

M.A. (Education) 2nd Semester

Course Code: EDUCC 108

Course Type - Core

SPECIAL EDUCATION

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Course Type / Nature: Core
Course Code: EDUCC 108
Course Title: SPECIAL EDUCATION
Credits 4 (Marks = 100 (70+30))

Course Objectives

To enable the learners to;

1. Acquire knowledge and understanding of special education.
2. Acquire knowledge and understanding about different areas of disability (Visual, Hearing and Orthopedically Impaired, Mentally Retarded).
3. Understand the Government Policies and National Institutes for disabled.
4. Acquaint them with educational programmes, for the education of the disabled.
5. Understand the role of resource teacher, parents, peers and society in rehabilitation of the

INSTRUCTIONS FOR THE PAPER SETTER AND CANDIDATES

The question paper for ESE will carry a total of 70 marks and consist of five sections: A, B, C, D & E. Section A will consist of 6 objective type questions (MCQ, True/False, Completion type) carrying one mark each and 4 short answer type questions carrying 2 marks each which will cover the entire syllabus uniformly. Sections B, C, D & E will have two long answer type questions from the respective Section A,B,C,&D of the syllabus & carry 14 marks each. The long answer type questions may contain subparts carrying different marks. The marks for each sub-part and required word limit will be shown against it. Section A of the question paper will be compulsory and the candidates are required to attempt one question (and/or its sub-parts) each from the sections B, C, D and E of the question paper. Answers to short questions should be completed in around 80 to 100 words each. Answers to long answer type question should be completed in around 800 words.

Section A Special Education

1 Credit

- Concept, Objectives and Basic Principles of Special Education; Status of Special Education in India
- Concept of Impairment, Disability, Handicap.
- Concept of Integration and Inclusive Education.
- Attitudinal, Social and Educational Barriers in Inclusive Education.

Section B National Perspective of Special Education

1 Credit

- Recommendation of NPE (1986), POA (1992) and Persons with Disability Act (1995) for Education of CWSN
- National Trust Act, 1999.
- Rehabilitation Council of India (RCI) Act, 1992.

- Role of Rehabilitation Council of India in Education of CWSN.

Section C Special Education for Children

1 Credit

- Needs and Characteristics of Gifted, Learning Disabled, Visually Impaired, and Hearing Impaired, Orthopedically Impaired and Mentally Retarded Children.

Section D Educational Provisions for CWSN

1 Credit

- Educational Provisions and Strategies for Visually, Hearing, Orthopedically Impaired and Mentally Retarded children and Learning Disabled Children.
- Enrichment Program for Gifted Children
- Role of Resource Teachers, Parents, Peers and Society in Education of Visually, Hearing, Orthopedically Impaired, Mentally Retarded and Learning Disabled Children.

Sessional Work/Activities

Marks = 5 (under CCA Component)

A candidate is required to undertake any one of the following activities and submit a detailed report to the concerned teacher/PCP Coordinator. The activity will carry 5 marks

1. Preparation of one teaching aid (model) to teach special need children
2. Visit any Special School and report about school settings.
3. Any other activity/activities that the concerned course teacher may think appropriate can be allotted during PCP to the candidates.

Suggested Readings:

- Kundu, C.L. (Editor in Chief): Status of Disability in India 2000, New Delhi: Rehabilitation Council of India.
- Panda, K.C: Education of Exceptional Children, New Delhi: Vikas Publishing House Pvt. Ltd., 1997.
- Dash, M.. Education of Exceptional Children, New Delhi: Atlantic Publishers and Distributors, 2000.
- Bist, Abha Rani: Vishistha Balak, Agra: Vinod Pustak Mandir
- Bhargava, Mahesh: Vishistha Balak - Unki Shiksha Evam Punarvas, Lucknow: Vedanta Publications, 2003

STYLE AND FORMAT OF QUESTION PAPER

The question papers in end-semester examination (ESE) will be set in both English and Hindi language consisting five sections A, B, C, D, and E. A candidate can opt for either language as medium of examination. The structure of question papers in ESE will be as follows:

The question paper for end-semester examination (ESE) will carry a total of 70 marks and consist of five sections: A, B, C, D&E

Section A will consist of 6 objective type questions (MCQ, True/False, Completion type) carrying one mark each and 4 short answer type questions carrying 2 marks each which will cover the entire syllabus uniformly. Sections B, C, D & E will have two long answer type questions from the respective Units 1, 2, 3 & 4 of the syllabus & carry 14 marks each. The long answer type questions may contain subparts carrying different marks. The marks for each sub- part and required word limit will be shown against it. Section A of the question paper will be compulsory and the candidates are required to attempt one question (and/or its sub-parts) each from the sections B, C, D and E of the question paper. Answers to short questions should be completed in around 80 to 100 words each. Answers to long answer type question should be completed in around 800 words.

UNIT 1

SPECIAL EDUCATION UNIT 1

Lesson Structure

- 1.0 Introduction
- 1.1 Learning Objectives
- 1.2 Meaning and Basic Principles of Special Education
Self-Check Exercise-1
- 1.3 Scope of Special Education
Self-Check Exercise-2
- 1.4 Status of Special Education in India
Self-Check Exercise-3
- 1.6 Summary
- 1.7 Glossary
- 1.8 Answer to Self-Check Exercises
- 1.9 References /suggested readings
- 1.10 Terminal Questions

1.0 INTRODUCTION

In this world, every child has been discriminated against for some reason, whether it's their disability, race, religion, language, gender, etc. Every child has the right to be supported to learn and grow and to be able to go to school. It is consistent with a democratic philosophy that all children are given equal opportunity to learn whoever they are. Equality of opportunity denotes two things-equality of access to school education and equality of success in school. Every child has a right to live and participate fully in all settings and educational programmes. But consciously or out of ignorance we tend to treat special children differently in school, at home, in the work place in a community. Our differential treatment creates in them and among their peers a feeling of "otherness". Such disadvantaged children have a strong desire for independent functioning. Many educational programme should teach those children self help skills, daily living skills, and vocational skills and assist them to manage their own affairs independently. Special education means specially designed instruction for meeting the unusual of an exceptional child by having special materials, teaching techniques/equipment and or facilities. For example, children with visual impairment may require reading materials in large print or Braille, students with hearing impairment may require hearing aids or instruction in sign language; those with physical disabilities may need special equipment, those with emotional disturbances may need smaller and more highly structured classes; and children with special gifts or talents may require access to working professionals.

Also related service-such as, special transportation, psychological assessment, physical and occupational therapy, medical treatment and counseling may be necessary, if special education is to be effective. The underlying goal of special education lies in finding and capitalizing on exceptional children's abilities.

1.1 OBJECTIVES

- Know about the meaning of special education.
- Know about the scope and principles of special education
- Know about the Status of Special Education in India

1.2 Meaning and Basic Principles of Special Education

Meaning of Special Education

Special education is the practice of educating students in a way that accommodates their individual differences, disabilities and special needs. This involves the individually planned and systematically monitored arrangement of teaching procedures, adapted equipment and materials, and accessible settings. These interventions are designed to help individuals with special needs achieve a higher level of personal independence and success in school and in their community, which may not be available if the student were only given access to traditional classrooms.

Tansley and Guilford" has defined special education- "pupils who, by reason of limited ability of other conditions resulting in educational retardation, require some specialized form of education, wholly or partly in substitution for the education normally given in ordinary schools." This definition can be analyzed in the following way:

- 1) There are certain limited numbers of the individuals who need specialized form of education. They are: mentally retarded accompanied by additional handicaps, such as physical deficiencies, ill-health, limited verbal experiences at home, and emotional disturbances, their educational problems are usually so acute that they need special treatment outside the ordinary school, i.e., in special schools.
- 2) The specialized form of education may be organized wholly or partly.
- 3) It substitutes the education normally given in ordinary schools.

Special education refers to the educational freedom:

- Helping the child to grow to his fullest possible self-realization;
- Freedom from rigid curricula;
- Freedom from inflexible time-tables;
- Freedom from stifling examination.

Education is the process of learning and changing as a result of schooling and other experiences. Special education is instruction designed for students with disabilities or gifts and talents who also have special learning needs. Some of these students have difficulty in learning in regular classroom that needs some special

education in schools. Others generally do well in regular classroom, but they need special education to help them master certain skills to reach their full potential in school. Special education is evidence of society's willingness to recognize and respond to the individual needs of the students and the limitations of regular classroom programmes to accommodate this need. Within the broad field of exceptionality, special educator assigns names to categories of exceptionality. Although some characteristics overlap, each category represents a discrete cluster of attributes.

The experience of the school confirms that there are many children who are so backward in basic subjects that they need special help. The number of children involved varies from place to place, from one district of a town to another and from school to school. The type of provision also varies because of the nature of backwardness and its principal causes.

Basic Principles of Special Education

In the field of special education, the words-such as impairment, disability and handicap are very often used interchangeably, impairment can be mechanism of the body. Disability refers to any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being, handicap refers to the loss or limitation of opportunities to take part in the life of community or an ability and handicap is the disadvantage or restriction of activity caused by the disability. Handicap may be physical, social or emotional.

- a) **Individual Differences:** There are inter and intra individual differences. In other words, some students are very different from most in ways that are specific regarding education, and special education is required to meet their educational needs.
- b) **Zero Rejection:** All children with disabilities must be provided a free and appropriate education. The school system does not have the option to accept or reject a child for education in regular school.
- c) **Nondiscriminatory Evaluation:** Students who need special education must be clearly identified to ensure that they receive appropriate services. Each student must receive a full individual examination before being placed in a special educational programme with tests required at intervals to assess his progress and difficulties in learning.
- d) **Individualized Education Programme:** Students with special needs require IEP either in a special class in the regular school for some part of the day. Such education must match with their current level of functioning and their special needs.
- e) **Least Restrictive Environment:** The regular classroom provides the least restrictive environment for handicapped children.
- f) **Special Process:** The parents of handicapped children have the right to evaluate the efforts of the school system to identify and assess the handicapped children, and if they are not satisfied with the programme of the school, they have the right to withdraw their children from the school for a better programme in any other educational institution.

- g) **Parental Participation:** Special education can be made effective, if parents participate actively in the educational programme designed for handicapped children.

Self-Check Exercise-1

Q.1 Write short note on special education.

Q.2 Write 03 Principle of special education.

1.3 Scope of Special Education

The scope of special education are following :

1. **It offers a different treatment:** The children who need special education are not benefited from regular classroom programmes, e.g. visually impaired children do not get specific and special treatment at regular classes, if these children are not reared up properly they may develop behavioral problems which may cause harm to the individual and to the society. So it is imperative to make special educational arrangement for the disabled children.
2. **It shows right ways to their problem:** Another importance of organizing special education is for mentally and physically handicapped who find it difficult to adjust in school, home and society. Besides that, they have also variety of learning problems, if these children are not especially cared through special programmes, they will become liability on-society. They may develop adjustment problems which may ultimately lead them to neurotic behaviour. Special education aims at developing confidence and competencies in handicapped children to earn their livelihood independently. If they will be trained properly, they can become the assets for the society.
3. **It gives insight to teachers and Parents:** Special education will give insight to parents and teachers of the physically handicapped. It helps in the process of adjustment of these children in the society. The attitude of the society will ultimately be changed towards them.
4. **To solve various problems:** Special education will solve the problems which handicapped children present in regular school programmes.
5. **To make them participate:** The special educational arrangement will create in the handicapped a desire to participate in the activities of non-handicapped children. It will develop self-reliance and self-sufficiency in them.
6. **They are different from normal:** A disabled is quite different from normal children. To meet the needs of the child, society must have to provide special facilities for their education.
7. **It develops realistic concept:** Special education develops a realistic concept in handicapped children. They can estimate their abilities and disabilities in various life situations. It is sometimes described as the process of "fitting round pegs in round holes and square pegs in square holes." Through this service the children will appraise their abilities, aptitudes, interests and personality qualities. The children get the

chances to measure themselves-their assets and liabilities during the schooling.

8. **It helps them to enter into the careers of their choice:** Special education helps children to choose different careers of their choice. As disabled children are handicapped in various ways, they may not fit in all jobs; Special treatment helps the pupils in getting a good start in the profession.

Special education should be provided with modified curriculum, special instructional strategies, and use of special aids. Special education, therefore, is the process of making educational provision for disabled children to meet the special educational needs, which cannot be met by the arrangements available in ordinary schools.

Self-Check Exercise-2

Q.1 Write 03 scope of special education.

1.5 Status of Special Education in India

With a brief overview of the stages of development of special education in general behind us, let's turn to the Indian scene. Instinctive Darwinism stage seems to be common to all cultures. Differentiation starts from subsequent stage as the course of social development varies from culture to culture. The seeds of social Darwinism can be traced from the theory of karma, according to which, individuals' state of present life is the outcome of his karma in the past life and his present karma would determine the state of his next life. It is deterministic to a great extent as it rationalizes present sufferings of the disabled. It however implicitly implies that the disabled can be helped to atone for his past Karma now paving the way for a better future life. Two corollaries flow from this. The disabled have a little cause for optimism in the hope of improving future life. More important than that, others eager to seek a better future, life would be drawn to help them during their atonement, as good karma. Thus, it can be considered as an improvement over the excessive dose of resignation of instinctive Darwinism and seems to have led to a system of care and protection of the disabled, whatever rudimentary is its form? It manifested itself in rishis (sacred persons) seeking self-actualization in distant ashrams accepting the disabled for facilitating atonement with a view to helping them and, in turn, earns good karma for them. But it was on a very limited scale as only few disabled could manage to reach the distant rishi abodes. The same motive, however, might have stimulated the practice of atoning and protection of the disabled and destitute within the premises of religious places.

The tradition of state funds for the care and protection of the disabled was continued in medieval India. Another notable development surfaced during this period. The blind could become minstrels or surdas singing hymns in praise of God. A blind Muslim could memorize Quran to become a hafiz. Maratha rulers and Peshwas employed deaf as spies and deaf and dumb as copiers of secret documents. This type of employment obviously might be limited, but it does indicate some indigenous system of education. Coverage cannot be even conjectured due to the absence of prevalence of incidence data relating to disability.

With the constitutional commitment to universalization of elementary education and concept of Welfare State led to the expansion of education of the disabled in the post independence period. The central government increased funding of schemes for the prevention of disabilities, education and rehabilitation of the disabled from 15 million in 1951 to 1450 million rupees in the current Five Year Plan. This amount is besides the non-plan expenditure by the states and funds raised by voluntary agencies. The Social Welfare Ministry of the Government of India is the coordinating agency. The major work is done through voluntary agencies.

These special schools are very limited in number. During the year 2000 there were only 2500 special schools in India to cater the needs of almost 50 million children with disabilities. Today millions of children with disabilities do not have any place receive education or related services.

This is a program of the Ministry of Social Justice and Empowerment. Children with severe multiple disabilities who have difficulty in coping with regular schools are referred to such special schools. Most of these special schools are located in urban areas and run by voluntary organizations. A majority of them are residential schools, and boarding- lodging and other services are provided free of cost. At present more than 3000 special schools for the disabled children are functioning across the country. Out of them approximately 900 institutions are specialized for the hearing impaired, 400 for the visually impaired, 1000 for the mentally retarded and the remaining 700 are for the children with physical disabilities. 40 per cent disability of any such particular types is a benchmark for identification and certification for admission in these special schools.

The number of special schools for the deaf, blind and mentally retarded has increased to 140, 200 and 200 respectively. The special schools for the physically handicapped are only 3, as most of those who can, receive education in ordinary schools. Integrated education scheme for the disabled under disabilities also in ordinary schools. National institutes for visually handicapped, hearing impaired, mentally retarded and orthopedically handicapped have been established to provide leadership in research, developments and training.

Recently, NCERT and six university departments and colleges of education have been funded for developing training programmes. Besides, 80 district Rehabilitation Centers are proposed to be added during the current plan to raise the number to 100 to develop infrastructure facilities for assessment, support and rehabilitation of the disabled.

Self-Check Exercise-3

- 1) Write short note on status of special education in India.

1.5 Summary

Special education is the practice of educating students in a way that accommodates their individual differences, disabilities and special needs. This involves the individually planned and systematically monitored arrangement of teaching procedures, adapted equipment and materials, and accessible settings. Equality of opportunity denotes two things-equality of access to school education and equality of success in school. Every child has fundamental right to live and participate fully in all settings and programmes of community. But consciously or out

of ignorance we tend to treat special children differently in school, at home, in the work place in community. Our differential treatment creates in them and among their peers a feeling of "otherness". Such disadvantaged children have a strong desire for independent functioning. Many educational programmes should teach them self help skills, daily living skills, and vocational skills and assist them to manage their own affairs independently. Special education means specially designed instruction for meeting the unusual needs of an exceptional child. Special materials, teaching techniques/equipment and or facilities may be required. Special education may be defined as that educational service, over and above the regular school programme, which is provided for an exceptional child to assist in the development of his potentialities and/or in removing or compensating his disabilities.

1.6 Glossary

- **Counseling therapy:** Intervention designed to uncover sources of problems or build new approaches to interpersonal relations through a supportive relationship between client and therapist.
- **Diagnosis:** Determining the nature of an educational task or problem; see instructional diagnosis.
- **Disability:** Medical, social, or learning difficulty that interferes significantly with an individual's normal growth and development.
- **Hypermyopia:** Visual condition in which near objects are blurred although distant objects remain clear, farsightedness
- **Physical disability.** Impairment in movement, mobility, neuromuscular operation, or another mode of physical functioning; the term includes conditions in the federal categories of orthopedic impairments, traumatic brain injury, and autism.
- **Psycho-motor Ability:** It is a general cognitive trait of the individual which is related to performance of a wide variety of skills.
- **Sensory disability:** Impairment in vision or hearing that adversely affects educational performance.

Answer to Self-Check Exercises-I

Self-Check Exercise-I

1) Special education refers to the educational freedom:

- Helping the child to grow to his fullest possible self-realization;
- Freedom from rigid curricula;
- Freedom from inflexible time-tables;
- Freedom from stifling examination.

2) Principle of special education:

- Individual Differences
- Zero Rejection
- Nondiscriminatory Evaluation

Self-Check Exercise-2

- It offers a different treatment
- It gives insight to teachers and Parents
- It develops realistic concept

Self-Check Exercise-3

- 1) Special education in India is evolving, with increased government initiatives and policies to support inclusive education. However, challenges remain, such as inadequate resources, trained teachers, and infrastructure. Efforts continue to improve accessibility and quality of education for children with disabilities, aiming for a more inclusive and equitable system.

1.7 References /suggested readings

- Aggarwal, J.C. (1984) Landmarks in the History of Modern Indian Education, Modern Printers, Delhi.
- Balsara, Maitreya (1996) New Education Policy and Development Challenge, Kanishka Publishers, New Delhi
- Browning, E.R. (1983), Teaching Students with Severe Emotional and Learning Impairments, Allyn and Bacon, Inc., Newton Massachusetts.
- Chauhan, S.S. (2004) Advanced Educational Psychology, Vikas Publishing House Pvt. Limited, New Delhi
- Hewett, F.M. Forness, S.R. (1977) Education of Exceptional Learners; Allyn and Bacon, Boston, Massachusetts
- Ross, A.O. (1977) Learning Disability, McGraw-Hill Book Company, Newyork.
- Shanker, Uday (1976) Exceptional Children, Sterling Publishers Private Limited, Delhi.
- Sharma, S.R. (2002), Education of the Physically Handicapped Children, Omsons Publications, New Delhi.
- Sahu, B.K. (1990) Education of the Exceptional Children, Kalyani Publishers, New Delhi. Smith, M.R. Neisworth, J.T. (1975) The Exceptional Child, McGraw-Hill Book Company, New York.
- Whitmore, J.R (1980) Giftedness, Conflict, and Underachievement, Allyn and Bacon, Inc., Boston.
- Ysseldyke, J.E. Algozzine Bob (1998) Special Education-A Practical Approach For Kanishka Publishers, New Delhi.

1.8 Terminal Questions

1. Define the term special education enumerates the characteristics and scope of special education.
2. Short note on Status of Special Education in India

Unit 2

Concept of Impairment, Disability, Handicap

Lesson Structure

- 2.0 Introduction
- 2.1 Learning Objectives
- 2.2 Meaning of Impairment, Disability, Handicap
Self-Check Exercise-1
- 2.3 Difference between Impairment, Disability, Handicap
Self-Check Exercise-2
- 2.4 Summary
- 2.5 Glossary
- 2.6 Answer to Self-Check Exercise
- 2.7 References /suggested readings
- 2.8 Terminal Questions

2.0 INTRODUCTION

Several terms have been used to describe exceptionality: subnormal, handicapped, disabled, exceptional, special, impaired etc. These have added confusion to understanding and placing the children who are different from the average. As a result of widespread debate, discussions and research, the World Health Organization has clearly distinguished the use of three terms: impairment, disability and handicap.

Impairment means, abnormalities of body structure and appearance and organ or organ system function resulting from any cause in principle. Impairment represents disturbance at the organ level (WHO, 1976).

Disability reflects the consequences of impairment in terms of functional performance and activity by the individual.(WHO, 1976).

Handicap on the other hand, refers to disadvantages experienced by the individual as a result of impairments and disabilities; handicaps thus reflect interaction with an adaptation to the individual's surroundings (WHO, 1976).

These terms are based on an organic model having functional interrelationship.

Impairment----->Disability----->Handicap

2.1 OBJECTIVES

- Know about the meaning of Impairment.

- Know about the meaning of Disability,
- Know about the meaning of Handicap.
- Know about the difference between Impairment, Disability, Handicap
- Know about different types of disabilities.

2.2 Meaning of Impairment, Disability, Handicap

Meaning of Impairment

Impairment is a term used to describe a physical, mental, or sensory condition that affects a person's ability to perform certain tasks or activities. It is a broad term that encompasses a wide range of conditions, from mild to severe, and can be temporary or permanent. Impairment can have a significant impact on a person's life, affecting their ability to work, participate in social activities, and carry out daily tasks.

Physical impairments can affect a person's mobility, dexterity, strength, or endurance. For example, a person with a physical impairment may use a wheelchair or crutches to move around, or they may have difficulty gripping objects or lifting heavy items. Mental impairments can affect a person's cognitive, emotional, or behavioral functioning. For example, a person with a mental impairment may have difficulty with memory, problem-solving, or emotional regulation. Sensory impairments, such as blindness or deafness, can affect a person's ability to perceive or interpret information from their environment. Impairment can be categorized as mild, moderate, or severe, depending on the extent to which it affects a person's functioning. For some people, impairment may have only a minor impact on their daily lives, while for others it may be a significant barrier to participation in society.

Accommodations and adjustments can be made to help mitigate the effects of impairment and enable a person to function more effectively in daily life. For example, a person with a physical impairment may benefit from a wheelchair ramp or an accessible bathroom, while a person with a sensory impairment may benefit from assistive devices such as hearing aids or screen readers. Accommodations can help level the playing field and ensure that people with impairments have equal opportunities to participate fully in society.

The term "impairment" is often used in legal and medical contexts, such as disability evaluations or workers' compensation claims, to assess the extent of a person's functional limitations and determine appropriate accommodations or support. However, it is important to remember that impairment is not the same as disability. Disability is a social construct that refers to the barriers that people with impairments face in society, such as inaccessible buildings or discriminatory attitudes.

