

**DIPLOMA IN ELEMENTARY EDUCATION
(D.El.Ed.)**

**Course-506
Understanding Children in Inclusive
Context**

**Block -3
Inclusive Education**



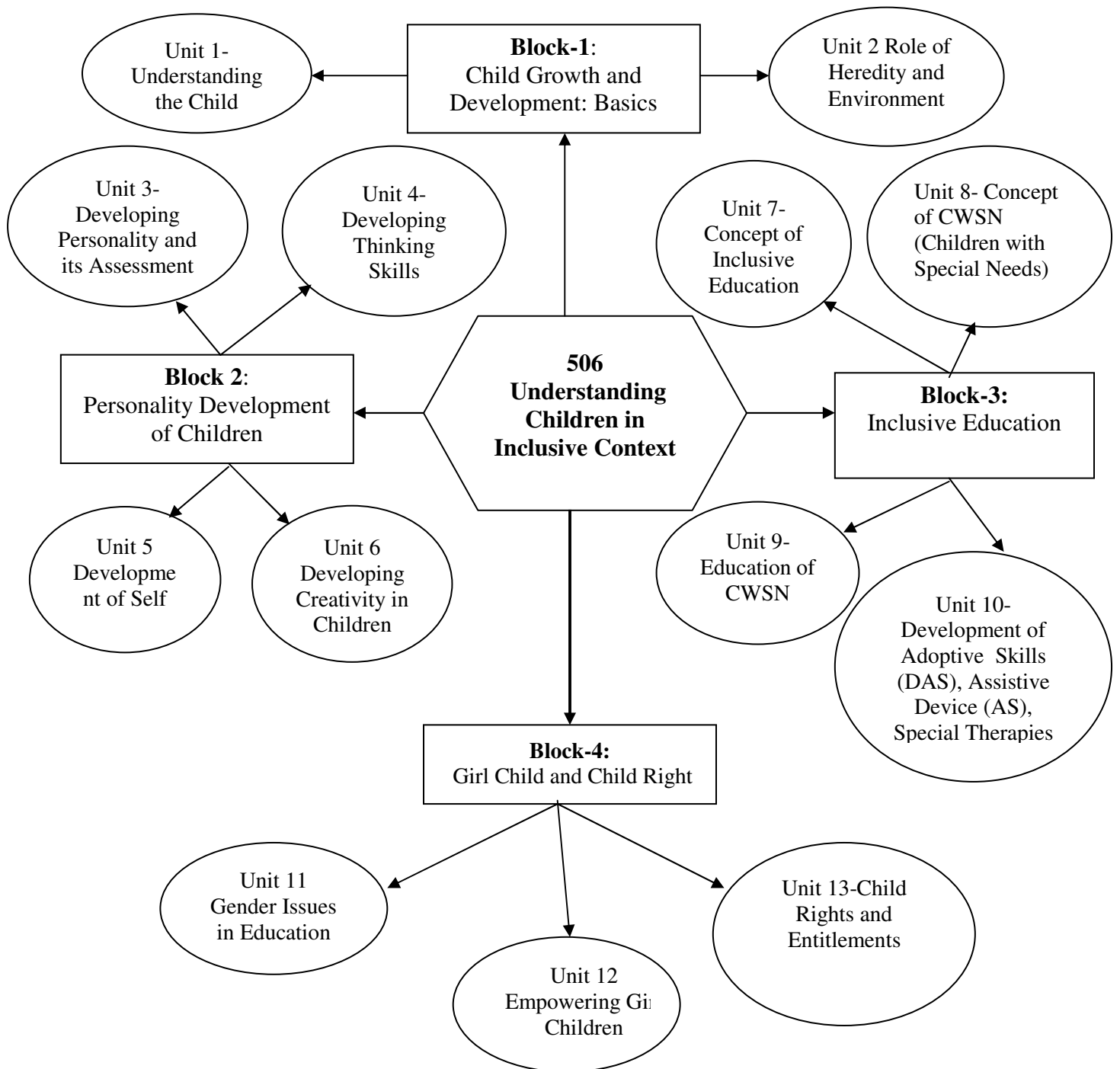
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Course Concept Map for Course-506 “Understanding Children in Inclusive Context”



Credit Points (8=6+2)

Block	Unit	Name of Unit	Theory Study Hours		Practical Study
			Content	Activity	
Block-1: Child Growth and Development : Basics	U1	Understanding the Child	6	3	<ul style="list-style-type: none"> • Identification of factors affecting growth & development of your school children
	U2	Role of Heredity and Environment	6	3	<ul style="list-style-type: none"> • Prepare a list of Hereditary influence on the learners of your class • Find out the characteristics about the impact of environment on the siblings from a family in your school
Block 2: Personality Development of Children	U3	Developing Personality and its Assessment	8	4	<ul style="list-style-type: none"> • Trace the differences in personality characteristics among the learners of your class
	U4	Developing Thinking Skills	8	4	<ul style="list-style-type: none"> • Identification of steps taken to develop questioning skill in your learner
	U5	Development of Self	10	5	<ul style="list-style-type: none"> • Identification of classroom condition of developing self-concept
	U6	Developing Creativity in Children	9	7	<ul style="list-style-type: none"> • Listing the situation created by you as a teacher in your class for fastening creativity
Block-3: Inclusive Education	U7	Concept of Inclusive Education	6	3	<ul style="list-style-type: none"> • Listing the factors affecting inclusive education in your school
	U8	Concept of CWSN (Children with Special Needs)	7	4	<ul style="list-style-type: none"> • Identification of learning requirement of CWSN in your school
	U9	Education of CWSN	9	6	<ul style="list-style-type: none"> • Preparation of action plan of home-based education
	U10	Development of Adaptive Skills (DAS), Assistive Device (AS), Special Therapies (ST)	9	3	<ul style="list-style-type: none"> • Seminar on special therapies regarding any impairment experienced in your school
Block-4: Girl Child and Child Right	U11	Gender Discrimination	9	6	<ul style="list-style-type: none"> • Identification of roles of your school on gender issues
	U12	Empowering Girl Children	9	6	<ul style="list-style-type: none"> • Listing our your role to develop life skills in girls of your school

	U13	Child Rights and Entitlements	9	6	<ul style="list-style-type: none"> • Listing out violation of child rights in your schools & the locality
		Tutoring	15		
			120	60	60
Grand Total			120+60+60=240 hrs.		

Block -3

Inclusive Education

Block Units

Unit 7 : Introduction of Inclusive Education

Unit 8 : Concept of CWSN

Unit 9 : Education of CWSN

Unit 10 : Development of adaptive skills (DAS), Assistive Device (AS), Special Therapies (ST)

BLOCK INTRODUCTION

Block-3 : Inclusive Education

You as a learner will study block 3 : Inclusive Education. This block consists four units related to inclusive education, concept and education of children with special Need (CWSN) and development of adoptive skills, assistive devices & special therapeutics, Each unit is divided into sections and sub-sections. Earlier you have studied Block 1 : Basics of child growth and development and Block 2 : Personality development of children.

Unit-7 : Introduction of Inclusive Education

This unit will empower you to understand the concept and nature of special education, integrated education and inclusive education. You can discuss various factors affecting Inclusive school and classroom. You will know about learning material, physical environment and classroom management in context to inclusive educational various disadvantage groups i.e. Dalit, Adivasi girl child etc.

Unit-8 : Concept of CWSN

After going through this unit you will be able to define children with special need (CWSN), you can identify various types of disabilities i.e. mental, physical, emotional, behavioral, learning etc. You can discuss early identification, Assessment and intervention. Also you will know about various disability act and policies i.e. PWD Act 1995, The rights of persons with disability bill, 2011.

Unit-9 : Education of CWSN

After completing this unit you will be able to understand Educational Challenges, learning characteristics and needs of CWSN. You can discuss on curricular adaptations and its need. You can explain the facilities to cater to learning needs of CWSN at various level i.e. school. Cluster, block, district and state. You will empower to understand the use of suitable teaching learning material and ICT In inclusive classroom. You can discuss on concept and procedure of Home Based Education.

Unit 10 : Development of adoptive skills (DAS), Assistive Device (AS), Special Therapies (ST)

The unit will empower you to understand the meaning of adaptive skills and assistive devices. You will be able to identify adoptive skills and assistive devices for hearing impairment, speech impairment, multiple disability/cerebral palsy and adaptations for learning disability, intellectual disability. Visual impairment etc and role of teachers in the classroom. You will describe some special methods for effective learning.

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4.	Unit 10 : Development of adoptive skills (DAS), Assistive Device (AS), Special Therapies (ST)	65

UNIT 7: INTRODUCTION TO INCLUSIVE EDUCATION



Notes

Structure

- 7.0 *Introduction*
- 7.1 *Learning Objectives*
- 7.2 *Concept of Inclusive Education*
 - 7.2.1 *Meaning and nature of inclusive education*
 - 7.2.2 *Need and importance of inclusive education*
 - 7.2.3 *Inclusive education as distinct from other related concepts*
- 7.3 *Factors affecting Inclusive Education*
 - 7.3.1 *Diversity among the learners*
 - 7.3.2 *Preparedness of teachers*
 - 7.3.3 *Infrastructure*
 - 7.3.4 *Availability of resources*
 - 7.3.5 *Evaluation system*
- 7.4 *Creating an Inclusive classroom*
 - 7.4.1 *Making use of learning materials*
 - 7.4.2 *Modifying the physical environment*
 - 7.4.3 *Adapting simple classroom management techniques*
 - 7.4.4 *Employing child friendly evaluation System*
- 7.5 *Children at risk for exclusion from education system*
 - 7.5.1 *Children with disabilities*
 - 7.5.2 *Children from the deprived environments*
 - 7.5.3 *Girl child*
 - 7.5.4 *Children who are gifted and creative*
 - 7.5.5 *Others – underachievers, minority communities, geographic constraints*
- 7.6 *Let us sum up*
- 7.7 *Suggested Readings and References*
- 7.8 *Unit-End Exercises*



7.0 INTRODUCTION

Every child is the concern of its nation. They are the future citizens of the country. Development of a nation calls for the contribution of individual citizens. For this the nation is concerned with the health, happiness, achievement, contribution, safety and success of all the children. The Right of Children to Free and Compulsory Education Act (RTE Act 2009) is one of the very recent steps towards achieving this goal. Our contribution as teachers is crucial in fulfilling this national mission. In this process, our active participation to empower every student irrespective of their diversity is important. Diversity among learners could be with reference to their learning abilities, socio economic backgrounds, cultural variations or even emotional behavioral characteristics. The system of education calls for providing equal opportunity to every child for optimal development. “Inclusive Education” has emerged as a guiding principle to envisage this vision. Very encouraging and positive move indeed! In this unit first we shall learn what inclusive education is. Once we know this we shall understand why we are expected to practice this and the factors which affect the process. Let us try to understand our role as teacher in creating such a classroom. Finally let us have a clear idea as to who are the children struggling to adjust in the classroom. While we go through the unit, at every stage we shall analyze our roles to suit the needs of children with diverse needs. I am sure by the time we go through the unit completely we begin to realize the pleasures of rising to the occasion to contribute to fulfill the national mission.

7.1 LEARNING OBJECTIVES

After Studying this Unit, you will be able to

- Explain what is inclusive education
- Justify the need for inclusive education
- Differentiate between integrated education and inclusive education
- List the factors affecting inclusive education
- Identify the children at risk for inclusive education
- Describe the role of teachers in ensuring inclusiveness in the classroom and school

7.2 CONCEPT OF INCLUSIVE EDUCATION

In our democratic country, equality of opportunity is guaranteed to the citizens. In spite of this constitutional right bestowed upon us, informal discrimination is commonly observed in our society. Restrictions are imposed upon individuals based on their deviation in social, economical, cultural, physical, intellectual and



behavioral attributes. This is not only undemocratic but also unnatural. Segregation is against the law of nature. The Sun has no restriction on giving its heat and light, the wind never says no to anybody on this earth. Nature provides equal opportunities for its members to develop to their fullest abilities without any discrimination.

Some schools say no to some children, why? Some children are deprived of educational opportunity, who are they? The practice of segregation in education and inability to be in school in the school going age snatched away the right of children to equality and participation in the society. The value of the individual capacity is totally neglected in this kind of situation. Realizing this, national and international declarations have expressed support for including all the children without any discrimination in the schools. Hence all the recent education plans and policies have supported a system of education which provides equal opportunity to all the children for education. The democratic system of governance worldwide is in tune with this philosophy. The same principle is initiated in the field of education in the name of inclusive education. Inclusion is about building the inner strength and mounting confidence among children. It is valuing difference, immaterial of the limitations imposed due to external factors.

“The problem is not to wipe out the differences but how to unite with the differences intact”
— Rabindranath Tagore

7.2.1 MEANING AND NATURE OF INCLUSIVE EDUCATION

As a professional, a doctor is expected to deal with one patient at a time; a lawyer with one client at a time; due to the diversity of the problems for which individuals seek assistance from them. But, as professionals we deal with a group of young minds. This idea of providing quality education by valuing the individual need in a group as a unit is called as inclusive education. You may be wondering as you are doing it already but there was no name specifically given to such a practice. You are right; we have been giving education to every child despite their diverse backgrounds since ancient times. We would prepare them according to their ability and make them self dependent and socially productive. Of late we have moved away from this democratic practice due to pressure from various sectors in education. Let us learn now as to what is this inclusive education as conceived by the visionaries in the field of education.

Inclusive Education is an approach to educate all children who are at risk for neglect in education system. It expects that all learners learn together through access to common educational provisions. The crucial people in the system are the parents, and community, teachers, administrators and policy makers. All these people have to be supportive towards the diverse needs of children. It should be seen as an experience rather than a problem.



Notes

What should be our major focus in the inclusive classroom?

Let us understand it through a situation.

Latha was preparing to teach the lesson 'Mango' from the language textbook to grade 4 children. She planned to teach the topic during the season when mangoes are available in plenty. She collected one rupee from each child and brought ripe mangoes to the class. Students were made into small groups. All of them settled in groups under a huge mango tree near the school. Two mangoes were placed in front of each group. The color, flavor, shape and texture as given in the lesson were read out by the teacher. All the students were writing the new words coming in the lesson. The teacher was associating the meaning of the word with the mangoes in front of them. Children touched, smelt and observed the unique shape of the fruit. The 'mango shape' which is very famous in art was identified by the students in teacher's Sarry. She showed few wedding cards and greeting cards where mango motifs were printed. Except the taste of the mango every phrase was explained. Just before concluding the lesson Latha directed all the students to wash their hands under the mango tree from the stored water which was placed there. One student in each group poured the water as others cleaned their hands. She cut the mangoes of each group as they came and settled from washing. The juicy bright yellow fruit with the mouthwatering aroma and delicious taste was enjoyed by all the children. What was the teacher doing throughout the lesson?

- She accepted every child as a member belonging to the group.
- Restructured the classroom physically and attitudinally to provide for the needs of all students.
- Planned activities in such a way that the participation of ALL students in class is ensured.
- Her focus was on a practice in school to respond to the diversity of students.

There are so many other things you can draw from the narration above. List them in the space provided here.

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Thus inclusion is all about effective learning by all children. It is based on the social model of equality of opportunity. The practice is based on the principle of respect for difference and acceptance of diversity as part of nature and humanity is held at the helm.



7.2.2 NEED AND IMPORTANCE OF INCLUSIVE EDUCATION

It is the right of every child to get education. The society needs variety of people for the progress of humanity. Inclusive education becomes important to fulfill this. Let us observe the need for inclusive education from different angles.

Human Rights

- All children have the right to learn together.
- No one can discriminate children because of their learning ability and social, economical, cultural and family background.

Education

- Research shows children do better, academically and socially in inclusive settings.
- Given commitment and support, inclusive education is a more efficient use of educational resources.

Social

- All children develop relationships with variety of people around them and this prepares them for life in the mainstream.
- Inclusion has the potential to reduce fear and build friendship
- Mutual respect, understanding and compassion increases among the fellow individuals.

