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METODE PEMBELAJARAN AGAMA ISLAM PADA ANAK TUNAGRAHITA (STUDI PADA SLB NEGERI SALATIGA) **TAHUN 2011** 

SKRIPSI

Diajukan untuk Memperoleh Gelar Sarjana Pendidikan Islam



Diajukan oleh DIAN SUPRIHATI NIM: 111 07 019

JURUSAN TARBIYAH PROGRAM STUDI PENDIDIKAN AGAMA ISLAM SEKOLAH TINGGI AGAMA ISLAM NEGERI (STAIN) SALATIGA

PROPOSAL PENELITIAN TINDAKAN KELAS PENERAPAN METODE EKSPERIMEN DALAM MENINGKATKAN PRESTASI BELAJAR ILMU PENGETAHUAN ALAM DI KELAS IV SDN ORO ORO OMBO TAHUN 2012/2013



DESTI ARUM MAWARDININGTYAS 09.141.042

PENDIDIKAN GURU SEKOLAH DASAR FAKULTAS ILMU PENDIDIKAN

- b. Mengembangkan kemampuan siswa untuk mengajukan pertanyaan dan mencari sendiri jawabannya.
- c. Membantu siswa untuk mengembangkan pengertian atau pemahaman konsep secara lengkap.

## 2. Tujuan Pembelajaran Kontruktivisme

Tujuan pembelajaran kontruktivisme ini ditentukan pada bagaimana belajar, yaitu menciptakan pemahaman baru yang menuntut aktivitas kreatif produktif dalam konteks nyata yang mendorong siswa belajar untuk berpikir dan berpikir ulang lalu mendemostrasikan.

## B. Pendekatan Kontekstual

#### 1. Pengertian Pendekatan Kontekstual

Pendektan kontekstual merupakan konsep belajar yang membantu guru mengkaitkan antara materi yang diajarkannya dengan situasi dunia nyata siswa dan mendorong antara pengetahuan yang dimilikinya dengan penerapannya dalam kehidupan mereka sebagai anggota keluarga dan masyarakat.

Dalam konteks ini, siswa perlu mengerti apa makna belajar, apa manfaatnya,. Dengan memosisikan sebagai diri sendiri yang memerlukan suatu bekal untuk hidupnya nanti. Mereka mempelajari apa yang bermanfaat bagi dirinya dan berupaya menggapainya.

Dalam kelas kontekstual, tugas guru adalah membantu siswa mencapai tujuannya. Maksudnya, guru lebih banyak berurusan dengan strategi daripada member informasi. Tugas guru mengelola kelas sebagai sebuah tim yang bekerja sama untuk menemukan sesuatu yang baru bagi siswa. Sesuatu yang baru datang dari "menemukan diri" bahkan dari "apa kata guru". Begitu peran guru di kelas yang dikelola dengan pendekatan kontekstual.

## 2. Proses- Proses Pembelajaran Kotekstual

Menurut Nana Sujana dkk, pendekatan kontekstual mendasarkan diri pada kecenderungan pemikiran tentang belajar sebagai berikut:3

a. Proses belajar

Belajar tidak hanya sekadar menghafal. Siswa harus mengkontruksikan pengetahuan di benak mereka sendiri.

Nana Sujana dkk. Model-Model Mengajar CRSA, Bandung: Sinar Baru, 1991, hal 40

# RENCANA PELAKSANAAN PEMBELAJARAN

Satuan Pendidikan : : VI (Enam) / 1 Tema 3 : Tokoh dan Penemuan : Penemu yang Mengubah Dunia Sub Tema 1 Pembelajaran : 1 Alokasi Waktu : 1 Hari Hari / Tgl Pelaksanaan: .......