By understanding and addressing the effects of impairment, we can work towards creating a more inclusive and accessible society. This means acknowledging the diversity of impairments and the ways in which they can impact people's lives, and ensuring that accommodations and support are available to all who need them. It also means challenging ableist attitudes and promoting a culture of inclusion and empathy.

Impairment is a critical barrier to inclusion, but it is one that we can address through education, advocacy, and action. By working together to create a more accessible and equitable society, we can ensure that all individuals have the opportunity to participate fully and thrive.

In short meaning of impairment:

1. Impairment can be caused by a variety of factors, including injury, illness, disease, genetic conditions, and environmental factors.
2. Physical impairments can affect a person's mobility, dexterity, strength, or endurance, while mental impairments can affect a person's cognitive, emotional, or behavioral functioning.
3. Sensory impairments, such as blindness or deafness, can affect a person's ability to perceive or interpret information from their environment.
4. Impairment can be categorized as mild, moderate, or severe, depending on the extent to which it affects a person's functioning.
5. Impairment can be temporary or permanent, and it can have varying degrees of impact on a person's life, depending on the type and severity of the impairment.
6. Accommodations and adjustments can be made to help mitigate the effects of impairment and enable a person to function more effectively in daily life.
7. The term "impairment" is often used in legal and medical contexts, such as disability evaluations or workers' compensation claims, to assess the extent of a person's functional limitations and determine appropriate accommodations or support.

Overall, impairment refers to a condition that affects a person's ability to function effectively, and it is an important consideration in creating a more inclusive and accessible society. By understanding and addressing the effects of impairment, we can work towards ensuring that all individuals have equal opportunities to participate fully in society.

Meaning of Disability

Disability refers to a physical, mental, or sensory impairment that substantially limits one or more major life activities of an individual. Major life activities include activities such as walking, seeing, hearing, speaking, breathing, learning, and performing manual tasks. A person with a disability may have difficulties in performing one or more of these activities, which can affect their ability to participate fully in society. Disability can be categorized as temporary or permanent, and it can have varying degrees of impact on a person's life, depending on the type and severity of the disability. It is important to note that disability is not a characteristic of an individual, but rather a social construct that reflects the barriers and discrimination that people with disabilities face in society.

In many countries, people with disabilities are protected under disability rights laws, which aim to promote equal rights and opportunities for people with disabilities. These laws require employers, schools, and public institutions to provide reasonable accommodations to ensure that people with disabilities are able to participate fully in society.

Overall, disability is a complex and multifaceted concept that encompasses a wide range of impairments and their impact on individuals. By understanding and addressing the barriers that people with disabilities face, we can work towards

creating a more inclusive and accessible society where all individuals have the opportunity to participate fully and thrive.

In short meaning of disability:

1. Disability refers to a physical, mental, or sensory impairment that substantially limits one or more major life activities of an individual.
2. Major life activities include activities such as walking, seeing, hearing, speaking, breathing, learning, and performing manual tasks.
3. Disability can be temporary or permanent and can range from mild to severe, depending on the type and severity of the impairment.
4. Disability is a social construct that reflects the barriers and discrimination that people with disabilities face in society.
5. Disability can have a significant impact on a person's life, affecting their ability to work, participate in social activities, and carry out daily tasks.
6. In many countries, people with disabilities are protected under disability rights laws that aim to promote equal rights and opportunities for people with disabilities.
7. These laws require employers, schools, and public institutions to provide reasonable accommodations to ensure that people with disabilities are able to participate fully in society.
8. Accommodations and adjustments can be made to help mitigate the effects of disability and enable a person to function more effectively in daily life.
9. Disability is a complex and multifaceted concept that encompasses a wide range of impairments and their impact on individuals.

By understanding and addressing the barriers that people with disabilities face, we can work towards creating a more inclusive and accessible society where all individuals have the opportunity to participate fully and thrive.

Meaning of Handicap

Handicap is a term that refers to a disadvantage or impediment that limits a person's ability to function effectively in certain situations or activities. The term is often used in the context of disabilities, where it refers to a physical or mental condition that affects a person's ability to perform certain tasks or activities.

There are many different types of disabilities that can result in a handicap, including physical disabilities such as blindness, deafness, or mobility impairments, as well as mental disabilities such as cognitive impairments or psychiatric disorders. Disabilities can be congenital or acquired, and they can range from mild to severe. In order to address the challenges that people with disabilities face, various accommodations and adjustments are often made to level the playing field and ensure equal access to opportunities. These can include physical modifications such as wheelchair ramps or assistive technology, as well as changes to policies, practices, or procedures to accommodate different needs.

In sports and other competitive activities, the term "handicap" is often used to refer to a system of rules or adjustments that are designed to equalize the competition between participants with different abilities. For example, in golf, a handicap is a number that represents a player's ability, and it is used to adjust their score to account for their relative skill level compared to other players. Overall, the concept of handicap is complex and multifaceted, and it can have different meanings and implications depending on the context in which it is used. However, at its core, it

represents a recognition of the challenges that people with disabilities face and a commitment to creating a more inclusive and accessible society.

In short meaning of handicap:

1. A handicap is a disadvantage or impediment that limits a person's ability to function effectively in certain situations or activities.
2. Disabilities, whether physical or mental, can result in a handicap that makes it more difficult for a person to perform certain tasks or participate fully in society.
3. Accommodations and adjustments can be made to level the playing field and ensure equal access to opportunities for people with disabilities.
4. Handicap can also refer to a system of rules or adjustments that equalize the competition between participants with different abilities, as in sports and other competitive activities.
5. The term "handicap" is sometimes considered stigmatizing or offensive, and many people prefer to use more positive and neutral language to describe disabilities and challenges.
6. The concept of handicap is an important one for creating a more inclusive and accessible society, and it highlights the need for empathy, understanding, and accommodations for people with disabilities.

The inter-relationship between the three can be explained by means of examples:

- A child born with a finger-nail missing has a malformation- a structural impairment but this does not in any way interfere with the function of the hand so there is no disability: the impairment is not particularly evident, and so disadvantage or handicapped would be unlikely.
- A myopia or a didactic individual suffers a functional impairment but because this can be corrected or abolished by aids, appliances, or drugs, he would not necessarily be disabled; however, the disadvantage is considerable, e.g. he may not be allowed to take part in the group activities or may have to give himself regular injections.
- An individual with color blindness has an impairment but it would be unlikely to lead to activity restriction; whether the impairment constitutes a handicap would depend on circumstances- if his occupations were agricultural he might well be unaware of his impairment, but he would be at a disadvantage if he aspired to drive a railway engine, because he would be prevented from following this occupation.

Hence, children are considered exceptional when they have some characteristics that deviate from the normal or average child. It is for this reason the term "Exceptional Children" is used more often. It is more inclusive in the sense that it consists of the handicapped in one extreme and of the gifted at the other. These children are classified into certain categories for the purpose of placement and educational care.

Self-Check Exercise-1

- 1) Define meaning of impairment.

2) Write short note on Meaning of Handicap.

2.5 DIFFERENCE BETWEEN IMPAIRMENT, DISABILITY AND HANDICAP

IMPAIRMENT	DISABILITY	HANDICAP
Refers to a physical, mental, or sensory condition that affects an individual's ability to function normally.	Refers to societal barriers and restrictions that people with impairments face.	Refers to the social and environmental factors that limit an individual's ability to participate fully in society.
Describes a loss or abnormality of a body part or function.	Describes the limitations and barriers imposed on individuals with impairments due to the lack of accessibility, social stigma, or discrimination	Describes the disadvantage experienced by people with disabilities due to societal barriers that prevent them from accessing opportunities, goods, and services that are available to others
Is a medical term.	Is a social construct	Is a term that reflects the intersection of impairment and disability with social and environmental factors
Examples include impaired vision, hearing, or mobility.	Examples include inaccessible buildings, employment discrimination, or lack of assistive technology	Examples include inaccessible transportation, lack of accommodations, or discriminatory attitudes

Self-Check Exercise-2

1. Write 02 points of differences between impairment, disability and handicap.

2.6 Summary

In summary, impairment is a medical term that describes a physical, mental, or sensory condition, disability is a social construct that reflects societal barriers and restrictions, and handicap describes the intersection of impairment and disability with

social and environmental factors that limit an individual's ability to participate fully in society.

2.7 Glossary

- **Impairment:** Refers to a physical, mental, or sensory condition that affects an individual's ability to function normally
- **Handicap:** Refers to the social and environmental factors that limit an individual's ability to participate fully in society.
- **Disability:** Medical, social, or learning difficulty that interferes significantly with an individual's normal growth and development.
- **Hypermyopia:** Visual condition in which near objects are blurred although distant objects remain clear, farsightedness
- **Physical disability.** Impairment in movement, mobility, neuromuscular operation, or another mode of physical functioning; the term includes conditions in the federal categories of orthopedic impairments, traumatic brain injury, and autism.
- **Psycho-motor Ability:** It is a general cognitive trait of the individual which is related to performance of a wide variety of skills.

Answer to Self-Check Exercises

Self-Check Exercise-I

- 1) **Impairment:** Refers to a physical, mental, or sensory condition that affects an individual's ability to function normally.
- 2) **Handicap:** Refers to the social and environmental factors that limit an individual's ability to participate fully in society

Self-Check Exercise-2

1. Definition and Scope:

- **Impairment:** Refers to a loss or abnormality in body structure or physiological function, such as loss of a limb or vision.
- **Disability:** Denotes a limitation or inability to perform certain tasks or activities due to impairment, such as difficulty walking or reading.
- **Handicap:** Describes the social and environmental disadvantages experienced by an individual due to their impairment or disability, like facing discrimination or lack of accessibility.

2. Nature and Impact:

- **Impairment:** Is a medical condition affecting the individual's physical or mental faculties.
- **Disability:** Is the functional limitation caused by the impairment, impacting daily activities and participation.

- **Handicap:** Is the result of societal barriers and attitudes that hinder full participation, making it a broader social issue.

2.8 References /suggested readings

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2.9 Terminal Questions

1. Define the term Disability, Handicap and Impairment.
2. Differentiate between Disability, Handicap and Impairment.

Unit 3

Concept of Integration and Inclusive Education

Lesson Structure

- 3.0 Introduction
- 3.1 Learning Objectives
- 3.2 Concept of inclusive education
 - 3.2.1 Objectives of inclusive
 - 3.2.2 Inclusionary practices
- Self-Check Exercise-1
- 3.3 Integrated education
 - 3.3.1 Challenges to implement integrated education
 - 3.3.2 Understanding the Difference: Inclusive, Integrated and Segregated Education
- Self-Check Exercise-2
- 3.4 Summary
- 3.5 Glossary
- 3.6 Answer of Self-Check Exercises
- 3.7 References /suggested readings
- 3.8 Terminal Questions

3.0 INTRODUCTION

Students in an inclusive classroom are generally placed with their chronological age-mates, regardless of whether the students are working above or below the typical academic level for their age. Also, to encourage a sense of belonging, emphasis is placed on the value of friendships. Teachers often nurture a relationship between a student with special needs and a same-age student without a special educational need. Another common practice is the assignment of a buddy to accompany a student with special needs at all times (for example in the cafeteria, on the playground, on the bus and so on). This is used to show students that a diverse group of people make up a community, that no one type of student is better than another, and to remove any barriers to a friendship that may occur if a student is viewed as "helpless." Such practices reduce the chance for elitism among students in later grades and encourage cooperation among groups.

Inclusive education (IE) is a new approach towards educating the children with disability and learning difficulties with that of normal ones within the same roof. It seeks to address the learning needs of all children with a specific focus on those who are vulnerable to marginalization and exclusion. It implies all learners - with or without disabilities being able to learn together through access to common pre-school provisions, schools and community educational setting with an appropriate network of support services. This is possible only in flexible education system that

assimilates the needs of diverse range of learners and adapts itself to meet these needs, Inclusion is not an experiment to be tested but a value to be followed. All the children whether they are disabled or not have the right to education as they are the future citizens of the country. In the prevailing Indian situation resources are insufficient even to provide quality mainstream schools for common children, it is unethical and impracticable to put children with special needs to test or to prove anything in a research study to live and learn in the mainstream of school and community.

3.1 Learning Objectives

- Acquire knowledge and understanding of Inclusive Education
- Understand the Integrated Education.

3.2 Concept of Inclusive Education

Inclusive education means that all students attend and are welcomed by their neighborhood schools in age-appropriate, regular classes and are supported to learn, contribute and participate in all aspects of the life of the school. Inclusive education is about how we develop and design our schools, classrooms, programs and activities so that all students learn and participate together.

The Scheme of Inclusive Education for Disabled at Secondary Stage (IEDSS) has been launched from the year 2009-10. This Scheme replaces the earlier scheme of Integrated Education for Disabled Children (IEDC) and provides assistance for the inclusive education of the disabled children in classes IX-XII. This scheme now subsumed under Rashtriya Madhyamik Shiksha Abhiyan (RMSA) from 2013. The States/UTs are also in the process of subsuming under RMSA as RMSA subsumed Scheme. The aim of scheme is to enable all students with disabilities, to pursue further four years of secondary schooling after completing eight years of elementary schooling in an inclusive and enabling environment. Inclusive Education aims at integrated development of children with special needs and normal children through mainstream schooling. To develop curriculum for special education and its inclusion in general teacher preparation programmes, Rehabilitation Council of India (RCI) made a historic collaboration with National Council for Teacher Education (NCTE) on January 19, 2005.

3.2.1 Objectives of Inclusive Education

The scheme covers all children studying at the secondary stage in Government, local body and Government-aided schools, with one or more disabilities as defined under the Persons with Disabilities Act (1995) and the National Trust Act (1999) in the class IX to XII, namely blindness, low vision, leprosy cured, hearing impairment, locomotor disabilities, mental retardation, mental illness, autism, and cerebral palsy and may eventually cover speech impairment, learning disabilities, etc. Girls with the disabilities receive special focus to help them gain access to secondary schools, as also to information and guidance for developing their potential. Setting up of Model inclusive schools in every State is envisaged under the scheme.

Role of State Coordinator in Inclusive Education (IE): Besides planning and management of IE related activities at the state level, the state level coordinator for IE could undertake the following:

- Regular compilation of data of CWSN Preparation and finalization of Annual Work Plan
- Monitoring activities related to education of children with special needs
- Constant support to functionaries at district/ block level
- Conducting workshops on IE
- Any other work assigned by SPD
- Role of District Coordinator in IE: The main responsibilities of the district level coordinator for IE could be:
 - To supervise the work of special teachers in all the blocks/ clusters in the district
 - To provide resource support to special teachers in all the blocks/ clusters
 - To collect data on CWSN from all blocks/ clusters
 - To monitor the integration of children with disabilities in the district
 - To oversee the orientation of teachers and community sensitization
 - Any other duty that may be assigned by SPD or state co-ordinator for IE
- Role of BRCC/CRCC in IE
 - To keep a record of the number of CWSN in the block/cluster
 - To ensure that all CWSN in the block/cluster have access to education in some form or the other
 - To supervise the work of the resource teachers
 - Evaluate the IE programme from time to time in their respective blocks/ clusters
 - To ensure smooth functioning of the resource room at the BRC/CRC
 - To monitor that all schools in the block/cluster are barrier free and disabled friendly
 - To establish convergence with primary health centers for early detection, identification and medical assessment of children with special needs

Resource teachers: are specially trained teachers capable of teaching children with special needs in all settings. Their main role is to provide remedial assistance to a child in those content areas in which he/she is having comprehension problems in a regular classroom. This assistance is ideally provided in a resource room. A resource teacher also advises the general teacher on how to cope with the needs of special children in the regular classroom. These resource teachers can either be appointed by the state and district authorities to function at the block level or their support can be obtained through special schools, competent NGOs or IEDC scheme of MHRD.

Some general teachers could also be given long-term training to provide to the CWSN those support services that they may require. The main functions of these teachers will be:

- Identification and assessment of CWSN
- Teach special skills like Braille to a visually impaired child, use of hearing aids etc.
- Advise the regular class teacher on problems encountered by children with disabilities Suggest necessary curricular modifications or adaptations and classroom strategies
- Assist disabled children during and after school hours
- Undertake parent counseling and community mobilization
- Be in-charge of the resource room at the BRC

3.2.2 Inclusionary practices are commonly utilized by using the following team-teaching models:

- **One teach, one support:**

In this model, the content teacher will deliver the lesson and the special education teacher will assist student's individual needs and enforce classroom management as needed.

- **One teach, one observe:**

In this model, the teacher with the most experience in the content will deliver the lesson and the other teacher will float or observe. This model is commonly used for data retrieval during IEP observations or Functional Behavior Analysis.

- **Station teaching (rotational teaching):**

In this model, the room is divided into stations in which the students will visit with their small groups Generally, the content teacher will deliver the lesson in his/her group, and the special education teacher will complete a review or adapted version of the lesson with the students.

- **Parallel teaching:**

In this one half of the class is taught by the content teacher and one half is taught by the special education teacher both groups are being taught the same lesson, just in a smaller group.

- **Alternative teaching:**

In this method, the content teacher will teach the lesson to the class, while the education teacher will teach a small group of students an alternative lesson.

- **Team teaching (content/support shared 50/50):**

Both teachers share the planning, teaching, and supporting equally. This is the traditional method, and often the most successful co-teaching model.

Self-Check Exercise-1

Q.1 Define meaning of inclusive education.

Q.2 Write the name of two inclusionary practices.

3.3 Integrated education

India has made impressive economic gains in the last few decades and currently has the largest economy in terms of purchasing power parity. Despite this improvement, more than 260 million people in India live poverty. The reciprocity of poverty producing disability, and disability resulting in poverty (Rao, 1990) creates unique challenges for the integrated education movement in India. This paper begins with a brief history of special education in India, including changes to government legislation and policy in the move towards more integrated educational provision. A number of strategies are presented to address the current challenges that Indian administrators and educators face in the move towards more integrated education.

Integrated Education in the 1970s, the government launched the Centrally Sponsored Scheme of Integrated Education for Disabled Children (EDC). The scheme aimed at providing educational opportunities to learners with disabilities in regular schools, and to facilitate their achievement and retention. The objective was to integrate children with disabilities in the general community at all levels as equal partners to prepare them for normal development and to enable them to face life with courage and confidence. A cardinal feature of the scheme was the liaison between regular and special schools to reinforce the integration process. Meanwhile, the National Council of Educational Research and Training (NCERT) joined hands with UNICEF and launched Project Integrated Education for Disabled Children (PIED) in the year 1987, to strengthen the integration of learners with disabilities into regular schools.

3.3.1 Challenges to implement integrated education

1. The challenge of poverty associated with disability: With an estimated 1,027 million people, India is the world's second most populated country. It has 17 percent of the global population and 20 percent of the world's out-of-school children. Despite impressive gains in the last few decades (11th largest industrial power, 4th largest economy in terms of purchasing power parity) India still has more than 260 million people living in poverty (Canadian International Development Agency (CIDA), 2003). A large number of children with disabilities live in families with income significantly below the poverty level.
2. The challenge of modifying deeply held attitudes: Attitudes of the non-disabled are proving to be a major barrier in the social integration of persons with disabilities. "The more severe and visible the deformity is, the greater is the fear of contagion, hence the attitudes of aversion and segregation towards the crippled. Such attitudes reinforced by religious institutions may militate against any attempts to include students with disabilities into regular schools.
3. Dissemination and public education: People, Including parents and school personnel, are largely unaware of the full intent of the recent legislation passed by Indian Parliament. A large number of school personnel are also not aware of funding available to include students with disabilities in regular schools. There is some evidence that those educators who are knowledgeable about government policies and laws concerning integrated education tend to have positive attitudes toward

implementing such programs. There is also a greater need to have a National Resource Center for Disabilities. Such a center would work to collect, and disseminate information on Various aspects of disability (B.L. Sharma, 2001). The center would provide information through various TV and radio programs as well as through Internet (B.L Sharma, 2001). The center would also fulfil the role of scrutinizing all mass communication programs (TV, radio and even entertainment programs) to ensure that disability is not portrayed in a negative manner.

4. The challenge of providing adequate levels of training to key stakeholders: The majority of school personnel in India are not trained to design and implement educational programs for students with disabilities in regular schools. Most teacher training programs in India do not have a unit on Disability Studies. The universities, which do cover some aspects of special education in their teacher training programs, fail to train teachers adequately to work in integrated settings.
5. Inadequate resources: The majority of schools in India are poorly designed and few are equipped to meet the unique needs of students with disabilities. The lack of disability friendly transportation services and accessible buildings are considered by some to be far greater problems than social prejudice and negative attitudes. Both the Central and State governments will have to provide Increased resources to this aspect of education to ensure successful implementation of integrated practices in schools.

Over and above some of these challenges that India shares with other developing countries are some distinctive features that will make the implementation of educational reform particularly difficult. India is a multilingual, multicultural, multi religious country, and its people are stratified along sharp socio-economic and caste lines. Therefore, unless the challenges are carefully identified and systematically addressed, inclusion will remain a policy on paper. The forthcoming section presents some strategies that policy makers in India may find useful to implement integrated education successfully.

With the passage of The Persons with Disabilities Act in 1996, India has joined the few countries that have legislation to promote integrated education. This is a landmark step as India has now overcome a major legislative hurdle. A number of unique challenges still need to be overcome in order to implement the key objectives enshrined in the legislation. Attitudinal barriers engrained as part of India's historical response to disability must be changed through education programs for both teachers and the general populace. These programs require financial and collaborative commitment from key national and state education stakeholders, and partnership with universities to support research-based initiatives. Success in achieving integrated education will ultimately depend on how Indian educators and educational systems can collaborate to deal with difference in India's culturally charged context.

3.3.2 Understanding the Difference: Inclusive, Integrated and Segregated Education

Globally, children with disabilities count for one-third of all children out-of-school. In developing countries, the numbers are even more staggering, with 90% of all children with disabilities out-of-school. Although it is imperative that children with disabilities receive an education, it is also being recognized by bodies around the world that the type of education that children with disabilities receive is just as important. There are three basic types of Special Education, although many different models of classroom organization and teaching are available within each type.

- Segregated education occurs when students with disabilities learn completely separate from their peers. Often, especially in "developing countries, segregated education takes place in the form of special schools created specifically for the education of students with disabilities, or in completely separate classrooms for students with disabilities. Segregated education pinpoints the child as the problem in the system, the impediment to learning, and as a result, these students will often receive a completely different curriculum and different methods of testing, rather than being taught the same curriculum as their peers. This separation in school often creates separation within other areas of life as well.
- Integrated education: It is similar to inclusive education, but without any ideological commitment to equity. Integration places students in a mainstream classroom with some adaptations and resources. However, students are expected to "fit in with pre-existing structures, attitudes, and an unaltered environment. Integration is often mistaken for inclusion because students are placed in a mainstream classroom, which is a step towards inclusion.

However, if there has not been a paradigm shift within the school and these students are not perceived as equals, if curriculum is not taught for the understanding of all instead of some, then the students are integrated, but not included in the school.

- Inclusive Education: It is a process of strengthening the capacity of the education system to reach out to all learners. It involves restructuring the culture, policies and practices in schools so that they can respond to the diversity of students in their locality. For a school to be inclusive, the attitudes of everyone in the school, including administrators, teachers, and other students, are positive towards students with disabilities. Inclusive education means that all children, regardless of their ability level, are included in a mainstream classroom, or in the most appropriate or least restrictive environment (LRE), that students of all ability levels are taught as equals, and that teachers must adjust their curriculum and teaching methodologies so that all students benefit. This also avoids wasting resources, and "shattered hopes," which often occurs in classrooms that are "one size fits all." Studies have shown that systems that are truly inclusive reduce drop-out rates and repetition of grades, and have higher average levels of achievement, compared to systems that are not inclusive. People who believe in inclusive education believe that the education system is the impediment to learning for a child, and that every child is capable of learning.