Psychological

- Development of safe and secure feeling in the group
- Confidence in the individual ability among the diversity

Inclusive education helps the development of children in different ways. Students with specific challenges make gains in physical, cognitive and social development and motor skills. They do well when the general environment is adjusted to meet their needs. Children in the schools develop higher levels of tolerance for people with diversities in general and those who are disadvantaged. When we exclude children from the education system, there begins a demarcation in the society. It is very difficult to include them in the later stages for any purpose in the community. Thus, inclusive education lays the foundation to an inclusive society accepting, respecting and celebrating diversity (*MHRD, 2005*).

Benefits of inclusive education

- Inclusive education can help break the cycle of poverty and exclusion



from the special set up. Readiness here refers to the ability of the child to cope up with the academic and social demands of the school. This process was referred to as mainstreaming.

Integration

The term integration was used to describe the participation of children with disabilities in the educational programme existing for the children without disabilities. Here, the responsibility of participation was on the child. Classrooms and schools were not prepared to adjust to the needs and requirements of the child with regard to material or method of teaching -learning. The placement was more of spatial (being in the same classroom) and temporal (at the same time).

Inclusion

No doubt, all the above thoughts and practices prepared the ground for us to implement a broader, democratic vision – inclusive education. This refers to restructuring schools as communities where all children can learn in a common environment without any discrimination. The general philosophy of inclusive education provides for good teaching practices, healthy relationship between teacher and students to improve the quality of education for all children in a classroom. Regular classroom environment is adjusted to meet the individual needs. The spatial and temporal placement as per integration is utilized to the benefit of the child through adapting curriculum, providing extra time, adapting specific methods of teaching and giving additional adult help.

Difference between Inclusive education and integrated education

Both have one aim in common, that both are concerned with placement of children with disabilities in the regular school. Other than this commonality, they are different in many ways.

Integration is the process of accommodating children and young people with disabilities into mainstream schools. The emphasis within integration is to ‘fit’ the child into the system. In integration children with disabilities had to be equipped to suit the existing system. The emphasis was on preparing the child to adjust to the expectations of the classroom. For example, children with hearing impairment will be fitted with suitable amplification device (hearing aids). Auditory and speech training will be given to the child in the resource room. A child with visual impairment will be sent either to the resource room or to a specialized centre to learn Braille. A child with loco- motor handicap will be provided with mobility devices. The physical infrastructure of the school / classroom will be modified, so that the child can have free access to the school. This was a welcome move indeed towards changing the mindset of the people.

No doubt integration prepared us for the implementation of inclusion. Inclusive



education is a method for action and a way of thinking, which applies to all children in all contexts. Inclusion focuses upon changes within the system than changing a child. In inclusive education children with disability and so many other groups of children who are at risk for education are full time members of the general education classroom. The emphasis here is on providing the support to every child to participate in the ongoing classroom activities. The system has to be adapted itself to the needs and requirements of the children by supporting them with adapted curriculum, materials and instructional practices. Support may also include additional staff, consultation and specialized training for the existing staff. Places of curricular and co curricular activities are modified to accommodate all the children without expecting children to feel that they are inadequate to participate in the situation. The table below gives the difference clearly.

Table –Difference between integrated and inclusive education

Integrated education	Inclusive education
Placement for children with disabilities in the regular school.	In addition to children with disabilities, other children who are at risk for education also should find a place in the neighborhood school
No segregation of children with disabilities	No segregation of children with disabilities, children who are socially, economically, culturally and linguistically disadvantaged
Students are expected to suit the existing education system	The education system will make suitable modifications to suit the needs of children
For additional support the child is placed in a resource room.	All the required support will be made available to the students in the regular classroom
The inadequacies of the students are highlighted.	Students are never made to feel inadequate as curricular and co curricular activities are modified to the requirement of the specific

The uniqueness of Indian society is its “unit in diversity”. Education system of a country functions in line with the social system. Of late, in the process of development and progress, the diversity is seen much more than unity. Hierarchies of castes, economic status, gender relations, uneven urban expansion have created an artificial hurdle for access to education to all. Now national international agencies are committed to extending education to the marginalized groups in the society as a matter of right under the broad umbrella of inclusive education. In spite of the growing diversity we have to prove our unity right from the classroom.



Notes



Check your progress 1

1. What is inclusive education?

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2. Write any two areas of focus for a teacher in an inclusive classroom.

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3. List out any two benefits of inclusive education.

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4. Write any two differences between integrated and inclusive education.

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7.3 FACTORS AFFECTING INCLUSIVE EDUCATION

As we all know, inclusion is a global trend in education. For the success of this programme implementing agencies have to accept the rights of children. Schools should provide for the needs of all the children in their communities, regardless of their ability. The idea seems simple but there are significant barriers to achieving these goals. There are several difficulties on the path of fulfilling the vision of inclusive education some of which are discussed in this section.

7.3.1 DIVERSITY AMONG THE LEARNERS

There is so much of diversity among a group of children belonging to the same age group. Children differ with regard to their home background, motivation and ability to learn, personal attributes contributing to success in academics,



attitudes, interests and commitments. This wide variety to be addressed as a group for instruction is a difficult task.

7.3.2 PREPAREDNESS OF TEACHERS

Identifying that the child has a different need itself is a skill which a teacher has to be equipped with. But the teacher preparation programme hardly addresses this issue. To tackle diversity in the classroom on a daily basis, certain specific training is required by teachers. In our country this requirement is not fulfilled. Hence it poses a threat to the implementation of inclusive education.

7.3.3 INFRASTRUCTURE

The location, space and arrangement of a classroom are essential factors to help inclusive education. Most schools of our country are devoid of basic facilities suitable for learning. The location away from noise, rooms with proper ventilation, space for free movement inside and outside of the classroom, grounds to play and provision for other co curricular activities are very essential to support inclusive education.

7.3.4 AVAILABILITY OF RESOURCES

Our schools have not yet explored the availability of resources to support children in their process of learning. The teacher is not equipped with the skill of making use of the variety of learning materials. Teachers find it difficult to tackle the diverse learning need in the classroom without appropriate materials.

The support of professionals is very essential to handle some categories of children. Clinical psychologists, social workers, audiologists, speech language pathologists, physiotherapists, occupational therapists are required to help in the process of education of some of the children. But we have limited people working in the field. Getting expertise to schools is a remote chance especially in rural areas.

“Alone we do so little, together we do so much”

— Helen Keller

7.3.5 EVALUATION SYSTEM

There is so much of rigidity in our pattern of evaluation, that the child is assessed wrongly. For diverse learner, there is need to use diversified evaluation system. If a child is not able to write, all other abilities of the child will go unnoticed. If the child requires some other mode of evaluation other than reading and writing, we are not giving that option to children. This leads the learner to frustration and they drop out of the education system, a major deterrent to the cause of inclusive education.

Every one is a genius. But if you judge a fish on its ability to climb the tree, it will live its whole life believing that it is stupid.

— Albert Einstein



Check your progress 2

1. List any four factors that affect inclusive education.

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Notes

7.4 CREATING AN INCLUSIVE CLASSROOM

In the above section we have seen the barriers for achieving the well meaning dream of the visionaries in the field of education. Whatever is the policy of the central and state governments to promote inclusive education, the action has to be taken by the teacher in the classroom. So let us know our role clearly to be effective in the classroom.

What action can we take as teachers to create an inclusive classroom?

7.4.1 MAKING USE OF LEARNING MATERIALS

To bring quality to classroom, the teacher requires materials to support learning. Any child would fully participate in the learning process if variety of materials are used.

Visual material in the form of pictures or photographs has to be used where ever appropriate to support the learning. A picture of 'seahorse' or Tajmahal' would convey much more to a child than words. Pictures of great personalities, pictures of rare animals and plants, photographs of historical places and events help children imagine in the right direction.

Tactual materials in the form of real objects or models make the concept very clear. No amount of lecture and not any picture would explain the structure of a prism as effectively as a model. Internal organs, three dimensional geometric figures are best understood with models. Tactual materials could be the real items if they are available easily like a hibiscus flower to explain about structure of a flower, the real mango to explain the qualities of the king of fruits!

Our surrounding environment is so rich in learning materials. Concepts like herbs, shrubs, trees, climbers and creepers can be made clear with the plants around us. An exposure to post office, bank and clinic would clarify how the people working there help us.

Demonstrating experiments with readily available things from our surroundings is another way of making the children learn. A transparent plastic cover and a piece of thread can be used to show transpiration through leaves. Waste cards



can be used very effectively to demonstrate the derivation of the theorems and formulae for the areas of geometric figures.

Information and communication technology gives endless options to make use of electronic learning materials. We can compensate for bringing real objects to the classroom if we know how to use the computer. In all the schools, the prism may not be there. But we can show the three dimensional picture of a prism with movements to show the figure from all the sides. The complicated process of food getting digested inside the body can be shown through a computer multimedia. The electrons participating in different types of chemical bonding can be shown through a demonstration using auditory, visual and print media by taking the assistance from the computer.

Teacher made low cost learning materials are the best to use in teaching. It is nothing but making use of the unwanted or readily available raw materials in our surrounding. Once we start making use of these “waste” materials for teaching in the classroom, everything around us seems useful! The happiness of children participating in the activity makes the teacher look at each and every thing around with a creative mind. The colorful wedding cards take the shape of different type of houses. The seeds from trees around us can make the concept of $2 + 2 = 4$ meaningful. The satin ribbons thrown around can make colorful borders to the states of our country. The old magazines are goldmines for collecting learning aids. The list is endless. Let us begin; we can enjoy the difference for ourselves.

The varieties of learning materials have a great role in making all the children in a classroom actively participate. It eliminates boredom from the classroom. Children start looking forward to come to school daily.

7.4.2 MODIFYING THE PHYSICAL ENVIRONMENT

The place where we live has to be suitable in all respects. If a child in the school has a problem in moving from one place to another the places may be changed to suit the need of the child. The classroom from the upstairs has to be changed to the downstairs if a child cannot climb the stairs. The classroom in the distant corner can be changed close to the main entrance if a child finds it difficult or takes enormous time to reach the room.

The space inside the classroom is another important aspect to pay attention to. The arrangement of the furniture should not obstruct children to move inside. The seating arrangement has to be made considering the requirement of children. A child having hearing impairment can be given the place in the first row preferably in the centre. A child requiring the teacher’s attention has to be seated in a place which is easily accessible to the teacher. The child who has difficulty seeing in bright light has to be seated in a place where direct light is not falling on the face.



The source of noise inside and outside the classroom has to be controlled. A student getting distracted easily must be given a place away from the corridor, window and door. The noise making furniture can be fitted with rubber bush. As much as possible, natural light and air has to be utilized. Fan and light disturb some children. The flipping of charts creates unnecessary noise which has to be controlled sticking them to the wall.

Above all keeping the surrounding clean and organized is very important. Our role as teachers is vital in maintaining this. On rotation children can take the responsibility of cleaning and arranging the classroom. Wall hangings / charts must be displayed with good planning and taste. The cleanliness and orderliness of the room prepares the students to learn.

7.4.3 ADAPTING SIMPLE CLASSROOM MANAGEMENT TECHNIQUES

When children with diverse needs are in one room, we have to be prepared for challenges. When we are prepared for the challenge, we can make use of techniques depending on the demand of the situation. Yes, our preparedness makes all the difference in our daily dealing in the class.

Suraj is known for his naughtiness. He is happy to disturb those who are sitting around him. If we are sensitive to his behavior, one glance at him conveying that “I am observing you” will make him conscious. Priya enjoys pulling Swathi’s hair as Swathi is very timid and does not complain to the teacher. Changing either Priya’s or Swathi’s place will eliminate Priya’s behavior. In these two situations giving long lectures on how to behave in the class wastes our time and in no way conveys our intention to the students. Anil makes sounds to get the attention of his classmates and teachers. If Anil’s timely and correct answer in the class and his efforts put for the project is appreciated, he stops making those sounds. Shubha struggles to work out the problems in all her math class. When the others in the class are involved in working, teacher can sit by the side of Shubha and support her to solve the problem. Ramya avoids copying from the blackboard as she finds writing little difficult. Teacher can go near her and motivate her to copy with encouraging words. Santosh struggles to read and makes lots of mistakes. The whole class laughs and he feels insulted. The teacher can give him some other task where he excels others. Without much effort his confidence level increases.

Classroom management gets refined with our experience. With very little time and effort many of the day to day difficulties can be handled. All it requires is our love and faith in all our children in the class.



Notes

7.4.4 EMPLOYING CHILD FRIENDLY EVALUATION SYSTEM

The rigid evaluation system is not practical in an inclusive classroom. The evaluation should assess what the child is able to do rather than what the child is not able to do. We shall see how it can be addressed in the classroom by teachers to suit every child in the classroom

Shruthi is a child in class 4. She is able to follow the lessons in the class. But when the teacher asks her questions in oral exam, she is unable to tell. Her problem could be either in language expression or shyness to answer in front of the teacher. Our concern is to know her level of learning, not her ability to express. In such a situation as teachers what is the best alternate we can think of to assess her learning? We can make *modification* in the way we elicit the response. Instead of oral response, response may be obtained through computer, pictures or written form depending on the child's strength.

There may be a child who is unable to read the print material due to difficulties in seeing. Here, the teacher has to make *substitution* with Braille or large print material for evaluation.

Vikram a 13 year old is in class 7. His ability to understand the abstract concepts in all the subjects are below his age. But he is able to respond to simple questions. How should a teacher plan to assess this boy? Here the better option is *omission*. The difficult concepts may be kept out while assessing Vikram, as the teacher is well aware that he is not able to respond to such questions.

Some children may not be able to learn any basic academic skills. But they may be having talent in some other area. Here, teachers have to make use of *compensation* technique to assess the child. It is to assess the child's skills in vocational areas or self care depending on the individual.

If we take the freedom to evaluate the child on the basis of our understanding of the child, school is a beautiful place. The horror of tests and exams will cease to haunt the child.



Check your progress 3

1. What are the four ways through which the rigidity of the evaluation can be addressed?

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7.5 CHILDREN AT RISK FOR EXCLUSION FROM EDUCATION SYSTEM

Millions of children and youth are denied of their right to education and they do not receive adequate schooling in appropriate environment. Most of these out of school children are those for whom the school environment is not conducive. They are either refused admission in the neighborhood school or forced to remain away from school due to unavoidable circumstances. Let us know briefly the prominent groups who are at risk to remain out of school.

7.5.1 CHILDREN WITH DISABILITIES

Children with disabilities are at risk for education due to their problems in learning the academic skills. Depending on the kind of disability children will face problems in the school. We shall briefly look into the categories of such disabilities which are posing a threat to children in the process of their education.

- a. Children having cognitive and / or learning disabilities – Children having different degrees of mental retardation struggle to master the minimum requirement of the classroom due to their restricted cognitive capacity to learn. Children with specific learning disabilities suffer to acquire basic academic skills like reading, writing and arithmetic. Many of these children cannot be identified by a teacher for their difficulties in learning.
- b. Children with social, emotional and behavioral disorders – there are certain disorders where children find it very difficult to attend to the tasks in the classroom. It could be due to deficiencies in their social skills, emotional disturbance or behavioral problems. Such children are misunderstood by the people around them as the conditions are not familiar to teachers.
- c. Problem with language and communication – some children outwardly look similar to their age mates. But they will have major problems with understanding and / or expressing through appropriate language. Such children face problems with academic and non academic activities of the school.
- d. Sensory impairment – we have come across children in schools who have hearing and visual impairment. These problems range from mild to severe making it very difficult to cope in the classroom. Partial sightedness and mild hearing impairment also have lots of educational implications.
- e. Physical deviations – difficulty in movement either gross or fine is observed among many children in the school going age. It may be due to orthopedical, neurological and muscular conditions leading to difficulty in coordination of the body parts. It leads to mild to severe problems for children in the school.



Notes

- f. Health problems – there are many childhood health problems which force children to avoid schools for long duration. This is one of the reasons children stop continuing their education. The variety of situations posed by the illness is serious cause for concern. Childhood diabetes, arthritis, epilepsy, malnutrition leading to general weakness are some of the commonly observed conditions in the elementary school age.

The above categories under disabilities leading to difficulty to attend to school or to learn impose danger to continue schooling for children who suffer. As teachers we have to be sensitive to the minute aspects of the behavior of the children identified. The other units of this block will give details of each of the condition along with ways of managing them in the classroom. If the condition seems beyond your purview, it is best to refer them to professionals without losing much time.

