sizes, limited one-on-one instructional time, and varying levels of student ability. Video modeling can help mitigate these issues by providing a standardized method of instruction that can be customized to each child's learning pace and needs.

Despite, the growing evidence supporting the efficacy of video modeling, its utilization in government institutions of special education in Punjab remains limited. According to a survey conducted by Hayes and colleagues (2010), many teachers in special education settings are either unfamiliar with video modeling techniques or lack access to the necessary technology. Furthermore, institutional barriers, such as insufficient training and administrative support, have hindered the widespread adoption of this teaching strategy (Kagohara et al., 2013).

The study aims to fill this gap by investigating the efficacy of using video modeling to teach life skills to children with MMID in Punjab's government institutions. Despite global evidence supporting the effectiveness of VM, there is a lack of localized studies that explore its application in Pakistan's unique educational settings.

Objective of the Study
The study intended to:
1. Assess the efficacy of video modeling techniques in improving life skills (e.g., hygiene, grooming, and social skills) among children with mild and moderate intellectual disabilities in the government institutions of special education Punjab.

Research Questions

The questions of the study were:

1. How effective is video modeling in enhancing the acquisition of life skills among children with mild and moderate intellectual disabilities in government special education institutions in Punjab?
   - Which life skills show the most improvement after the intervention?
   - Is there a significant difference in the performance of children across multiple trials of video modeling?
   - Do the pre- and post-intervention scores of children with mild and moderate intellectual disabilities show a significant improvement after receiving the Video Modeling Intervention (VMI)?

Materials and Methods

The study employed a quantitative research approach, which allowed for the measurement of specific variables and the use of statistical analyses to evaluate relationships between them (Creswell, 2014), providing an objective assessment of the efficacy of video modeling techniques in improving life skills among children with mild and moderate intellectual disabilities (MMID). This study utilized a single subject experimental design, a method often used in special education to assess interventions at an individual level. This design tracked the effects of video modeling on ten children five with mild and five with moderate intellectual disabilities. By having each child serve as their own control, the researchers could observe changes in behavior and skill improvement across multiple trials before, during, and after the intervention, attributing changes directly to the video modeling technique (Kazdin, 2011; Horner et al., 2005). For data collection, a structured survey methodology was utilized. The evaluation process was designed around three distinct phases: pre-intervention, during the intervention, and post-intervention. To ensure robust data collection at each stage, three meticulously developed checklists were employed. The pre-intervention checklist provided baseline data regarding the children's initial skill levels, while the during-intervention checklist monitored ongoing improvements throughout the instructional process. Finally, the post-intervention checklist was used to assess the ultimate impact of the video modeling intervention on the children's life skills development. This phased approach not only provided a comprehensive view of the learning trajectory but also helped in identifying the effectiveness of video modeling as an instructional tool (Smith & Jones, 2020; Brown, 2021).

Population

The population for this study comprised children with mild and moderate intellectual disabilities (MMID). The population of the study was drawn from government institutions of special education Punjab. These children were directly involved in the experimental procedures aimed at assessing the effectiveness of video modeling techniques.

Sample and Sampling Technique

The sample for the study was selected using a purposive sampling technique, which is a non-probability sampling method that selects individuals based on specific characteristics or criteria (Etikan, Musa, & Alkassim, 2016). The final sample consisted of 10 children which were selected to participate in the single subject experimental design portion of the study. These 10 children were chosen based on their varying levels of intellectual disability, allowing the researchers to assess how video modeling techniques impacted children with different cognitive abilities. Demographic characteristics of the sample presents in Table 1.

Table 1
Characteristics of Surveyed Children with MMID in Frequency and Percent

Demographic feature	Category	*n*(10)	*%*
Gender			
	Boys	6	60.0
	Girls	4	40.0
Years of schooling			
	1-5 Year	3	30.0
	6-10 Year	3	30.0
	10-15 Year	4	40.0
Disability level			
	Mild	5	50.0
	Moderate	5	50.0
IQ level			
	52-69 (mild range)	5	50.0
	36-51 (moderate range)	5	50.0
Locality			
	Kasur	6	60.0
	Pattoki	4	40.0

Note. n = Number of Participants

Instrumentations

The researchers designed three distinct checklists to assess the efficacy of the video modeling technique: a pre-intervention checklist, a during-intervention checklist, and a post-intervention checklist. Each of these checklists focused on evaluating five core domains: hygiene skills, grooming skills, table manners, safety and health, and social skills. The during-intervention checklist utilized a trial-based approach to systematically monitor the child's progress across five domains, with performance being tracked through three consecutive trials, labeled as Trial 1, Trial 2, and Trial 3. In contrast, the pre- and post-intervention checklists employed a dichotomous distractors format, where responses were recorded as either "Yes" or "No" to determine the presence or absence of the targeted skills.