Self-Check Exercise-2

1. Define meaning of integrated education.

3.4 Summary

Inclusive education (IE) is a new approach towards educating the children with disability and learning difficulties with that of normal ones within the same roof. It seeks to address the learning needs of all children with a specific focus on those who are vulnerable to marginalization and exclusion. It implies all learners with or without disabilities being able to learn together through access to common pre-school provisions, schools and community educational setting with an appropriate network of support services. This is possible only in flexible education system that assimilates the needs of diverse range of learners and adapts itself to meet these needs. Inclusion is not an experiment to be tested but a value to be followed. All the children whether they are disabled or not have the right to education as they are the future citizens of the country. In the prevailing Indian situation resources are insufficient even to provide quality mainstream schools for common children, it is unethical and impracticable to put children with special needs to test or to prove anything in a research study to live and learn in the mainstream of school and community. Integrated education is similar to Inclusive education, but without any ideological commitment to equity. Integration places students in a mainstream classroom with "some adaptations and resources. However, students are expected to "fit in with pre-existing structures, attitudes and an unaltered environment." Integration is often mistaken for inclusion because students are placed in a mainstream classroom, which is a step towards inclusion.

However, if there has not been a paradigm shift within the school and these students are not perceived as equals, if curriculum is not taught for the understanding of all instead of some, then the students are integrated, but not included in the school.

Inclusive education "is a process of strengthening the capacity of the education system to reach out to all learners." It involves restructuring the culture, policies and practices in schools so that they can respond to the diversity of students in their locality. For a school to be inclusive, the attitudes of everyone in the school, including administrators, teachers, and other students, are positive towards students with disabilities. Inclusive education means that all children, regardless of their ability level, are included in a mainstream classroom, or in the most appropriate or least restrictive environment (LRE), that students of all ability levels are taught as equals, and that teachers must adjust their curriculum and teaching methodologies so that all students benefit. This also avoids wasting resources, and "shattered hopes," which often occurs in classrooms that are "one size fits all. Studies have shown that systems that are truly inclusive reduce drop-out rates and repetition of grades, and have higher average levels of achievement, compared to systems that are not inclusive. People who believe in inclusive education believe that the education system is the impediment to learning for a child, and that every child is capable of learning.

It is important to note that within government documents and scholarly publications in India, the three different terms-segregation, Integration and inclusion-are often used interchangeably, or with different definitions than those attached to

the three words in the United States. This could stem from a variety of reasons, although a lack of education on the original meanings connected to the words seems to be the most logical explanation.

3.5 Glossary

- **Inclusion:** Educating exceptional student-regardless of type or severity of disability-in regular classrooms in their neighborhood schools. Also known as full inclusion.
- **Incubation:** The second step sequence given by Wallas in creative thinking process. Here frequently the thinker finds that he cannot solve the problem, even after hours and days of concentrated effort. Often the deliberately or involuntarily turning away from the problem. During Incubation, the conscious or unconscious mind mulls over the ideas and categories thou.
- **Individual Quotient.** The abbreviation stands Intelligence Quotient. It is ratio of mental ability (M.A) measured with reference to one's chronological age (Age in years). It is an index of individual's intellectual level or intelligence.
- **Opportunity-to-learn standards:** Standards that establish conditions of teaching and learning necessary for all students to achieve specific knowledge and skills
- **Originality:** An index of creativity assessed through child's uncommon or unique response to stimulus presented by the teacher. Here the stimulus may be a story, a question etc.

3.6 Answer of Self-Check Exercise-1

Self-Check Exercise-1

- 1) Inclusive education means that all students attend and are welcomed by their neighborhood schools in age-appropriate, regular classes and are supported to learn, contribute and participate in all aspects of the life of the school. Inclusive education is about how we develop and design our schools, classrooms, programs and activities so that all students learn and participate together.
- 2) One teach, one support, Station teaching (rotational teaching).

Self-Check Exercise-2

- 1) Integrated education: It is similar to inclusive education, but without any ideological commitment to equity. Integration places students in a mainstream classroom with some adaptations and resources.

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3.8 Terminal Questions

Q.1 What do you mean by inclusive education?

Q. 2 what do you understand by integrated education?

Unit – 4

Barriers to Inclusive Education

Lesson Structure

- 4.0 Introduction
- 4.1 Learning Objectives
- 4.2 Barriers to Inclusive Education or Educational Barriers in Inclusive Education
 - Self-Check Exercise-1
 - 4.2.1 Social, Psychological Barriers
 - 4.2.2 Physical and Attitudinal Barrier
- 4.3 How to overcome barriers in inclusive education
 - Self-Check Exercise-2
- 4.4 Summary
- 4.5 Glossary
- 4.6 Answer to Self-Check Exercise
- 4.7 References /suggested readings
- 4.8 Terminal Questions

4.0 INTRODUCTION

Inclusive education "is a process of strengthening the capacity of the education system to reach out to all learners." It involves restructuring the culture, policies and practices in schools so that they can respond to the diversity of students in their locality. In an inclusive environment children with special needs spend most of their time with normal children. Inclusive education is important as it provides value to each and every child. It accepts all children regardless of their differences in interests, skills, intellectual level, beliefs, values, cultural background, etc.

4.1 Learning Objectives

- Understand the Barriers to Inclusive Education.
- To know about Social and Psychological Barriers
- To define Physical and Attitudinal Barrier.
- How to overcome barriers in inclusive education

4.2 Barriers to Inclusive Education

Inclusive education means providing equal opportunities to all the learners whether disabled or disabled in a regular classroom setting. In an inclusion setting all students learn together and main emphasis is on the abilities of the learners rather than disabilities. In inclusive education all the learners equally participate in curricular and co curricular activities. In an inclusive environment children with special needs spend most of their time with normal children. Inclusive education is important as it provides value to each and every child. It accepts all children regardless of their differences in interests, skills, intellectual level, beliefs, values, cultural background, etc.

- It ensures that each child gets equal opportunities to develop.
- It ensures that disabled learners get equal and quality education in the regular classroom with non- disabled peers.

However there are many challenges and barriers to inclusive education. Some of these barriers are:

1. Lack of facilities

Inclusive education is a binding and priority for government of India. However, a wide gap in policy and practice exists in the country with respect to inclusive education. There are a number of barriers that hinder proper practice of inclusive education in our country. Based on the literature and personal experiences, the authors believe these barriers to include the following:

Educational Barriers in Inclusive Education

Here are five examples of factors that can affect students with disabilities in a general education classroom. Only a deep understanding of these factors, and other issues that hinder inclusion, and the elimination of them will make true inclusion a reality for all children to learn together.

1. EXPENSE

Funding is a major constraint to the practice of inclusion.

- Coordinating services and offering individual supports to children requires additional money that many school districts do not have, particularly in a tight economy

- Inadequate funding can hinder ongoing professional development that keeps both specialists and classroom teachers updated on the best practices of inclusion.

2. MIS-INFORMATION

As with society in general, these attitudes and stereotypes are often caused by a lack of knowledge and understanding.

- Training teachers and Para-educators to understand and work with children with disabilities is often inadequate, or it may be fragmented and uncoordinated.
- If educators have negative attitudes toward students with special needs or have low expectations of them, children will unlikely receive a satisfactory, inclusive education.

3. ACCESSIBILITY

Obviously, a student with a disability cannot learn in an inclusive classroom if he cannot enter the room, let alone the school building.

- Accessibility can go beyond passageways, stairs, and ramps to recreational areas, paved pathways, and door handles.
- Classrooms must be able to accommodate a student's assistive technology devices, as well as other furniture to meet individual needs.

4. EDUCATIONAL MODIFICATIONS

Just as the environment must be accessible to students with disabilities, the curriculum must facilitate inclusive education, too.

- Teachers should be flexible in how students learn and demonstrate knowledge and understanding
- Written work, for example, should be limited if a student cannot write and can accomplish the same or similar learning objective through a different method.

5. COOPERATION

One of the final barriers associated with inclusion education is a lack of communication among administrators, teachers, specialists, staff, parents, and students

- Time is needed for teachers and specialists to meet and create well-constructed plans to identify and implement modifications the, accommodations, and specific goals for individual students.
- Collaboration must also exist among teachers, staff, and parents to meet a student's needs and facilitate learning at home.

4.2.1 Social, Psychological Barriers

Society's views of persons with special education needs can impact negatively on what goes on in schools. School administrators and teachers, parents and family members all possess personal views on inclusion that affect decisions made on a daily basis. Some of these views are explained below

- **The school**

School administration, including teachers may, view inclusion in a negative light. However, there were teachers who opposed it for a number of reasons. One feared that the curriculum would have to be degraded while another anticipated an increase in behavior problems when students become lost. Some teachers complained that they were not professionally prepared for teaching students with special needs while some questioned class size. There were also those who believed that the students were not capable of comprehending the work in the general education classroom. Discussions with these teachers and comments made at faculty meetings revealed that some had the same fears as most parents.

- **The home.**

Many parents and siblings have their beliefs on what their children or siblings can and cannot do because of some disability. On learning of the intended inclusion of all students in general education classes, parents came to the school to speak to administrators and teachers. Some were concerned about their students' ability to function in the mainstream and others were worried about their students being bullied by the other students. Some parents insisted that their students remain in self-contained classes but most of them agreed to at least try inclusion, after they heard the opinions of a few of the teachers they trusted. Some threatened to take the school district to court and one parent actually took the school to court. Generally, relatives believed that

their student was "not smart enough" and therefore incapable of functioning at the general education level and resisted inclusion. These beliefs in the homes naturally spilled out into the neighborhoods and consequently into the larger community.

- **The community**

Some communities may not be friendly towards students who are differently disabled, whether physically or mentally. Some members of the community may be ignorant of the facts while others may be just indifferent and ignore persons with disabilities. When members of these households meet as a community, little or nothing positive may be done because low expectations provide little or no positive action. This concept however, is losing ground in the 21st century. This school had supportive members of the community who got involved in educating parents about the positive aspects of inclusion. It was no easy task to change these parents' beliefs of many years that have been psychologically imprinted by their parents and communities.

- **Psychological Barrier**

There are negative psychological expectations associated with inclusion. A few students, for example, had serious problems when they were exposed to large classes. One student with autism reacted violently whenever he entered a classroom with more than ten people. Another became unresponsive when there were more than about 15 persons in the room. There were students who believed that they were unable to do the work; many of them never tried and they were eventually placed in just one small inclusion class. Psychologically, many students limit themselves because of their impressions of how others see them. It is our duty as caring adults to ensure that the long held views towards persons with disabilities are ended by education and ensuring a proper inclusion process in schools and communities.

4.2.2 Physical and Attitudinal Barrier

The vast majority of centers of learning are physically inaccessible to many learners, especially to those who have physical disabilities. In poorer,

particularly rural areas, the centers of learning are often inaccessible largely because buildings are rundown or poorly maintained. They are unhealthy and unsafe for all learners. Many schools are not equipped to respond to special needs, and the community does not provide local backing. Environmental barriers included: doors, passageways, stairs and ramps and recreational areas. A major problem identified by many students is physically getting into school.

- **Curriculum**

In any education system, the curriculum is one of the major obstacles or tools to facilitate the development of more inclusive system. Curriculum is often unable to meet the needs of a wide range of different learners. In many contexts, the curriculum is centrally designed and rigid, leaving little flexibility for local adaptations or for teachers to experiment and try out new approaches. The content might be distant to the reality in which the students live, and therefore inaccessible and unmotivating.

- **Attitudes**

The greatest barriers to inclusion are caused by society, not by particular medical impairments. Negative attitudes towards differences result in discrimination and can lead to a serious barrier to learning. Negative attitudes can take the form of social discrimination, lack of awareness and traditional prejudices. Regarding disabled children some regions still maintain established beliefs that educating the disabled is pointless. Often the problem is identified as being caused by the child's differences rather than the education systems shortcomings.

- **Curriculum**

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- **Teachers**

Teachers' abilities and attitudes can be major limitations for inclusive education. The training of staff at all levels is often not adequate. Where there is training it often tends to be fragmented, uncoordinated and inadequate. If teachers do not have positive attitudes towards learners with special needs, it is unlikely that these children will receive satisfactory education.

- **Language and communication**

Teaching and learning often takes place through a language which is not the first language of some learners. This places these learners, at a disadvantage and it often leads to significant linguistic difficulties which contribute to learning breakdown. Second language learners are particularly subject to low expectations and discrimination.

- **Funding**

A major constraint is serious shortages of resources-lack of schools or inadequate facilities, lack of teachers and/or shortage of qualified staff, lack of learning materials and absence of support. The inadequacy of resources available to meet the basic needs in education is a pervasive theme. It is estimated that achieving education for all will require additional financial support by countries and donors of about US\$ 8 billion per year (Dakar Framework for Action, 2000)

- **Organization of the education system**

Education systems are often centralized and this can inhibit change and initiative. Responsibility for decisions tends to be located at the highest level and the focus of management remains orientated towards employees complying with rules rather than on ensuring quality service delivery. There is also a lack of information within many systems and often there is not an accurate picture of the number of learners excluded from the school system. Only a small percentage of learners who are categorized as having 'special needs' receive appropriate education in ordinary schools or special settings and there is no support available for those learners who are outside the

system. Existing provision after primary school is inadequate to meet the needs.

- **Policies as barriers**

Policy makers who do not understand or accept the concept of inclusive education are a barrier to the implementation of inclusive policies. In some countries there may still exist policies that facilitate the possibility for authorities to declare that some children are 'uneducatable'. Usually this practice applies to children with severe intellectual disability. In some other countries, the education of some specific groups of learners might be the responsibility of another authority than the Ministry of Education. Very often this leads to a situation where these learners are not expected to participate in mainstream education and, consequently, they do not have equal opportunities for further education or employment.

In short we can list these barriers in following manners:

- **Lack of facilities:** It is one of the major barriers to inclusive education. There are no proper facilities available in schools that fulfil the basic needs of students. It has been seen that disabled children have to face many difficulties in schools due to the inability to access basic services such as transportation facility, medical assistance, special equipments, etc.
- **Lack of awareness:** *According to Union Nation report, 75% of CWSN in India do not attend any school in their lifetime.* It indicates that most of people are not aware of inclusive education. Moreover, they are not aware of the schemes and policies launched by the state and central government for disabled children.
- **Prejudice and discrimination:** There is still a lot of prejudice and discrimination against children with disabilities. They often experience discrimination in everyday life which extends to the educational setting. Even teachers can be seen to be discriminating towards disabled learners. As a result, it makes very difficult for inclusive education to succeed.
- **Negative attitude of society :** The conservative mentality of society is also one of the barriers to inclusive education. There is a common belief in society that
 - Educating disabled children is useless.
 - They can't contribute much to the society and nation.

- Disabled children should not allow being integrated into mainstream schools.
- **Untrained teachers:** Teachers are not trained properly. They have no idea what kinds of methods and instructional strategies they should employ while teaching students who have disabilities. They don't know how to handle disabled students. They are not able to assist these students.
- **No Financial support:** Inclusive education programs require additional resources such as modern technology, special teacher's special equipments, etc. Therefore, they are costly to run. But many schools in India are struggling to afford funds for inclusive education programs.
- **Non availability of resource room:** A resource room is a separate classroom in the school building which is designed to provide remedial instruction to disabled learners. But most of the schools lack resource rooms and resource teachers. As a result of this, needs of disabled children are not met and they are forced to drop out of school.
- **No flexibility in Curriculum:** Inflexible curriculum is also a hurdle in the success of inclusive education. Inflexible curriculum does not cater to the needs and interests of children with special needs. It does not allow disabled students to find their potential and strengths.

Self-Check Exercise-1

1. _____ Education is an approach to educate all children who are at risk for neglect in education system.
 - a) Inclusive b) Mainstreaming c) Segregation d) Integration
2. All children have the right to learn together is a _____ Right.
 - a) Human b) Social c) Cultural d) Ethical

4.3 How to overcome barriers in inclusive education

Following are some practices which can help to overcome barriers in inclusive education:

1. Financial support

Financial support should be provided to schools so that they can effectively run inclusive education programs.

2. Provide basic facilities

To overcome the barrier to the success of inclusive education, the basic needs of the disabled learners must be fulfilled. If they get the required support and healthy environment, success of inclusive education is inevitable.

3. Appropriate Curriculum

Curriculum should be flexible so that students can choose subjects according to their interests. It should be designed keeping in mind the individual differences so that each child gets ample opportunities to explore his talent and creativity.

4. Trained teachers

Trained teachers should be hired by the institutions to deal with the disabled learners. They should work collaboratively with other teachers to solve the problems of disabled students.

5. Awareness programmes

Awareness programmes should be run by governments, NGOs and other higher institutions to assist parents in realizing the importance of inclusive education.

Self-Check Exercise-2

Q.1 What are the three practices which help to overcome the barriers in inclusive education?

4.4 Summary

Inclusive education "is a process of strengthening the capacity of the education system to reach out to all learners." It involves restructuring the culture, policies and practices in schools so that they can respond to the diversity of students in their locality. For a school to be inclusive, the attitudes of everyone in the school, including administrators, teachers, and other students, are positive towards students with disabilities. Inclusive education means that all children, regardless of their ability level, are included in a mainstream classroom, or in the most appropriate or least restrictive environment (LRE), that students of all ability levels are taught as equals, and that teachers must adjust their curriculum and teaching methodologies so that all students benefit. This also avoids wasting resources, and "shattered hopes," which often occurs in classrooms that are "one size fits all. Studies have shown that systems that are truly inclusive reduce drop-out rates and repetition of grades, and have higher average levels of achievement, compared to systems that are not inclusive. People who believe in inclusive education believe that the education system is the impediment to learning for a child, and that every child is capable of learning.

4.5 Glossary

- **Inclusion:** Educating exceptional student-regardless of type or severity of disability-in regular classrooms in their neighborhood schools. Also known as full inclusion.
- **Incubation:** The second step sequence given by Wallas in creative thinking process. Here frequently the thinker finds that he cannot solve the problem, even after hours and days of concentrated effort. Often the deliberately or involuntarily turning away from the problem. During Incubation, the conscious or unconscious mind mulls over the ideas and categories tom.
- **Individual Quotient.** The abbreviation stands Intelligence Quotient. It is ratio of mental ability (M.A) measured with reference to one's chronological age (Age in years). It is an index of individual's intellectual level or intelligence.
- **Opportunity-to-learn standards:** Standards that establish conditions of teaching and learning necessary for all students to achieve specific knowledge and skills.
- **Originality:** An index of creativity assessed through child's uncommon or unique response to stimulus presented by the teacher. Here the stimulus may be a story, a question etc.

4.6 Answer of Self-Check Exercise

Self-Check Exercise-1

1. a) Inclusive
2. a) Human

Self-Check Exercise-2

1. Appropriate curriculum, Trained Teachers, Awareness Programmes

4.7 References /suggested readings

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4.8 Terminal Questions

Q.1 What do you mean by inclusive education?

Q. 2 what do you mean by Barrier of Inclusive education

UNIT-5

Recommendation of NPE (1986), POA (1992) for Education of CWSN

LESSON STRUCTURE

- 5.0 Introduction
- 5.1 Learning Objectives
- 5.2 National policy on education (1988)
 - 5.2.1 Recommendations given in NPE 1986
 - 5.2.2 Problems and issues-An overview
 - 3.2.3 Constitutional Amendment
- 5.3 Programme of Action (1992)
 - 5.3.1 The chief aspects of the Plan of Action
 - 5.3.2 Education of the Handicapped (POA 1992)
- Self-Check Exercise-1
- 5.4 Summary
- 5.5 Glossary
- 5.6 Answers to Self Check Exercise
- 5.7 References /suggested readings
- 5.8 Terminal Questions

5.0 INTRODUCTION

Education has continued to evolve, diversify and extend its reach and coverage since the dawn of human history. Every country develops its system of education to express and promote its unique socio-cultural identity and also to meet the challenges of the times. There are moments in history when a new direction has to be given to an age- old process. The country has reached a stage in its economic and technical development when a major effort must be made to derive the maximum benefit from the assets already created and to ensure that the fruits of change reach all sections. Education is the highway to that goal. With this aim in view, the Government of India announced in January 1985 that a new Education Policy would be formulated for the country. A comprehensive appraisal of the existing educational scene was made, followed by a countrywide debate. The views and suggestions received from different quarters were carefully studied. The National Policy on Education (NPE) is a policy formulated by the Government of India to promote education amongst India's people. The policy covers elementary education to colleges in both rural and urban India.

Since the nation's independence in 1947, the Indian government sponsored a variety of programmes to address the problems of illiteracy in both rural and urban

India. The Union government established the University Education Commission (1948-1949) and the Secondary Education Commission (1952-1953) to develop proposals to modernize India's education system. The Resolution on Scientific Policy was adopted by the government of Jawaharlal Nehru, India's first Prime Minister. The Nehru government sponsored the development of high-quality scientific education institutions such as the Indian Institutes of Technology. In 1961, the Union government formed the National Council of Educational Research and Training (NCERT) as an autonomous organisation that would advise both the Union and state governments on formulating and implementing education policies. The major ideas to be learnt in this lesson are divided into three sections namely: Recommendations given by NPE 1986; Understand Education of the Handicapped (POA 1992); government policies and person with disability act (1995) education of CWSN.

5.1 OBJECTIVES

- Acquire knowledge and understanding Recommendations given by NPE 1986.
- Understand Education of the Handicapped (POA 1992)
- Acquaint them with educational programmes, for the education of the disabled

5.2 NATIONAL POLICY ON EDUCATION (1986)

The National Policy of 1968 marked a significant step in the history of education in post- Independence India. It aimed to promote national progress, a sense of common citizenship and culture and to strengthen national integration. It laid stress on the need for a radical- reconstruction of the education system, to improve its quality at all stages, and gave much greater attention to science and technology, the cultivation of moral values and a closer relation between education and the life of the people.

The Section 4.9 of the policy clearly focuses on the needs of the children with disabilities. The objective should be to integrate the physically and mentally handicapped with the general community as equal partners, to prepare them for normal growth and to enable them to face life with courage and confidence. The following measures will be taken in this regard:

- Wherever it is feasible, the education of children with motor handicaps and other mild handicaps will be common with that of others
- Special schools with hostels will be provided, as far as possible at district headquarters, for the severely handicapped children
- Adequate arrangements will be made to give vocational training to the disabled
- Teachers' training programmes will be reoriented, in particular for teachers of primary classes, to deal with the special difficulties of the handicapped children; and
- Voluntary effort for the education of the disabled will be encouraged in every possible manner."