- A. KOMPETENSI INTI (KI) KI 1 : Menerima, menjalankan dan menghargai ajaran agama yang
  - KI 2 : Memiliki perilaku jujur, disiplin, tanggung jawab, santun, peduli, dan percaya diri dalam berinteraksi dengan keluarga, teman, guru, dan tetangganya.
  - KI 3 : Memahami pengetahuan faktual dengan cara mengamati (mendengar, melihat, membaca dan menanya) dan menanya berdasarkan rasa ingin tahu tentang dirinya, makhluk ciptaan Tuhan dan kegiatannya, dan benda-benda yang dijumpainya di rumah, sekolah, dan tempat
  - KI 4 : Menyajikan pengetahuan faktual dalam bahasa yang jelas, sistematis, dan logis, dalam karya yang estetis, dalam gerakan yang mencerminkan anak sehat, dan dalam tindakan yang mencerminkan peri-laku anak beriman dan berakhlak mulia.

### BABI PENDAHULUAN

# A. Profil PT Pegadaian Cabang Labuan

PT. Pegadaian Cabang Labuan bergerak di bidang jasa yang merupakan salah satu lembaga keuangan bukan bank di Indonesia yang mempunyai aktifitas pembiayaan kebutuhan masyarakat, baik bersifat produktif maupun konsumtif, dengan menggunakan hukum gadai. Pada dasarnya transaksi pembiayaan yang dilakukan oleh pegadaian sama dengan prinsip peminjaman melalui lembaga perbankan, namun yang membedakannya adalah dasar hukum yang digunakan yaitu hukum gadai.

PT. Pegadaian Cabang Labuan bisa menerima gadai barang-barang sebagai

- 1. Barang-barang atau benda-benda perhiasan seperti
- Perak Intan
- Berlian
- 2. Barang-barang berupa kendaraan seperti :
  - Sepeda motor
- 3. Barang-barang elektronik seperti :
- Televisi Komputer
- Kulkas 4. Barang-barang keperluan rumah tangga seperti
- Berang-barang tekstil berupa pakaian, permadani atau kain batik