Additionally, the researchers developed 13 instructional videos as part of the intervention, which was used during the During Video Modeling phase of the experiment. To

monitor the children's progress throughout the study, a Functional Assessment Checklist for Daily Record was utilized, allowing for the daily tracking of specific behaviors and skill acquisition. The Record-Keeping Checklist for All Phases of Experiments provided a systematic way to document the progress across the pre-intervention, during-intervention, and post-intervention phases.

Data Collection Procedures

The data collection process in this study employed a series of video modeling sessions were conducted over several weeks and months. Each child participated in multiple trials of the video modeling intervention, with their progress tracked and assessed at three different stages: pre-intervention, during the intervention, and post-intervention. Three checklist was used to record the children's performance in acquiring life skills throughout the process.

Before the intervention phase, a pre-video modeling checklist was employed to assess the baseline skills of the children. This pre-assessment is an essential component of single-subject designs, as it provides the initial data point against which all subsequent data is compared (Horner et al., 2005). The researcher then implemented the video modeling intervention, a technique well-supported in literature for its efficacy in teaching life skills to children with intellectual disabilities (Bellini & Akullian, 2007). The children's progress during the intervention was meticulously monitored using the during-video modeling checklist, which allowed for continuous data collection and real-time adjustments to the intervention as necessary. After the intervention, a post-video modeling checklist was used to evaluate the effectiveness of the intervention in improving the children's life skills. This post-assessment provided the final data point for each subject, allowing for a clear comparison between pre- and post-intervention performance, which is a hallmark of single-subject research (Cooper, Heron, & Heward, 2020).

Data Analysis

Descriptive statistics were used to summarize the overall performance of the group, providing mean scores for each phase of the intervention. Additionally, inferential statistical techniques, such as *t*-tests, were employed to identify any significant differences between pre- and post-intervention scores. This allowed the researchers to evaluate whether the video modeling techniques had a statistically significant effect on the children's ability to acquire life skills (Gast & Ledford, 2014; Kazdin, 2011). By comparing the performance of children with mild and moderate intellectual disabilities, the analysis also aimed to determine which life skills show the most improvement after the intervention.

Results

The results of the study are presented below, organized by research question wise:

How effective is video modeling in enhancing the acquisition of life skills among children with mild and moderate intellectual disabilities in government special education institutions in Punjab?

To investigate the effectiveness of video modeling in promoting the acquisition of life skills among children with mild and moderate intellectual disabilities, three checklists (pre, during, and post-intervention) were used to obtain data from 10 children with mild and moderate intellectual disabilities. The data were collected using these checklists then, analyzed using a multiple response analysis.

Table 1
Acquisition of Life Skills through Video Modeling: Pre- and Post-Intervention Comparison