5.2.1 Recommendations given in NPE 1986

- (i) People should be made aware of the problems of the handicapped, in terms of the magnitude and types of handicaps, the media should be effectively used for this purpose.
- (ii) Every family with a handicapped child should be provided support through incentives dialogue and periodic training and evaluation, parents' groups and community education groups should be formed.
- (iii) The educational system for the handicapped should be flexible, it should offer a range of education provisions-special schools for these who cannot be educated in general schools, and Integrated education for the disabled of the type already in existence. Education should be through different options -formal, non-formal, open school, home day schools, vocational centers etc.
- (iv) Educational packages should be offered for hearing impaired children in a differentiated way. Pure orally oriented programmes for profoundly deaf children. Combined oral-manual programmes for some of the profoundly deaf children for the education of whom pure oral programmes will not be adequate. Segregated programmes for those children for whom such programmes are essential. Integrated programmes for those whom this modality promises better emotive, cognitive, social and linguistic development.
- (v) For making the boys and girls of impaired hearing economically-independent. Vocational training has to be specially organized. Vocational training which is job-oriented and matched to the abilities and aptitudes of the hearing impaired, should be organized in a significantly diversified way making a departure from the earlier practice of confining to a limited number of vocational training programmes like in drawing, painting, tailoring, knitting, embroidery, book-binding, etc, these diversified courses also relate to industrial operation such as sheet metal works, printing, turning, fitting, welding, electrician's trade, carpentry, etc.
- (vi) Bharati Braille has been thanks, inter alia, to the special effort made by the National Institute for the Visually Handicapped. Based on this, teacher training and book production programmes have also been launched. Their scale of operation being enlarged should intensify these production programmes and out-of school needs.
- (vii) While work has been initiated for development of Braille notations for mathematics and science, not much progress has been made. On account of the growing emphasis on science and mathematics teaching, a comprehensive and effective code for use of the area in mathematics and science should be developed.
- (viii) For the moderately mentally retarded, special curricula should be developed and standardized-not merely for the purpose of basic education in 3 R's but for training in self-care skills like motor integration, perceptual and motor skills, language, communication and conceptual skills. It should be clearly understood that for the mentally handicapped academic achievements are relatively unimportant in comparison to social adaptation and vocational training.

- (ix) Vocational schools for the mentally retarded adults are not too many. For their benefit jobs in sheltered workshops, farms and industries should be provided, as they are not capable of receiving open employment. The idea is that after receiving training they can work on sub- contract basis.
- (x) In pre-service teacher training programme, education of the handicapped should be made part and parcel of the pedagogy and methodology.
- (xi) A programme of sensitization should be implemented for in-service teachers as well. This should include various components, namely, Non-Formal Education, vocationalisation of education and distance education.
- (xii) Teachers training colleges should have special courses for teaching the handicapped children; a special component on the education of the handicapped should be included in the B.Ed courses as well.
- (xii) At least one resource faculty should be provided in each DIET to provide teacher-training inputs in the context of education for the handicapped.
- (xiv) The role of the special schools should be clearly redefined as spelt out below: Early identification of children with handicaps and formulation of stimulation programmes for them and the community in their catchment areas; Education of the handicapped children who cannot be educated on general schools up to the point when they can be integrated-thus breaking the insulation between the general and special schools. Service as resource agencies for implementing the integrated education programmes in general schools so that they feel as a part and parcel of the educational system Bringing about mutual reinforcement of the pedagogies of special and general education.
- (xv) A lot of development is taking place in the application of technology for the benefit of the handicapped. Several technological aids are already available like for example, Braille produced by Federal Republic of Germany.
- (xvi) Sustained researches should be undertaken to determine the needs of the physically handicapped and produce technological aids capable of helping in overcoming handicaps. The Indian Institute of Technology and other technological institutions in the area of higher education should be given specific responsibilities for undertaking these researches.

The committee to review the National Policy on Education (NPE), 1986 was formed on 7th November 1990 as per Government Resolution No. F.1-6/90-PN (D.1) with Acharya Ramamurti as Chairman and sixteen others as Members. The terms of reference were:

- To review the National Policy on Education, 1986 and its implementation:
- To make recommendations regarding the revision of the policy; and

- To recommend action necessary for implementation of the revised Policy within a time frame.

5.2.2 Problems and issues-An overview

The continued failure since independence to fulfill the Constitutional directive of providing education to all children up to the age of 14 years is a teasing reality. Undoubtedly this problem qualifies for being ranked as the most fundamental problem of our educational system. It is only in recent years that the nation has come to acknowledge the magnitude of the problem. More than half of children (and not one-third, as was often claimed for years) and two-thirds of the girls are outside the ambit of education. Whatever hesitation may still exist must now give way to a frank admission of these facts so that an honest analysis of the causes of the problem may begin. The degree of failure is further accentuated in the case of the children of SC/ST and other educationally backwards sections of societies. The focus of the various strategies adopted so far to bring all children into schools has been on the factors, which lie within the educational system. This is equally true of the NPE/POA. The socio-economic and cultural factors have played only a marginal role in educational planning.

The approach to universalization ignores the bars of social realities. For instance, according to certain estimates, more than 4.5 cores of children, constituting one-fourth of the school going age groups, are engaged in child labour. Many of these children face brutal work conditions in both the organized and unorganized sectors. The issues of social justice with respect to educationally backward sections of society and the gender bias tooted in the patriarchal Indian society are some of the significant factors that have a major bearing upon participation of children in education. We have also pointed out elsewhere that there is an inseparable link between the development policy and the capability of vast segments of our society to benefit from school education.

The Chairman of the CAGE appointed a Committee on 31st July, 1991, to review the implementation of various parameters of NPE taking into consideration the report of the NPERC and other relevant developments since the policy was formulated and to recommend modifications to be made in NPE under the Chairmanship of Shri N. Janardhana Reddy CM& Minister of Education, Andhra Pradesh In the NPERC's view, the most fundamental problem of our education system is the continued failure to fulfill the constitutional directive of providing education to all children up to the age of 14 years, the NPERC attempted a comprehensive analysis of the failure to achieve Universalization of elementary education (UEE) and-came to the conclusion that urgent and sweeping changes were required in the strategy for UEE.

The basic premises of the analysis were that so far there was hesitation to acknowledge the reality that more than half of the children and two-third of the girls were outside the ambit of education and that it was never too late to give up the hesitancy and the problem may begin. Given these premises, it is but natural that the NPERC sought to distinguish its policy perspective and strategies from those of NPE /POA.

5.2.3 Constitutional Amendment

The NPERC suggested that the Right to Education should be examined for inclusion among the Fundamental Rights guaranteed under the Constitution and the

necessary socio-economic measures should be taken for realization of this right, while the spirit underlining this recommendation is laudable, we feel that a legalistic approach to UEE would not be desirable. The Constitution guaranteed can be effective only if the country is in a position, financially and politically, to take all measures necessary for enforcing the guaranteed; otherwise, legislation would be cosmetic. What the need is not so much a Constitutional amendment as the manifestation of a national will to achieve UEE. For reasons given in the Unit: Adult and Continuing Education", UEE and adult literacy together have to be give the overriding priority in educational planning and administration. We call upon the central and State governments to bestow overriding priority to adult literacy and UEE financial, administrative and political-a support to match with the priority assigned.

5.2.4 NPERC Perspective

The suggestions of the NPERC to remove the main lacunae of the present policy perspective and strategies are as follows:

- (i) NPE/POA should not have shifted the emphasis from enrolment to retention; the policy should stress a continuing concern for improving both enrolment and retention.
- (ii) Socio-economic and cultural factors have played only a marginal role in educational planning. The school stands alienated from the community; there is no convergence of support services and education.
- (iii) While giving due importance to the provisions of additional facilities to the schools. The policy must also stress the role of teachers, the community and the social environment as key factors in improvement of the quality of school education.
- (iv) Following NPE/POA, non-formal education (NFE) was enlarged into a significant parallel sector. NFE is some kind of second grade education for the poor; the solution lies in non- formalizing the formal school over a period of time and in integrating the non-formal and formal education systems so that their cadres, infrastructure and management structures would form an organic whole.

The new Education Policy will give the highest priority to solving the problem of children dropping out of school and will adopt an array of meticulously formulated strategies based on micro-planning and applied at the grass roots level all over the country, to ensure children/s retention at school. This effort will be fully co-ordinated with the network of non-formal education; it shall be ensured that free and compulsory education of satisfactory quality is provided to all children up to 14 years of age before we enter the twenty-first century. A national mission will be launched for the achievement of this goal.

5.3 Programme of Action (1992)

The NPE was followed by POA (1992). The POA suggested a pragmatic placement principle for children with special needs. It postulated that a child with disability who can be educated in a general school should be educated in a general school only and not in a special school. Even those children who are initially admitted to special schools for training in plus curriculum skills should be transferred to general schools once they acquire daily living skills, communication skills and basic academic skills.

This Programme of Action is meant to provide an indication of the nature of actions which will be needed in order to implement the directions of the Policy. It provides a broad strategy within which detailed schemes will be subsequently drawn up; it will also facilitate the preparatory work which will be required before such schemes can be worked out fully and put into operational form. The detailed projects will be taken up for formulation by the various departments and agencies, in consultation with all concerned, once the strategy outlined in the Programme of Action has been examined and endorsed by the Parliament. It is necessary to stress that what is presented here is not an inflexible structure but only a projection of directions with varying degrees of detail. A certain amount of flexibility is assumed which will help the implementing agencies in tailoring the Programme of Action to suit their contexts and to make necessary modifications on the basis of experiences and emerging scenarios. Implementation of the programmes will be a cooperative effort between the Centre and the States with full involvement of the community and the teachers and a constant process of consultations is envisaged.

5.3.1 The chief aspects of the Plan of Action in this period would be to take care of the following:

- a) Extensive revision of the textbooks to reflect cultural awareness as part of the school curriculum;
- b) Reorientation of teachers training programmes to give them the capability of imparting instruction in theoretical and demonstrative methodologies in cultural instruction;
- c) Extensive training programmes for in-service teachers in each district for specified durations through pooling of resource personnel;
- d) Inducing students to learn by participating in community singing, in painting and dancing together and other manifestations of cultural inclinations; spotting out talent in arts and other cultural activities would also begin at this stage;
- e) Building up community interaction by inviting local artists and craftsmen to demonstrate and teach students their crafts like clay work, wall paintings, carpentry, puppetry, folk dancing and singing;
- f) Setting up of schools museum corners largely with collections of students themselves in the form of stones, feathers, leaves etc;
- g) Organization of tours in the neighborhood particularly to monuments and places of historical and cultural significance.

5.3.2 Education of the Handicapped (POA 1992)

The NPERC complemented the NPE for placing the education of the handicapped in the right perspective. The NPE recognizes the education of the handicapped as an integral part of the education process and as an important element of the efforts to remove disparities and equalize educational opportunities. The NPERC also appreciated the approach of NPE to the education of the handicapped, particularly in regard to involvement of voluntary agencies. The NPERC, however, felt that the NPE was inadequate in following respects:

NPE had not stressed the mobilization of the total general education system for the education of the handicapped. Special school has been treated in isolation

from other educational institutions from the point of view of providing the educational supervisory infrastructure, leaving it to the Ministries of Welfare, HRD to co-operatively develop the same. We feel that it would not be fair to fault the NPE on these two counts. As the NPERC itself noted, the POA called for establishment of special schools at district and sub-district level; curriculum development apart from provision of infrastructure facilities; and specific target setting for universal primary education of the handicapped. The Centrally Sponsored Scheme of integrated Education for the Disabled Children (IEDC) scheme was started in 1974-75 by the then Ministry of Social Welfare. In 1982-83, the scheme was transferred, to the Department of Education. When the scheme was transferred only 2,500 students were covered under the scheme. In 1987, the scheme was thoroughly reviewed and revised in pursuance of NPE. Coverage of the scheme was extended to 6,000 in schools in 22 states.

Special schools cater to the children with grave handicaps, and with vastly different needs. These children required more individualized attention. The objective of Special Schools is to endow the audients with daily living skills and to rehabilitate them. The supervisory Infrastructure of general education institutions is not equipped to supervise Special Schools, which have their special requirement, and needs. The NPERC made very useful recommendations relating to the modalities of implementing programmes for the education of the handicapped. It had advocated the use of media in creating awareness about the problems of the handicapped, providing support to every family with a handicapped child through incentives, dialogue and training and adopting a flexible approach to the education of the physically handicapped. The NPERC examined at length the needs of different categories of the disabled such as the deaf, the blind and the mentally retarded and made specific recommendations. The NPERC had also made important recommendation on the role of training and of technological development in the education of the physically handicapped. We suggested that these valuable recommendations be built into a revised programme of action.

Self check Exercise-1

Q.1 Write the Full form of following:

- NPE
- PWD
- POA
- NPERC

5.4 Summary

The National Policy on Education (NPE) is a policy formulated by the Government of India to promote education amongst India's people. The policy covers elementary education to colleges in both rural and urban India. The first NPE was promulgated in 1968 by the government of India and Prime Minister Indira Gandhi, and the second by Prime Minister Rajiv Gandhi in 1986.

The Union government established the University Education Commission (1948-1949) and the Secondary Education Commission (1952-1953) to develop proposals to modernize India's education system.

5.5 Glossary

1. **Ability training:** Instruction in specific pre academic skills
2. **Category:** In special education, a grouping of exceptional students who are ought to share certain characteristics. Although professionals attempt to standardize the names and definitions of categories, there is significant variation from one state to another.
3. **Disability:** Medical, social, or learning difficulty that interferes significantly with an individual's normal growth and development.
4. **Individual Education Program (IEP):** A written document that includes (1) a statement of the student's present levels of functioning, (2) a statement or annual goals and short-term objectives for achieving those goals, (3) a statement of services to be provided and the extent of regular programming, (4) the start date and expected duration of services, and (5) evaluation procedures and criteria for monitoring progress.
5. **Regular Education Initiative (REI):** Contention that regular and special educators should share responsibility for students considered disabled, so that students with disabilities can be integrated more fully into regular classrooms, also called general education initiative.

5.6 Answer of Self check Exercise

Self check Exercise-1

1.Full form of:

- NPE - National Policy on Education
- PWD- Person With Disability
- POA- Program of Action
- NPERC- National Policy on Education Review Committee.

5.7 References /suggested readings

1. Balsara, Maitreya (1996) New Education Policy and Development Challenge, Kanishka Publishers, New Delhi
2. Hewatt, F.M. Foress, S.R. (1977) Education of Exceptional Learners, Allyn and Bacon, Inc., Boston, Massachusetts
3. Hota, A.K. (1998) Talent and Creativity, Sarup & Sons, New Delhi.
4. Jangira, N.K. (1986) Special Education Scenario in Britain and India, The Academic Press, Gurgaon (India).
5. Jones, R.L. (1971) Problems and Issues in the Education of Exceptional Children, Houghton Mifflin Company, Boston.
6. Panda, K.C. (1999) Disadvantaged Children, Mittal Publications, New Delhi.

5.8 Terminal Questions

1. State the recommendations of NPE 1986.

Unit-6

Persons with Disability Act (1995) for Education of CWSN

Lesson Structure

- 6.0 Introduction
- 6.1 Learning Objectives
- 6.2 Concept of Persons with Disability Act (1995)
- 6.3 National Provision and Facilities for Handicapped children
Self-Check Exercise-1
- 6.4 Summary
- 6.5 Glossary
- 6.6 Answer to Self-Check Exercise
- 6.7 References /suggested readings
- 6.8 Terminal Questions

6.0 INTRODUCTION

The government of India has put in place an Act for the disabled to make sure the disabled also form an important part of nation building. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 came into force on February 7, 1996. It is a significant step which ensures equal opportunities for the people with disabilities. The Act provides for both the preventive and promotional aspects of rehabilitation like education, employment and vocational training, reservation, research and manpower development, creation of barrier- free environment, rehabilitation of persons with disability, unemployment allowance for the disabled, special insurance scheme for the disabled employees and establishment of homes for persons with severe disability etc.

6.1 Learning Objectives:

- To know the concept of Persons with Disability Act (1995)
- To know the various provisions given in PWD Act
- To know National Provision and Facilities for Handicapped children

6.2 Concept of Persons with Disability Act (1995) for Education of CWSN

This Act was passed by the parliament in Dec.1995. This was a landmark step to make people with disabilities an integral part of the Indian mainstream. The Act establishes the responsibility on the Society to provide equal opportunities to persons with disabilities. It also prohibits discrimination on the ground of disability in every sphere. Some of the important rights guaranteed by it are:

1. Right to have free education up to the age of 18 Years.
2. Right to have preferential treatment in the matter of employment by reservation of 3 percent vacancies for them in Government and Public Sectors.
3. Right to have preferential treatment in allotment of land and housing.
4. Prohibition of discrimination on the ground of disability in any area of life, education, training and employment, etc.
5. Right to have access to buildings, roads and transport, and other public services.

This comprehensive Act covers seven disabilities namely blindness, low vision, hearing impaired, locomotor impaired, mental retardation, leprosy cured and mental illness. Unit V (Section 25) of the Act, which deals with education, mentions that the appropriate Governments and the local authorities shall have a) **Provisions like:**

- Prevention and early detection of disabilities.
- Surveys, investigations and research shall be conducted to ascertain the cause of occurrence of disabilities.
- Various measures shall be taken to prevent disabilities.
- Staff at the Primary Health Centre shall be trained to assist in this work.
- All the Children shall be screened once in a year for identifying 'at-risk' cases Awareness campaigns shall be launched and sponsored to disseminate information.
- Measures shall be taken for pre-natal, peri natal, and post-natal care of the mother and child.

b) Education

- Every child with disability shall have the rights to free education till the age of 18 years in integrated schools or special schools.
- Appropriate transportation, removal of architectural barriers and restructuring of modifications in the examination system shall be ensured for the benefit of children with disabilities.
- Children with disabilities shall have the right to free books, scholarships, uniform and other learning material.

- Special Schools for children with disabilities shall be equipped with vocational training facilities.
- Non-formal education shall be promoted for children with disabilities.
- Teachers' Training Institutions shall be established to develop requisite manpower.
- Parents may move to an appropriate forum for the redressal of grievances regarding the placement of their children with disabilities.
- Promote setting up of special schools in governments and private sector for those in need of special education, in such a manner that children with disabilities living in any part of the country have success to such schools

c) Employment

- 3% of vacancies in government employment shall be reserved for people with disabilities,
- 1% each for the persons suffering from: Blindness or Low Vision Hearing Impairment.
- Locomotor Disabilities & Cerebral Palsy Suitable Scheme shall be formulated for the training and welfare of persons with disabilities.
- The relaxation of upper age limit Regulating the employment
- Health and Safety measures and creation of a non- handicapping, environment in places where persons with disabilities are employed.
- Government Educational Institutes and other Educational Institutes receiving grant from Government shall reserve at least 3% seats for people with disabilities.
- No employee can be sacked or demoted if they become disabled during service, although they can be moved to another post with the same pay and condition.
- No promotion can be denied because of impairment. Affirmative Action Aids and Appliances shall be made available to the people with disabilities.

The State Governments acknowledging the need for implementing the Act has made some serious endeavors in this direction. Briefly the Status is given as below (Agenda Notes, Meeting of the Central Coordination committee, July, 2004, New Delhi):

- All State Governments have constituted the State Coordination Committee and State Executive Committee. Though the Union Territories have been exempted from constituting these committees some have constituted executive committees any States (23) and its (4) have made efforts in the direction of prevention early detection of disabilities (Section-25).
- Many States (18) and UTs (3) are providing free education to disabled persons (section- 26). The state of Gujarat is providing free education up to primary level only and Madhya Pradesh is providing up to 8th class to boys and up to 12th class to girls.
- Many States and UTs have identified posts for persons with disabilities (Section 32) in Class I to IV categories.
- Majority of the states except Assam, reservation up to 3 percent (section admission in educational Institutions. In the State of Assam it is under consideration.
- All States and UTs are providing 3 percent reservation for persons with disabilities In 33) in poverty alleviation programmes. Many States have provided preferential allotment of land for certain purposes to persons with disabilities (Section 43) and finally,
- Many states have notified the rules under the Act (Section 73)

The schemes dealing with CWSN can be categorized into educational and supplementary schemes. The Educational includes the Integrated Education of Disabled Children (IEDC) and the supplementary schemes include the Scholarship as well as the Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP):

6.3 National Provision and Facilities for Handicapped children.

The following are the provisions and facilities for Handicapped children;

- (1) National Programme for Rehabilitation of the Disabled
- (2) National Institutes for Orthopedically Impaired
- (3) Artificial Limbs Manufacturing Corporation (ALIMCO)
- (4) Science and Technology y Project in Mission Mode
- (5) Media and Awareness creation
- (6) Employment for Orthopedically Impaired.
- (7) Rehabilitation Council of India.
- (8) Relief Assistance under Bilateral Agreement

Self-Check Exercise-1

- 1) According to “Persons with Disability Act” who among these is a disabled child?
 - a) Autistic child
 - b) Cerebral palsy
 - c) Leprosy cured child with speech impairment

- d) All of the above
- 2) CWSN stands for
 - a) Children with Single Need
 - b) Children with Special Needs
 - c) Children with Strong Needs
 - d) Creature with Soft Need

6.4 Summary

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 came into force on February 7, 1996. It is a significant step which ensures equal opportunities for the people with disabilities. The Act provides for both the preventive and promotional aspects of rehabilitation like education, employment and vocational training, reservation, research and manpower development, creation of barrier-free environment, rehabilitation of persons with disability etc. Persons with Disability Act (1995) for Education of CWSN (Equal Opportunities, Protection of Rights and Full Participation) comprehensive Act covers seven disabilities namely blindness, low vision, hearing impaired, loco motor impaired mental retardation, leprosy cured and mental illness. Unit V (Section 26) of the Act, which deals with education, mentions that the appropriate Governments and the local authorities shall: Ensure that every child with a disability has access to free education in an appropriate environment till he attains the age of eighteen years; Endeavour to promote the integration of students with disabilities in the normal schools; Promote setting up of special schools in governments and private sector for those in need of special education, in such a manner that children with disabilities living in any part of the country have success to such schools; Endeavour to equip the special schools for children with disabilities with vocational training facilities.

6.5 Glossary

1. **Category:** In special education, a grouping of exceptional students who are ought to share certain characteristics. Although professionals attempt to standardize the names and definitions of categories, there is significant variation from one state to another.
2. **PWD:** Person with Disability.
3. **Disability:** Medical, social, or learning difficulty that interferes significantly with an individual's normal growth and development.
4. **Regular Education Initiative (REI):** Contention that regular and special educators should share responsibility for students considered disabled, so that students with disabilities can be integrated more fully into regular classrooms, also called general education initiative.

Answer to Self-Check Exercise-I

- 1) (d) All of the above
- 2) (b) Children with Special Needs

6.6 References /suggested readings

1. Balsara, Maitreya (1996) New Education Policy and Development Challenge, Kanishka Publishers, New Delhi
2. Hewatt, F.M. Foress, S.R. (1977) Education of Exceptional Learners, Allyn and Bacon, Inc., Boston, Massachusetts
5. Jones, R.L. (1971) Problems and Issues in the Education of Exceptional Children, Houghton Mifflin Company, Boston.
6. Panda, K.C. (1999) Disadvantaged Children, Mittal Publications, New Delhi.