7.5.2 CHILDREN FROM THE DEPRIVED ENVIRONMENTS

It is an established fact that deprivation in the living environment has a direct effect on concept formation. Naturally children coming from poverty stricken families, daily wage workers, slum dwellers and children from destitute families face problems with economic, social and psychological environments.

7.5.3 GIRL CHILD

Girls are at disadvantage due to physical, social and cultural reasons. Especially in villages and traditional joint families, girls are treated very differently. The educational needs of girls are ignored as their roles are decided in the families. The encouragement they need at the young age to pursue education is totally missing in certain families. Hence they are a vulnerable group for remaining out of school. The problems of girl child and the ways to handle them are discussed separately in other units of block 4 of this course .

7.5.4 CHILDREN WHO ARE GIFTED AND CREATIVE

Children sometimes have special talents in areas like sports, music, dance and art. The special ability could also be in academic areas like science, maths or language. They feel dull inside a classroom as our education system does not facilitate talent in any way. Some children are labeled as trouble makers in the class due to their unique ideas, different thinking patterns. For such children our routine classroom activity will be boring. At present education system is concerned with linear growth of children with a focus on academic success. This puts gifted and creative children at a disadvantage in the school activities. There is a danger that they drop out of the system.



Notes

7.5.5 OTHERS – UNDERACHIEVERS, MINORITY COMMUNITIES, GEOGRAPHIC CONSTRAINTS

Underachievers are yet another group in our schools who cannot perform to their full potential. The full ability of some children cannot bloom due to diversions in the surrounding. It could be TV, Computer, and easy access to other pleasures in the society. Pressure for performance, over expectations from schools, parents and self, rigid and monotonous school activities are other reasons for deterioration in performance.

Some communities due to their unique physical, linguistic or cultural characteristics face collective discrimination in the society. Their life style, language, culture, origin or faith differs from the majority of people in their surroundings. They are referred to as people belonging to minority community. Belonging to such a group restricts their full participation in the society. The disadvantage multiplies if other risk factors like poverty and disability coexists among children belonging to minority communities.

The location sometimes restricts children seeking education in an appropriate environment. Hilly areas, very remote places, regions cut off due to poor transport facilities make it impossible for the younger generation coming out to looking for a school.



Check your progress 4

1. Which are the two types of sensory impairments prevalent in classroom?

.....
.....
.....

2. Name any two physical health problems that are common during elementary school age.

.....
.....
.....

3. What are the possible reasons for underachievement among students in the elementary stage?

.....
.....
.....



ANSWERS TO CHECK YOUR PROGRESS

Check your progress 1

1. Inclusive education is an approach to educate all the children who are at risk for neglect in the education system.
2. Accept every child as a member belonging to the group, ensure participation of all the children, restructure the culture of the classroom.
3. The school atmosphere can improve to the benefit of all the learners. The practice can help overcome discrimination which is widespread in every sphere of society.
4. In integrated education students are expected to suit the existing education system and for additional support the child is placed in a resource room. In inclusive education the education system will make modifications to suit the needs of children and all the required support will be provided in the classroom

Check your progress 2

1. Diversity among the learners, availability of learning resources, preparedness of teachers and rigid evaluation system.

Check your progress 3

1. Modification, substitution, omission, compensation

Check your progress 4

1. Hearing and visual impairment
2. Childhood diabetes, arthritis, epilepsy, malnutrition leading to general weakness

7.6 LET US SUM UP

The nation is committed to provide equal opportunity to every child for optimal development. “Inclusive Education” has emerged as a guiding principle to envisage this vision. All the recent education plans and policies have supported a system of education which calls for a halt to saying no to some children for education. Inclusion is about building the inner strength and mounting confidence among children. It is valuing difference, immaterial of the limitations imposed due to external factors. The focus of the teacher has to be on a practice in school to respond to the diversity of students. The term integration was used to describe the participation of children with disabilities in the educational programme existing for all the children. No doubt integration prepared us for the implementation of inclusion. Inclusion focuses upon changes within the system than changing a child. Diversity among the learners, preparedness of the teachers,



poor infrastructure facilities, non availability of resources and rigid evaluation system are the major factors that causes hurdle in the path of achieving the goal. Teachers have to be geared up to take major role in creating an inclusive classroom. Children with disability, children who are gifted and creative, children belonging to minority community and economic deprivation are the ones who face problems in schools. Their learning needs have to be addressed in the classroom by making use of appropriate materials and with simple management techniques.

7.7 SUGGESTED READINGS AND REFERENCES

1. Jhulka, A. (2006) *“Including children and youth with disabilities in education – a guide for practioners”* NCERT, New Delhi
 2. *Right to Education Bill (2005 Draft, enacted 2009)* Available online.
 3. Internet Source, SSA (2002). ‘Basic features of SSA’, Inclusive education in SSA, Retrieved from www.ssa.nic.in / inclusive_education / ssa_plan_manual available online
 4. Mani, M.N.G (2000). *Inclusive Education in Indian Context*. International Human Resource Development Center (IHRDC) for the Disabled, Coimbatore: Ramakrishna Mission Vivekannanda University.
 5. Swarup, S. (2007). Inclusive Education, *Sixth Survey Of Educational Research 1993 N.Delhi.: 2000*. NCERT.
 6. Hallahan, D.P., Kauffman, J.M., Pullen, P.C. (2009). *Exceptional learners: An Introduction to Education* (11th Ed.), USA: Allyn & Bacon, Pearson Education, Inc.
 7. Alur, M. & Batch, M. (2005) “Inclusive Education – From Rhetoric to Reality. The North South Dialogue II” Viva Books Pvt Ltd. New Delhi
 8. Hwang, Y. S., & Evans, D. (2011) “Attitude towards Inclusive Education: Gaps Between Belief and Practice”. *International Journal of Special Education*, Vol 26, No. 1
- Kalyanpur, M. (2007) “Equality, Quality and Quantity: Challenges in Inclusive Education Policy and Service Provision in India”. *International Journal of Inclusive Education*, 2007, Vol 20, No 1.

7.8 UNIT END EXERCISES

1. What is inclusive education?
2. What is the importance of inclusive education?
3. How is inclusive education different from integrated education?
4. Based on your experience discuss any two factors in detail which affect inclusive education.



Notes

5. How can we modify the physical infrastructure of a classroom to ensure participation of all the children?
6. Reflect on the statement that children with disabilities are at risk for education
7. How does deprived home environment affect the child getting quality education?

UNIT 8 CONCEPT OF CWSN



Notes

Structure

- 8.0 *Introduction*
- 8.1 *Learning Objectives*
- 8.2 *Understanding Children with Special Needs*
 - 8.2.1 *Cognitive Disability*
 - 8.2.2 *Hearing and Speech Impairment*
 - 8.2.3 *Speech Impairment*
 - 8.2.4 *Visual Impairment*
 - 8.2.5 *Loco motor Impairment*
 - 8.2.6 *Multiple Impairments*
 - 8.2.7 *Learning Disability*
 - 8.2.8 *Emotional and Behavioral Disorders*
 - 8.2.9 *Concept of “Waiting Children”*
- 8.3 *Early Identification, Assessment and Intervention*
 - 8.3.1 *Identification of Disabilities*
 - 8.3.2 *Assessment*
 - 8.3.3 *Early Intervention*
- 8.4 *Disability Act and policies*
 - 8.4.1 *Convention on the Rights of Persons with Disabilities?*
 - 8.4.2 *Persons with Disability Act 1995*
 - 8.4.3 *The Rights of Persons with Disabilities Bill, 2011*
- 8.5 *Let us sum up*
- 8.6 *Answers to check your progress*
- 8.7 *Suggested Readings and References*
- 8.8 *Unit- End Exercises*

8.0 INTRODUCTION

In the previous unit you have studied about who are the children with special needs, in this unit we will discuss in detail. Children who require special attention



and specific necessities that other children do not, are said to be children with special needs. All classrooms have children with different abilities. It is important to recognize the diversity in class rooms. Each one of us have experienced some special need during our school/college years.

A special need is nothing but the need for additional help in order to understand a concept or perform an activity (music, art and so on). No one is perfect, any problem either social, intellectual, sensory, motor or long term illness will manifest itself as a difficulty in learning. This unit will tell you about the meanings, causes, early intervention and identification and national policies concerning children with special needs

8.1 LEARNING OBJECTIVES

After Studying this Unit, you will be able to

- Explain the meaning of Children with Special Needs
- Identify different types of disabilities (Cognitive Disability, Hearing Impaired, Locomotors, Speech Impairment, Learning Difficulties and Multiple disabilities)
- Justify the needs for Early Identification, intervention and assessment in each category of disability
- Define the role of teachers in identifying and addressing the issues of CWSN
- Suggest the learning requirements for each group of disabilities.
- Highlight the main issues discussed in PWD ACT 1995, UNCRPD
- Explain the role of Central and State Governments with respect to CWSN

8.2 UNDERSTANDING CHILDREN WITH SPECIAL NEEDS

Does My Child Have Special Needs? is a question that many parents of young children ask, This is soon followed by another key question, what is a special need? A 14 month old child may not yet walk like many of the other children. Does that child have a special need? Another child repeats back everything she hears, including what is on television. Is that a special need? And if a child does have one or more special needs, where can the family go to get services and supports that can help?

A teacher will be the first person to whom worried parents approach. First the teacher has to know who the children with special needs are. Any child requiring attention due to physical problems or suffering physical or emotional distress



could be considered as children with special needs. Delayed milestones, activities that cannot be done, Food that cannot be eaten and everyday tasks that we may take for granted, that cannot be achieved without help.

“Special needs” is a term with many definitions, ranging from mild learning disabilities to severe cognitive disability (mental retardation), terminal illnesses, food allergies or developmental delays. When a child needs help, outside of the ordinary, they have different needs that have to be met and different goals to achieve.

Definition of Disability: According to WHO the term disability should be changed to difficulties –difficulty in seeing, listening, communication, moving, learning,

In order to understand children with special needs we must know the different adjectives or terms by which they are often described. Impairment, Disability and Handicaps are terms which are frequently used interchangeably. However, there are conceptual differences among the terms. The difference has been clearly outlined in the definition of each of the terms by WHO in the international classification of impairment, disability and Handicaps.

Impairment is any structural loss, disability is functional incapability and handicap is a social disadvantage experienced by a person.

Now, let us discuss about meaning, causes and probable affects of disability:

8.2.1 COGNITIVE DISABILITY

A term used when a person has certain limitations in mental functioning and in skills such as communicating, taking care of him or herself, and social skills. These limitations will cause a child to learn and develop more slowly than a typical child. Children with mental retardation may take longer to learn to speak, walk, and take care of their personal needs such as dressing or eating. They are likely to have trouble learning in school. They will learn, but it will take them longer. There may be some things they cannot learn.

A mentally challenged child is one who has sub average general intellectual potential and slow intellectual development. The retardation may range from mild to severe. It occurs early in life during developmental period.

- a) **Meaning:** Currently Cognitive disability is used to replace the old terms mental retardation , mentally handicapped ., The change in terminology is to remove the effect of labeling or stigma associated with words such as ‘handicapped’ or ‘disabled’ .

A mentally challenged child’s IQ is also less than average. Some of them can be trained in a class for normal children and can be made useful for themselves and the nation. But others are so mentally deficient that they cannot trained for any work. Thus, some mentally deficient children are ‘educable’ while others with severely deficient are ‘trainable’ only.



Depending on their IQ, Mental Retardation has be classified into:

Classification Of (Mental Retardation) Cognitive Disability

Severity Levels	Range of IQ
Mild Mentally Retarded	50-75
Moderate Mentally Retarded	35-49
Severe Mentally Retarded	20-34
Profound Mentally Retarded	Below 20

b) Causes : Some of the important and known causes of cognitive disabilities can be

- a. Infections and intoxication (For ex rubella, syphilis, encephalitis, meningitis)
- b. Trauma and physical agent (for ex accidents, before during and after birth, anoxia)
- c. Metabolism and nutrition (for ex phenyl ketoneuria)
- d. Gross brain disease (such as tumours)
- e. Prenatal influence (for ex hydrocephalus, micro cephalus)
- f. Chromosomal abnormality (such as Down's Syndrome)
- g. Psychiatric disorders (seldom cited as a cause till today)

c) Factors that are Influenced due to Cognitive Impairment: A child with a cognitive disability may have memory problems, awareness problems, difficulty in problem solving, language difficulties which cause difficulties in understanding and/or expression of written and /or spoken language.

The type of cognitive impairment can vary widely, from severe retardation to inability to remember, to the absence or impairment of specific cognitive functions (most particularly, language). Therefore, the types of functional limitations which can result also vary widely

8.2.2 HEARING AND SPEECH IMPAIRMENT

a) Meaning: Hearing impairment means any degree and type of auditory disorder, while deafness means an extreme inability to discriminate conversational speech through the ear. Children with hearing impaired, then, are those who cannot use their hearing for communication. People with a lesser degree of hearing impairment are called hard of hearing. Usually, a person is considered deaf when sound must reach at least 90 decibels (5 to 10 times louder than normal speech) to be heard, and even amplified speech cannot be understood.

Hearing impairment may be sensorineural or conductive. Sensorineural



hearing loss involves damage to the auditory pathways within the central nervous system, beginning with the cochlea and auditory nerve, and including the brain stem and cerebral cortex (this prevents or disrupts interpretation of the auditory signal). Conductive hearing loss is damage to the outer or middle ear which interferes with sound waves reaching the cochlea

b) Causes:

The main causes of deafness are heredity, accident and illness. In about 50% of all cases of deafness, genetic factors/heredity are probable cause of deafness. Environmental factors (accidents, illness, auto toxic drugs, etc.) are responsible for deafness in many cases. Rubella or other viral infections contracted by the pregnant mother may deafen an unborn child. Hazards associated with process of birth, e.g. a cut-off in the oxygen supply may affect hearing. Illness or infection may cause deafness in young children. Constant high noise level can cause progressive and eventually severe sensory-neural hearing loss. Similarly, tumors, exposure to explosive sound, injury to skull or ear could lead to deafness.

c) Factors that are Influenced due to Hearing Impairment:

A Hearing Impaired child (mainly who suffers from severe to profound hearing loss) needs to spend considerable time on learning language and speech as communication skills that will help him to gain education and develop social skills.

8.2.3 SPEECH IMPAIRMENT

a) Meaning : Speech Impairment may range from problems with expression or voice strength to complete voicelessness, chronic hoarseness, stuttering or stammering. Speech difficulties can also be associated with cerebral palsy, hearing impairment and brain injury. Children with speech difficulties may have difficulty to understand and have difficulty in expressing ideas.

b) Causes :

Delayed Speech: A number of conditions- Mental Retardation hearing Impairment and behavioral disorders may cause delayed speech. **Cleft Palate:** The structural defects in the palate mouth and lip cause speech disabilities, speech defects also have emotional and psychological origin. Lack of stimulation, Maladaptive behaviours such as hyperactivity motor in coordination and general behavioural disorders. **Heredity**

c) Factors that are Influenced due to Hearing Impairment: Suffering from a speech disorder can have negative social effects, especially among young children. Those with a speech disorder can be targets of bullying because of their disorder. The bullying can result in decreased self-esteem. Later in life, bullying is experienced less by a general population, as people become more understanding as they age.



8.2.4 VISUAL IMPAIRMENT

- a) **Meaning:** Visual impairment for children with poor vision, to children who can see light but no shapes, to children who have no perception of light at all. However, for general discussion it is useful to think of this population as representing two broad groups: those with low vision and those who are legally blind.

A child is termed legally blind when its visual acuity (sharpness of vision) is 20/200 or worse after correction, or when their field of vision is less than 20 degrees; in the best eye after correction. Low vision includes problems (after correction) such as dimness of vision, haziness, film over the eye, foggy vision, extreme near- or farsightedness, distortion of vision, spots before the eyes, color distortions, visual field defects, tunnel vision, no peripheral vision, abnormal sensitivity to light or glare, and night blindness.