Items from Pre-and Post-intervention	Pre-intervention Responses			Post-intervention Responses		
	F	%	Percent of Cases	F	%	Percent of cases
Able to brush teeth	2	1.5%	10.0%	20	3.3%	100.0%
Able to wash hands before/after meal	4	2.9%	20.0%	20	3.3%	100.0%
Keeps fingernails trimmed and clean	4	2.9%	20.0%	20	3.3%	100.0%
Able to take a bath with soap	3	2.2%	15.0%	19	3.1%	95.0%
Washes face regularly	2	1.5%	10.0%	19	3.1%	95.0%
Knows when to dry hands	4	2.9%	20.0%	19	3.1%	95.0%
Able to put socks on correctly	3	2.2%	15.0%	18	3.0%	90.0%
Brushes hair independently	4	2.9%	20.0%	18	3.0%	90.0%
Combs hair neatly	3	2.2%	15.0%	19	3.1%	95.0%
Dresses in weather-appropriate clothing	5	3.7%	25.0%	19	3.1%	95.0%
Buttons his/her shirt	4	2.9%	20.0%	19	3.1%	95.0%
Unbuttons his/her shirt	5	3.7%	25.0%	18	3.0%	90.0%
Uses utensils properly	5	3.7%	25.0%	19	3.1%	95.0%
Chews food with mouth closed	8	5.9%	40.0%	18	3.0%	90.0%
Waits for everyone to be served before starting to eat	5	3.7%	25.0%	18	3.0%	90.0%
Says thank you after receiving food	6	4.4%	30.0%	18	3.0%	90.0%
Asks to be excused before leaving the table	5	3.7%	25.0%	18	3.0%	90.0%
Able to drink water with glass	3	2.2%	15.0%	18	3.0%	90.0%
Knows basic first aid (e.g., applying a bandage)	3	2.2%	15.0%	18	3.0%	90.0%
Recognizes and avoids dangerous objects	4	2.9%	20.0%	17	2.8%	85.0%
Puts away toys after playing	4	2.9%	20.0%	18	3.0%	90.0%
Knows how to cross the street safely	4	2.9%	20.0%	18	3.0%	90.0%
Able to identify and avoid strangers	3	2.2%	15.0%	18	3.0%	90.0%
Knows emergency contact information	5	3.7%	25.0%	18	3.0%	90.0%
Participates in group activities	4	2.9%	20.0%	17	2.8%	85.0%
Shares toys and materials with others	5	3.7%	25.0%	18	3.0%	90.0%
Responds appropriately to compliments	4	2.9%	20.0%	18	3.0%	90.0%
Initiates conversations with peers	4	2.9%	20.0%	18	3.0%	90.0%
Respects others' opinions during discussions	5	3.7%	25.0%	18	3.0%	90.0%
Apologizes when necessary	4	2.9%	20.0%	18	3.0%	90.0%

Responds with "thank you" when given a compliment	3	2.2%	15.0%	18	3.0%	90.0%
Waits for their turn during group activities	5	3.7%	25.0%	17	2.8%	85.0%
Helps younger peers during play	4	2.9%	20.0%	18	3.0%	90.0%

Note. F = Frequency

The table 1 presents the results of the study, which investigated the effectiveness of video modeling in promoting the acquisition of life skills among children with mild and moderate intellectual disabilities. The results show that after the video modeling intervention, a significant percentage of children (85-100%) demonstrated improvement in various life skills. Before the intervention, the percentage of respondents performing various tasks ranged from 1.5% to 5.9%, with the percent of cases ranging from 10.0% to 40.0%. After the intervention, there was a significant increase in both the frequency and percentage of responses, with the percentage of respondents performing the tasks ranging from 2.8% to 3.3%, and the percent of cases ranging from 85.0% to 100.0%.

The results indicate that video modeling was effective in promoting the acquisition of life skills among children with mild and moderate intellectual disabilities. The majority of children (85-100%) showed significant improvement in various life skills, such as brushing teeth, washing hands, taking a bath, dressing appropriately, and using utensils properly. Additionally, children demonstrated improved social skills, such as sharing toys, participating in group activities, and initiating conversations with peers.

Which life skills show the most improvement after the intervention?

To address this question, descriptive statistics were performed to examine the mean scores and standard deviations of five areas of life skills. The results are presented in table 2.

Table 2
Means and Standard Deviations of Life Skills Areas

Sr. No.	Life Skills Areas	*N*	*M*	*SD*
1	Hygiene skills	10	16.80	2.39
2	Grooming skills	10	17.55	1.57
3	Table manners	10	18.20	1.19
4	Safety and health	10	17.95	2.04
5	Social skills	10	25.45	2.14

Note. N = Number of participants

The results, displayed in Table 2, reveal that social skills had the highest mean score ($M = 25.45$, $SD = 2.14$), indicating a significant improvement in this area. Table manners followed with a mean score of 18.20 ($SD = 1.19$), suggesting notable acquisition in this skill area. Grooming skills ($M = 17.55$, $SD = 1.57$) and safety and health ($M = 17.95$, $SD = 2.04$) also showed substantial gains. Hygiene skills, with a mean score of 16.80 ($SD = 2.39$), demonstrated effective acquisition but were relatively lower compared to other areas. These findings suggest that video

modeling is particularly effective in enhancing social skills, followed by table manners, grooming skills, and safety and health skills among children with intellectual disabilities.

Is there a significant difference in the performance of children across multiple trials of video modeling?

To address this question, a Repeated Measures ANOVA was conducted to examine the performance of children with mild and moderate intellectual disabilities across three trials, utilizing the Video Modeling Intervention (VMI). This analysis aimed to identify whether there were any significant differences in performance between the three trials, as well as whether this difference changed over time? The results of this analysis are presented in Table 4.10.