6.7 Terminal Questions

1. Explain The Persons With Disability Act (1995) For Education of CWSN in detail.

Unit – 7

National Trust Act 1999

Lesson Structure

- 7.0 Introduction
- 7.1 Learning Objectives
- 7.2 National Trust Act 1999
 - 7.2.1 The objectives of the Trust
 - 7.2.2 Powers and Duties of the Board
 - 7.2.3 Constitution Local Level Committees
 - 7.2.4 Procedure for Registration
 - 7.2.5 Finance, Accounts and Audit

Self-Check Exercise-1

- 7.3 Summary
- 7.4 Glossary
- 7.5 Answer to Self-Check Exercise
- 7.5 References /suggested readings
- 7.6 Terminal Questions

7.0 INTRODUCTION

The greatest landmark legislation is the National Trust Act. In 1999, the Indian Parliament passed an Act entitled "National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability. This Act seeks to protect and promote the rights of persons who, within the disability sector, have been even more marginalized than others. Though the National Trust Act of 1999 does not directly deal with the education of children with special needs, one of its thrust areas is to promote programmes, which foster inclusion and independence by creating barrier free environment, developing functional sigils of the disabled and promoting self-help groups. These three landmark legislations have highlighted the enormous thrust that this area has received from the Ministry of Social Justice and Empowerment and the Ministry of Human Resource Development. There are special laws for Persons with Disabilities Resides, there are several disable friendly judicial pronouncements, govt. circulars and policy directives. The National Trust is an autonomous organization of the Ministry of Social Justice and Empowerment, Government of India, set up under the "National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act (Act 44

of 1999). The Act also prescribes punitive action against unqualified persons delivering services to persons with disability.

7.1 OBJECTIVES

- Acquaint them with educational programmes, for the education of the disabled.
- Understand the objectives of national trust act, 1999

7.2 National Trust Act 1999

An act to provide for the constitution of a body at the national level for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability and for matters connected there with or Incidental there to was passed on 30th december 1999. National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities

With effect from such date as the Central Government may, by notification, appoint there shall be constituted, for the purposes of this Act, a body by the name of the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities, which shall be a body corporate by the name aforesaid, having perpetual succession and a common seal, with power, subject to the provisions of this Act, to acquire, hold and dispose of property, both movable and Immovable, and to contract, and shall, by the said name, sue or be used.

1. The general superintendence, direction and management of the affairs and business of the Trust shall vest in a Board which may exercise all powers and do all acts and things which may be exercised or done by the Trust.
2. The head office of the Trust shall be at New Delhi and the Board may, with the previous approval of the Central Government, establish offices at other places in India.

The Board shall consist of -

- (a) A Chairperson to be appointed by the Central Government from amongst the persons having expertise and experience in the field of autism, cerebral palsy, mental retardation and multiple disability.
- (b) Nine persons to be appointed in accordance with such procedure as may be prescribed from amongst the registered organizations out of which three members each shall be from voluntary organizations, associations of parents of persons with autism, cerebral palsy, mental retardation and multiple disability and from associations of persons with disability, members; Provided that initial appointment under this clause/shall be made by the Central Government by nomination.
- (c) Eight persons not below the rank of Joint Secretary to the Government of India nominated by the Government to represent the Ministries or Departments of Social Justice and Empowerment, Women and Child Development, Health and Family Welfare, Finance, Labour, Education, Urban Affairs and

Employment and Rural Employment and Poverty Alleviation,
Members, ex officio etc.

The Board may associate with itself, in such manner.

1. Provided that such person shall have a right to take part in the discussions relevant to that purposes but shall not have a right to vote at a meeting of the Board and shall not be a member for any other purposes:
2. Provided further that the maximum number of persons so associated shall not exceed eight and so far as possible persons so associated shall belong to the registered organizations or from the professionals.
3. The Chairperson or a Member shall hold office for a term of three years from the date of his appointment or until his successor shall have been duly appointed, whichever is longer.
4. Provided that no person shall hold office as the Chairperson or other Member after he has attained the age of sixty-five years.
5. The conditions of service of the Chairperson and other Members shall be such as may be prescribed.
6. A casual vacancy in the Board shall be filled in accordance with the provisions of section 3 and a person appointed shall hold office only for the remainder of the term for which the member, in whose place he was appointed, would have held that office.
7. Before appointing any person as the Chairperson or a Member, the Central Government shall satisfy itself that the person does not and will not, have any such financial or other interest as is likely to affect prejudicially his function as such member.
8. No member of the Board shall be a beneficiary of the Trust during the period such Member holds office.
9. The Board shall meet at least once in three months at such time and place as may be determined by the Board by regulations and shall observe such rules of procedure in the transaction of business at a meeting as may be prescribed.
10. The Chairperson, if for any reason is unable to attend the meeting of the Board, any member elected by the Members present from amongst themselves at the meeting, shall preside at the meeting.
11. All questions which come up before any meeting of the Board shall be decided by a majority of votes of the Members present and voting, and in the event of an equality of votes, the Chairperson, or in his absence, the person presiding shall have a second or casting vote.
12. The Chairperson may resign his office by writing under his hand addressed to the Central Government.
13. Provided that the Chairperson shall continue in office until the appointment of his successor is made by the Central Government.
14. A Member may resign from office by writing under his hand addressed to the Chairperson.

15. No person shall be a Member if he-

- (a) Is, or becomes, of unsound mind or is so declared by competent court, or
- (b) Is, or has been, convicted of an offence, which in the opinion of the Central Government, involves moral turpitude; or
- (c) is, or at any time has been, adjudicated as an insolvent.

If a member-

- (a) Becomes subject to any of the disqualifications mentioned in section 6; or
- (b) is, without obtaining leave of absence, absent from three consecutive meetings of the Board; or
- (c) Tenders his resignation under section 5, his seat shall thereupon become vacant.

The Central Government shall appoint the Chief Executive Officer to exercise such powers and perform such duties under the direction of the Board as may be prescribed or as may be delegated to him by the Chairperson.

The Board shall, with the previous approval of the Central Government, appoint such other officers and employees as it considers necessary to carry out the objectives of the Trust.

The salary and allowances payable to, and the other terms and conditions of service of, the Chief Executive Officer, other officers and employees of the Trust shall be such as may be determined by regulations.

No act or proceeding of the Board shall be called in question on the grounds merely of the existence of any vacancy in, or any defect in the constitution of the Board.

7.2.1 The objectives of the Trust-

- (a) To enable and empower persons with disability to live as independently and as fully as possible within and as close to the community to which they belong;
- (b) To strengthen facilities
- (c) To provide support to persons with disability to live within their own families,
- (d) To extend support to registered organizations to provide need based services during period of crisis in the family of persons with disability.
- (e) To deal with problems of persons with disability who do not have family support,
- (f) To promote measures for the care and protection of persons with disability in the event of death of their parents or guardians,
- (g) To evolve procedure for the appointment of guardians and trustees for persons with disability requiring such protection;

- (h) To facilitate the realization of equal opportunities, protection of rights and full participation of persons with disability, and
- (i) To do any other act which is incidental to the aforesaid objects?

7.2.2 POWERS AND DUTIES OF THE BOARD

The Board shall-

1. Receive from the Central Government a one-time contribution of rupees one hundred crores for a corpus, the income whereof shall be utilized to provide for adequate standard of living for persons with disability,
2. Receive bequests of movable property from any person for the benefit of the persons with disability in general and for furtherance of the objectives of the Trust in particular; Provided that it shall be obligatory on the part of the Board to make arrangements for adequate standard of living for the beneficiary named in the bequest, if any, and to utilize the property bequeathed for any other purpose for which the bequest has been made; Provided further that the Board shall not be under any obligation to utilize the entire amount mentioned in the bequest for the exclusive benefit of the persons with disability named as beneficiary in the bequest, (c) Receive from the Central Government such sums as may be considered necessary in each financial year for providing financial assistance to registered organisations for carrying out any approved programme. For the purposes of sub-section (1), the expression "approved programme" means.
4. Any programme which promotes independent living in the community for persons disability by-
 - (i) Creating a conducive environment in the community.
 - (ii) Counseling and training of family members of persons with disability,
 - (iii) Setting up of adult training units, individual and group homes;
 - (a) Any programme which promotes respite care, foster family care or day care service for persons with disability.
 - (b) Setting up of residential hostels and residential homes for persons with disability,
 - (c) Development of self-help groups of persons with disability to pursue the restoration of their rights,
 - (d) Setting up Local Level Committee to grant approval for guardianship, and
 - (e) Such other programmes which promote the objectives of the Trust While earmarking funds for the purposes of clause (c) of sub-section (2), preference shall be given to women with disability or to persons with severe disability and to senior citizens with disability.

Explanation - For the purposes of this sub-section, the expression,-

- (f) "Persons with severe disability shall have the same meaning as is assigned to it under sub-section (4) of section 56 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996), more.
- (g) "Senior citizen" means a person who is above the age of sixty-five years or more

7.2.3 CONSTITUTION OF LOCAL LEVEL COMMITTEES

- (1) The Board shall constitute a local level committee for such area as may be specified by it from time to time.
- (2) A local level committee shall consist of-
 - (a) An officer of the civil service of the Union or of the State, not below the rank of a District Magistrate or a District Commissioner of a district.
 - (b) A representative of a registered organization, and
 - (c) A person with disability as defined in clause (f) of section 2 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996).
- (3) A local level committee shall continue to work for a period of three years from the date of its constitution or till such time it is reconstituted by the Board.
- (4) A local level committee shall meet at least once in every three months or at such interval as may be necessary.

Appointment of guardianship –

- (1) A parent of a person with disability or his relative may make an application to the local level committee for appointment of any person of his choice to act as a guardian of the persons with disability.
- (2) Any registered organization may make an application in the prescribed form to the Local Level Committee for appointment of a guardian for a person with disability Provided that no such application shall be entertained by the local level committee, unless the consent of the guardian of the disabled person is also obtained.
- (3) While considering the application for appointment of a guardian, the local level committee shall consider-
 - Whether the person with disability needs a guardian;
 - The purposes for which the guardianship is required for person with disability.
- (4) The local level committee shall receive process and decide applications received under sub-sections (1) and (2), in such manner as may be determined by regulations Provided that while making recommendation for the appointment of a guardian, the local level committee shall provide for the obligations which are to be fulfilled by the guardian.

- (5) The local level committee shall send to the Board the particulars of the applications received by it and orders passed thereon at such interval as may be determined by regulations.

Duties of Guardian

Every person appointed as a guardian of a person with disability under this Unit shall, wherever required, either have the care of such persons of disability and his property or be responsible for the maintenance of the person with disability.

Guardian to furnish Inventory and annual accounts

- (1) Every person appointed as a guardian under section 14 shall, within a period of six months from the date of his appointment, deliver to the authority which appointed him, an inventory of immovable property belonging to the person with disability and all assets and other movable property received on behalf of the person with disability, together with a statement of all claims due to and all debts and liabilities due by such person with disability.
- (2) Every guardian shall also furnish to the said appointing authority within a period of three months at the close of every financial year, an account of the property and assets in his charge, the sums received and disbursed on account of the person with disability and the balance remaining with him.

7.2.4 PROCEDURE FOR REGISTRATION

- (1) Any association of persons with disability, or any association of parents of persons with disability or a voluntary organization whose main object is promotion of welfare of persons with disability may make an application for registration to the Board.
- (2) An application for registration shall be made in such form and manner and at such place as the Board may by regulation provide and shall contain such particulars and accompanied with such documents and such fees as may be provided in the regulations.

On receipt of application for registration, the Board may make such enquiries as it thinks fit in respect of genuineness of the application and correctness of any particulars thereon. Upon receipt of such application the Board shall either grant registration to the applicant or reject such application for reasons to be recorded in writing.

Provided that where registration has been refused to the applicant, the said applicant may again make an application for registration after removing defects, if any, in its previous application.

7.2.5 FINANCE, ACCOUNTS AND AUDIT

The Central Government may, after due appropriation made by Parliament by law in this behalf, make to the Trust a one-time contribution of rupees one hundred cores for a corpus, the income whereof may be utilized to achieve the objects of the Trust under this Act. 22 Fund-

There shall be constituted a Fund to be called National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Fund and there shall be credited thereto-

- All moneys received from the Central Government;
- All moneys received by the Trust by way of grants, gifts, donations, benefactions, bequests and transfers;
- All moneys received by the Trust in any other manner or from any other source.
- All moneys belonging to the fund shall be deposited in such banks or invested in such manner as the Board may, subject to the approval of the Central Government, decide.
- The Board shall prepare, in such form and at such time in each financial year as may be prescribed, the budget for the next financial year showing the estimated receipt and expenditure of the Trust and shall forward the same to the Central Government 24 Accounts and Audit.
- The Board shall maintain proper accounts and other relevant records and prepare an annual statement of accounts of the Trust including the income and expenditure accounts in such form as the Central Government may prescribe and in accordance with such general direction as may be issued by that Government in consultation with the Comptroller and Auditor-General of India
- The accounts of the Trust shall be audited by the Comptroller and Auditor General of India at such intervals as may be specified by him and any expenditure incurred by him in connection with such audit shall be payable by Board to the Comptroller and Auditor General of India.
- The Comptroller and Auditor General of India and any other person appointed by him in connection with the audit of accounts of the Trust shall have the same rights, privileges and authority in connection with such audit as the Comptroller and Auditor General of India generally has in connection with the audit of the Government accounts and in particular, shall have right to demand the production of books of account, connected vouchers and other documents and papers and to inspect any of the offices of the Trust
- The accounts of the Trust as certified by the Comptroller and Auditor General of India or any other person appointed by him in this behalf, together with the audit report thereon, shall be forwarded annually to the Central Government, and that Government shall cause the same to be laid before each House of Parliament.
- The Board shall prepare every year, in such form and within such time as may be prescribed an annual report giving a true and full account of its activities during the previous year and couples thereof shall be forwarded to the Central Government and that Government shall cause the same to be laid before each House of Parliament.

- All orders and decisions of the Board and instruments issued in the name of the Trust shall be authenticated by the signature of Chairperson, the Chief Executive Officer or any other officer authorized by the Chairperson in this behalf.
- The Board shall furnish to the Central Government such reports; returns and other information as that Government may require from time to time.

Self check Exercise-1

1. Which one of the following disabilities is not covered under National Trust Act?
 - a) Autism
 - b) Cerebral Palsy
 - c) Mental Retardation
 - d) Muscular Dystrophy
2. The "National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act" was enacted in which year to support families in providing care and protection to persons with disabilities?
 - a) 1999
 - b) 2005
 - c) 2000
 - d) 2010

7.3 Summary

An act to provide for the constitution of a body at the national level for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability and for matters connected therewith or incidental thereto was passed on 30th December 1999. The Central Government shall appoint the Chief Executive Officer to exercise such powers and perform such duties under the direction of the Board as may be prescribed or as may be delegated to him by the Chairperson. The Board shall, with the previous approval of the Central Government, appoint such other officers and employees as it considers necessary to carry out the objectives of the Trust. The salary and allowances payable to, and the other terms and conditions of service of, the Chief Executive Officer, other officers and employees of the Trust shall be such as may be determined by regulations. No act or proceeding of the Board shall be called in question on the grounds merely of the existence of any vacancy in, or any defect in the constitution of the Board.

7.4 Glossary

- **Severe disability:** Disability requiring extensive, continued assistance in more than one major life activity.

- **Intervention assistance team:** School-based group designed to help teachers solve problems with individual students.
- **Child rearing:** Refers to the way parents bring-up their children.
- **Compensatory instruction:** Instruction that teaches a student to compensate for disability, an example is teaching Braille.

Answers to self check Exercise-1

1) D. Muscular Dystrophy

2) a) 1999

7.5 References/suggested readings

- Balsara, Maitreya (1996) New Education Policy and Development Challenge, Kanishka Publishers, New Delhi
- Hewett, F.M. Fomess, S.R. (1977) Education of Exceptional Learners, Allyn and Bacon, Inc., Boston, Massachusetts
- Hota, A.K. (1998) Talent and Creativity, Sarup & Sons, New Delhi.
- Jangira, N.K. (1986) Special Education Scenario in Britain and India, the Academic Press, Gurgaon (India).
- Smith, M.R. Neisworth, J.T. (1975) The Exceptional Child, McGraw-Hill Book Company, New York.

7.6 Terminal Questions

1. Explain National Trust Act in detail.

Unit – 8

Rehabilitation Council of India Act, 1992 and its Role in Education of CWSN

Lesson Structure

- 8.0 Introduction
- 8.1 Learning Objectives
- 8.2 Rehabilitation Council of India Act, 1992
- 8.3 Role of Rehabilitation Council of India (RCI) in Education of CWSN.
- 8.4 Rights of the disabled under rehabilitation
Self check Exercise-1
- 8.5 Summary
- 8.6 Glossary
- 8.7 Answer to Self check Exercise
- 8.8 References /suggested readings
- 8.9 Terminal Questions

8.0 INTRODUCTION

The Rehabilitation Council of India (RCI) was set up as a registered society in 1985. On September, 1992 the RCI Act was enacted by Parliament and it became a Statutory on 22 June 1993. The Act was amended by Parliament in 2000 to make it more broad based. The mandate given to RC is to regulate and monitor services given to persons with disability, to standardize syllabi and to maintain a Central Rehabilitation Register of all qualified professionals and personnel working in the field of Rehabilitation and Special Education. The Act also prescribes punitive action against unqualified persons delivering services to persons with disability.

8.1 OBJECTIVES

- Acquire knowledge and understanding about Rehabilitation Council of India
- Understand the government policies and Role of Rehabilitation Council of India in Education of CWSN
- Acquaint them with educational programmes, for the education of the disabled

8.2 Rehabilitation Council of India. Act, 1992

The POA was strengthened by the enactment of the RCI Act, 1992. Experience showed that there was no mechanism in the country to standardize and

monitor the training of special educators and other rehabilitation professionals in the country. Therefore, in 1992, Parliament of India enacted the RCI Act, subsequently amended in 2000, to establish a statutory mechanism for monitoring and standardizing courses for the training of 16 categories of professionals required in the field of special education and rehabilitation of persons with 3 disabilities. Training of special educators and resource teachers that can offer support services to children with special needs in regular schools is the responsibility of RCI.

The Rehabilitation council of India was established in 1986. It became a statutory body by promulgation of the Rehabilitation Council of India Act, 1972 Le. July 31, 1993. The RCI has been established by the Government of India to regulate training programmes in the field of rehabilitation.

The Council shall consist of the following members, namely:-

- (a) A Chairperson, from amongst the persons having experience in social work or rehabilitation, to be appointed by the Central Government;
- (b) Three members to be appointed by the Central Government to represent respectively the Ministries of the Central Government dealing with-
 - (i) Welfare,
 - (ii) Health
 - (iii) Finance;
- (c) One member to be appointed by the Central Government to represent the University Grants Commission;
- (d) One member to be appointed by the Central Government to represent the Directorate General of Indian Council of Medical Research,
- (e) Two members to be appointed by the Central Government to represent the Ministry or department of the States or the union territories dealing with Social Welfare by rotation in alphabetical order,
- (f) such number of members not exceeding six as may be appointed by the Central Government from amongst the rehabilitation professionals working in voluntary organizations,
- (g) such number of members not exceeding four as may be appointed by the Central Government from amongst the medical practitioners enrolled under the Indian Medical Council Act, 1956 and engaged in rehabilitation of the handicapped;
- (h) three Members of Parliament of whom two shall be elected by the House of the People and one by the Council of States;
- (i) such number of members not exceeding three as may be nominated by the Central Government from amongst the social workers who are actively engaged in assisting the disabled;
- (j) The Member-Secretary, ex officio

8.2.1 FUNCTIONS OF THE COUNCIL

The qualifications granted by any University or other institution in India which are included in the Schedule shall be recognized qualifications for rehabilitation professionals. Any University or other institution which grants qualification for the rehabilitation professionals not included in the Schedule may apply to the Central Government to have any such qualification recognized, and the Central Government, after consulting the Council may, by notification, amend the Schedule so as to include such qualification therein and any such notification may also direct that an entry shall be made in the last column of the Schedule against such qualification only when granted after a specified date.

The scheme aims at providing a more comprehensive package of rehabilitation services to the rural areas. The scheme will take into account for the following areas:

- 1) It will offer rehabilitation services viz., restorative therapy, detection and timely intervention, parent counseling and provision of aids and appliances.
- 2) Provide assessment guidance and referral facilities for educational, vocational and placement services.
- 3) Undertake the work of awareness creation and information dissemination to tackle various aspects of disability including prevention and rehabilitation.
- 4) Rehabilitate every disabled person as far as possible in his own environment.
- 5) Mobilize community support and coordinate all existing and schemes for prevention of disability and rehabilitation of disabled persons.
- 6) Extra weight age is given for admission in various courses and employment. The scheme is being finalized by Centre.

Government of India has decided to Observe 3rd December as International Day for the disabled". Each year on the occasion of the World Disabled Day, National awards are given to the President of India to the following:

- 1) Best Employer of Handicapped;
- 2) Best handicapped employee and self-employed;
- 3) Best individual working for the welfare of the handicapped;
- 4) Best institution working for the welfare of the handicapped.
- 5) Placement Officers; and
- 6) National Technology Awards for Welfare of the handicapped.

8.2.2 Objectives of RCI

- To regulate the training policies and programmes in the field of rehabilitation of persons with disabilities.
- To bring about standardization of training courses for professionals dealing with persons with disabilities.

- To prescribe minimum standards of education and training of various categories of professionals personnel dealing with people with disabilities.
- To recognize institutions/organizations/universities running master's degree/bachelor's degree/PG Diploma/certificate courses in the field of rehabilitation of people with disabilities.
- To recognize degree/diploma/certificate awarded by foreign universities/institutions on reciprocal basis.
- To promote research in rehabilitation and Special Education.
- To maintain Central Rehabilitation Register for Registration of professionals/personnel. To collect information on a regular basis on education and training in the field of rehabilitation of people with disabilities from institutions in India and abroad.
- To encourage continuing education in the field of Rehabilitation and Special Education by way of collaboration with organizations working in the field of disability.
- To recognize vocational rehabilitation centers as manpower development centers.
- To register vocational instructors and other personnel working in the vocational rehabilitation centers.
- To recognize the national institute and apex institutions in disability as manpower development centers.
- To register personnel working in national institutions in disability under the Ministry of Social Justice and Empowerment.

8.3 Role of Rehabilitation Council of India (RCI)

Rehabilitation of people with disability began in this country, and in rest of the world, by trying to impart education to children with disabilities in special residential schools. This process commenced in India in the last two decades of the 19th Century. It continued for some time when some International agencies tried to launch programmes of integrating disabled children in regular schools. Over the years, children with disabilities were taught by local people but the training never confirmed to reasonably good standards. The concept of imparting vocational training and giving people with disability economic independence came at a much later stage. The United Nations General Assembly declared 1981 as the International Year of Disabled Persons (IYDP).

Meanwhile, in India, National Handicapped Council (NHC) consisting of the representatives of the Central Ministers, National Institutes/Ministry of Welfare, prominent voluntary organizations considered this issue in its meeting held on 29.11.1983. It came to the conclusion that "one of the main reasons of handicapped programmes not making headway was lack of trained manpower in the field of disability".