- b) **Causes :**Major causes of visual impairment are:

1. Vitamin A deficiency
2. Congenital Cataracts caused by some abnormalities during pregnancy or inheritance.
3. Pre maturity in the administration of high concentration of oxygen in the incubator giving rise to retinopathy of prematurity , this may result total loss of sight.
4. Cataracts- usually occurring in middle old age. This condition is amendable to treatment by surgery.
5. Glaucoma-High pressure in the eye resulting in damage of retina.

- c) **Factors that are Influenced due to Visual Impairment:** Those with visual impairments have the most difficulty with visual displays and other visual output (e.g., hazard warnings). In addition, there are problems in utilizing controls where labeling or actual operation is dependent on vision (e.g., where eye-hand coordination is required, as with a computer “mouse”). Written operating instructions and other documentation may be unusable, and there can be difficulties in manipulation (e.g., insertion/placement, assembly).

Those with color blindness may have difficulty differentiating between certain color pairs. This generally doesn't pose much of a problem except in those instances when information is color coded or where color pairs are chosen which result in poor figure ground contrast.

8.2.5 LOCOMOTOR IMPAIRMENT

- a) **Meaning**

Locomotor Impaired children are one of the categories of special needs children



and essentially members of society, like others. There is not much difference between these children and normal ones in their psychological make-up. They have their own exceptionalities and influences in society. Previously, they were looked upon with sympathy or pity but with the awakening of social awareness the general attitude towards the differently abled has also under gone change.

A locomotor impaired condition is the state of the body which hinder the child from making normal progress in school activities as average children do. They require special attention and equipment to control or overcome different abilities.

b) Causes :

Arthritis. Arthritis is defined as pain in joints, usually reducing range of motion and causing weakness. Rheumatoid arthritis is a chronic syndrome. Osteoarthritis is a degenerative joint disease

Cerebral Palsy (CP). Cerebral palsy is defined as damage to the motor areas of the brain prior to brain maturity (most cases of CP occur before, during or shortly following birth). CP is a type of injury, not a disease (although it can be caused by a disease), and does not get worse over time; it is also not “curable.”

Spinal Cord Injury. Spinal cord injury can result in paralysis or paresis (weakening). The extent of paralysis/paresis and the parts of the body effected are determined by how high or low on the spine the damage occurs and the type of damage to the cord.

Head Injury (cerebral trauma). The term “head injury” is used to describe a wide array of injuries, including concussion, brain stem injury, closed head injury, cerebral hemorrhage, depressed skull fracture, foreign object (e.g., bullet), anoxia, and post-operative infections.

Stroke (cerebral vascular accident; CVA). The three main causes of stroke are: thrombosis (blood clot in a blood vessel blocks blood flow past that point), hemorrhage (resulting in bleeding into the brain tissue; associated with high blood pressure or rupture of an aneurysm), and embolism (a large clot breaks off and blocks an artery)..

Loss of Limbs or Digits (Amputation or Congenital). This may be due to trauma (e.g., explosions, mangle in a machine, severance, burns) or surgery (due to cancer, peripheral arterial disease, diabetes).

Parkinson’s Disease. This is a progressive disease of older adults characterized by muscle rigidity, slowness of movements, and a unique type of tremor. There is no actual paralysis.

Multiple Sclerosis (MS). Multiple sclerosis is defined as a progressive disease of the central nervous system characterized by the destruction of the insulating material covering nerve fibers.



Muscular Dystrophy (MD). Muscular dystrophy is a group of hereditary diseases causing progressive muscular weakness, loss of muscular control, contractions and difficulty in walking, breathing, reaching, and use of hands involving strength.

Factors that are Influenced due to Locomotorimpairment Problems faced by individuals with Locomotor impairments include poor muscle control, weakness and fatigue, difficulty walking, talking, seeing, speaking, sensing or grasping (due to pain or weakness), difficulty reaching things, and difficulty doing complex or compound manipulations (push and turn). Individuals with spinal cord injuries may be unable to use their limbs. Twisting motions may be difficult or impossible for people with many types of physical disabilities (including cerebral palsy, spinal cord injury, arthritis, multiple sclerosis, muscular dystrophy, etc.).

8.2.6 MULTIPLE IMPAIRMENTS

- a) **Meaning** : It is common to find that whatever caused a single type of impairment also caused others. This is particularly true where disease or trauma is severe, or in the case of impairments caused by aging.

Deaf-blindness is one commonly identified combination. Most of these individuals are neither profoundly deaf nor legally blind, but are both visual and hearing impaired to the extent that strategies for deafness or blindness alone won't work. People with developmental disabilities may have a combination of mental and physical impairments that result in substantial functional limitations in three or more areas of major life activity. Diabetes, which can cause blindness, also often causes loss of sensation in the fingers. This makes braille or raised lettering impossible to read. Cerebral palsy is often accompanied by visual impairments, by hearing and language disorders, or by cognitive impairments.

- b) **Causes** There are many social, environmental and physical causes of multiple disorders, although for some a definitive cause may never be determined. Common factors causing multiple disorders include:

- Brain injury or infection before, during or after birth;
- Growth or nutrition problems (prenatally, perinatally, or postnatally);
- Abnormalities of chromosomes and genes;
- Birth long before the expected birth date - also called extreme prematurity;
- Poor maternal diet and absent or minimal health care;
- Drug abuse during pregnancy, including alcohol intake and smoking;
- Drug-related prenatal developmental insult, such as thalidomide;
- Severe physical maltreatment (child abuse), which may have caused

brain injury and which can adversely affect a child's learning abilities and socio-emotional development;



8.2.7 LEARNING DISABILITY

- a) **Meaning** : Learning disability is any one of a diverse group of conditions, believed to be of neurological origin, that cause significant difficulties in perceiving and /or processing auditory, visual or spatial information, or any combination of these information forms.

Learning Difficulties often occur in children with average or above average intelligence and they involve one or more of the basic processes used in understanding or using spoken or written language.

They include disorders that impair functions such as reading(dyslexia) writing (dysgraphia) and mathematical calculation (dyscalculia). They vary widely within each category in the patterns they exhibit. The marked discrepancy between intellectual capacity, and achievement and output (expressing information and responding) is what characterizes a learning difficulty.

- b) **Causes**

The causes for learning disabilities are not well understood, and sometimes there is no apparent cause for a learning disability. However, some causes of neurological impairments include:

- Heredity - Learning disabilities often run in the family.
- Problems during pregnancy and birth - Learning disabilities can result from anomalies in the developing brain, illness or injury, fetal exposure to alcohol or drugs, low birth weight, oxygen deprivation, or by premature or prolonged labor.
- Accidents after birth - Learning disabilities can also be caused by head injuries, malnutrition, or by toxic exposure (such as heavy metals or pesticides).

8.2.8 EMOTIONAL AND BEHAVIORAL DISORDERS

- a) **Meaning:** Emotional and behavioral disorders (EBD) is a broad category which is used commonly in educational settings, to group a range of more specific perceived difficulties of children and adolescents

A child exhibiting one or more of the following characteristics to a marked degree for a long duration of time that adversely affects their education:

1. Difficulty to learn that cannot be explained by intellectual, sensory, or health factors.



2. Difficulty to build or maintain satisfactory interpersonal relationships with peers and teachers.
3. Inappropriate types of behavior or feelings under normal circumstances.
4. A general pervasive mood of unhappiness or depression.
5. A tendency to develop physical symptoms or fears associated with personal or school problems.

b) Causes:

Biology can be a factor. Emotional and Behavior disorders may be inherited through one's genes, due to a chemical imbalance in the brain or occur as a result of brain injury. The person's surroundings can also come into play. If the youth has been exposed to abuse, extreme stress, a death or loss in the family, and/or violence, he/she is more likely to develop these disorders

8.2.9 CONCEPT OF “WAITING CHILDREN”

Children who are waiting to be adopted, that is, children who are legally free for adoption. They are in the care of the public child welfare system, cannot return to their birth homes and need permanent families

This term generally refers to non-infant, school age children, who have become legally available for adoption. They will generally be under the legal jurisdiction and care of public foster care agencies, and will have come into the foster care system for a variety of reasons, which could include neglect, abandonment, abuse and/or some other dysfunction within their family environment.

Many waiting children will have siblings who are also available for adoption, and who would prefer to stay together as a family unit. In most geographic locations, more than half of the waiting children will be ethnically diverse or will be children of color. Two things that all “Waiting Children” will have in common are: 1) their need to become a permanent part of a responsible and nurturing family, where they will be loved and encouraged to achieve their full potential, and 2) although imperfect and most often challenging, they can bring tremendous joy and satisfaction for their new families.

According to the Indian Adoption system; Except for adoption by Hindus, Indian law has no provision for adoption. Children are placed under guardianship of adopting parents to exit the country, and adoption must take place in the parents' home country.



Check your progress: 1

1. Children who are waiting to be adopted, that is, children who are legally free for adoption are known as _____.

2. A child is termed legally blind when its visual acuity is _____
_____ (20/20,20/200,10/200,20/2000)
3. A Hearing Impaired child needs to spend considerable time on learning
_____ (Language, Braille, Writing, Reading)
4. Vitamin A deficiency is one of the causes for _____
(hearing impairment, locomotor impairment, cognitive disability, visual impairment)



8.3 EARLY IDENTIFICATION, ASSESSMENT AND INTERVENTION

The need for Early Childhood Care and Development is recognized by both Central and State governments in India. Early Intervention is also recognized for its effectiveness in preparing the child for schooling as well as in preventing primary and secondary handicaps. It is also intrinsically important to make optimum use of the residual potential in every child as it lays the foundation for the child's future and promotes the overall development of children.

The benefits of early identification and intervention have been acknowledged and documented by experts in the field of rehabilitation. ICDS, started as a comprehensive child development program, laid special emphasis on nutrition. This program later expanded to reach out to adolescent girls, pre and post-natal care and pre-school education up to 6 years. As a training component for the grassroots worker (Anganwadi worker), an awareness module on disabilities was included. However, children with disabilities were not included by design in the Anganwadi centers.

Early Identification, Intervention and Stimulation of children with disabilities, of age under five years, using appropriate technology and skills will help prevent secondary handicaps and severity of problems

Many parents are worried that by labeling their child with a special need, their child will be stigmatized. They are concerned that identifying a special need may pose a risk to the child, such as excluding the child from normal programs and activities for children that age.

So it is very important for practical purposes that children who have special needs be identified as early as possible and that they be defined as such, so that they can receive the special help they need in order to live the best lives possible.

The role of the teacher here is very crucial, first the teacher finds some of the symptoms mentioned in this unit in a child, then the teacher has to use the



screening form and later send the child to a professional for assessment.

Some of the **warning signs** of early childhood developmental delay:

- No reaction to loud noises
- Has not discovered their hands, and they don't put their hands in their mouth.
- Don't follow objects with their eyes or turn their head towards a sound.
- Can't reach for toys or grasp them
- Have either very stiff or very floppy limbs
- Prefers one side of their body more than the other.
- Can't pick up small objects
- Is clumsy, and falls often
- Continuous drooling
- Is not interested in playing with other children
- Cannot follow simple instructions
- Suffers from separation anxiety, when taken away from mother
- Is scared of strangers
- Cannot throw a ball, run or jump
- Loses interest in an activity very quickly

8.3.1 IDENTIFICATION OF DISABILITIES

Timely identification of impairments, a secondary prevention, can reduce the impact of the impairment on the functional level of the individual and also in checking the impairments from becoming a disabling condition. Initially they need to be identified as soon as possible at home by the parents and outside (in the anganwadicentres/schools/sub-health centres/through camps), and then they need to be assessed by a team of specialists in order to plan necessary interventions.

Teachers in all the primary, upper primary and secondary government schools have a responsibility to identify children with disabilities. Check list for identification of children with special needs (School teachers and parents should use this check list):

Impairment	Symptoms	
Visual	<ul style="list-style-type: none"> (a) Watering of eyes. (b) Recurrent redness. (c) Frequent irritation. (d) Frequent blinking. (e) Squint. (f) Inappropriate stumbling upon objects or bumping into other people. (g) Titling of the head or closure of one eye. (h) Difficulty in counting the fingers of an outstretched hand at a distance of one meter. (i) Moving head side to side while reading. (j) Difficulty in recognizing distant objects. (k) Difficulty in doing fine work requiring perfect vision. (l) Holding books too close or too far from the eyes. (m) Frequently ask other children when taking down notes from the blackboard. (n) Exhibit difficulty in reading from the blackboard. (o) Hitting against the objects on the side. 	<p>If any of the four conditions are present, then the child should be properly examined by a qualified ophthalmologist to see if the existing condition can be improved by medical treatment or by using spectacles.</p>
Hearing	<ul style="list-style-type: none"> (a) Malformation of the ear. (b) Discharge from ear. (c) Pain in ear. (d) Irritation in ear. (e) Trying to listen from a closer distance. (f) Ask for the instructions repeatedly. (g) Not able to write properly. (h) Trying to listen to the echo reflection rather than to the speaker. (i) Make errors while copying from blackboard. (j) Frequently ask a colleague to show his workbook. (k) Problems in paying attention in the class. (l) Favour one ear for listening purposes. (m) Problems when anyone speaks from behind. (n) Child speaks loudly or too softly. (o) Exhibit voice problem and mispronunciation. (p) Tune the TV/Radio too loud. (q) Irrelevant answers. (r) The child keeps away from his age mates. (s) The child is unable to respond when called from the other room. (t) The child understands only after few repetitions. 	<p>If any 3 to 4 of the conditions are present, it indicates some kind of hearing/speech loss. Then the child should be carefully examined by a qualified ENT specialist an audiologist, and also by a speech therapist for complete evaluation. In case the child is below 4-5 years, a psychologist should also be consulted to identify and address any associated psychological problems which may not be overtly evident.</p>

Speech	<ul style="list-style-type: none"> (a) Inappropriate sounds in speech. (b) Stammering. (c) Baby speech. (d) Inability to learn correct sound, and use incorrect speech. (e) Incomprehensible speech. 	
Locomotor Disabilities	<ul style="list-style-type: none"> (a) Deformity in the neck, hand, finger, waist or legs. (b) Difficulty in sitting, standing or walking. (c) Difficulty in lifting, holding or keeping things on floor. (d) Difficulty in moving or using any part of body. (e) Difficulty in holding a pen. (f) Using a stick to walk. (g) Jerks during walking. (h) Lack bodily coordination. (i) Epileptic movements or tremors. (j) Joint pains. (k) Any part of the body is amputated. 	<p>If any of the conditions is/are present, the child should be carefully examined by a qualified orthopaedic surgeon and referred to a physiotherapist &/or prosthetic/orthotic technician as needed.</p>
Cognitive Disability (Mental Retardation)	<ul style="list-style-type: none"> (a) If the child does not sit unassisted even after 12-15 months. (b) Or does not walk even after 2½ years. (c) Or does not talk even after 2 ½ years. (d) If a child has undue problems in doing independently any of the following activities by the age of 6 years: <ul style="list-style-type: none"> — Eating — Dressing — Toilet activity (e) Problems in holding a pencil/or using a pair of scissors. (f) Unable to play with a ball or play ‘guilli-danda’ with the peers. (g) Frequent tantrums, while playing with the peers. (h) Usual inattentiveness to the spoken speech or addressal. (i) Requires too many repetitions to remember simple things. (j) Problems in naming even five fruits, vegetables or plants. 	<p>If the responses to any of the four indicators is positive when compared to the average school going peers of the same age group and class, then the child should be properly assessed by a qualified psychologist or a teacher who is specially trained to taken care of the mentally challenged children.</p>

	<ul style="list-style-type: none"> (k) Problems in naming the days of the week. (l) Exhibit problems in expressing the needs in a clear language unlike the other peers. (m) Unable to concentrate on tasks even for a short period of time. (n) Inappropriate oral responses. (o) Difficulty in learning new things. (p) Poor comprehension of lessons taught in the school class. (q) Difficulty in learning new things. (r) Difficulty in conceptualization. (s) Does not get well along with the children of same age group. (t) More efforts are required in learning or practicing as compare to the peers. (u) Takes an unreasonable amount of time in perfecting any work. (v) Poor academic achievements. (w) Show an undue dependency on visual clues or material for learning 	
<p>Learning Disabilities</p>	<ul style="list-style-type: none"> (a) Difficulty in counting. (b) Lack of concentration, or easily distracted by the surroundings, either at home or school. (c) Difficulty in sitting quietly in the classroom. (d) Does not write down the spoken words correctly. (e) Inappropriate additions to the right word, e.g., 'school' in place of school. (f) Always confused between right and left. (g) Unreasonable difficulty in remembering the verbal instructions. (h) General difficulty in memorizing the things. (i) Extreme restlessness in a child which significantly interferes with the timely completion of various tasks. (j) Reverses letters or symbols too frequently while reading for example, b as d, saw as was, etc. (k) Reverses numbers too frequently while reading, for example, 31 as 13, 6 as 9, etc. (l) Excessive errors during reading like loses place/repeat/insert/substitute/omit words. (m) Poor in mathematical calculations. (n) Problems in accurate copying from the common sources like a book or a blackboard, even though the vision is normal. (o) Write letters or words either too close or too far (spacing problems). (p) The child appears to comprehend satisfactorily but is not able to answer the relevant questions. 	<p>If any of the three to five conditions are present, the child should be examined by a qualified psychologist, pediatrician or a special educator for initial screening and further consultations. One of the main characteristics of children with learning disabilities is that their verbal skills are often much better than the writing skills.</p> <p>Therefore, they should be formally tested .</p>



Notes

8.3.2 ASSESSMENT

Early Identification and intervention for young children with special needs often leads to better school adjustment and performance . The assessment will help determine the child’s individual needs. Some children may have difficulties learning at a particular time and may require short term assistance. However many special needs may have lifelong needs. The child’s needs may change, depending on the environment and the coping strategies he or she develops. Many other factors can affect a child’s educational needs, and it is important that the school team meet regularly to identify and discuss these factors, and adjust the child’s programming as needed.

