

**COURSE DATA****DATA SUBJECT**

**Code:** 46953  
**Name:** Personal Autonomy, Health and Independent Living  
**Cycle:** Master's Degree  
**ECTS Credits:** 3  
**Academic year:** 2025-26

**STUDY (S)**

Degree	Center	Acad. year	Period
2276 - Master's Degree in Special Education	Facultat de Filosofia i Ciències de l'Educació	1	Second quarter

**SUBJECT-MATTER**

Degree	Subject-matter	Character
2276 - Master's Degree in Special Education	Calidad de Vida	ELECTIVES

**COORDINATION**

BELLVER MORENO MARIA CARMEN

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**SUMMARY**

Education looks at the full development of the individual in their personal and social aspects, in a task that must extend throughout life, whatever their situation in relation to illness and disability. The development of freedom and autonomy is precisely the great goal of educational action. In this framework, it is worth highlighting that there are many possibilities for autonomy for people with disabilities if they have the appropriate support and resources at their disposal, among which educational resources should be highlighted. Health, considered a value throughout the history of humanity, has undergone modifications over time, modifications that derive from the context and time in which we live. Health Education is situated within the scientific framework of the Theory of Education, and therefore from the General Systems Theory it provides an interrelational conception of physical, mental and social Health. It aims from a systemic-cybernetic perspective, and through health education, for subjects to learn to face the tensions that come from the environment in which they interact, both from the field of physical, psychological, social and environmental health. The concept of quality of life (QOL) has become an area of special interest for practical applications and research in the fields of education and special education, physical and mental health, social services (intellectual and developmental disabilities, older), families, organizations and public policies. The value of the concept of quality of life is that it integrates the aforementioned paradigm changes, serving as a framework to redefine the practices of professionals and the management of the role of organizations that provide services and supports to people with intellectual disabilities. and



development.

## PREVIOUS KNOWLEDGE

### RELATIONSHIP TO OTHER SUBJECTS OF THE SAME DEGREE

There are no specified enrollment restrictions with other subjects of the curriculum.

### OTHER REQUIREMENTS

Not specified

## COMPETENCES / LEARNING OUTCOMES

### 2276 - Master's Degree in Special Education

Apply knowledge and problem-solving abilities in new or unfamiliar environments within broader (or multidisciplinary) contexts related to special education.

Be aware of social and labour integration measures, employment services and resources and training and guidance programmes for employment.

Collaborate effectively in work teams, assuming responsibilities and leadership roles and contributing to collective improvement and development.

Demonstrate knowledge and understanding of social inequalities based on sex and gender within the field of special education; integrate the different needs and preferences based on sex and gender into the design of solutions and problem solving.

Design, implement and evaluate programmes for transitioning to adult life and programmes for implementing autonomous and independent living for people with different disabilities to improve their quality of life.

Have the learning skills that allow students to continue to study in a manner that may be largely self-directed or autonomous.

Know the ethical principles of professional action in the field of specific educational support needs.

Know the fundamentals, principles and functions of family and socio-occupational guidance integrated within the framework of inclusive education.

Know the programmes offered by the educational administration.

## DESCRIPTION OF CONTENTS



## **1. APPROACH TO THE CONCEPT OF HEALTH EDUCATION**

- . Health concept.
- 1.2. Areas in Health Education.
- 1.3. Lifestyle and quality of life.
- 1.4. Education concept.
- 1.5. Concept of Health Education.

## **2. CONTENTS TO WORK IN THE FIELD OF EDUCATION TO HEALTH**

## **3. PERSONAL AND SOCIAL AUTONOMY. GUIDELINES FOR ACTION**

- 3.1. General actions to be carried out.
- 3.2. Characteristics of Adolescence.
- 3.3. Needs of the student with n.e.a.e. and her families.
- 3.4. Open Classroom Program.
- 3.5. Initial dynamics that facilitate the reception of students.
- 3.6. Educational response measures for inclusion referring to participation.
- 3.7. Peer Tutoring Program.
- 3.8. Individualized Tutoring Program.
- 3.9. Other programs and actions

## **4. UNIVERSAL ACCESSIBILITY IN LEISURE AND INTERVENTION PROGRAMS WITH FAMILIES FOR THE RESPONSIBLE USE OF TECHNOLOGIES**

- 1. EDUCATE FOR EQUALITY. SDG 4, SDG 5 AND SDG 10
- 2. WHAT WE NEED TO ANALYZE TO PROMOTE INCLUSIVE LEISURE PROJECTS FROM OUR CENTER OR ENTITY
- 2.1. INCLUSIVE CULTURES
- 2.2. INCLUSIVE POLICIES 23. INCLUSIVE PRACTICES
- 3. PRACTICE WITH UNIVERSAL ACCESSIBILITY. UNIVERSAL DESIGN
- 4. SUPPORT PRODUCTS FOR LEISURE AND EDUCATIONAL CULTURE

## **5. AUTONOMY AND TRANSITION TO ADULT LIFE IN CEE**

- 1. EXPLANATORY MODELS OF DISABILITY
- 2. SELF-DETERMINATION AND PERSONAL DEVELOPMENT
- 3. LEGISLATION FOR SPECIAL EDUCATION CENTERS
- 4. TRANSITION TO ADULT LIFE PROGRAM

**WORKLOAD****PRESENCIAL ACTIVITIES**

Activity	Hours
Theoretical and practical classes	30,00
<b>Total hours</b>	<b>30,00</b>

**NON PRESENCIAL ACTIVITIES**

Activity	Hours
Attendance at other activities	0,00
Individual or group project	20,00
Independent study and work	15,00
Preparation of lessons	0,00
Preparation for assessment activities	10,00
Resolution of case studies	0,00
<b>Total hours</b>	<b>45,00</b>

**TEACHING METHODOLOGY**

The methodology to be followed will be combined depending on the type of activity carried out (theoretical class, practical class, and the following work modalities: master class, readings, cooperative work, text commentary,...) it will be active, participatory, and focused on the student learning. Various resources will be used for learning, such as: the teacher, learning guide; colleagues, who can cooperate by contributing their own experiences and knowledge, and professionals from different areas of education.

**EVALUATION**

The evaluation will be carried out based on attendance, participation and activities carried out regarding the contents to be worked on.

1. Resolution of the practical cases proposed in group (40%)
2. Preparation of an individual/group report (4/5 pages) on an association, educational center, occupational centers, specific intervention program in personal autonomy, health and independent living in special education: objectives, methodology, activities (how to do it they work..), evaluation (60%). There will be a group presentation.

**REFERENCES**

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- Martínez, J. L., Reche, I. S. C., Martínez, C. G., & Guerra, E. M. (2013). El desarrollo de habilidades emocionales y sociales en alumnado con trastorno del espectro autista: una investigación colaborativa en Educación Infantil y Primaria. *DIM: Didáctica, Innovación y Multimedia*, (26), 1-11.
- Quesada, R. P. (2001). La educación para la salud, reto de nuestro tiempo. *Educación XX1*, 4(1), 16-40.
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- Gimeno, A. (2008): *La familia: el desafío de la diversidad*. Ariel. Barcelona Salinas, J., González, C. G., Fretes, G., & Montenegro, E. (2014). Bases teóricas y metodológicas para un programa de educación en alimentación saludable en escuelas. *Revista chilena de nutrición*, 41(4), Texto referencia