Finally, a Rehabilitation Council was set up vide Resolution No. 22-17/83-HW-III dated 31.1.86 issued by the Ministry of Welfare, government of India. The aims

and objectives of the Rehabilitation Council was to regulate the training policies and programmes in the field of rehabilitation of disabled people, to bring about standardization of training courses for professionals dealing with disabled persons, to prescribe minimum standards of education and training for various categories of professionals dealing with disabled persons, to regulate these standards in Government institutions, Central as well as State, uniformly throughout the country, to recognize institutions training professionals in the field and to recognize the Degree/Diploma/Certificates recognized abroad and to withdraw such recognition, to maintain Central Rehabilitation Register, and to collect information on a regular basis, on education and training in the field of rehabilitation of disabled persons from institutions in India and abroad and professionals under the purview of council initially conceptualized were:

- Rehabilitation Engineers and Technicians
- Audiologist and Speech Therapists
- Multipurpose Rehabilitation
- Workers/Therapists/Technicians/Assistant.
- Teachers of Special Schools and Integrated Schools for the disabled.
- Vocational counselors, Employment Officers dealing with disabled persons
- Clinical Psychologists dealing with disabled persons
- Other professionals dealing with disabled persons.

Thereafter, in the year 1987, i.e. on 27th November 1987, the government of India formed a Committee on legislation under the Chairmanship of Justice Baharul Islam, M.P. to work out the details, the scope, objectives and general scheme of the legislation for the handicapped covering aspects of prevention, rehabilitation, social security and welfare especially with reference to their economic rehabilitation and sheltered employment. These aspects were fully spelt out in the report of the committee. This committee recommended formation of a Central Rehabilitation Council with statutory status which would recognize the courses of special schools so that trained persons do not face any difficulty in their employment. "Based on the above recommendation a Rehabilitation Council Bill was introduced by the Government of India in the Parliament in December 1991. Both the houses of the parliament passed the bill and it received the assent of the President of India on 1st September 1992 as a statutory body.

The act was created to provide for the constitution of the Rehabilitation Council of India for regulating training of the rehabilitation professional and maintaining of a Central Rehabilitation Register and for matters related to these issues

8.4 Rights of the disabled under rehabilitation Act, 1992

1. To have the right to be served by trained & qualified Rehabilitation Professionals whose names are borne on the register maintained by the council?

2. To have the guarantee of maintenance of minimum standards of education required for recognition of rehabilitation qualification by Universities or Institutions in India
3. To have the guarantee of maintenance of standards of professional conduct & etiquette by rehabilitation's professionals against the penalty of disciplinary actions & removal from the register of the council
4. To have the guarantee of regulation of the profession of Rehabilitation professionals by a statutory council under the control of the Central Government & within the bounds prescribed by the statute.

The recent amendments in the RCI Act have entrusted the responsibility of promoting research in the area of rehabilitation and special education.

The Rehabilitation Council of India is now regulating the training, recognition of the special education centers/institutes. Training programmes for physiotherapists, occupational therapists professional, speech therapist, audiologists, mobility instructors of the blind, vocational instructors and counselors, placement officers, clinical psychologists, rehabilitation workers and other are being held in various National Institutes and Universities as per the norms of the Rehabilitation Council of India.

Self check Exercise-1

1) The 'Rehabilitation Council of India (RCI)' is established for the education of which type of children?

- a) Delinquent children
- b) Children with special needs
- c) Gifted children
- d) Creative children

8.5 Summary

Rehabilitation of people with disability began in this country, as in rest of the world, by trying to impart education to children with disabilities in special residential schools. This process commenced in India in the last two decades of the 19th Century. The Rehabilitation Council of India(RCI) was set up as a registered society in 1986. On September 1992 the RCI Act was enacted by Parliament and it became a Statutory Body on 22 June 1993. The Act was amended by Parliament in 2000 to make it more broad-based. The mandate given to RCI is to regulate and monitor services given to persons with disabilities, to standardize syllabi and to maintain a Central Rehabilitation Register of all qualified professionals and personnel working in the field of Rehabilitation and Special Education. The Act also prescribes punitive action against unqualified persons delivering services to persons with disabilities. Over the years, children with disabilities were taught by local people but the training

never confirmed to reasonably good standards. The concept of imparting vocational training and giving people with disability economic independence came at a much later stage. The United Nations General Assembly declared 1981 as the International Year of Disabled Persons (IYDP).

8.6 Glossary

- Rehabilitation: Rehabilitation is defined as “a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment.
- Intervention assistance team: School-based group designed to help teachers solve problems with individual students.
- Child rearing: Refers to the way parents bring-up their children.
- Compensatory instruction: Instruction that teaches a student to compensate for disability, an example is teaching Braille.

Answer of Self check Exercise-1

1. (b)Children with special needs

8.7 References/suggested readings

- Balsara, Maitreya (1996) New Education Policy and Development Challenge, Kanishka Publishers, New Delhi
- Jones, RL (1971) Problems and Issues in the Education of Exceptional Children, Houghton Mifflin Company, Boston.
- Panda, K.C.(1999) Disadvantaged Children, Mittal Publications, New Delhi.
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8.8 Terminal Questions

1. Define RCI.
2. State its objective and describe the role of RCI.

UNIT 9

Special Education for Exceptional Children

Lesson Structure

- 9.0 Introduction
- 9.1 Learning Objectives
- 9.2 Exceptional Children and Their Types
- 9.3 Gifted Children
 - 9.3.1 Characteristics of Gifted Children
 - 9.3.2 Some common characteristics
 - 9.3.3 Category wise characteristics
 - 9.3.4 Negative characteristics of gifted children
 - 9.3.5 Needs of gifted children.
- 9.4 Self -Check Exercise
- 9.5 Summary
- 9.6 Glossary
- 9.7 Answers to Self -Check Exercise
- 9.8 References/Suggested Readings
- 9.9 Terminal Questions

9.0 Introduction

Special education for exceptional children is a specialized educational approach aimed at meeting the unique needs of students with disabilities or exceptionalities. This form of education focuses on providing support, accommodations, and individualized instruction to help these students thrive academically, socially, and emotionally. Exceptional children typically include those with learning disabilities, intellectual disabilities, autism spectrum disorders, sensory impairments, emotional or behavioral disorders, and physical disabilities. However, it is important to note that each exceptional child has unique strengths, weaknesses, and individualized needs that must be carefully addressed in their education plan.

The goal of special education is to provide these students with equal access to education by tailoring instructional methods, materials, and strategies to their specific abilities and learning styles. By doing so, special education aims to ensure that all exceptional children have the opportunity to reach their fullest potential and participate fully in school activities.

In special education, a team of educators, parents or guardians, and specialized professionals collaborate to develop an Individualized Education Program (IEP) for each exceptional child. The IEP outlines specific goals, accommodations, modifications, and support services necessary to meet the child's unique needs and provide a conducive learning environment. These services may include specialized instruction, assistive technology, speech and language therapy, occupational therapy, or behavioral interventions, among others.

It is important to recognize that special education is guided by legal mandates, such as the Individuals with Disabilities Education Act (IDEA), which ensures that all students with disabilities receive appropriate educational services. This legislation emphasizes the rights of exceptional children and their families to access a free and appropriate public education and outlines the necessary steps to develop and implement individualized special education programs.

India is a democratic country Education plays an important role to provide opportunities for the development of the potentialities of individual to contribute for the development of the nation. Our constitution has made provision for universal education up to the age of 14 years. All agree that education should reach to all children irrespective of their caste, creed and religion. Everybody should get equal opportunity to develop his personality. A large number of children fall in the category of exceptional children. If we do not make provision for their education, their potentialities will remain undeveloped resulting in great wastage of human resources. Therefore, it is necessary to make separate arrangement for the education of exceptional children.

Definition According to W.M. Cruickshank, an exceptional child is he who deviates physically, intellectually, emotionally and socially so markedly from normal growth and development that he cannot be benefited from a regular class room programme and needs special treatment in school".

American Association on Intellectual and Developmental Disabilities (AAIDD): AAIDD defines exceptional children as individuals who have significant limitations in their intellectual functioning and adaptive behavior. This includes children with intellectual disabilities, such as Down syndrome or fragile X syndrome.

"An Exceptional child is he who deviates from the normal or average child in mental, physical and social characteristics to such an extent that he requires a modification of school practices or special educational services or supplementary instruction in order to develop to his maximum capacity." The term exceptional children on both the extremes of achievement in intellectual work either they are far above or below average in one or more aspects of educational achievement Both definitions cited above define the exceptional children deviate from the normal growth in various dimensions of development and who required special attention in school.

It is important to note that these definitions are not exhaustive, as the concept of exceptional children is broad and can vary based on cultural, societal, and contextual factors. Additionally, each definition underscores the importance of recognizing and providing appropriate educational support tailored to meet their unique needs and learning styles. Special education programs and services play a crucial role in providing assistance and accommodations to exceptional children, helping them thrive personally, socially, and academically.

9.1 OBJECTIVES

- Acquire knowledge and understanding of need of special education
- To know different categories of special Children
- To know about the characteristics and identifications of gifted children
- Understand the need of education for special children
- To know the scope for special children

9.2 EXCEPTIONAL CHILDREN AND THEIR TYPES

Exceptional children are a broad term that encompasses individuals with diverse learning abilities and needs. There are several types or categories of exceptional children, each with unique characteristics and educational requirements. Here are some of the most common types:

1. **Intellectual Disabilities (ID):** Children with intellectual disabilities experience limitations in intellectual functioning and adaptive behavior. They may have difficulties with reasoning, problem-solving, communication, and social skills.

2. **Learning Disabilities (LD):** Children with learning disabilities have specific difficulties in acquiring and processing information. They may struggle with reading, writing, math, or understanding and applying concepts despite having average or above-average intelligence.

3. **Attention-Deficit/Hyperactivity Disorder (ADHD):** Children with ADHD exhibit persistent patterns of inattention, hyperactivity, and impulsivity. They may struggle with focusing, organization, following instructions, and staying on task.

4. **Autism Spectrum Disorder (ASD):** Children with ASD have difficulties with social interaction and communication. They may display repetitive behaviors, have limited interests, and struggle with changes in routine.

5. **Emotional and Behavioral Disorders (EBD):** Children with EBD exhibit persistent emotional and behavioral challenges that significantly interfere with their

academic and social functioning. They may experience difficulties regulating emotions, managing relationships, and controlling their behavior.

6. Speech and Language Disorders: Children with speech and language disorders have challenges in expressing themselves or understanding spoken language. These difficulties may impact their communication skills and overall academic progress.

7. Sensory Processing Disorders (SPD): Children with SPD have abnormal responses to sensory stimuli, such as touch, sound, taste, or visual input. They may be oversensitive or under reactive to sensory input, which can affect their ability to focus, participate in activities, or regulate their behavior.

It's important to note that these categories are not mutually exclusive, and a child can have multiple exceptionalities. Each exceptional child requires specialized educational strategies, interventions, and supports to address their unique strengths and challenges.

9.3 GIFTED CHILDREN

The term 'giftedness' has been defined by psychologists in various ways. They have stated the term with help of intelligent quotient, social potentialities or social efficiency and also statistically.

When we refer to "gifted children," we are typically referring to children who demonstrate exceptional abilities, talents, or potential in one or more areas compared to their peers. These children often possess advanced cognitive abilities, creativity, or a high level of artistic, athletic, or academic aptitude. Giftedness can manifest in various domains, including intellectual, creative, leadership, or specific talents such as music, mathematics, or visual arts. It is important to note that the term "gifted" encompasses a wide range of abilities and is not limited to high academic achievement alone. Gifted children often exhibit intense curiosity, a deep passion for learning, and may learn at a faster pace or require more challenging and complex educational experiences.

In the present time due to the tremendous technological development and increasingly rapid rate of change, society has great need for good leadership not only in science and mathematics but in other fields too. This leadership should be directed not only to the improvement of economic condition but also to the promotion of social welfare and international understanding. For these purposes society needs investors, innovators, administrators and statesmen. The gifted children have high potentialities to excel in various areas of knowledge provided that adequate provision is made for their education. Gifted children may develop asynchronously their minds are often ahead of their physical growth, and specific cognitive and social-emotional functions can develop unevenly. Some gifted children with exceptional aptitude may not demonstrate outstanding levels of achievement due to environmental

circumstances such as limited opportunities to learn as a result of poverty, discrimination, or cultural barriers, due to physical or learning disabilities; or due to motivational or emotional problems. This dichotomy between potential for and demonstrated achievement has implications for schools as they design programs and services for gifted students.

Definitions

Definitions provide the framework for gifted education programs and services, and guide key decisions such as which students will qualify for services, the areas of giftedness to be addressed in programming (e.g., intellectual giftedness generally, specific abilities in math), when the services will be offered, and even why they will be offered. There is no universally accepted definition of giftedness.

According to WE. Kolesnik: “The term gifted has been applied to every child who, in his group, is superior in some ability which may make him an outstanding contribution to the welfare and quality living in our society”

According to Prem Pasricha: “The gifted child is the one who exhibits up priority in intelligence or the one who is in possession of special abilities of high order in the field which are not necessarily associated with high intelligent quotient”.

According to Havighurst: “The talented or gifted child is one who shows constantly remarkable performance or outstanding behavior in any worthwhile endeavor”.

According to Terman and Witty: The gifted children that Terman and Witty studied are, “Superior in physical development, educational achievement, intelligent and social personality”.

9.3.1 Characteristics of Gifted Children:

Advanced Language Skills: Gifted children often develop language skills at an early age. They use complex sentences, have extensive vocabularies, and demonstrate a deep understanding of words beyond their age group.

Early and Rapid Learner: These children tend to learn quickly, often teaching themselves to read at a very young age. They may grasp new concepts faster than their peers and require less repetition to understand new ideas.

Excellent Memory: Gifted children typically have an exceptional memory, remembering details, facts, and events that others might overlook or forget.

Intense Curiosity: A seemingly insatiable curiosity and a deep desire for exploration and discovery are common traits. They often ask thoughtful and complex questions about the world around them.

Advanced Problem-Solving Skills: These children are often excellent problem solvers, using logic and creativity to find solutions. They may also show an early understanding of abstract concepts.

High Level of Concentration: Gifted children can often focus on a task or a problem for extended periods, especially when it interests them, demonstrating a higher level of concentration than their age peers.

Sensitivity and Empathy: Many gifted children exhibit a high level of emotional sensitivity and empathy, understanding and resonating with the emotions of those around them.

Preference for Older Company: A preference for the company of older children or adults is often noticed in gifted children. They might find it easier to relate to individuals who are more intellectually matched.

Perfectionism: This trait is often seen in gifted children, as they set high standards for themselves. They may become frustrated if they do not meet these standards.

Highly Creative: Gifted children often exhibit a high degree of creativity. They can think outside the box, come up with original ideas, and express themselves in unique ways.

Recognizing these signs in a child can be the first step towards providing appropriate support and resources to nurture their gifted abilities. Remember, every child is unique, and these signs can manifest differently in different children.

9.3.2 Some common characteristics

- The giftedness is upper extreme on the normal distribution of any trait e.g. social, mental and aptitude.
- A gifted child is one who shows remarkable and outstanding performance in any worthwhile task.
- He possesses a superior central nervous system high degree of intellectual, creative and imagination.
- A gifted child makes outstanding contribution to the welfare, quality of living and our society.
- Gifted child possesses high identical level in productive and evaluating thinking.
- He is problem solver, innovator and evaluator of culture and educational experiences.
- Unusual alertness, even in infancy

- Rapid learner, puts thoughts together quickly
- Excellent memory
- Unusually large vocabulary and complex sentence structure for age
- Advanced comprehension of word nuances, metaphors and abstract ideas
- Enjoys solving problems, especially with numbers and puzzles
- Often self-taught reading and writing skills as preschooler
- Deep, intense feelings and reactions
- Highly sensitive
- Thinking is abstract, complex, logical, and insightful
- Idealism and sense of justice at early age
- Concern with social and political issues and injustices
- Longer attention span and intense concentration
- Preoccupied with own thoughts-daydreamer
- Learn basic skills quickly and little practice
- Asks probing questions
- Wide range of interests (or extreme focus in area)
- Highly developed curiosity
- Interest in experimenting and doing things differently
- Puts idea or things together that is not typical
- Keen and/or unusual sense of humor
- Desire to organize people/things through games or complex schemas
- Vivid imaginations (and imaginary playmates when in preschool)

9.3.3 Category wise characteristics Intellectual characteristics;

Intellectual characteristics:

- The gifted children have better ability to organize, analyses, memories, synthesize reason out things.
- Have extensive rapidity in learning and comprehension.
- Quick and clear self-expressions.
- Good in abstract thinking and good insight.
- Good imagination power-use original ideas.

- Rich vocabulary.
- Possess broad span of attention
- Varied and wide interests

Personality characteristics:

Gifted children are often more emotionally intense than others. They can also be more sensitive to others' feelings and circumstances and may display a great deal of empathy in situations where others their age appear indifferent.

- Better planning capacity.
- Feel boredom in classroom.
- May participate in classroom discussion actively
- More fond of questioning.
- General superior personality.
- Superior character.
- Sincere and dutiful.
- High achiever in class
- Possess good health
- May be popular.

Social characteristics:

- They are socially well mature.
- They are popular in his groups
- They have quality of leadership.
- They are democratic and less autocratic.
- They possess high moral qualities.
- They are humorous and honest or great trust worthiness

9.3.4 Negative characteristics of gifted children:

- May be restless, Inattentive and disturbing
- May be coned isolated and neglected, if their potentialities are not paid due attention.
- May be indifferent to class-work when not interested

- May become outspoken and sensitive temperament.
- Show egoistic and jealous behavior
- Is generally careless and poor in spelling and handwriting.

Some gifted children show only a few of the signs listed above, or show traits that are quite the opposite of what you'd expect. For example, some will start to speak late rather than early, some will be emotionally reserved rather than intense, and some appear to think and speak slowly rather than quickly. Also keep in mind that there are children who show gifted qualities when it comes to language or emotional traits, but who do not appear exceptional when it comes to learning or academics. While some of these kids may have a specific learning disability getting in the way of their performance at school, others may have learned early on to hide their abilities in order to better fit in with others their age, or to avoid the pressures of higher expectations. And of course there are children who show many of the signs here who do not measure in the gifted range once they are tested. Does that mean they are not gifted? Not necessarily. Many kids don't shine on IQ tests due to test anxiety or sometimes because of the very qualities associated with giftedness. For example, IQ tests typically have timed subtests, meaning that the faster a child responds or correctly completes a task, the more points she earns. However, gifted children who are perfectionists may respond more slowly than others, taking their time, working carefully and methodically, and checking their responses for accuracy. A gifted child with a high energy level who has a hard time focusing attention on structured tasks may also be at a disadvantage when it comes to performing in the rigidly structured atmosphere of an IQ test.

9.3.5 Needs of Gifted Children

Remember that no two gifted children are alike. These children vary among themselves as much as they do from typical children. Gifted students learn differently from their classmates in at least five important ways. They learn new material in much less time. They tend to remember what they have learned, making spiral curriculums and reviewing previously mastered concepts a painful experience. Gifted students have already mastered much of the grade-level work, so

- They need opportunities to function at more advanced levels of complexity and depth and to tie their own passionate interests into their schoolwork.
- They need special attention in classroom as well as at home
- They need creative and different curriculum than their normal classmates
- They need different activities to groom up their qualities.

- Bear in mind that being gifted or highly able is not a reward for anything. It does not necessarily place children at an advantage over other children. In fact, in some circumstances gifted children may find it difficult to fit easily into the average setting. Therefore, do not place additional burdens on these children by expressing the view through your language or non-verbal expressions that "if you're so gifted or smart why can't you" (The use of the term gifted with gifted children is problematic anyway, since it has little meaning to them. Furthermore, using the term with children and their parents before formal identification is inappropriate. The point here is that criticizing children in this way is very poor practice and should be avoided.)
- Gifted children remain children, regardless of their talents. Therefore expect that they will experience some unevenness in development among the various domains (Roedell, 1986). For example, they may be quite exceptional in figuring out the answer to Intellectual problems or read at an early age (without having been directly taught), but have difficulty with fine motor skills, being responsible for their belongings, or making friends.
- Consider the needs of gifted children to interact with mental peers (children who are on the same thinking level). Therefore, gifted children may prefer older children as playmates. Provide opportunities for cross-age groupings and activities with older children in the child care center whenever possible. Permit individual gifted children to spend time in the older group, perhaps during story time or dramatic play periods.
- Provide opportunities for gifted children to think divergently as well as convergently. For example, they need to have many educational experiences and problems for which there is more than one correct answer. Questions such as "How many different ways can we? imply that there are many answers possible.
- Assist gifted children to understand that all individuals have something special to contribute and to respect others who may not grasp something as quickly. Therefore, set up social situations in which gifted children can be followers sometimes and leaders at others.
- Discourage parents from forcing academic skills on their children, as some parents may wish to encourage the development of "school skills" because the child demonstrates advanced understanding. Rather, encourage them to answer children's questions and provide many opportunities that allow for active intellectual exploration such as "hands on" museums, youth concerts, children's libraries, etc.
- Adapt curriculum to a thematic approach. Theme units should be based on the emergent curriculum approach that is designed to focus on children's interests as well as on the action-oriented approaches of play-based settings.

Collect information that demonstrates the child's exceptional talent, a portfolio that can be shared with the teacher (with parent permission, of course) at the next level. Ask the child to select items to be collected and to

record his or her reasoning and reflection on the work. This should include all the developmental domains in order to present a picture of the whole child, and might include art products, dictated stories as well as videotapes of dramatic play or creative dramatics, audiotapes of conversations or book readings, photographs of block constructions, etc. When the time for gifted preschoolers to enter kindergarten arrives, remember that gifted children require activities that challenge them intellectually. Therefore, even children with birthdates that make them youngest in the class may be quite ready for school.

9.4 Self -Check Exercise

- 1) Which term best describes children who show significantly above-average levels of intelligence and/or talent?
 - a) Learning disabled
 - b) Backward
 - c) Gifted and talented
 - d) Emotionally disturbed

- 2) Children with dyslexia are primarily challenged in which area?
 - a) Mathematical reasoning
 - b) Reading and writing
 - c) Motor skills
 - d) Social interaction

- 3) Which educational law provides children with disabilities the right to a free appropriate public education?
 - a) Americans with Disabilities Act
 - b) No Child Left Behind Act
 - c) Individuals with Disabilities Education Act
 - d) Rehabilitation Act of 1973

9.5 SUMMARY

In concluding a Unit on gifted children, it's important to encapsulate the complexities, challenges, and immense potentials that characterize these unique individuals: Gifted children embody an extraordinary array of talents, potential, and intellectual capabilities that, if nurtured appropriately, can lead to remarkable achievements and contributions to society. As we explore the diverse landscape of giftedness, it is evident that these children require an educational approach that is as multifaceted as their abilities. The provision of adequate resources, supportive learning environments, and understanding the emotional and social needs of gifted children are all integral to their development. Moreover, the recognition that giftedness spans across all demographics and is not limited by socio-economic status or cultural background is critical. This understanding must then be translated into active efforts to identify and support gifted individuals from all communities, thereby fostering inclusivity and equity in our pursuit of nurturing exceptional talents. Ultimately, our role as educators, parents, and policymakers is to ensure that the

educational system is flexible and responsive enough to cater to the needs of gifted learners. By doing so, we not only enrich the lives of these children but also enhance the intellectual capital of our society as a whole. The journey toward fully recognizing and cultivating giftedness is ongoing, and it requires a commitment to continuous learning, advocacy, and an unwavering belief in the potential that lies within every child.