Table 3
Mean, Standard deviation, and Repeated Measures Analysis of Variance for Video Modeling Intervention Technique in Acquiring Life Skills

Variables	Trial 1		Trial 2		Trial 3		F (1, 18)	η^2
	M	*SD*	*M*	*SD*	*M*	*SD*		
Hygiene skills	12.60	1.99	15.93	4.12	19.79	3.24	175.42***	0.93
Grooming skills	10.86	3.37	13.43	5.96	16.35	4.78	195.99***	0.80
Table manners	12.55	6.42	14.68	7.01	17.41	8.27	182.07***	0.86
Safety and health	09.44	0.47	11.76	3.44	13.06	4.66	155.61***	0.77
Social skills	13.93	5.86	17.20	5.64	22.50	4.51	265.12***	0.97

****p<.001*

A repeated measures ANOVA was conducted to examine the performance of children with mild and moderate intellectual disabilities across three trials, utilizing the Video Modeling Intervention (VMI). This analysis aimed to identify whether there were any significant differences in performance between the three trials, as well as whether this difference changed over time. Significant differences were observed across all variables. For hygiene skills, there was a significant increase in performance from Trial 1 (*M* = 12.60, *SD* = 1.99) to Trial 2 (*M* = 15.93, *SD* = 4.12) and further to Trial 3 (*M* = 19.79, *SD* = 3.24), *F*(1, 18) = 175.42, *p* < .001, η² = 0.93. Grooming skills showed similar improvement, with means increasing from 10.86 (*SD* = 3.37) in Trial 1 to 13.43 (*SD* = 5.96) in Trial 2 and 16.35 (*SD* = 4.78) in Trial 3, *F*(1, 18) = 195.99, *p* < .001, η² = 0.80. Table manners also demonstrated significant progression, with mean scores of 12.55 (*SD* = 6.42), 14.68 (*SD* = 7.01), and 17.41 (*SD* = 8.27) across the three trials respectively, *F*(1, 18) = 182.07, *p* < .001, η² = 0.86. For safety and health, the mean scores increased from 9.44 (*SD* = 0.47) in Trial 1 to 11.76 (*SD* = 3.44) in Trial 2 and 13.06 (*SD* = 4.66) in Trial 3, *F*(1, 18) = 155.61, *p* < .001, η² = 0.77. Lastly, social skills showed the most significant

improvement, with means increasing from 13.93 ($SD = 5.86$) in Trial 1 to 17.20 ($SD = 5.64$) in Trial 2 and 22.50 ($SD = 4.51$) in Trial 3, $F(1, 18) = 265.12$, $p < .001$, $\eta^2 = 0.97$.

These findings indicate that there were significant improvements in performance across all trials, and the differences increased over time. The substantial effect sizes (η^2 values) for each skill area suggest that the video modeling intervention had a strong and positive impact on the children's ability to acquire life skills. This further validates the effectiveness of the video modeling technique as a robust intervention for improving life skills in children with mild and moderate intellectual disabilities.

Do the pre- and post-intervention scores of children with mild and moderate intellectual disabilities show a significant improvement after receiving the Video Modeling Intervention (VMI)?

To address this research question, a paired sample *t*-test was used to compare the means score of pre and post-intervention, while Cohen's d was also measured to determine the effect size. Additionally, correlation analysis was conducted to examine the relationship between pre- and post-intervention scores. The results of this study are presented in Table 4.28.

Table 4
Mean Comparison of Pre- and Post-Intervention Scores of Children with MMID

Intervention Type	*M*	*SD*	*t*	*p*	*R*	Cohen's *d*
Pre-intervention	52.56	4.563	-.248	.000	.755***	0.89
Post-intervention	58.80	4.651				

***p<.001

The table 4.28 presents the result of a paired samples *t*-test examining the effect of an intervention on a particular outcome. The results indicated a significant increase in scores from pre-intervention (M = 52.56, SD = 4.563) to post-intervention (*M* = 58.80, *SD* = 4.651), *t* = -0.248, *p* < .001. This effect was large, as evidenced by a correlation of *r* = .755 and a Cohen's d of 0.89, suggesting that the intervention had a substantial positive impact on the experimental group of children with mild and moderate intellectual disabilities.

This suggests that the VMI had a significant impact on the performance of child with mild intellectual disabilities. The effect size, as measured by Cohen's *d*, was found to be .89, indicating a large effect size. This indicates that the VMI had a substantial impact on the child's performance, with a significant improvement observed after the intervention.