After the parents give consent to the school for referral of their child to a resource teacher or clinician, an assessment plan will be developed. Parents can be involved in the assessment process in various ways.

How an Assessment is carried out?

assessment procedure addresses the following questions:

1. Who is the child? — including: interests, likes and dislikes, skills, and other strengths
2. What are the child’s “special needs”? Why is the child receiving special education?
3. Who is the child’s family and “circle of support”? — including: hopes and dreams, needs and concerns
4. What are the student’s routines and daily activities?
5. Looking first hand at the routines and activities, one at a time, what might help the child be more successful? Including,
 - talking and communicating?
 - moving and getting around?
 - playing and socializing?
 - learning and remembering?
 - making choices and having control?
 - participating with friends?
 - increasing independence?
 - helping others?
6. Which IEP goals and objectives should we look at for Assistive Technology? (prioritizing 2 or 3), including
 - language and communication



- play and socialization
- nutrition
- mobility and positioning
- “readiness” skills
- self help
- activities of daily living
- behavior
- Circle of Friends

Depending on the child’s needs, a number of specialists could include a resource teacher, reading clinician, speech language pathologist, psychologist, occupational therapist, or others. Different professional are qualified to assess different areas of the child’s development. For example a psychologist assesses a child’s cognitive ability or potential. A class room teacher or resource teacher can assess children’s learning skills .A questionnaire could be used by teachers for preliminary assessment of disabilities (given in appendix)

After Developing an Assessment plan for the child and when all the assessment results for the child are completed, the school could contact the parents and arrange for a meeting with the staff who participated in the assessment to explain the results, discuss the recommendation and involve the parents in making any related decisions. A written report is shared with parents, the teacher, and/or others working with the child.

8.3.3 EARLY INTERVENTION

The term early intervention (or EI) , refers to services given to very young children with special needs, with the purpose of lessening the effects of the condition. Services may include speech, physical or occupational therapy, and can be provided in the home or at an office.

The hope is that these services, provided early, will help any delays in development so that the child will not need therapy later on. If, however, when the child reaches a school going age and still needs therapy, there are remedial schools catering for a variety of special needs.

At many of these schools, therapies are worked into the child’s day as part of the remedial curriculum.

WHY EARLY INTERVENTION IS SO IMPORTANT.

There are three main reasons why early intervention is so important and needs to begin as early as possible;

It helps to promote the child’s development, it is a support system not only for



the child, but also for the family, and finally it gives the child the abilities to become a function member of society.

The intervention process will include the following team activities:

- design an intervention plan
- consultation and partnership with parents.
- create and/or locate appropriate media
- create and/or locate appropriate material (both commercial and “locally” developed)
- create and/or locate other appropriate Assistive Technology (e.g., switch toys)
- implement the plan on a daily basis for a minimum of 4-weeks
- evaluate the student learning outcomes, and
- propose “next steps” for Assistive Technology supports

Interventions may be school-based interventions or home-based interventions that are integrated with a system for positive behavioral support intended to enable children’s success in school. The long-term outcome of this program will be an array of tools and strategies (e.g., assessments tools, preschool curricula) that have been documented to be effective for improving the cognitive, linguistic, social, and emotional needs of young children with disabilities or at high risk for specific learning disabilities from pre-kindergarten through kindergarten.

The learning requirements for each child differ individually according to their impairment, and abilities. Individual Education Plan can be used. The activities should be simple to complex. The teacher plays a very important role in planning the curriculum for each child. Observation is the only way she can plan a perfect curriculum based on the needs of the child.

8.4 DISABILITY ACT AND POLICIES

The Persons with Disabilities Act, 1995 was proposed to be replaced by a new legislation in the light of the experience gained in the implementation of the Act, developments that have taken place in the disability sector over the years, and also the commitments under the UN Convention on the Rights of Persons with Disabilities (UNCRPD),” the statement said.

In this unit we shall discuss about the current acts and policies:

What are the human rights of persons with disabilities?

All members of society have the same human rights - they include civil, cultural, economic, political and social rights. Examples of these rights include the following:



- equality before the law without discrimination
- right to life, liberty and security of the person
- equal recognition before the law and legal capacity
- freedom from torture
- freedom from exploitation, violence and abuse
- right to respect physical and mental integrity
- freedom of movement and nationality
- right to live in the community
- freedom of expression and opinion
- respect for privacy
- respect for home and the family
- right to education
- right to health
- right to work
- right to an adequate standard of living
- right to participate in political and public life
- right to participate in cultural life

All persons with disabilities have the right to be free from discrimination in the enjoyment of their rights. This includes the right to be free from discrimination on the basis of disability, but also on any other basis such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

8.4.1 CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES?

The Convention on the Rights of Persons with Disabilities is an international treaty that identifies the rights of persons with disabilities as well as the obligations of States parties to the Convention to promote, protect and ensure those rights. The Convention also establishes two implementation mechanisms: the Committee on the Rights of Persons with Disabilities, established to monitor implementation, and the Conference of States Parties, established to consider matters regarding implementation.



States negotiated the Convention with the participation of civil society organizations, national human rights institutions and inter-governmental organizations. The United Nations General Assembly adopted the Convention on 13 December 2006 and it was opened for signature on 30 March 2007. States that ratify the Convention are legally bound to respect the standards in the Convention. For other States, the Convention represents an international standard that they should endeavour to respect.

The existing Act is in the process of amendment. The document that is used in this chapter is the Act prior to amendment.

In most of the countries in South Asia disability is a state subject and local governments have the responsibility of translating UNCRPD commitments into action. For example in India under Indian constitution, there are three lists of subjects divided into central, concurrent and state responsibilities. The subjects that fall under central list such as defense, external affairs are the responsibilities of central government. Under concurrent list there are subjects such as education, health etc. Disability is listed under the State list. This means the main responsibility of implementation of UNCRPD at the state level is with state or provincial Governments. Further down at village level Panchayath raj institutions or local governments have the responsibility to address disability issues.

As we know Disability ACT in India was passed and it is a mixture of all the above. It talks about policies, plans and legislations all in a Single document.

8.4.2 PERSONS WITH DISABILITY ACT 1995

Legal definitions of the terms used in the Act are given. Disability means :

- Blindness - No vision at all.
- Low vision - Person capable of execution of a task with appropriate assistive devices.
- Leprosy cured - cured but loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye lid
- Hearing Impairment - Loss of 60 decibels or more in the conversational range of frequencies.
- Locomotor Disability - Disability of the bone joints or muscles leading to substantial restriction of limb movements or any of cerebral palsy.
- Mental Illness - Any mental disorder other than mental retardation
- Mental Retardation - Condition of arrested or incomplete development of the mind of a person.

A person with disability has to be certified by a medical authority that he or she is suffering from not less than 40% of the disability.



Prevention and Early Detection of Disabilities

Within the limits of their economic capacity and development, the appropriate Governments and the local authorities, with a view to preventing the occurrence of disabilities, shall -

- a) undertake or cause to be undertaken surveys, investigations and research concerning the cause of occurrence of disabilities;
- b) promote various methods of preventing disabilities;
- c) screen all the children at least once in a year for the purpose of identifying at-risk cases;
- d) provide facilities for training to the staff at the primary health centers;
- e) sponsor or cause to be sponsored awareness campaigns and disseminate or cause to be disseminated information for general hygiene health and sanitation;
- f) take measures for pre-natal, peri-natal, and post-natal care of mother and child;
- g) educate the public through the pre-schools, primary health centers, village level workers and anganwadi workers;
- h) Create awareness amongst masses through television, radio and other mass media on the causes of disabilities and the preventive measures to be adopted.

Education

The Central and State Governments and local authorities shall ensure that every child with disability has access to free and adequate education till the age of 18,

Employment

Government shall identify posts which can be reserved for persons with disabilities. These reservations shall not be less than 3% of which 1% will be reserved for each of the below mentioned disabilities.

1. Blindness or low vision
 1. Hearing Impairment
 2. Locomotor disability or Cerebral palsy

Affirmative Action

The Govt. shall provide aids and appliances to persons with disabilities and shall provide land at concessional rates for allotment to persons with disabilities for housing, business, special recreation centers, special schools, research centers and factories by entrepreneurs with disabilities.



Non Discrimination

Govt. transport shall take special measures to adopt their facilities and amenities so that they permit easy access to persons with disabilities, inclusive of persons on wheel chairs.

Government and local authorities shall also within their capacity, provide auditory signals along red lights, crossing constructions shall be designed for wheel chair users and engraving on zebra crossing for blind people. Warning signals shall be provided at appropriate places for the people with disabilities etc. Building and toilets shall be constructed with ramps and other features so that wheel chair users can have access to them. No employer shall terminate an employee who acquires a disability during service. No employer shall also deny promotion to an employee on grounds of disability, but provide for circumventing this, based on the type of work.

Research and Manpower Development

Government and local authorities shall promote and sponsor research in order to prevent disability, rehabilitate the disabled, develop assistive devices, identify jobs for disabled and develop pre-disabled structural features in factories and offices.

Institution for Persons with Severe Disabilities

Person having eighty per cent or more of one or more disabilities are considered persons with severe disability. Governments shall establish and maintain institutions for them. Where private institutionsexists, which meet Government standards, they shall be recognized as institutions fit for persons with severe disabilities.

The Chief Commissioner and Commissioners for Persons with Disabilities

The Central Government shall appoint a Chief Commissioner for persons with disabilities for the implementation of this Act. The Chief Commissioner shall coordinate the work of the Commissioners, monitor the utilization of funds given by the Central Government for persons with disabilities, ensure that rights and facilities made available to persons with disabilities are protected, and submit an annual report to the Central Government on the implementation of this Act.

8.4.3 THE RIGHTS OF PERSONS WITH DISABILITIES BILL, 2011

The proposed bill recognizes the equality of persons with disabilities and Prepared by Centre for Disability Studies, NALSAR University of Law. The Persons with Disabilities Act, 1995 has provided for an impairment based exhaustive definition



of disability. Consequently, people with impairments not expressly mentioned in the Act have often been denied the rights and entitlements recognized in the Act.

The salient features of the proposed legislation are as follows:

- guarantee equality and non-discrimination to all persons with disabilities; The Rights of Persons with Disabilities Bill, 2011
- recognize legal capacity of all persons with disabilities and make provision for support where required to exercise such legal capacity;
- recognize the multiple and aggravated discrimination faced by women with disabilities and induct a gendered understanding in both the rights and the programmatic interventions;
- recognize the special vulnerabilities of children with disabilities and ensure that they are treated on an equal basis with other children;
- mandate proactive interventions for persons with disabilities who are elderly, confined to their homes, abandoned and segregated or living in institutions and also those who need high support;
- establish National and State Disability Rights Authorities which facilitate the formulation of disability policy and law with active participation of persons with disabilities; dismantle structural discrimination existing against persons with disabilities and enforce due observance of regulations promulgated under this Act for the protection, promotion and enjoyment of all rights guaranteed in this Act;
- specify civil and criminal sanctions for wrongful acts and omissions.

8.5 LET US SUM UP

As any individual knows, every child comes into a family with an abundance of needs: to be loved and cared for, nurtured, fed, clothed and educated, among other things. A child with special needs is basically a child who, because of his or her unique medical or developmental difficulties, has needs in addition to those of his or her peers. Special needs may range from mild to more severe. Most special needs respond well to treatment or special programs and services.

The teacher plays a very important role in accomplishing most of the needs of the child. The Disability Act 1995 and UNCRPD rights is an important aspect for the teacher to explain it to the parents and other stake holders.



Role of the teacher is very crucial while dealing with CWSN, She has to understand the meanings of each disability, identify the child and classify it to which group of disability it belongs to, and later send the child to a professional for assessment and once the assessment is done, she can plan for further intervention jointly working with professionals, parents

8.6 ANSWER TO CHECK YOUR PROGRESS

Check your progress 1

- 1) Waiting Children
- 2) 20/200
- 3) Language
- 4) Visual Impairment

Check your Progress 2

- 1) UNCRPD United Nations Convention on the Rights of Persons with Disabilities
- 2) PWD Act Persons with Disability Act
- 3) Central Defense
- 4) Concurrent : Health
- 5) State : Disability

8.7 SUGGESTED READINGS AND REFERENCES

RaoIndumathi ; *A Text book on Inclusive Education*(2003), CBR Network, Bangalore

RaoIndumathi ; *ABC of CBR* (2010), CBR Network, Bangalore

<http://rehabcouncil.nic.in>

<http://trace.wisc.edu>

<http://en.wikipedia.org>

Appendix 1

The following questionnaires could be used by teachers for preliminary assessment

FORM # 4



Notes

In the age group of 6 – 14 years

Name of the village:	House Number:	Number of children
a) Name of the child:		
b) Age:		
c) Father's Name:		
d) Mother's Name:		
Mark (√) against the correct answers for the following questions		
1	Did delivery takes place before due date?	Yes No Don't know
2	Is there any delay in speech development?	Yes No Don't know
3	Compared to other children of his/ her age was there delay in the following? Sitting Standing Walking Speaking Yes No Don't know	
4	Does the child runs well? Yes	No Don't know
5	Does the child use signs instead of talking?	Yes No Don't know
6	Is there any difficulty in using eyes- for reading lessons and carrying out daily activities	Yes No Don't know
7	Is there any difficulty in understanding the child while talking to him/ her?	Yes No Don't know
8	Is there any difficulty in hearing for the child? Yes	No Don't know
9	When compared to other children of his /her age, does the child have difficulty in learning in understanding in remembering and in other activities	Yes No Don't know
10	Does the child mix well with others?	Yes No Don't know
11	Is there any physical disability in the child?	Yes No Don't know
12	Is there any difficulty for others to understand your child's talk.	Yes No Don't know
13	Is there any problem in understanding your child's talk by people outside the child's family	Yes No Don't know