9.6 GLOSSARY

1. **Adaptive behavior:** Behavior that meets the standards of personal independence and social responsibility expected of an individual's age and cultural group.
2. **Advancement:** Changing a gifted student's curriculum or level by changing the student's placement, as by double promotion or skipping a grade.
3. **Aggression:** It is emotion. When the goal of an individual is not fulfilled, according to the expectation, aggression gets expressions.
4. **Attention Deficit-Hyperactivity Disorder (ADHD):** A disorder involving developmentally inappropriate degrees of inattention, impulsiveness, and hyperactivity; also called attention deficit disorder.
5. **Autism:** Developmental disability significantly affecting verbal and nonverbal communication, social interaction, and educational performance; generally evident before age 3.
6. **Category:** In special education, a grouping of exceptional students who are thought to share certain characteristics. Although professionals attempt to standardize the names and definitions of categories, there is significant variation from one state to another
7. Central nervous system: Brain and spinal cord.
8. **Child-study team:** Group that determines a student's eligibility for special education and develops an individualized education programme (IEP), typically composed of teachers, other representatives of the school district, and child's parents
9. **Creative:** Creative students are ones who have the ability to find out new solutions to problems and are marked by their spirit of inquisitive.
10. **Exceptional student:** Student who requires special education because of their special learning needs. Exceptional students can have disabilities or be gifted and talented
11. **Learning disability:** Disorder in one or more of the basic psychological processes involved in understanding or using language, may manifest itself in an imperfect act to listen, think, speak, read, write, spell, or do mathematical calculations. It is identified by discrepancy between expected and actual achievement. Also called specific learning disability

12. **Learning strategies training:** Approach that teaches students how to learn content and how to demonstrate their knowledge.
13. **Low vision:** Vision sufficiently impaired that assistive technology or special services are required.
14. **Visual acuity.** Ability to see things at specified distances.
15. **Visual impairment** Vision problem that, even with correction, severely affects a student's educational performance.

9.7 Answers to Self -Check Exercise

1. Gifted and Talented
2. Reading and writing
3. Individuals with Disabilities Education Act

9.8 References suggested readings

- Chauhan, S.S. (2004) Advanced Educational Psychology, Vikas Publishing House PV Limited, New Delhi
- Hewett, F.M. Forness, S.R. (1977) Education of Exceptional Learners, Allyn and Bacon, Inc., Boston, Massachusetts
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- Panda, K.C. (1999) Disadvantaged Children, Mittal Publications, New Delhi
- Prasad, J. Prakash, R. (1996) Education of Handicapped Children, Kanistka Publishers, New Delhi.

9.9 Terminal Questions:

1. How would you identify a gifted child in our classroom?
2. Explain the needs of gifted children.
3. Explain the intellectual and social characteristics of gifted children.

UNIT 10

LEARNING DISABILITY AND VISUAL IMPAIRMENT

LESSON STRUCTURE

- 10.0 Introduction
- 10.1 Objectives
- 10.2 Learning Disable
 - 10.2.1 Types of Learning Disability
 - 10.2.2 Characteristics of Learning Disable Children
 - 10.2.3 Causes of Learning Disability
 - 10.2.4 Need of Learning Disable
- 10.3 Visual Impairment
 - 10.2.1 Causes of Visual Impairment
 - 10.2.2 Characteristics of Visually Impaired
 - 10.2.3 Needs of Visually Impaired
- 10.4 Self -Check Exercise
- 10.5 Summary
- 10.6 Glossary
- 10.7 Answer To Self -Check Exercise
- 10.8 References/Suggested Readings
- 10.9 Terminal Questions

10.1 INTRODUCTION

In this Unit, we delve into the challenges and triumphs inherent in educating children with learning disabilities and visual impairments. Learning disabilities, encompassing a range of disorders that affect the ability to understand or use spoken or written language, execute mathematical calculations, coordinate movements, or direct attention, often do not correlate with a child's intelligence levels. Rather, these disabilities indicate a discrepancy between a student's potential and actual achievement. Similarly, visual impairment, which can range from partial vision loss to complete blindness, presents its own unique set of educational challenges. Vision plays a pivotal role in learning, from reading and writing to interpreting social cues and navigating physical spaces. Thus, children with visual impairments must develop a variety of skills to access the same information and experiences as their sighted peers.

Both groups of students require specialized instructional strategies and supports to overcome the barriers to learning that stem from their conditions. However, with appropriate interventions, resources, and assistive technologies, students with learning disabilities or visual impairments can achieve tremendous academic and personal success. This Unit will not only explore the educational needs of these populations but also aim to cultivate an understanding of the importance of inclusive educational practices. By providing a comprehensive overview of these conditions, we will examine how educators, parents, and communities can collaborate effectively to empower these young learners to thrive within and beyond the school environment.

10.1 OBJECTIVES

- Acquire knowledge and understanding of need of learning disabled and visually impaired children
- To know about the characteristics and identifications of learning disabled children
- Understand the need of education for visually impaired children

10.2 LEARNING DISABILITY

Learning disabilities are a group of neuro developmental disorders that can significantly hamper a person's ability to learn new things. Some children who in most ways seem normal, have difficulty in learning or remembering. They have difficulty in educational performance copying, listening understanding, number speech and communication. Learning disability refers to learning problems which manifest in an imperfect ability to listen, think, speak, read, write or do mathematical calculations which are not primarily due to visual impairment, hearing impairment, motor handicap, but due to a disorder in the psychological process involved in understanding or in using language.

Learning disabilities are neurologically-based processing problems. These processing problems can interfere with learning basic skills such as reading, writing and/or math. They can also interfere with higher level skills such as organization, time planning, abstract reasoning, long or short-term memory and attention. It is important to realize that learning disabilities can affect an individual's life beyond academics and can impact relationships with family, friends and in the workplace. Since difficulties with reading, writing and/or math are recognizable problems during the school years, the signs and symptoms of learning disabilities are most often diagnosed during that time. However, some individuals do not receive an evaluation until they are in post-secondary education or adults in the workforce, other individuals with learning disabilities may never receive an evaluation and go through life, never knowing why they have difficulties with academics and why they may be having problems in their jobs or in relationships with family and friends.

Learning disabilities should not be confused with learning problems which are primarily the result of visual, hearing, or motor handicaps; of mental retardation; of emotional disturbance; or of environmental, cultural or economic disadvantages.

A learning disability cannot be cured or fixed; it is a lifelong challenge. However, with appropriate support and intervention, people with learning disabilities can achieve success in school, at work, in relationships, and in the community.

Kirk (1963) used the term learning disabilities to describe children who had skills disorders in development in language, speech reading and associated communication needed for social interaction.

10.2.1 TYPES OF LEARNING DISABILITY

“Learning disability” is an umbrella term that encompasses many types of specific learning disorders, including:

Auditory Processing Disorder (APD)

Also known as Central Auditory Processing Disorder, this is a condition that adversely affects how sound that travels unimpeded through the ear is processed or interpreted by the brain. Individuals with APD do not recognize subtle differences between sounds in words, even when the sounds are loud and clear enough to be heard. They can also find it difficult to tell where sounds are coming from, to make sense of the order of sounds, or to block out competing background noises.

Dyscalculia

A specific learning disability that affects a person's ability to understand numbers and learn math facts. Individuals with this type of LD may also have poor comprehension of math symbols, may struggle with memorizing and organizing numbers, have difficulty telling time, or have trouble with counting.

Dysgraphia

A specific learning disability that affects a person's handwriting ability and fine motor skills. Problems may include illegible handwriting, inconsistent spacing, poor spatial planning on paper, poor spelling, and difficulty composing writing as well as thinking and writing at the same time.

Dyslexia

A specific learning disability that affects reading and related language-based processing skills. The severity can differ in each individual but can affect reading fluency, decoding, reading comprehension, recall, writing, spelling, and sometimes speech and can exist along with other related disorders. Dyslexia is sometimes referred to as a Language-Based Learning Disability.

Language Processing Disorder

A specific type of Auditory Processing Disorder (APD). in which there is difficulty attaching meaning to sound groups that form words, sentences and stories. While an APD affects the interpretation of all sounds coming into the brain, a Language Processing Disorder (LPD) relates only to the processing of language, LPD can affect expressive language and/or receptive language.

Non-Verbal Learning Disabilities

A disorder which is usually characterized by a significant discrepancy between higher verbal skills and weaker motor, visual-spatial and social skills. Typically, an individual with NLD (or NVLD) has trouble interpreting nonverbal cues like facial expressions or body language, and may have poor coordination.

Visual Perceptual/Visual Motor Deficit

A disorder that affects the understanding of information that a person sees, or the ability to draw or copy. A characteristic seen in people with learning disabilities such as Dysgraphia or Non-verbal LD, it can result in missing subtle differences in shapes or printed letters, losing place frequently, struggles with cutting, holding pencil too tightly, or poor eye/hand coordination.

10.2.2 Causes of Learning Disabilities

Learning disabilities are caused by differences in the neurological function of the person's brain. These differences can occur before the person is born, during their birth, or in early childhood, and may be caused by factors such as:

- Maternal illness during pregnancy
- Birth complications that block the flow of oxygen to the baby's brain
- Certain genes that can make the person more genetically predisposed to developing a learning disability
- Injury or illness, such as meningitis, in early childhood
- Health conditions such as cerebral palsy and Down's syndrome often involve some extent of learning disability

10.2.3 CHARACTERISTICS OF LEARNING DISABLE CHILDREN

Academic Characteristics: Students with learning disabilities perform ore poorly in school than expected by their teachers or parents on the basis of their experience working with the child, the child's past performance, or performance on an Intelligence test). Generally, this discrepancy is identified by comparing performances on standardized achievement tests and tests of intelligence. A discrepancy between ability and achievement is the primary characteristic associated with this group of students, but there is considerable debate about just how poorly a student must perform before he or she is identified with a specific learning disability. This debate translates into other interesting (mostly philosophical rather than practical) debates, such as "Can students who are gifted and talented have specific learning disabilities?" and "Can a student with mental retardation have learning disabilities?"

Physical Characteristics: Students with learning disabilities look like students who do not have learning disabilities. Sometimes teachers of younger students report that they are clumsier and more awkward than their peers and that soma demonstrate poor physical coordination and motor abilities. These children may have good large-muscle coordination but

difficulties in fine-motor coordination. Many of the tests used by schools to screen for learning disabilities include copying and tracing exercises to help teachers identify younger students who need remediation in these areas.

The main characteristic that is part of all definitions of learning disabilities is that there is a severe discrepancy between achievement and intellectual ability in some areas such as oral expression, written expression, listening comprehension, reading comprehension, reading or mathematics. Besides this basic characteristic, there are other characteristics, which are more common to students with learning disabilities than to the general population of students of their age. These characteristics are:

- i. Delayed Spoken Language Development
- ii. Poor spatial orientation
- iii. Inadequate time concepts.
- iv. Difficulty in judging relationships
- v. Direction related confusion
- vi. Poor general motor coordination
- vii. Poor manual dexterity
- viii. Social imperceptions
- ix. Inattention
- x. Hyperactivity
- xi. Perceptual disorders
- xii. Memory disorders.

10.2. 4 Need of learning disable

The following are the needs of learning disabled students which are divided into four categories: Academic and organizational need, reading, writing, testing and accommodation.

Academic and organizational need

- Break learning tasks into small steps.
- Probe regularly to check understanding.
- Present information visually and verbally.
- Use diagrams, graphics and pictures to support instruction.
- Provide independent practice.
- Explicitly teach study and organizational skills.
- Teach student how to use planner or agenda to record assignments and due dates.
- Provide prompts of strategies to use and when to use them.

- Provide simple instructions (preferably one at a time).
- Sequence slowly, using examples.
- Speak clearly and turn so students can see your face.
- Allow time for students to process requests and allow them to ask questions.
- Use graphic organizers to support understanding of relationships between ideas.
- Use adaptive equipment if appropriate (books on tape, laptop computers, etc.).
- Ask questions in a clarifying manner, then have student describe understanding of the questions.
- Use an overhead projector with an outline of the lesson or unit of the day.
- Provide clear photocopies of notes and overhead transparencies.
- Keep oral instructions logical and concise and reinforce them with brief cue words.
- Repeat or re-word complicated directions.
- Frequently verbalize what is being written on the board.
- At the end of class, summarize the important segments of each presentation.
- Eliminate classroom distractions (o.g. excessive noise, flickering lights, etc.).
- Provide and teach memory strategies, such as mnemonic strategies and elaborative rehearsal.
- Write legibly, use large type, and do not clutter the board.
- Assist the student in borrowing notes from a peer if necessary.
- Clearly label equipment, tools, and materials, and use color-coding.
- Consider alternate activities/exercises that can be utilized with less difficulty for the student, while maintaining the same or similar learning objectives

Reading Needs:

- Provide a quiet area for reading activities.
- Use books on tape, and books with large print and big spaces between lines.
- Provide a copy of class notes to student.
- Allow alternative forms for book reports.
- Have students use both visual and auditory senses when reading text.

- Use graphic organizers to connect ideas.
- Announce reading assignments well in advance.
- Offer to read written material aloud, when necessary.
- Share informational texts and Invite students to wonder about the new ideas presented.
- Point out ways in which reading is important in everyday life (e.g., on labels, instructions, and signs).
- Use stories that have predictable words and words that occur frequently in the text.
- Help students notice the letters in the environmental print that surrounds them.
- Engage students in activities that help them learn to recognize letters visually.
- Teach students to attend to the sounds in language.
- Model and demonstrate how to break short sentences into individual words.
- Teach students to blend, identify sounds, and break up words into sounds.
- Have students read new stories and reread old stories every day to build fluency.
- Engage students in discussion of reading topics that are of interest.
- Provide high interest reading selections whenever possible.
- Point out unfamiliar words, revisit them, and explore their meaning.
- Teach students to use contextual clues to figure out meanings of unfamiliar words.
- Build background for reading selections and create a mental scheme for text organization.
- Set a purpose for reading-to gain meaning from text.

Writing:

- Use oral exams In place of written exams when possible.
- Allow use of tape recorder in class.
- Provide notes or outlines to reduce the amount of writing.
- Provide a partially completed outline that allows student to fill in details under major headings.
- Have wide rule paper, graph paper, and pencil grips available.
- Provide alternative to written assignments (video-taping or audio recording). \

- Use mnemonic devices to teach writing process (e.g. COPS: Capitalization, Organization, Punctuation, and Spelling).
- Teach students spelling conventions systematically, such as the "silent e" rule.
- Allow the student to use print or cursive.
- Teach pre-organization strategies, such as use of graphic organizers.
- Use a speech recognition program combined with the word processor so students can dictate rather than type (for older students).
- Have students complete writing tasks in small steps.
- Stress or de-emphasize certain task requirements during a complex assignment.
- Allow use of abbreviations in writing assignments, and have student keep a list of appropriate abbreviations available.

Testing and Accommodation:

- Avoid overly complicated language in test questions and clearly separate items when spacing them on the exam sheet.
- Consider other forms of testing (oral, hands-on demonstration, open-book etc.).
- Eliminate distractions while students are taking exams.
- For students who may have difficulty transferring answers, avoid answer sheets.
- Allow student to write answers on the test.
- For students who have reading difficulties, have a proctor read the test to the student.
- For students with writing difficulties, have someone scribe the answers for them or use a tape recorder.
- Provide study questions for exams that demonstrate the format along with the content of the exam.
- Allow students to use a dictionary, thesaurus, or a calculator during tests.
- Develop a scoring guide, share it with students, and provide models of examples of each level of performance.

10.3 VISUALLY IMPAIRED

Vision, the most dominant of our senses, plays a critical role in every facet and stage of our lives. We take vision for granted, but without vision, we struggle to learn, to walk, to read, to participate in school and to work. Vision impairment occurs

when an eye condition affects the visual system and its vision functions. Everyone, if they live long enough, will experience at least one eye condition in their lifetime that will require appropriate care.

Visual impairment is defined in terms of visual acuity, field of vision, and visual efficiency. Visual ability of the eye to see a distant object clearly is assessed using the snellen chart, developed by the Herbart Snellen, a Dutch Doctor. Visual impairment is a condition in which a student's vision is deficient to such a degree that it significantly affects his school visual impairment is a problem that even with correction adversely affects a child's educational performance. The term does not include people with normal or near normal vision, but does include people with low visual functioning (partial sight) as well as those who have only light perception or those who are totally without the sense of vision. People with normal or near normal vision can perform task without special assistance (sometimes these people are referred to as partially sighted). People who are blind or near blind have unreliable vision and rely primarily or exclusively on other senses. American Medical Association (AMA) adopted a definition of blindness in 1934 that is still used today. According to that definition, the criterion for blindness is central visual acuity of 20/200 or less in the better eye with corrective glasses or central visual acuity of more than 20/200 if there is a visual field defect in which the peripheral fields is contracted to such an extent that the widest diameter of the visual field subtends and angular distance no greater than 20 degrees in the better eye.

10.3 .1 Types of blindness

- **Partial blindness:** You still have some vision. People often call this low vision.
- **Complete blindness:** You can't see or detect light. This condition is very rare.
- **Congenital blindness:** This refers to poor vision that you are born with. The causes include inherited eye and retinal conditions and non-inherited birth defects.
- **Legal blindness:** This is when the central vision is 20/200 in your best-seeing eye even when corrected with glass or contact lenses. Having 20/200 vision means that you have to be 10x closer or an object has to be 10x larger in order to see compared to a person with 20/20 vision. In addition, you can be legally blind if your field of vision or peripheral vision is severely reduced (less than 20 degrees).
- **Nutritional blindness:** This term describes vision loss from vitamin A deficiency. If the vitamin A deficiency continues, damage to the front surface of the eye. This type of blindness can also make it more difficult to see at night or in dim light due to retinal cells not functioning as well.

10.3 .2 Causes of visual impairment

Visual disability depends upon certain defects caused in any part of the human eye, a complete diagram of which is given here. The human eye is like a ball or globes and is the outgrowth of the brain. There are four functional parts of the eye.

Disturbance to any one of the four parts or systems due to any influence or effect (which may be inborn or may be due to some use of drugs or due to some disease, poisoning or injury) may cause visual disability which may be complete or partial.

There are a number of conditions, which affect the four functional systems of the eye, which may be congenital or may be environmental. Conditions like epilepsy, meningitis, hydrocephaly or brain tumor, which are the diseases of the central nervous system, affect the visual process. Conditions such as these affect the area of the brain where vision takes place, is the seeing part of the brain. There may be certain other factors, the child is born, which can create visual handicaps such as use of drugs, or poisoning or infections in the mother, and diseases such as syphilis or tumor can lead to cataract or retinal degeneration of children before birth, as is found in a large number of cases below the age of 5 which may be, to the extent of even 47.8 percent, as is made out by certain authorities. The causes of blindness in children after birth may be due to environmental conditions and conditions of disease as, for example, smallpox in this country is found to be the cause of a large number of cases of partial or total blindness. Malnutrition and unhealthy living conditions, as exist in poor families, cause different diseases of the eyes, which, in the absence of adequate and timely medical facilities, led to impairment of vision in many cases. It may be difficult, though, to exactly ascribe one cause or condition to individual cases, as there could be some factor responsible for visual handicaps and multiple causes in the intra-uterine life and later after birth.

10.3.3 Characteristics of visually impaired

People with visual impairments receive special education because their vision after correction remains limited and may affect their development and achievement without intervention. Not being able to see as well as neighbors and peers may result in a variety of other cognitive, academic, physical, behavioral, and communication characteristics, if appropriate modification and specialized instructional interventions are unavailable.

1. Student frequently experiences watery eyes
2. Student frequently experiences red or inflamed eyes.
3. Student's eye movements are jumpy or not synchronized.
4. Student experiences difficulty moving around the classroom.
5. Student experiences difficulty reading small print
6. Student experiences difficulty identifying small details in pictures or illustrations.
7. Student frequently complains of dizziness after reading a passage or completing an assignment involving vision.
8. Student tilts head or squints eyes to achieve better focus.
9. Student uses one eye more than the other for reading or completing other assignments.
10. Student frequently complains of headaches or eye infections.

10.3.3. Needs for visually impaired

The followings are the general needs of the visually impaired children:

For students with low vision consider the following materials:

- Typed and not handwritten materials,
- Black lettering on non-gloss cream or white paper do not crowd information on page
- Use only one side of paper
- White/yellow chalk on chalkboards
- Screen Enlargement Utilities or Programs to magnify images on the computer screen 4-16 times for students with low vision.
- Photocopiers or word processing programs with large print options to enlarge educational materials.
- Bold-lined paper (darkened lines, enlarged spaces) for students who are unable to successfully use regular paper
- Braille's (machines for writing Braille) for activities involving reading and writing.
- Textbooks and novels on tape/disk. Sources for obtaining textbooks/novels on tape
- Speech Synthesizers and Screen Reading Software allow blind users to access printed text on the computer screen by hearing the information on the computer screen. Screen reading software enables the student to navigate the screen to hear what others see.
- Preferential seating should be given to student so he or she can better hear/see what is happening in class
- Orientation to school building, classroom, grounds, etc. should be provided to student.
- Largo print or Braille textbooks and novels. (Request help from the itinerant teacher for the visually impaired in your area.) C
- Create optimum reading angles and lighting by bringing books closer to student through use of tilted desk tops and book stands.
- Need low vision optical devices such as magnifiers, telescopes. Magnifiers assist students with near-distance vision tasks like reading and writing but telescopes assist with far-distance vision tasks such as reading the chalkboard. Both telescopes and magnifiers can be hand-held or mounted on eye-glasses.
- Tape recorders to help students take notes, do assignments, answer long essay questions and complete examinations.

- Various low tech aids such as writing guides, tactile maps, raised line drawing kits, 4- track tape recorders to help student in the classroom.
- Mathematical aids such as raised clock faces, geometric area and volume aids, Braille rulers and talking calculators.

10.4 Self -Check Exercise

What is a common characteristic of a learning disability?

- a) Consistent problems with understanding or using spoken or written language
- b) The ability to see better than average
- c) Physical impairment that affects educational performance
- d) Excellent memory skills

2. Which is a type of learning disability involving difficulty with mathematical concepts?

- a) Dyslexia
- b) Dyscalculia
- c) Dysgraphia
- d) Dyspraxia

10.5 Summary

Our constitution has made provision for universal education up to the age of 14 years. All agree that education should reach to all children Irrespective of their caste, creed and religion. Everybody should get equal opportunity to develop his personality. A large number of children fall in the category of exceptional children. If we do not make provision for their education, their potentialities will remain undeveloped resulting in great wastage of human resources. Therefore, it is necessary to make separate arrangement for the education of exceptional children Learning disabilities are neurologically-based processing problems. These processing problems can interfere with learning basic skills such as reading, writing and/or math. They can also interfere with higher level skills such as organization, time planning, abstract reasoning, long or short term memory and attention. It is important to realize that learning disabilities can affect an individual's life beyond academics and can impact relationships with family, friends and in the workplace Since difficulties with reading, writing and/or math are recognizable problems during the school years, the signs and symptoms of learning, disabilities are most often diagnosed during that time. A visual impairment is a problem that even with correction adversely affects a child's educational performance. The term does not include people with normal or near normal vision, but does include people with low visual functioning (partial sight) as well as those who have only light perception or those who are totally without the sense of vision. People with normal or near normal vision can perform task without special assistance (sometimes these people are

referred to as partially sighted). People who are blind or near blind have unreliable vision and rely primarily or exclusively on other senses. American Medical Association (AMA) adopted a definition of blindness in 1934 that is still used today. According to that definition, the criterion for blindness is central visual acuity of 20/200 or less in the better eye with corrective glasses or central visual acuity of more than 20/200 if there is a visual field defect in which the peripheral fields is contracted to such an extent that the widest diameter of the visual field subtends and angular distance no greater than 20 degrees in the better eye.