Amebiasis (am-uh-BYE-eh-sis) is an infection of the intestines with a parasite called Entamoeba histolytica (E. histolytica). The parasite by eating or drinking something that's contaminated with it. What Are the Signs & Symptoms of Amebiasis? In many cases, the parasite that causes amebiasis lives in a person's large intestine without causing any symptoms. Other times, it causes: diarrhea (which may be bloody) stomach pains cramping nausea loss of appetite fever In rare cases, it can spread into other organs such as the liver, lungs, and brain. For some people, symptoms of amebiasis can begin within days to weeks of swallowing contaminated food or water. For others, symptoms can take months to appear. How Does Amebiasis Spread? Amebiasis is contagious. People with amoebas in their intestines can pass the infection to others through stool (poop) even if they have no symptoms. When infected stool contaminates food or water supplies, amebiasis can spread quickly to many people at once. This is especially true in developing countries, where drinking water may be contaminated. Amebiasis also can spread between people when hands aren't washed well, contaminated objects are shared, and by sexual contact. Amebiasis usually happens in areas where living conditions are crowded and unsanitary. The illness is common in parts of Africa, Latin America, and Asia. It is rare in the United States, but is sometimes seen in people who have immigrated from or traveled to countries where amebiasis is more common. How Can Amebiasis Be Prevented? Because amoebas may contaminate food and water, you can help prevent the illness by being careful about what you eat and drink, especially in developing countries. In those areas, a good rule regarding food is to cook it, boil it, peel it, or forget it. Ice can also be contaminated and should be avoided in these countries. Everyone should wash their hands well after using the bathroom and before preparing or eating food. How Is Amebiasis Treated? Doctors can treat amebiasis with . Some people need more treatment, such as extra fluids. When Should I Call the Doctor? Call your doctor if anyone in your family has signs or symptoms of amebiasis, such as: diarrhea with blood or mucus diarrhea that lasts longer than 2 weeks belly pain a fever a swollen belly pain or tenderness in the area of the liver (below the ribs on the right side) This is especially important if you have recently traveled to a part of the world where amebiasis is common. Also call the doctor if your child has diarrhea and shows signs of being dehydrated, such as a dry or sticky mouth, peeing less than usual, no tears when crying, dizziness, or drowsiness. Medically reviewed by Nuwan Gunawardhana, MD — Written by Janet Barwell — Updated on January 4, 2022Amebiasis is a parasitic infection of the intestines caused by the amoeba Entamoeba histolytica, or E. won't experience significant symptoms. Amebiasis is common in tropical countries with underdeveloped sanitation. It's most common in the United States. People with the greatest risk for amebiasis include: people who have traveled to tropical locations where there's underdeveloped sanitation immigrants from tropical countries with underdeveloped sanitary conditions, such as prisonsmen who have sex with other menpeople with suppressed immune systems and other health conditions. histolytica is a singlecelled protozoan that usually enters the human body when a person ingests cysts through food or water. It can also enter the body through direct contact with fecal matter. The cysts are a relatively inactive form of the parasite that can live for several months in the soil or environment where they were deposited in feces. The microscopic cysts are present in soil, fertilizer, or water that's been contaminated with infected feces. Food handlers may transmit the cysts while preparing or handling food. Transmission is also possible during anal sex, oral-anal sex, and colonic irrigation. When cysts enter the body, they lodge in the digestive tract. They then release an invasive, active form of the parasite called a trophozoite. The parasites reproduce in the digestive tract and migrate to the large intestine. There, they can burrow into the intestinal wall or the colon. According to the Centers for Disease Control and Prevention (CDC), only about 10 to 20 percent of people who have amebiasis become ill from it. While most people have no symptoms, amebiasis can cause bloody diarrhea, colitis, and tissue destruction. The person can then spread the disease by releasing new cysts into the environment through infected feces. When symptoms do occur, they tend to appear 1 to 4 weeks after ingestion of the cysts. Symptoms at this stage tend to be mild and include loose stools and stomach cramping. In a rare complication of the disease, the trophozoites may breach the intestinal walls, enter the bloodstream, and travel to various internal organs. They most commonly end up in the liver, but may also infect the heart, lungs, brain, or other organs. If trophozoites invade an internal organ, they can potentially

cause: abscesses infections severe illness death If the parasite invades the lining of the intestine, it can cause amebic dysentery. Amebic dysentery is a more dangerous form of amebiasis with frequent watery and bloody stools and severe stomach cramping. Another very rare complication is fulminant necrotizing amoebic colitis, which can destroy bowel