Notes

14	Does the child talk (For those who fill the form)	Yes	No	Don't know
15.	Do they refuse to give information?			
15.	Do the family members feel that there is no use in providing information to you?			
Remember: Even if there is a single {√} mark in the box in the brief records, detailed assessment forms have to be filled. Detailed form for the identification of Impairment in children				
In the age group of 6 –14				
Village Name:		House Number:		Number of children:
a)	Name of the child:			
b)	Age:			
c)	Father's Name:			
d)	Mother's Name:			
Mark {√} against the correct answer for the following questions.				
1	When compared to other children does your child have difficulty in walking? Yes	No	Don't know	
2	Does the child sit without support?	Yes	No	Don't know
3	Does the child carry out daily activities like Bathing, eating etc. on its own? Yes	No	Don't know	
4	Does the child understand talks & instructions?	Yes	No	Don't know
5	Is there any difficulty in seeing?	Yes	No	Don't know
6	Does the child can count the fingers at a distance of ten feet? Can count	Can't count	Don't know	
7	Does the child can count the fingers at a distance of five feet? Can count	Can't count	Don't know	
8	Does the child identify the figures in the Table's book? Can identify	Can't count	Don't know	
9	Is there any difficulty in hearing? Yes	No	Don't know	
10	Does the child respond when called his name from behind at a distance of 10 feet? Can respond	Can't respond	Don't know	

Concept of CWSN



Notes

11	Does the child respond when called his name from behind at a distance of 5 feet? Can respond	Can't respond	Don't know
12	Does the child talk clearly?	Yes	No Don't know
13	Is there any difficulty for others to understand child's talk? Don't know	Yes	No
14	Does the child have the fits? If yes, Does the child have an attack Don't know	Yes	No
a)	Daily?	Yes	No Don't know
b)	Once a week?	Yes	No Don't know
c)	Once in a month?	Yes	No Don't know
d)	Once in six months?	Yes	No Don't know
e)	does the child take medicine	Yes	No Don't know
f)	Does the child examined by the doctor?	Yes	No Don't know
15	While working petty jobs Does the child spill, drop not having the articles? Yes	No	Don't know
16	Does the child keeps quiet while there is a discharge from the nose? Yes	No	Don't know
17	When compared to other children of his age does the child seem to be less intelligent? Yes	No	Don't know
18	Does the child appear to be dull always in his/ her activities? Yes	No	Don't know
19	Is there any difficulty for the child to concentrate on work when compared to other children of his age? Yes	No	Don't know
20	Compared to other children of his age, does the child play mischief? Yes	No	Don't know
21	Does the child, instead of his own age children likes to mix with younger children? Yes	No	Don't know
22	Does the child knows the dangers of fire, water etc.? Yes	No	Don't know
23	Can the child tell his/her name? Don't know	Tells	Does not tell



Notes

Concept of CWSN

24	Does the child suffer from utter discharge from the eyes?	Yes	No	Don't know
25	Does the child always rubbing his/ her eyes?	Rubs	Does not rub	Don't know
26	Is there any serious of eye sight problem in reading, writing and seeing?	Yes	No	Don't know
27	Does the child walks on his own without anybody's help?	Walks	Does not walk	Don't know
28	Is there any difficulty in running and doing exercises at school?	Yes	No	Don't know
29	Compared to others, is there less progress in studies/ play?	Yes	No	Don't know
31	Can he/she keeps the books and articles carefully and clearly just like other children of his/ her age	Yes	No	Don't know
32	Compared to other children of his age, do he/ she works slowly	Yes	No	Don't know
33	Does the child suffer from ear-ache?	Yes	No	Don't know
34	Is there any discharge from the ears?	Yes	No	Don't know
35	Is there any difficulty in telling stories and arithmetic?	Yes	No	Don't know
36	Does the child turns away completely to the sides while listening to talks?	Yes	No	Don't know
37	Does the child hurt himself/ herself often?	Yes	No	Don't know
38	Does the child produces sound, while talking to himself/ herself continuously	Yes	No	Don't know
39	Does the child use spectacles?	Yes	No	Don't know
40	Does the child use hearing aids?	Yes	No	Don't know
41	Is there slight difficulty in hearing?	Yes	No	Don't know
42	Can the child has total hearing problem?	Yes	No	Don't know
43	Is there any problem in one leg?	Yes	No	Don't know
44	Is there any problem in both legs?	Yes	No	Don't know
45	Does he/ she does not walk properly?	Yes	No	Don't know

Concept of CWSN

46	Is there any problem in both hands?	Yes	No	Don't know
47	When compared to others of his age is there any difficulty in writing?	Yes	No	Don't know
48	Is there any difficulty	Yes	No	Don't know



Notes

8.8 UNIT- END EXERCISES

- List down the Important points from PWD ACT 1995
- List all the Impairments and probable causes



UNIT 9 EDUCATION OF CHILDREN WITH SPECIAL NEEDS

Structure

- 9.0 Introduction
- 9.1 Learning Objectives
- 9.2 Educational challenges of Children with Special Needs (CWSN)
 - 9.2.1 Learning characteristics of CWSN
 - 9.2.2 Educational system and the needs of CWSN
- 9.3 Curricular adaptations
 - 9.3.1 Need for curriculum adaptation
 - 9.3.2 Adaptation of curriculum to meet the needs of CWSN
 - 9.3.3 Adaptation of evaluation methods for CWSN
- 9.4 Facilities to cater to learning needs of CWSN
 - 9.4.1 At school, cluster, block, district and state levels,
 - 9.4.2 Inclusive education of children with disability
- 9.5 Inclusive class rooms
 - 9.5.1 Class room adjustment and management
 - 9.5.2 Use of suitable teaching learning material (TLM) and Information Communication and Technology (ICT)
- 9.6 Home based Education
 - 9.6.1 Concept
 - 9.6.2 Procedure for Home based education
- 9.7 Let us sum up
- 9.8 Answer to check your progress
- 9.9 Suggested readings
- 9.10 Unit End Exercises

9.0 INTRODUCTION

As a teacher, you have been teaching children with varying abilities. You would have also taught children having special needs. Some children have special needs due to disabilities that are visible such as limbs affected as in the case of birth



defects, poliomyelitis or due to accidents, some may be having blindness or low vision and some with hearing loss. There are some children with disabilities that are invisible such as intellectual disability (earlier known as mental retardation) and some with specific learning disabilities. You are aware that Education is the fundamental right of all children in our country. In addition, in our country, there is legislation for protecting the rights of persons with disabilities known as Persons with disabilities (equal opportunities, protection of rights and full participation) Act (P.D Act, 1995). Currently, the Act is being revised. The Act further emphasizes the Right to Education. Children with special needs (CWSN), as noted in SarvaSikshaAbhiyan (SSA) include all these children with disabilities to provide appropriate education to them. In this Unit we will see the learning characteristics of such children, curricular adaptations and teaching learning materials, role of Information and communication technology (ICT) and various provisions made for inclusion of children with special needs. Despite all these arrangements, there may be children with severe disabilities who may not be able to reach the schools. As education is their right, it is only appropriate that the education reaches their door step. Therefore, we will also discuss the arrangements made under home based instructions for such children in this unit.

9.1 LEARNING OBJECTIVES

After going through this unit, you will be able to

- Narrate the learning characteristics of CWSN
- Discuss the educational system and its implications on CWSN
- Demonstrate skills in adapting curriculum to meet the needs of CWSN
- Narrate the facilities in school, cluster, block, district and state levels
- Prepare and /or use suitable teaching learning material (TLM) and manage classes having CWSN
- Demonstrate understanding of home based education/instruction

9.2 EDUCATIONAL CHALLENGES OF CHILDREN WITH SPECIAL NEEDS

As a teacher, you will be used to a class having over 35 children and you transact the lesson with considerable ease. This is because the children of a given age and class generally have ability levels and potentials within a certain range. When you have a CWSN in your class, he/she is likely to have certain needs that have to be addressed. The needs will vary from child to child depending on the disability he has. For example, a child with hearing impairment may need to have sufficient light to see the board or visuals and the teacher should talk clearly allowing him



Notes

to look at her face so that he can lip read. On the other hand, a blind child will need along with verbal instructions, tactile material that he can touch and learn when the teacher uses visuals. A child with mental retardation will need concrete material and repeated instructions to understand a concept. A child with motor disabilities will need physical support depending on the need. We will now see how you will identify and address the individual needs of such children in your class.

9.2.1 LEARNING CHARACTERISTICS OF CWSN

All children are not alike and there can be varied strengths and needs among children. Such an understanding is a step towards helping others as well as seeking help in an inclusive class room. This is a necessary skill for adult living, as human beings are interdependent and yet independent. Such an understanding early in life promotes values to be a good citizen. This leads to positive interdependence.

A child with motor disability involving his hands and legs/feet will learn like any other child in the class room. He will have difficulty in writing and manipulation of objects if hands are affected, difficulty in moving if legs are affected. Such children will need suitable support with the aids and appliances to compensate for their disability.

A child with hearing impairment tends to learn predominantly using his vision and to some extent, his tactile/kinesthetic sense. Remember that the child with hearing impairment is like other students in the class except that he has just the faculty of hearing affected in him. He does not speak because he does not hear. Helping the child look at the face of the person who is talking help them lip read. Use of chalk board and charts and other visuals to teach help them learn in the regular class room. Encourage the child to wear the prescribed hearing aid all the time. If he does not have one, insist on getting assessed by the team that certifies and provides the aid free of cost. This is a provision of the government and it is our duty to ensure that every child has his hearing tested and the necessary support provided.

Legally, visual impairment includes blindness and low vision. A child who is totally blind learns using his hearing and tactile/kinesthetic senses. He also uses the sense of smell more than a sighted person does. For instance, if you enter the class, he will know your presence before you speak, by the perfume you wear every day! A child with low vision wears specially prescribed glasses and reads using his available vision. However, he will need large print and contrast background. Assessing the child's needs and suitably making arrangements in the class will lead to inclusion of the child.

Specific learning disability (SLD) is a condition, though not covered by the P.D. Act, in which children exhibit poor academic performance though they do not



have any intellectual or other disabilities. Children with SLD have difficulty in processing information due to a neurological condition and exhibit symptoms such as difficulty in reading (dyslexia), difficulty in writing (dysgraphia) and difficulty in doing mathematical calculations (dyscalculia). Some exhibit problems related to attention, memory, reasoning and organizing themselves. Careful assessment and programme planning help them overcome their learning problems to a great extent.

A child with developmental disabilities such as intellectual disability (mental retardation), autism, cerebral palsy or multiple disabilities will have specific learning characteristics. Children with intellectual disability will be slow to learn and will have limited capacity to absorb what is taught. They will have difficulty in understanding abstract concepts. A child with cerebral palsy will be able to learn but may have difficulty in coordination, mobility and speech. If he has intellectual disability also, he may exhibit the learning characteristics of that also. Children with Autism will have difficulty in social relationship and communicating with others. They also are likely to have restricted interests and need to be taught with proper understanding. Some of them are likely to have intellectual disability also which further compounds the challenge. Multiple disabilities as the name indicates, is a combination of two or more disabilities and need individually planned educational programmes.

9.2.2 EDUCATIONAL SYSTEM AND THE NEEDS OF CWSN

As a teacher you are aware of our educational systems. You may be working in a school having affiliation to Central Board or respective State Board of education. Whichever is the system followed, children have to learn a set number of subjects up to class ten. Usually children learn three languages, one of them being the medium of instruction. We have the formative and summative evaluations in schools. Formative evaluations are done every quarter in addition to class tests and summative evaluation is done at the end of the year. In early years, these evaluations had a major role in deciding on promotion of children to the next class. As you are aware, currently the system of ‘automatic promotion’ and no retention policy is in place. Activity based learning and Continuous and comprehensive evaluation (CCE) are exercised in most schools, especially the schools governed by the Central Board of secondary Education (CBSE).

In this given situation, many a time children with disabilities, especially those having mild intellectual disability or specific learning disability tend to go unnoticed. For instance, you may find such children attending class VIII but having the performance of class II or III in some subjects. It is important to identify them early and provide the right support early in their lives so that the problem does not get further compounded. You will agree that low self esteem due to disability, lack of peer approval or sometimes even the teacher ignoring the child leaves him with a permanent scar in his mind thus damaging his



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personality forever. You as a teacher, have a significant role to play in identifying the child's problem and providing his such support by which the class mates also show understanding and support to him.

Appropriate aids and appliances such as Braille for students with blindness, hearing aids for those with hearing impairment and mobility aids (such as walker, crutches, wheel chair, calipers) and writing aid (such as adapted pencils and note books) for those with motor and physical disabilities are provided to meet the challenges.

Further, to meet the challenges, government at Central and state levels have introduced certain benefits and concessions to children with disabilities. Some examples include, a child with blindness or learning disability can have a person assigned to write exam for him as he/she verbally says the answer. They are also given additional time of 30 minutes in the three hour examinations. A child with hearing loss may not do the second/third language and the subject is substituted with another subject.

**Check your progress 1**

1. Name any four disabilities that you are likely to come across in your class?

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2. Narrate the challenges in our educational system that compounds the problem of CWSN.

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9.3 CURRICULAR ADAPTATIONS

A good curriculum should provide knowledge, skills and values that impacts the students at National and International levels of understanding. When we talk of Special Education, it is time to look beyond just ensuring access to education as an end point, and focus on improving the quality of education. A good curriculum is the key to achieving quality in education. Educational reforms is not just the concern of the teacher alone, but also the policy makers, media and the citizens as such, because education makes us the kind of citizens that we are. Curriculum decisions are founded on the beliefs and values regarding the purpose of education



and the benefits of its outcome. Every curriculum aims at realizing the fullest potentials of the students and helping them become productive and contributing members of the society. When we look at children with disabilities, their abilities and needs are varied, demanding adaptation in curriculum content and transaction without compromising on the objectives and learning outcomes.

9.3.1 NEED FOR CURRICULAR ADAPTATION

“Curriculum development is the deliberate process whereby an individual or a team identifies educational aims and objectives for particular learners, designs an appropriate curriculum, implements curriculum with the learners and improves it in the light of an evaluation of its effects and effectiveness”

- A dictionary of Education (1981)

(source:<http://www.library.ualberta.ca/subject/education>)

The key points noted in the definition are:

- learner group
- the curriculum developers
- aim towards ‘appropriate’ curriculum
- implementation
- evaluation
- improvement of the curriculum

It reflects that curriculum development is an ongoing process requiring improvement based on effects/effectiveness with the changes in trends. Curriculum development is modified with the aim to provide ‘the best’ to the students.

Students have limited interest in learning things that they do not understand or that the content seems irrelevant for them. This creates not only lack of motivation in students but also challenging behaviours due to boredom or frustration. If the teacher makes the content more meaningful to the student his interest level will increase and the frustration will reduce. To do this the curriculum and the teaching method need to be modified. Another challenge the teacher faces in the inclusive set up is to prepare the child for examinations which follow a rigid pattern. Adaptations in curriculum and evaluation system are essential for successful inclusion of children with disabilities in regular schools.

9.3.2 ADAPTATION OF CURRICULUM TO MEET THE NEEDS OF CWSN

Content adaptation: Generally adaptation includes *accommodations* and *modifications*.



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Accommodations refer to changes in input and output processes in teaching and learning. It does not change the task content or the evaluation system. Accommodation may include for example alternative teaching modes such as learning by doing, video tape, talking book, Braille and so on while the other children learn from the conventional teaching.

Modifications refer to changes in the content or standards itself. For example, modification may mean less content to learn, substitution of content with another, different objectives to achieve or different evaluation pattern. A student who is deaf and is allowed to substitute second language with another work experience or a different course is a modification in curriculum.

Curricular Adaptation - omission, substitution, expansion:

We have discussed that curricular adaptation demands accommodation and modification. This involves various sub steps including modification, substitution or omission of content depending on the need. Let us see this in detail.

Omission refers to removal of certain content areas from the curriculum. For example, the boards of education in central and state levels have made concessions for students with disabilities. As we have the three language policy in education in our country which includes the medium of instruction, second language and third language in the curriculum, students with hearing impairment and those with specific learning disabilities have difficulty learning all the three languages. The Boards of secondary education has permitted them to drop a language. Such children need not do the third language.

There are also lessons within the curriculum which are omitted such as colour concepts for blind children or music for deaf children.

Substitution of content area is carried out when one content area is replaced by another. In the example under omission we saw that second language is omitted for deaf children. In some boards of education, it is replaced by a subject involving computer application, work experience and so on. This is substitution of the content.

For children with motor disabilities, physical education is substituted by physiotherapy or any other suitable co curricular activity like music.