Discussion

The outcomes of this study align with existing literature that positions video modeling as a valuable strategy for teaching life skills to children with intellectual disabilities. Prior studies have shown similar improvements in areas such as hygiene and grooming, illustrating the versatility of video modeling in addressing various skill sets crucial for everyday functioning (Johnson & Williams, 2019). The significant gains observed in social skills further emphasize the potential of this intervention to enhance not only personal care but also critical social

behaviors necessary for community integration. This finding supports earlier research, which also highlighted the importance of social skill development through video-based interventions (Anderson et al., 2018). The progressive improvements across trials indicate that repeated exposure to video models reinforces life skills acquisition, validating video modeling as an effective long-term teaching method (Brown, 2017).

The study's findings reveal several key insights. First, there was a marked increase in life skills acquisition post-intervention, with children demonstrating significant progress in hygiene, grooming, table manners, safety, and social skills (Lee & Parker, 2019). Social skills, in particular, showed the greatest gains, underscoring the broader applicability of video modeling for improving communication and interaction abilities (Miller & Green, 2020). Moreover, the data from three trials indicate consistent performance improvements, affirming the positive impact of repeated exposure to the intervention (Jones et al., 2021). Finally, the large effect sizes observed in the analysis further emphasize the substantial impact of video modeling on the targeted population, confirming its efficacy as a teaching tool (Smith & Brown, 2022).

Conclusions

This study highlights the effectiveness of video modeling as a powerful instructional tool in enhancing life skills acquisition among children with mild and moderate intellectual disabilities. Significant improvements were observed across multiple domains, including hygiene, grooming, table manners, safety, and social skills, underscoring the intervention's ability to facilitate measurable progress in functional skills. The results corroborate the technique's potential to promote greater independence and self-reliance in children with intellectual disabilities. Notably, social skills showed the most improvement, indicating that video modeling also fosters essential interpersonal interactions. These findings, supported by pre- and post-intervention data, affirm the robust impact of video modeling across all targeted life skills areas (Smith & Jones, 2021; Taylor et al., 2020).

Implications

These findings have significant implications for educational practices within special education settings. The efficacy of video modeling in teaching life skills suggests that it should be incorporated more widely in instructional programs for children with intellectual disabilities. Schools and educational institutions, particularly in special education, should consider implementing video modeling as part of their curriculum to promote greater independence and functional skills acquisition in students. Moreover, the success of this technique in enhancing social skills points to its potential in helping children with intellectual disabilities integrate more effectively into social environments.

Recommendations for Future Research

Future research should explore several aspects to build upon the findings of this study:

- Long-term studies should be conducted to evaluate the retention of life skills acquired through video modeling and whether continuous practice is necessary to maintain progress.
- Research with larger and more diverse populations could help generalize the findings to a broader group of children with varying levels of intellectual disabilities.
- Comparing video modeling with other intervention techniques could provide insights into which methods are most effective for specific life skills or subsets of children with intellectual disabilities.
- Future studies could investigate the potential challenges and barriers that educators might face when implementing video modeling in special education settings, along with strategies to overcome these challenges.
- Additional research could examine how cultural factors may influence the effectiveness of video modeling and whether the content of videos needs to be adapted to better reflect different cultural contexts for optimal learning outcomes.

Recommendations

Based on the findings of this study, several key recommendations are proposed to enhance the effectiveness of video modeling in teaching life skills to children with mild and moderate intellectual disabilities:

- Educational institutions, especially special education programs, should consider integrating video modeling techniques into their standard curriculum for teaching essential life skills. This can help reinforce independent functioning in areas like hygiene, grooming, table manners, and social interaction.
- Teachers and support staff should receive specialized training on how to effectively implement video modeling in their classrooms. This training should include developing relevant video content, ensuring appropriate use of technology, and tailoring interventions to meet individual student needs.
- The use of video modeling should be expanded to cover a broader range of skills, including vocational training and community participation, to further support the transition of students into more independent living environments.
- The study found that repeated exposure to video modeling significantly improved skill acquisition. It is recommended that educators continue to use video models over time to reinforce learning and ensure long-term retention of life skills.
- Parents and caregivers should be involved in the process by using video modeling techniques at home to reinforce the skills learned at school. Collaboration between school and home environments can enhance skill generalization and consistency in learning.
- Future programs should focus on developing video models that are culturally and contextually relevant to the learners' environments to ensure better engagement and relate-ability for students with intellectual disabilities.

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