tissue and lead to bowel perforation and peritonitis. The liver is a frequent destination for the parasite, where it can cause a collection of pus called an amebic liver abscess. Symptoms include fever and tenderness in the upper-right part of the abdomen. Your doctor may suspect amebiasis after asking about your recent health and travel history. It can be difficult to diagnose amebiasis because E. histolytica looks a lot like other parasites, such as E. dispar, which is occasionally seen with E. histolytica and rule out other possible infections, your doctor may order tests such as stool samples and antigen testing. The following tests may be performed to check for the presence of E. histolytica: Most commonly, you may have to provide stool samples for several days that will be screened for the parasite. This is because the number of amoebas may vary from day to day and may be too low to detect from just one stool sample. A stool test called enzyme-linked immunosorbent assay (ELISA) is often performed to detect E. histolytica antigens. Using a blood sample or nasal swab, a molecular polymerase chain reaction (PCR) test may be performed to detect E. histolytica from other infections. Your doctor may also order blood tests to help determine if the infection has spread beyond your intestines to another organ, such as your liver. When the parasites spread outside the intestine, they may no longer show up in your stool. Your doctor may need to perform a needle aspiration to see if the liver has any abscesses. An abscess in the liver is a serious consequence of amebiasis. Finally, a colonoscopy may be necessary to check for the presence of the parasite in your large intestine (colon). If tests detect the presence of E. histolytica, amebiasis needs to be treated regardless of whether you're experiencing symptoms or not. If tests only detect E. dispar, another amoeba that may cause amebiasis, treatment is generally not warranted since it's nonpathogenic. The treatment generally consists of the following: If you have symptoms, you'll follow a 10-day course of the antiamoebic drug metronidazole (Flagyl) that you'll take as a capsule, followed by an antibiotic such as diloxanide furoate or paromomycin. Your doctor may also prescribe medication to control nausea if you need it. If you do not have symptoms, you may be treated with antibiotics. If the parasite is present in your intestinal tissues, the treatment must address the organism as well as any damage to your infected organs. Surgery may be necessary if the colon or peritoneal tissues have perforations. Proper sanitation is the key to avoiding amebiasis. As a general rule, thoroughly wash your hands with soap and water after using food. If you're traveling food. Thoroughly wash fruits and vegetables before eating. Avoid eating fruits or vegetables unless you wash and peel them yourself. Use bottled water and soft drinks from sealed containers. If you must drink tap water, boil it for at least 1 minute, or use a store-bought "absolute 1 micron" filter and add disinfecting chlorine, chlorine dioxide, or iodine tablets to the filtered water. Avoid ice cubes or fountain drinks. Avoid peeled fresh fruit or vegetables. Avoid milk, cheese, or other unpasteurized dairy products. Avoid food sold by street vendors. Amebiasis generally responds well to treatment and should clear up in about 2 weeks. If you have a more serious case where the parasite appears in your internal tissues or organs, your outlook is still good as long as you get appropriate medical treatment. However, if amebiasis is left untreated, it can be deadly. Last medically reviewed on December 16, 2021 South Dakota Department of Health Office of Disease Prevention Services - 605-773-3737 — (1-800-592-1861 in South Dakota Department of Health Office of Disease Prevention Services only and is not a substitute for medical care. We are not able to answer personal medical questions. Please see your health care provider concerning appropriate care, treatment or other medical advice. What is amebiasis? Amebiasis? Amebiasis? Anyone can get amebiasis, but it is found more often in people arriving from underdeveloped tropical or subtropical areas, individuals in institutions for the developmentally disabled and homosexual males. How is this parasite spread?People get amebiasis by swallowing the cyst stage of the parasite in contaminated food or water. It can also be spread by person-to-person contact, or sexually through oral-anal contact. What are the symptoms of amebiasis? People infected with ameba may experience mild or severe symptoms of amebiasis include nausea, loose stools, bloody or mucoid diarrhea, weight loss, abdominal tenderness and occasional fever. Rarely, the parasite will invade the body beyond the intestines and cause a more serious infection, such as a liver abscess. How soon after exposure but usually within 2 to 4 weeks. For how long can an infected person carry this parasite? Some people with amebiasis may carry the parasite for weeks to years, often without symptoms. Where are the parasites that cause amebiasis found? Infected people may contaminate water or food that may serve as a vehicle to infect others. How is amebiasis diagnosed? Examination of stools under a microscope is the most common way for a doctor to diagnose amebiasis. Sometimes, several stool samples must be obtained because the number of amoeba changes from day to day. What is the treatment for amebiasis? Specific anti-parasitic drugs can be prescribed by a doctor to treat amebiasis. Should an infected person be excluded from work or school? Generally, it is not necessary to exclude an infected person from work or school is unlikely to transmit the disease. Special precautions may be needed by food handlers, staff employed in day care settings, or health care workers. These persons should be excluded from duties until after treatment and the person is no longer clinically ill. What precautions should the infected person follow? The most important precautions are careful hand washing after each toilet visit and proper disposal of sewage. Refrain from oral-anal contact until effectively treated. How can I protect myself from amediasis? The most important precautions are careful hand washing after each toilet visit and proper disposal of sewage. Refrain from oral-anal contact until effectively treated. washing before eating or preparing food. Raw foods should be properly cleaned. Refrain from oral-anal sexual contact until effectively treated. Related links Centers for Disease Control and Prevention, Division of Parasitic Diseases

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