Expansion is elaborating the curriculum content to help the child understand the concept. Let us consider teaching the content area in math that involves money concept to a child with mental retardation. While all other children in the class may do the sum written in their note book, the child with mental retardation may need concrete examples with real money and shopping experience to understand the concept better. Here, the teacher expands the content to give him the real life experience and then follow up with the work sheets involving sums on money concept.



Flexibility in time for learning

Another important aspect of adaptation is the time. The curriculum for each academic year is programmed so strictly that the conduct of the classes and the formative and summative evaluation are planned well ahead of time, in fact, even before the academic year begins and the schedule is meticulously followed. In an inclusive class room where there are children with varying abilities and needs, time allocation for activities also need to be considered for modification. Some children with intellectual disabilities need extra time to learn as they learn at their own pace. Some children with disabilities such as visual impairment and Specific learning disabilities need additional time to do the examination. As mentioned earlier, the Board of education for class X and class XII provide additional 30 minutes during examination for such children.

Material adaptation: As you are aware, a wide variety of materials are used in schools which include print material such as books, work sheets and note books and non print material such as globes, science lab apparatus, models and videos. Depending on the type and extent of disability, the decision on adaptations is to be made. Keeping the standardized curriculum as the index the adaptation may be done in terms of content substitution or content enhancement to suit the need of children with specific disabilities in the class. Substitution refers to omitting a content area and adding another content area in its place. Enhancement refers to use of material and strategies to increase comprehension and retention of learnt content over time. Both of these help in optimum learning in the student with disability.

9.3.3 ADAPTATION OF EVALUATION METHODS FOR CWSN

Testing and evaluation need to be adapted to suit the child with disability. These adaptation may be in the test construction (objective/subjective), test administration time (extra time if needed), method of response (oral /written, provision of a scribe to write the exam), seating arrangement during testing (to have enough light for a child with low vision), grading procedures and so on.

Assessment is part and parcel of teaching learning process. The assessment methods do not differ substantially as students are assessed on the content that is meaningful to them as per the prescribed curriculum. However, in the rigid general educational environment the student is assessed on what he achieves independently under testing conditions (such as prescribed tests and examinations). Though it is a standard practice, for children with disabilities objective assessment is best done under instructional conditions as well as in natural environment. Information so gathered, helps the teacher to make informed decision on what needs to be adapted for the child for optimum learning. Determining difficulty levels is best done when the child is continuously assessed



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in and out of class room by varied assessment methods. Formal test may be one part of assessment. Criterion based assessment, ecological assessment, observation, anecdotal records, parent appraisal and self evaluation by the student can all contribute to decision making on determining difficulty levels. Consistency in the correct or incorrect responses from the student is a major clue to the teacher on deciding on adaptation. Curriculum based assessment/measurement is popular in deciding placement and curriculum adaptation for students with disabilities.

9.4 FACILITIES TO CATER TO LEARNING NEEDS OF CWSN

As mentioned earlier, government has made provision to meet the learning needs of children which includes, establishment of special and inclusive schools, home based instructions, curricular and instructional adaptation, examination provisions and above all suitable human resources to meet the educational challenges of CWSN.

9.4.1 AT SCHOOL, CLUSTER, BLOCK, DISTRICT, STATE AND NATIONAL

LEVELS,

The eleventh five year plan (2007 – 2012) of government has the following objectives for education of all children which include CWSN:

- Reduce dropout rates of children from elementary school from 52.2% in 2003-04 to 20% by 2011-12
- Develop minimum standards of educational attainment in elementary school, and by regular testing monitor effectiveness of education to ensure quality
- Increase literacy rate for persons of age 7 years or above to 85%
- Lower gender gap in literacy to 10 percentage point
- Increase the percentage of each cohort going to higher education from the present 10% to 15% by the end of the plan.

To realize the objectives, programmes are developed to be carried out at school, block, district, state and national levels. This very course under NIOS is one such effort to prepare teachers to include children with disabilities in regular schools. Sarvasikshaabhiyan (SSA), a centrally sponsored scheme implemented by all states is another mega project of the Government of India which aims to ensure education to all children in the country. The SSA focuses on education of CWSN by engaging a large number of special educators and training them to be effective teachers. Rehabilitation Council of India (RCI) which regulates and



ensures standard and quality of rehabilitation professionals generates human resources in special education through organizations/universities through out the country. Such teachers are engaged by SSA to reach CWSN in schools at villages, with systematic monitoring at block, district and state levels. Block resource centers (BRCs) are established in some states to provide resource materials and professional support to the needed schools in the block. The resource teachers reach a number of schools periodically through itinerant model of training and teach the children by coordinating with the teachers in the schools. It is expected that such a system will result in reaching CWSN with education all over the country.

9.4.2 INCLUSIVE EDUCATION OF CHILDREN WITH DISABILITY

In many schools in rural and urban areas, children with mild disabilities do get admission to the school but tend to drop out/get rejected as the teachers find him not learning like the other children. The teachers in the regular schools are not trained to include such children and therefore, they tend to inform the parents to refer the child for special supports. In some occasions, the children stay in regular school, but are rejected from elementary classes as the academic content of the curriculum increases. In some places, the regular schools have trained teachers who understand disabilities and the rejection rate is relatively less. But such schools are predominantly private schools. The results of current effort of SSA as mentioned above is likely bring positive change and more CWSN included in schools. Children with severe/profound disabilities usually require therapeutic and/or medical support in early years. Home based instruction is generally found viable for such children.



Check your progress 2

3. Narrate the types of adaptations you can make in the curriculum

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4. What are the difficulties children with special needs face in inclusive education setup?

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9.5 INCLUSIVE CLASS ROOMS

Systematically done, it is possible to include the children in regular classes. The earlier the efforts are taken towards inclusion, the better the results will be. It is ideal to have resource rooms in every elementary school with a competent resource teacher. If organising a resource room is difficult, you can think of including the CWSN with the available resources. There are a few key points to be considered for successful inclusion. This includes having updated profile of the child with special needs, concern of the class teacher about the child's learning abilities parental concerns and competencies of the teacher.

9.5.1 CLASS ROOM ADJUSTMENT AND MANAGEMENT

Some of the points to consider for class room adjustment and management include

- Planning for teaching
- Coordination between the class teacher and parents, resource teacher and others depending on the needs of the child
- Teaching based on individual needs
- Teaching in groups
- Material requirement
- documentation systems

One of the best resources you have as a teacher is the huge human resource in the form of students in class. Use them effectively by adopting peer tutoring and cooperative learning techniques.

Kagan (1994) defines cooperative learning as a type of structured peer interaction emphasizing positive human relationships, collaboration between peers, active learning, academic achievement, equal participation, and equal status of students in the classroom. It can be used to teach any subjects in the curriculum

Peer tutoring is a strategy that can be used with students with a wide range of disabilities and at all grade levels. However, successful implementation necessitates training all students in the process and roles of peer tutoring. Children with disabilities, especially those with mental retardation require individualized educational programming and teaching. In a regular class, the teacher is empowered with a great number of human resources in the form of students. A smart teacher will effectively use them as peer tutors in helping students with disabilities learn. By this, not only her work load is reduced, but also the children with and without disabilities benefit. A sense of responsibility towards weaker students is developed in children without disabilities and seeking help and respecting the class mate for helping them develops in children with disabilities.



9.5.2 USE OF SUITABLE TEACHING LEARNING MATERIAL (TLM) AND INFORMATION AND COMMUNICATION TECHNOLOGY (ICT)

When we work with children with disabilities, selection and use of TLM needs special care and consideration as we as teachers have to compensate for their disability by use of the aids and appliance as well as transact the curriculum using the material in such a manner that they learn the concepts well. The selection of teaching materials is an important component of the teaching process. After procedures and techniques of teaching programme have been determined, it is necessary to either select, adapt or construct the teaching materials that will be used to teach a task.

Points to consider while selecting TLM

- **Age appropriate** – For example, a child with intellectual disability aged 10 years with a mental ability matching that of 5 year old children, should have material suitable to his age rather than toys meant for five year olds.
- **Active participation** –the student should be able to use the material, explore and learn.
- **Creative use** – should be versatile, allowing for varied usage creatively
- **Availability** - should be easily available, affordable and /or accessible if the student has to buy the material for extended home training
- **Level appropriate** – the material should suit the level of functioning of the child with MR so that the learning is meaningful to him
- **Transfer of training** – use of the material should allow the child to easily generalize the concept learnt to other contexts and situations

Information and communication technology:

You will agree that children of present generation is technology savvy as compared to the older generation. Communication with any one anywhere any time is now easy because of the technological advances. At the touch of a button many things are accomplished. Use of aids and appliances for CWSN and teaching using technology is also in vogue now. Many schools have computer labs with adaptations for CWSN. Talking books and computers for children who are blind, sophisticated wheel chairs and educational soft wares are on the increase in recent days.

9.6 HOME BASED EDUCATION

As we mentioned earlier, some of the children with severe/multiple disabilities may have difficulties will have difficulty in reaching the school. As education is



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a fundamental right of every child in our country, appropriate education should reach these children also. Hence, these children are educated at home.

9.6.1 CONCEPT

Though the educational facilities are on the increase, education of CWSN pose many challenges. Some children have such severe disabilities with complex conditions that they cannot reach the school to learn. In remote rural, tribal or mountain terrains of our country a CWSN reaching a school may not be possible. In some remote places schools may be too far for the CWSN to access. In such situations, education has to reach the child. Training the family members to teach the child is one way of ensuring education to these children. Hence home based education is one of the methods to educate children who are unable to reach the school.

9.6.2 PROCEDURE FOR HOME BASED EDUCATION

A special educator, also known as itinerant teacher, generally visits the home of the student and appraises the child and the environment in which he lives. The family and the teacher decide on the periodicity of the visit of the teacher and the suitable time. After a detailed assessment, an educational plan is developed with suitable goals and objectives. Teaching strategies are taught through demonstration by the teacher to the family member who is identified as a trainer in the family. Systematic records are maintained by the teacher. Some children will require therapy for speech and motor aspects and it will be coordinated by the itinerant teacher. As the child improves, next level programme is planned.



Check your progress 3

5. What are the points to consider while selecting TLM?

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6. Home based education is suitable for whom?

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9.7 LET US SUM UP

In this unit we have discussed the educational needs and challenges of children



with special needs, particularly those with disabilities. Children with disabilities have specific needs based on the type and severity of disabilities. Children with vision impairment, hearing impairment, locomotor disabilities, mental retardation or specific learning disabilities have to be addressed by the teacher in an inclusive class room based on their needs. Educational arrangements at national, state, district, Block and school levels are made by the government to include children with disabilities.

The curriculum in our country is regulated by Central and State boards of education with built in evaluation systems. However, no retention policy helps children get promoted to next level without ensuring competency in a given level. This is true with CWSN also. To do justice to CWSN the teacher needs to adapt the curriculum, instructional methods, use appropriate teaching learning material and be aware and use the evaluation provisions made by the government to specific disabilities. The adaptations include addition, deletion, modification and expansion of curriculum based on the need of the child. Teachers can use the peer groups effectively for helping children.

Children who cannot reach the school due to severe disabilities or living in remote regions are provided home based education. In this system the teacher reaches the home of the child and provides appropriate education.

9.8 ANSWER TO CHECK YOUR PROGRESS

1. Blindness, low vision, hearing impairment, locomotor disabilities, intellectual disability, developmental disability including autism, cerebral palsy, specific learning disability (any four)
2. no retention policy, three language policy, large number of children in each class, (add more from your experience)
3. accommodation, modification, omission, substitution, expansion
4. children get admission to the school but tend to drop out/get rejected as the teachers find him not learning like the other children. The teachers in the regular schools are not trained to include such children and therefore, they tend to inform the parents to refer the child for special supports. The children stay in regular school, but are rejected from elementary classes as the academic content of the curriculum increases.
5. Age appropriate, Active participation ,Creative use, Availability, Level appropriate, Transfer of training.
6. Children with severe/multiple disabilities and those who have no access to schools.



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9.9 SUGGESTED READINGS AND REFERENCES

- Browder D.M. & Snell M.E. (1983) Functional Academics in M.E. Snell (Edn.) Instruction of Students with Severe Disabilities, New York: Mac Millan Publishing Co. P - 443.
- ***Eleventh Five Year Plan (2007 - 2012)***
planningcommission.nic.in/plans/planrel/11thf.htm
- GOI, Min. of Social Justice and Empowerment (1995), Persons with Disability, (Equal opportunity, protection of Rights and Full Participation) Act, New Delhi: Govt. press
- GOI, Min. of Social Justice and Empowerment (1992), Rehabilitation Council of India Act, New Delhi: Govt. Press
- Janney R, & Snell M.E. (2000) Modifying School Work, Baltimore: Paul Brookes Publishing Co. P – 18-19.
- Kagan, S. (1994). *Cooperative learning*. San Clemente: Resources for Teachers.

9.10 UNIT END EXERCISES

1. Select a lesson from the text book of the subject you teach in your school. Adapt the lesson to teach students who have the following special needs - blindness, hearing impairment, intellectual disability.
2. Compile the provisions made for CWSN by the government educational board to which your school belongs.
3. Prepare a game using which you can have all children in your class including the CWSN can be involved in playing
4. Plan a project and use cooperative learning to carry out the project.

UNIT 10 DEVELOPMENT OF ADOPTIVE SKILLS (DAS), ASSISTIVE DEVICE (AS), SPECIAL THERAPIES (ST)



Notes

Structure

10.0 Introduction

10.1 Learning Objectives

10.2 Adaptive skills

10.2.1 Meaning of adaptive skills

10.2.2 Adaptive skills for Hearing impairment, Speech impairment

10.2.3 Adaptive skills for Multiple disability/Cerebral palsy

10.2.4 Adaptations for learning disability

10.2.5 Adaptations for intellectual disability

10.2.6 Adaptations for visual impairment

10.2.7 Adaptations for locomotor disability

10.2.8 Role of teachers

10.2.9 Exercise

10.3 Assistive devices

10.3.1 Meaning of assistive devices

10.3.2 Assistive devices (table) for different Impairments and disabilities

10.3.3 Role of teacher in classroom

10.3.4 Assistive devices for persons with: multiple disabilities(include Cerebral palsy, loco motor disability)

10.3.5 Visual impairment

10.3.6 Learning difficulty

10.3.7 Hearing impaired

10.3.8 Speech impairment

10.4 Special methods

10.5 Let Us Sum Up

10.6 Answer to Check Your Progress

10.7 Suggested Readings and References

10.8 Unit-End Exercises



10.0 INTRODUCTION

In the previous chapters, you have learnt the basic nature, needs, types and different causes of abnormalities and the educational needs of children affected with different disabilities. Early disability, whether it is physical, sensory, cognitive interferes with the normal process of teaching and learning. Teaching should be designed to help students to achieve appropriate learning outcomes. Children with disabilities need adaptive skills, assistive devices and special methods in both their school and social environments. This unit makes an attempt to discuss these issues

10.1 LEARNING OBJECTIVES

After studying this unit, you will be able to:

- Explain the meaning of adaptive skills
- List the various adaptive skills for different disabilities
- Describe the role of teacher in assisting children with disabilities
- Explain the meaning of support devices
- Explain the uses of support devices in the environment of children
- Explain the usage of special methods for better functioning

10.2 ADAPTIVE SKILLS

Children with disabilities have various non capabilities. They are not able to lead the same level of lifestyle as other children due to their disabilities. Their disabilities become problems to their personal and intellectual growth.

Hence, these children need to adapt/ learn new skills which will make up for their disabilities. These adaptive skills will help children in their school and day to day activities. Daily activities demand these children to substitute normal procedures with newly acquired procedures. Accessibility is yet another question, open source is the answer. These adaptations differ from people to people. Adaptations for children with intellectual disability. A teacher for children with ID should have competencies

10.2.1 MEANING OF ADAPTIVE SKILLS

Adaptations are the easier methods made by parents, teachers to acquire competencies and developing skills in persons with disabilities (PWD). Children should be able to apply the adaptations in learning skills in natural settings. Adaptations lead them to independent living. These include **Reading, writing and arithmetic (3 Rs)**. In adaptations, skills are divided into simpler tasks so that they learn easily.



10.2.2 ADAPTIVE SKILLS FOR CHILDREN WITH HEARING AND SPEECH IMPAIRMENT

Here these children are normal and have no problem in comprehension. Psychological attributes are to be corrected firstly for adaptation and can normally learn other important skills. To enable the hearing, pitch and loudness are corrected through loud conversation. Normally, HI children acquire speech during their early years of life. Communication is very important a acquiring speech without hearing will be different. Two ways of communication are non-verbal and verbal.

Here the non-verbal is the only way where they can communicate. Sign languages are ASL-American Sign Language, BSL- British Sign Language, gestures and talking boards. The main idea is not to teach signs but language through the use of signs supported by speech reading and aided listening. Lip reading and following facial movements by standing in front of the mirror will also help to a great extent.

10.2.3 ADAPTATIONS FOR MULTIPLE DISABILITY/ CEREBRAL PALSY (CP)

Cerebral palsy is caused due to malfunctioning of brain. As age advances the person might have motor and spasticity(tightness of muscle) problem. A person having 2 or 3 disabilities is called multiple disabled and needs educational method in a special way. Hence curriculum adaptation is required. These children will have problems in retaining information in short and long term memory. They have trouble with abstract thinking. Each child has his/her temperament, experiences and disability.

The team approach should be to use design and implement a comprehensive programme for each individual. The team should be composed of a variety of professionals, family members and care takers. The multi-disciplinary team may consist of:

- Special educator
- Physiotherapist
- Occupational therapist
- Psychologists
- Social workers
- Family members



10.2.4 ADAPTATIONS FOR LEARNING DIFFICULTIES (LD)

Adaptations made in the general curriculum helps the learning disabled children. Sometimes, they are mistaken for slow learners. There are many kinds of LD.

- Dyslexia(problem in reading): the child while reading may omit, substitute or reverse letters or words
- Disgraphia(problem in writing):the child is unable to write constantly. His handwriting is clumsy and spaced improperly.
- Dyscalculia(problem in calculating): the child may have difficulty in making normal calculations.
- Attention Deficit Hyperactive Disorder(ADHD)(problem in paying attention): in this condition the span of attention is very limited and the child is restless. He is inclined to pay attention to irrelevant stimuli and shows considerable amount of hyperactivity. The child cannot sit at one place even for a moment.
- Dysphasia(language disorder): there are 2 types of dysphasia. Either the child is unable to use the language meaningfully or is unable to understand spoken words. Main method of dealing with such children is task analysis.

Task analysis:

- Teacher should choose a learning task
- It has to be stated in behavioral terms
- Teaching a skill by cutting down the main task into simpler ones
- Teaching step by step
- Other name for this ‘shaping’
- Each step is reinforced
- Acquiring first step will motivate the pupil to acquire second one
- Structural lesson presentation

10.2.5 ADAPTIVE SKILLS FOR PERSONS WITH

1) Intellectual disability

One of the objectives of Adaptation in Special Education is to train children with Intellectual Disability to look after their personal needs; eating, drinking, toileting, brushing, bathing, dressing & grooming when required in different environments in different ways.

For example, we eat & drink at home, schools & hotels. Many times parents/



family members may not take children with intellectual disability to these places & functions due to lack of appropriate eating skills or any other skills, teaching manners

- # analyse each task
- # use task analysis; teaching each skill in smaller & easier steps
- # use teaching material appropriate to the task
- # follow reinforcers (rewards) after each step the child learns

This procedure can be done while teaching Reading (Sight Words - TOILET, POISON, DANGER), writing (DOTS, LINES, ACTUAL ALPHABETS) & Arithmetic (simple to complex procedure as to be adapted)

This way, we can teach the Intellectually deficient children using adaptations in their learning process

10.2.6 Visual Impairment

For these visually impaired children, we could have

- # Braille writing
- # More optical devices
 - Lens - Low vision can be corrected to a certain extent
 - Special spectacles which enlarges the alphabets & facilitates in reading
 - Large print books
 - Good illumination to identify the object
 - Retinal operation to correct the sight
 - Cataract & other temporary problems can also be corrected

10.2.7 Locomotor disability

These people have problems such as movement, loss of limb, pain & tightness in their limbs

Main adaptations for these people will be

- Massaging & regaining the muscle power in the weak muscles
- Strengthening of normal muscles
- Providing splint or calipers for support
- Thorough surgery - a sort of support is given using a steel rod & this is the permanent adaptation by the locomotor disability person for walking



These people will have pain which is not quantifiable or measurable.

It is nature's warning that there is damage to the body. The relief in pain can be either achieved by pain killer or by use of heat or cold package at the spot. Locomotor disabled people will have pressure sores (ulcers). Applying boric powder & changing bed sheets & hygienic conditions can avoid these problems.

10.2.8 Role of Teachers

A Child with any form of disability faces two problems. One- he/she is not able to carry out his/her daily activities like other children. Two -faces challenges in pursuing education due to disability. The school authorities should be able to understand child's problem & to help the child. Teacher is the mediator between the child & knowledge given in the books & hence should be well trained in recognizing the disability faced by the child

An example illustrates the above; in the popular movie, "*Taare Zameen Par*", the child's teacher does not understand the child's problem; dyslexia, a learning disorder & punished him because he was not able to score marks & for being inattentive in class.

A teacher must be educated in recognizing these disabilities & should be in a position to adopt new methods to encourage & help the child to shed his/her inhibitions. The teacher must help the child in attaining education in spite of his/her disabilities. A teacher can help the child in many ways. The first step is to understand & learn about the disability, encourage the child, helping the child in studies by devoting extra time to teach, making adequate seating arrangements in case of loco motor disability or cerebral palsy or adapting new methods of teaching etc.

Check Your Progress

Exercise-I

Answer the following questions in 1/2 sentences:

1. What do you mean by adaptive skills?
2. List the adaptive skills for persons with:
 - Locomotor disability
 - Cerebral palsy
 - Hearing impairment
 - Visual impairment

Exercise-II

Write short notes on:

1. What does by Assistival devices?
2. List the assistive devices for persons with.
3. Role of teacher.



4. Adaptive skills for persons with locomotor disability and cerebral palsy
5. Adaptive skills for persons with hearing impairment and learning disability

10.3 ASSISTIVE DEVICES

Children with disabilities find it difficult to perform many functions, especially daily activities. Hence, they lag behind others. We need to make them self-sufficient or fit enough to function among other children as equals. Assistive devices are those devices which help these children in their daily activities. They are of 2 types: Those which can be used by the concerned person and those which have to be used by the disabled person with the help of others.

AD have to be in such a way that the disabled person should get the maximum benefit out of using it. For example, a person with loco motor disability will have to use a wheel chair or crutch. This device substitutes for his disabled legs. Or, a person with hearing disability will use hearing aid in order to listen to others and will therefore be able to converse with others, listen to lectures, music etc

10.3.1 MEANING OF ASSISTIVE DEVICES

Assistive devices are any devices that directly help persons with disabilities in undertaking activities of daily living (ADL), pursuing education, acquiring access to information, enjoying freedom of movement in the built environment, and working and engaging in leisure activities to improve physical performance. Assistive devices should also enable person with disabilities to fulfill their aspirations. Using assistive devices one can prevent further disability and also train the person with residual abilities to achieve independent living.

10.3.2 ASSISTIVE DEVICES FOR IMPAIRED AND DISABILITY

Type of Impairment / disability	Devices
Locomotor disability	Standing frame, splinters
Cerebral palsy	Walking aid, wheel chair
Visual impairment	Abacus, Braille, arithmetic frames
Hearing impairment	Hearing aid, communication aids, communication boards, talking boards
Speech impairment	Lip reading, speech model, observation of lip movement through mirror usage
Learning disability	Big and attractive alphabets, matching pictures and objects
Multiple disability	Ramps, good seating arrangement, crutches, walker, wheelchair
Intellectual disability	This accompanied by any form of disability like hearing impairment, visual impairment requires assistive devices. Otherwise, there is no need.



10.3.3 ROLE OF TEACHER IN THE CLASSROOM

The assistive devices are different for children with different disabilities

The first role is to accommodate them in the class room. In case of intellectually disabled children, it is U or Y Shaped seating arrangement. Lots of big, colorful & attractive Teaching learning materials have to be used. Charts, beads, flash cards are very useful. Individual teaching helps these children. Multiple disabled & Cerebral palsy children have only mobility problem

Barrier free environment & good seating arrangement will help these children to learn better in the classroom. Hearing impaired children will be in a classroom with the sound amplification system & hearing aids will aid in the learning process. Visually impaired children with white cane & Braille material will aid them to learn better. A special teacher has to have training in managing 2 or 3 disabilities. The combined efforts of teachers in a special school will act as a facilitating factor in learning process of disabled children

10.3.3 ASSISTIVE DEVICES FOR PERSONS WITH DISABILITIES WITH MULTIPLE DISABILITIES (INCLUDE PERSONS WITH CEREBRAL PALSY , LOCO MOTOR DISABILITY)

Having more than one disability is called as multiple disability. The person can be intellectually disabled plus visually impaired. Another person can have hearing impairment and physical handicap. These people due to conditions associated have problems in understanding, mobility, learning and physical deformity. Hence these are unable to function independently. The following are assistive devices for such people:

- # Potty Chairs (sitting comfortably at Toilet)
- # Wheel Chairs, Walkers, Crutches, Ramps, Tricycles etc. for free movement
- # CP Children should hold adapted tooth brush, thick pens etc. for good grasp
- # western type of toilets
- # Should be cost effective, repairable & easily available at NGOs or under Government schemes free of cost
- # light weight below knee braces
- # walking frames may help in learning to walk
- # caliper
- # corner chair suitable for children who are not able to use ordinary chair



10.3.4 VISUAL IMPAIRMENT

A blind person is a person so blind that he/she is unable to perform any task for which eyesight is essential. On the other hand, many people with visual impairments have some residual vision, which can be effectively utilized by the provision of an appropriate assistive device. Vision will be partial or it might not be possible for the person to see anything. Following are the assistive devices for such people:

- # White cane for free & safe movement
- # ABACUS (Beads Frame) for counting
- # Arithmetic Frames – to solve mathematical problems
- # BRAILLE – dot system for blind children (learn at slow pace)
- # Talking thermometer
- # Talking watch
- # Talking mobile

10.3.5 LEARNING DISABILITY

Learning disability affects people's ability in either interpreting what they see and hear or in linking information from different parts of the brain. Such difficulties extend to school work and can impede (affect) learning to read, write or do math. More than any assistive device, assistance can be given at class room. They are as follows:

- To improve eye-hand coordination
- To improve sequential memory
- Position of the letters
- Space/ forms to be identified easily ie reversed, inverted or rotated
- Matching pictures to the actual objects
- Use of auditory facts in writing
- Copying group figures

10.3.6 HEARING IMPAIRED

Some children have hearing impairment, a difficulty to hear, detect and interpret sounds. The natural process of acquisition of language and speech is therefore prevented. Unless this problem is resolved, the long-term consequences are severe and wide- ranging.



Notes

Development of Adoptive Skills (DAS), Assistive Device (AS), Special Therapies (ST)

- # Hearing Aids
- # Listening devices such as tape recorder, overhead projector
- # Talk pad – enhances voice
- # Computers
- # Teaching the child spelling words via overhead projector
- # have normal intelligence

10.3.7 SPEECH IMPAIRMENT

Speech has always been the primary medium of use of language for communication. Signs and gestures to words are used to communicate. There are many sign languages- American Sign Language(ASL), British Sign Language(BSL), Indian Sign Language(ISL).Following are the assistive devices for such people:

- # communication board
- # finger signals
- # talking boards
- # Flash cards
- # charts
- # sight words such as “toilet”, “danger”, “exit”, “enter”, “poison”

10.4 SPECIAL METHODS

Some of the methods have impact on persons with disabilities and can also lead to their smooth functioning in the environment. Medical treatment has to be provided in case of severe disability.

- Family counseling: it is very important to educate the person’s family about his/ her condition. This helps in providing the needed emotional support to the person with disability.
- Correction of problem behavior: This helps in rectifying negative behavior.
- Correction through play method: play way method will reduce tension, body spasticity and will also act as leisure and pass time
- Yoga: it helps in making the concerned person fit and reducing the disability upto an extent
- Correction of speech problem: this leads the concerned person to express himself/herself more freely



- Physical and mental stimulation : physical well being and information storing is enhanced
- Method of exercise: it reduces mental and physical strain
- Improving age- appropriate activities: age appropriate activities will be the first step towards proper understanding and treatment of a disability
- Correct positioning and carrying method: correct postures can do wonders for people with physical disabilities

10.5 LET US SUM UP

In this chapter, you have studied the various techniques in which a child with disability can be helped in his/ her education and daily life. While adaptive skills help the child in resorting/ taking up different techniques to undertake different activities , assistive devices act s substitutes for normal conditions and help the child to lead a comfortable life.

Special methods are essential for persons with disability. Methods such as yoga, play, family counseling, physical and mental stimulation among others can have an impact on the persons with disability and also lead to their smooth functioning in their environment. This will also help their parents in taking good care of them.

The role of the teacher is also inevitable in the education of children with disabilities. Teachers should be knowledgeable on the different disabilities affecting children and should take up methods through which they can help the child with disability to acquire knowledge like other children.

There are different adaptive skills and assistive devices for different disabilities. These have to be properly implemented to reap maximum benefits.

10.6 ANSWER TO CHECK YOUR PROGRESS

EXERCISE 1:

1. Adaptive skills are skills that have been adapted according to the needs of the disability. These vary from disability to disability. It plays a powerful role in persons acquiring activities of daily living, reading, writing, environmental adjustment.
2.
 - a) Locomotor disability: adaptive skills can be regular method of teaching or task analysis if the child is associated with less IQ. IEP, lesson planning
 - b) Cerepalsy : if not having associated conditions, regular methods of teaching can be used. No adaptations can be made. Improving eye-hand co-ordination .



Notes

Development of Adoptive Skills (DAS), Assistive Device (AS), Special Therapies (ST)

- c) Hearing improvement : regular methods of teaching need to have special method if associated with MR, epilepsy, teaching individual skills
- d) Visual improvement : teaching by Braille, IEP, plus curriculum, abacus and special facilities in the classroom, barrier-free environment.

EXERCISE 2:

1. Assistive devices are those devices which help these children in their day to day activities. These devices act as supplements. These are of 2 types: those which can be used by the concerned person and the other, with the help of others.
2.
 - a) Intellectual Disability: clutches ,corner seats, hearing aids, parallel bars, white cane etc
 - b) Speech impairment: lip reading trainer, audiology method, hearing aids, talking boards, sign languages.
 - c) Learning disability: big and attractive alphabets, matching pictures and objects
 - d) Multiple disability: Ramps, good seating arrangement, crutches, walker, wheelchair
 - e) Visual impairment: lesson plan using plus curriculum, white cane, special spectacles, scribe for writing examination, tailor frame, abacus, Braille trainer .
3. Role of teacher: a special teacher should understand the child's problem. Teacher is the mediator. He/she must be educated to recognize the needs of the child. Teacher should encourage and help the child to shed his/her inhibitions. A teacher can help the child in many ways.

EXERCISE 3:

2. Special methods: some of the methods have impact on persons with disabilities and can also lead to their smooth functioning in the environment.
 - a) family counseling
 - b) play method
 - c) yoga
 - d) exercise
 - e) correct positioning and carrying
 - f) medical treatment for severe disabilities



Notes

10.7 SUGGESTED READINGS AND REFERENCES

- Special education for mentally handicapped pupils- A teaching manual 1987 times mirror
- Help me to help my child- Jill Bloom Brown & Co 2001 McGraw co
- Class management and control- A teaching skills workbook 2010 journal of psychology extract author EBALY STEWART W
- DES teacher education project focus books- E C Wragg NIMH PUB 1999
- Text book on physiotherapy- DSEMR course book 1993 PUB NIMH
- Moving away from labels- Indumathi Rao, Vidya Pramod 2010 CBR PUB
- Assistive devices and therapy- book 4- FCED, course material 2009 IGNOU STUDY MATERIAL

10.8 UNIT END EXERCISE

Write a short note of special methods.