10.6 Glossary

1. **Adaptive behavior:** Behavior that meets the standards of personal independence and social responsibility expected of an individual's age and cultural group.
2. **Advancement:** Changing a gifted student's curriculum or level by changing the student's placement, as by double promotion or skipping a grade.
3. **Aggression:** It is emotion. When the goal of an individual is not fulfilled, according to the expectation, aggression gets expressions.
4. **Attention Deficit-Hyperactivity Disorder (ADHD):** A disorder involving developmentally inappropriate degrees of inattention, impulsiveness, and hyperactivity; also called attention deficit disorder.
5. **Autism:** Developmental disability significantly affecting verbal and nonverbal communication, social interaction, and educational performance; generally evident before age 3.
6. **Category:** In special education, a grouping of exceptional students who are thought to share certain characteristics. Although professionals attempt to standardize the names and definitions of categories, there is significant variation from one state to another
7. Central nervous system: Brain and spinal cord.
8. **Child-study team:** Group that determines a student's eligibility for special education and develops an individualized education programme (IEP), typically composed of teachers, other representatives of the school district, and child's parents
9. **Creative:** Creative students are ones who have the ability to find out new solutions to problems and are marked by their spirit of inquisitive.
10. **Exceptional student:** Student who requires special education because of their special learning needs. Exceptional students can have disabilities or be gifted and talented.
11. **Learning disability:** Disorder in one or more of the basic psychological processes involved in understanding or using language, may manifest itself in an imperfect act to listen, think, speak, read, write, spell, or do mathematical calculations. It is identified by

discrepancy between expected and actual achievement. Also called specific learning disability

12. **Learning strategies training:** Approach that teaches students how to learn content and how to demonstrate their knowledge.
13. **Low vision:** Vision sufficiently impaired that assistive technology or special services are required.
14. **Visual acuity.** Ability to see things at specified distances.
15. **Visual impairment** Vision problem that, even with correction, severely affects a student's educational performance.

10.7 Answer to Self -Check Exercise

1. a) Consistent problems with understanding or using spoken or written language
2. b) Dyscalculia

10.8 References suggested readings

- Chauhan, S.S. (2004) Advanced Educational Psychology, Vikas Publishing House PV Limited, New Delhi
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10.9 Terminal Questions:

1. State the characteristics learning disable children?
2. Elaborate the meaning and educational needs of visually impaired children.

3. Describe the identification and needs of visually impaired children?

Unit -11

HEARING AND ORTHOPEDICAL IMPAIRMENT

Lesson Structure

- 11.0 INTRODUCTION
- 11.1 LEARNING OBJECTIVES
- 11.2 Hearing impairment
 - 11.2.1 Types and Causes of Hearing Impairment
 - 11.2.2 Classification
 - 11.2.3 Characteristics of Hearing-Impaired Children
 - 11.2.4 Educational Challenges
 - 11.2.5 Need of Hearing-Impaired Children
- 11.3 Orthopedically impaired
 - 11.3.1 Types of orthopedically impairment
 - 11.3.2 Causes of orthopedic impairment
 - 11.3.3 Characteristics
 - 11.3.4 Needs of Orthopedically Impaired
- 11.4 Self -Check Exercise
- 11.5 Summary
- 11.6 Glossary
- 11.7 Answers to Self -Check Exercise
- 11.8 References/suggested readings
- 11.9 Terminal Questions

11.0 INTRODUCTION:

Hearing is the main sensory pathway through which speech and verbal communication develop. If a child hears imperfectly, he is likely to speak incorrectly. Again, hearing also learning and other aspects of maturation. Early detection of hearing impairment is important for the overall development. Hearing impairment reduces our knowledge of the world around us. Again, it also adversely affects the child's performance in learning. A hearing impairment is a hearing loss that prevents a person from totally receiving sounds through the ear. If the loss is mild, the person has difficulty hearing faint or distant speech. A person with this degree of hearing impairment may use a hearing aid to amplify sounds. If the hearing loss is severe, the person may not be able to distinguish any sounds there are so many children in our schools and others of school-going age who have mild or severe hearing disabilities. A study of these children is essential, if one were to find out the nature, extent and causes of their disabilities, as also devise ways and means of helping

them both at home and at school or in a special institution so that they cannot only preserve whatever hearing capacity they have but also become as much capable of managing their affairs as possible and prove useful to themselves and to others.

11.1 LEARNING OBJECTIVE

- Acquire knowledge and understanding of different type of children
- To know about the characteristics of hearing and orthopedically impaired children
- Understand the need of education for hearing and orthopedically impaired children

11.2 HEARING IMPAIRMENT

Hearing impairment, also called **hearing loss**, happens when a person loses part or all of their ability to hear sound. **Hearing impairment** is classified based on the severity of **hearing loss**.

Some people are born with hearing impairments, while others incur hearing loss through injuries, infections, or even loud noises. Deafness or impairment in hearing capacity is defined in terms of degree of hearing loss. Total inability to hear is deafness but those whose sense of hearing is defective but who manage with or without hearing aids are called hard of hearing. Deafness might occur before the child acquires language or afterwards due to certain environmental problems. The hard of hearing are those in whom the sense of hearing although defective is functional with or without a hearing aid. Deaf individuals have hearing problems that are so severe that speech cannot be understood when it is transmitted through the ear, but hard of hearing individuals can still use the auditory channel as their major avenue for speech and language development. A study of the hearing disabilities is extremely essential for the help of the disabled children, because this disability deprives them of learning language, which, in turn, leads to serious educational backwardness or causes certain drawbacks in the individual. Without a language an individual is no better than an animal because language is the chief advantage man has over animals. It is only through hearing that the human child acquired information and knowledge of the outer world and about the happenings within the immediate physical environments. Speech sounds build up in the mind of the individual symbols for words and concepts are also formed on the basis of hearing and, of course, seeing and using other sensations. Hearing also serves as a warning or a signal or any imminent danger because the ears are opened out like windows to the outer world to sense and judge the nature of things.

Hearing disabilities may be of a milder or a severe nature. Some suffer from loss of hearing which is so severe from birth or from the most formative period of one's life, at the age of three or so, that one is unable to hear anything at all and is deprived of the development of any language in him. Such children may be known as the totally deaf but there may also be partially deaf children whose loss of hearing

in early childhood or even later is not so severe as to completely disable them to learn any language, it is rather of a milder nature that enables them to learn some spoken language.

Definition

There are two types of hearing impairments; they include people who are deaf and people who are hard of hearing. Deafness is a severe disability. People who are deaf have a hearing loss that prevents understanding speech through the ear. They have little functional hearing, even with a hearing aid, and they do not use hearing as their primary sense for gaining information. Hard of hearing is a less severe disability. People who are hard of hearing can process information from sounds and usually profit from amplification provided by hearing aids.

"Deafness" means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child's educational performance (Individuals with Disabilities Education Act, 1990).

11.2.1 Types of Hearing Impairment

There are four types of hearing loss:

- **Conductive Hearing Loss**
Hearing loss caused by something that stops sounds from getting through the outer or middle ear. This type of hearing loss can often be treated with medicine or surgery.
- **Sensory neural Hearing Loss**
Hearing loss that occurs when there is a problem in the way the inner ear or hearing nerve works.
- **Mixed Hearing Loss**
Hearing loss that includes both a conductive and a sensorineural hearing loss.
- **Auditory Neuropathy Spectrum Disorder**
Hearing loss that occurs when sound enters the ear normally, but because of damage to the inner ear or the hearing nerve, sound isn't organized in a way that the brain can understand.

11.2.2 CLASSIFICATION:

Hearing impairments are classified in terms of the severity and type of hearing impairment. The severity of the hearing impairment is categorized on the minimum sound that can be with your better ear. The higher the decibel (dB), the louder the sound.

Mild hearing impairment: With mild hearing impairment, the minimum sound that can be heard is between 25 and 40 dB. People at this level cannot hear soft noises and may have trouble following conversations in noisy settings.

Moderate hearing impairment: With moderate hearing impairment, the minimum sound that can be heard is between 40 and 70 dB. People at this level cannot hear soft or moderately loud noises and may have trouble hearing unless they use a hearing aid.

Severe hearing impairment: With severe hearing impairment, the minimum sound that can be heard is between 70 and 95 dB. People at this level are unable to hear most noises and may rely on lip-reading and/or sign language, even with the use of a hearing aid.

Profound hearing impairment: With profound hearing impairment, the minimum sound heard is 95 dB and over. People at this level may only hear very loud noises and rely solely on lip-reading and/or sign language. Hearing aids are not effective.

11.2.3 Characteristics of Hearing Impaired Children

1. Student experiences difficulties following oral presentations or oral presentations and directions.
2. Student watches lips of teachers or other speakers very closely.
3. Student turns head and leans toward speaker.
4. Student uses limited vocabulary.
5. Student uses speech sounds poorly.
6. Student shows delayed language development.
7. Student often does not respond when called from behind.
8. Student is generally inattentive during oral presentations.
9. Student constantly turns volume up on radio or television.
10. Student complains of earaches, has frequent colds or ear infections, or has ear discharge.

11.2.4 Educational Challenges

- Educational obstacles related to hearing impairments stem around communication. A student with a hearing impairment may experience difficulty in:
 - the subjects of grammar, spelling and vocabulary
 - taking notes while listening to lectures
 - participating in classroom discussions
 - watching educational videos
 - presenting oral reports:

- Underscoring the difficulty that students with hearing impairments may have in presenting oral reports are the potential language development problems linked to hearing impairments

11.2.5 Need of Hearing Impaired Children:-

The needs of hearing impaired children are as following:-

1. Need hearing-Aid
2. Speech reading or lip reading
3. Combined visual presentation with oral materials.
4. Use handouts for these children.
5. Use multisensory approach when necessary.
6. Focus on pupil's attention.
7. Teach the major portion of the lesson.
8. Make summary presentation.
9. Use short and clear verbalization.
10. Ask questions to check comprehension.
11. Explain things and repeat

Some other important needs of hearing impaired children:

- Be flexible with preferential seating. Depending on the class activity and competing noise surrounding or near the activity, a student may need to change his/her position in class to achieve maximum information.
- Ensure the classroom has optimal natural lighting. Do not stand in front of windows or bright lights as they obstruct your face.
- Do not speak too loudly or over-enunciate. Always use a natural speaking voice.
- When introducing new topics and concepts in class provide vocabulary lists and definitions of new words beforehand.
- Help the student achieve a sense of purpose for the class by providing an outline at the start of the class
- After class discussions or group work, ensure that what has been presented is summarized. C Use plenty of visuals in class (diagrams, charts, written text etc.)
- In laboratory and demonstration situations, always face the student when providing explanations, C Have a peer with good penmanship and note-taking skills use NCR (non-carbon) paper to take notes for the student who is deaf or hard of hearing.

- Rather than repeating the same words, rephrase a sentence when the student does not understand you the first time. C Repeat questions and comments of other students in class since the hearing impaired students may have missed what was shared.
- Keep hands and other objects away from the mouth when speaking.

11.3 Orthopedically Impaired

"Orthographically impaired children" is a term used to describe children who struggle with orthographic knowledge and skills. Orthography refers to the conventional spelling system of a language, including the rules and patterns that dictate how words are spelled. Orthographic knowledge involves understanding these rules and patterns, which is crucial for reading and writing.

The term physically handicapped has been used in literature in various ways; physically disabled, crippled, orthopedically impaired, or otherwise health impaired. Physical handicaps are divided into two types:

Orthopedically handicapped and health impairments for the purpose of special education. The legal definition of the term orthopedically handicapped is a severe, orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly e.g., club foot, absence of some body organs, impairments caused by disease, e.g., poliomyelitis, bone tuberculosis, and impairment from other causes e.g. Cerebral palsy, amputations, and fractures or burns that cause contractures. A similar definition has also been adapted by Department of Social Welfare, Government of India.

Orthographic impairment in children may manifest as difficulties in:

1. **Spelling:** These children may find it challenging to spell words correctly, often making frequent errors in their written work.
2. **Reading:** Orthographic impairment can also affect a child's ability to read, as they may struggle to recognize and decode words due to their limited knowledge of spelling patterns.
3. **Writing:** Writing can be a challenging task for orthographically impaired children, as they may have difficulty choosing the correct spelling for words and may rely on more phonetic or irregular spellings.

Orthographic impairment can have a significant impact on a child's literacy development. Early intervention and targeted instruction can help these children improve their orthographic skills and become more proficient readers and writers. Educational professionals and specialists, such as literacy tutors or speech and language therapists, often work with orthographically impaired children to provide the necessary support and strategies to overcome these difficulties.

Orthopedic impairment is defined as a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), Impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures). The IDEA category of orthopedic Impairments contains a wide variety of disorders. These can be divided into three main areas: neuromotor impairments, degenerative diseases, and musculoskeletal disorders. The specific characteristics of an individual who has an orthopedic impairment will depend on the specific disease and its severity, as well as additional individual factors.

11.3.1 Types of orthopedically impairment

Orthopedically impaired children are those who have physical disabilities or impairments related to their musculoskeletal system. These disabilities can affect their ability to move, stand, walk, or perform other physical activities. The term "orthopedically impaired" typically encompasses a range of conditions, including but not limited to:

1. **Cerebral Palsy:** A neurological disorder that affects muscle coordination and body movement.
2. **Muscular Dystrophy:** A group of genetic disorders that result in progressive muscle weakness and loss of muscle mass.
3. **Spina Bifida:** A congenital condition in which the spinal cord and its protective covering do not fully develop, leading to a range of mobility issues.
4. **Limb Deficiencies:** Conditions in which a child is born with missing or underdeveloped limbs, such as congenital limb deficiencies or amputations.
5. **Skeletal Disorders:** Conditions affecting the bones, joints, and connective tissues, like juvenile idiopathic arthritis.
6. **Orthopedic Injuries:** Traumatic injuries to the musculoskeletal system, such as fractures or dislocations.

Orthopedically impaired children often require specialized medical care, rehabilitation, assistive devices (such as wheelchairs, braces, or prosthetics), and support services to help them manage their conditions, improve their mobility, and lead fulfilling lives. Educational accommodations and therapies may also be necessary to ensure they receive a proper education and can fully participate in school activities.

11.3.2 Causes of Orthopaedic Impairment

Some major causes of orthopedic impairment are as follow

- Amputation

- Birth trauma
- Burns
- Cerebral palsy
- Disease (poliomyelitis, bone tuberculosis)
- Fractures
- Genetic abnormality (e.g., the absence of a member, clubfoot)
- Injury

11.3.3 Characteristics of Orthopaedic Impairment

There are two main categories of orthopedic impairment:

- **Congenital orthopedic impairment.**
- **Acquired orthopedic impairment.**

Congenital orthopedic impairment is defined as an orthopedic impairment that a child is born with and begins before birth.

Acquired orthopedic impairment develops after birth and can be caused by injury or disease, as well as trauma during birth.

An orthopedic impairment can be either congenital or acquired and encompasses an array of characteristics. These characteristics can be grouped into three categories, namely neuromotor impairments, degenerative diseases, and musculoskeletal disorders.

The characteristics of orthopedic impairment largely depend on the specific disease, its severity, and factors that are specific to each case, such as access to therapy, equipment, and mobility aids. It is also important to consider whether the orthopedic impairment is affecting an adult or a child, as each has different needs connected to different areas of their lives that are affected by the orthopedic impairment.

Children with orthopedic impairments have a wide range of characteristics that are specific to the underlying diagnosis. Therefore, it is difficult, perhaps even impossible, to generalize about the students in this category. For example, a child with a spinal cord injury could have immobility limited to one side of his or her body, just the arms or legs, or total paralysis. A child with cerebral palsy may have movement but need a wheelchair because he or she has slow, uncontrolled movements that make it difficult to walk.

It also is difficult to know prior to a thorough assessment, including input from medical professionals, what types of associated symptoms to expect. However, many students with orthopedic impairments have problems with motor skills, such as those involved in using standard writing tools, turning pages or books, or exploring and participating in typical classroom activities. Some students have associated speech impairments or multiple disabilities that may affect particular academic areas.

Some students with physical disabilities may lack common experiences and knowledge or common places, items, and activities as compared with general education students. This is due to a lack of mobility and, if their condition has existed since birth, the lack of typical childhood play and exploration. These students' social interactions often are limited because of limited motor, self-help, and self-care skills. Sometimes, standard instructional materials include mention of objects and experiences or assume comprehension that is beyond the experience and background of the child with an orthopedic impairment. Children with orthopedic impairments may have pain and discomfort, may sleep poorly and therefore be fatigued in class, and may be on medications. They also may miss school more frequently than other students because of their medical conditions. The other important characteristics are as following:

1. Physically handicapped children are passive, less persistent having shorter attention span, engage them in less exploration and display less motivation. They are more dependent on adults, and interact less with peers.
2. The physically disabled has poor body image, high anxiety, and frustration. They are found to be quiet, conforming, tender minded and somewhat tense.
3. Frequent pain in joints.
4. Jerking movement in walking.
5. Imputed limbs.
6. Difficulty in sitting, standing, walking.
7. Poor motor control.
8. Snaky movements.
9. Difficulty in picking, holding and putting in some place.
10. Poor self-concept and poor self-advocacy skills may affect an individual student's performance or behavior. Some students with orthopedic impairments feel helpless or depressed as a result of their physical disability.
11. Their capacity for tolerance is lower than normal children.

11.3.4 Needs of Orthopedically Impaired

The needs of orthopedically impaired children can vary depending on the specific nature and severity of their condition. However, some common needs for these children include:

1. **Medical Care:** Regular medical assessments, consultations, and treatments are often required to manage their condition and address any associated health issues.
2. **Physical Therapy:** Many orthopedically impaired children benefit from physical therapy to improve their mobility, muscle strength, and coordination. These sessions can help them gain more independence and perform everyday tasks more easily.
3. **Assistive Devices:** Depending on the specific impairment, orthopedically impaired children may need assistive devices such as wheelchairs, crutches, braces, or prosthetic limbs to support their mobility and daily activities.
4. **Orthopedic Surgery:** In some cases, surgical interventions may be necessary to correct deformities, improve mobility, or alleviate pain.
5. **Pain Management:** Children with orthopedic impairments may experience chronic pain, and they require effective pain management strategies and medications to enhance their quality of life.
6. **Educational Support:** Specialized education and support services, such as individualized education plans (IEPs) and assistive technology, can help these children access a quality education and achieve their academic goals.
7. **Psychosocial Support:** Emotional and psychological support is crucial to help orthopedically impaired children cope with the challenges of their condition, build self-esteem, and develop resilience.
8. **Social Inclusion:** Efforts to promote social inclusion, friendship, and opportunities for participation in extracurricular activities are essential to ensure they have a full and enriching social life.
9. **Access to Public Spaces:** Physical accessibility in public spaces, such as ramps, elevators, and accessible restrooms, is vital to enable orthopedically impaired children to navigate their environment independently.
10. **Family and Caregiver Support:** Families and caregivers of orthopedically impaired children also have unique needs for information, support, and respite care to help them care for their children effectively.
11. **Advocacy and Rights:** Advocacy and legal support may be required to ensure that orthopedically impaired children have access to the services and accommodations they need, and that their rights are protected.

Meeting these needs often requires a multidisciplinary approach involving healthcare professionals, educators, therapists, and support networks. Additionally, early intervention and ongoing care are essential to help these children reach their full potential and lead fulfilling lives.

11.4 Self -Check Exercise

Which educational accommodation is commonly used for students with a hearing disability?

- a) Braille textbooks.
 - b) Use of a sign language interpreter.
 - c) Wheelchair ramps.
 - d) Extended time on test
- 2) What is a common educational consideration for a child with an orthopedic impairment?
- a) Individualized auditory training.
 - b) Access to physical therapy during school hours.
 - c) Specialized instruction in reading comprehension.
 - d) Use of textured paper for tactile sensory stimulation

11.6 SUMMARY

The Unit focusing on hearing impairment and orthopedic impairment addresses the unique educational requirements and challenges faced by children with these particular disabilities. Children with hearing impairments, which can range from mild hearing loss to profound deafness, may experience difficulties in language acquisition, communication, and social interaction. This Unit explored various types of hearing impairments, their impacts on learning, and the importance of early detection and intervention. The discussion outlined specialized instructional strategies, such as the use of sign language, oral communication methods, and assistive listening devices, ensuring access to the curriculum and full participation in the classroom.

Orthopedically impaired children, who have conditions that affect their mobility, coordination, or physical functioning, often face barriers to accessing educational experiences that are designed for typically developing children. This Unit described the spectrum of orthopedic impairments, including congenital anomalies, diseases, and other causes. It emphasized the need for adaptive equipment, accessible environments, and individualized education plans to ensure these students can engage and succeed in their educational pursuits. Throughout the Unit, the common thread was the advocacy for inclusive education practices that support the rights and needs of children with hearing and orthopedic impairments. The role of technology and multi-disciplinary collaboration was also discussed to highlight the importance of a supportive network that includes teachers, therapists, and families working together to optimize educational outcomes.

In summary, the Unit underscored that with the right support and accommodations, children with hearing or orthopedic impairments can overcome challenges and thrive academically and socially.

11.6 GLOSSARY

- **Cognitive Ability:** Relates to capacity of perception, discovery, recognition, imagination, judgement, memory, learning and thinking through which the individual obtains knowledge and understanding or explanation.
- **Communication disorder:** Impairment in speech or language that interferes significantly with a person's ability to communicate. See also language disorder and speech disorder.
- **Compensatory instruction:** Instruction that teaches a student to compensate for disability, an example is teaching Braille.
- **Conductive hearing loss:** A hearing impairment caused by blockage or damage in the outer or middle section of the ear.
- **Convergent Thinking:** Thinking that involves reasoning, memory, and classification.
- **Cooperative learning:** Instruction in which students work together on a task in a small group.
- **Corrective feedback:** Feedback that informs a student about his or her mistakes and demonstrates the correct procedure
- **Counseling therapy:** Intervention designed to uncover sources of problems or build new approaches to interpersonal relations through a supportive relationship between client and therapist.
- **Creative:** Creative students are ones who have the ability to find out new solutions to problems and are marked by their spirit of inquisitive.
- **Criterion-referenced test:** Test in which the individual's performance is interpreted relative to specific curricular objectives that have been mastered; evaluates a pupil's absolute level of mastery. Also called objective-referenced test and curriculum-based test.
- **Curriculum-based assessment:** Procedure for determining the instructional needs of a student on the basis of the student's ongoing performance in a content area.
- **Curriculum compacting:** System in which students can "buy" time for special activities when they demonstrate mastery in the required curriculum.
- **Deafness:** Absence of functional hearing in both ears. In the federal definition, deafness means a hearing impairment so severe that the student is "impaired in processing linguistic information through hearing" and the student's educational performance is adversely affected. Defensive: Refers to deny, falsify or distort reality unconsciously.
- **De-institutionalization:** Implementation of the principle of least restrictive environment in residential facilities.

- **Delinquency:** Refers to crimes or offences carried out by someone below the age of adulthood (In India, 18 years). The age variances exist from culture to culture
- **Developmental instruction:** Teaching students skills that are progressively more difficult-to enable them to demonstrate the complex abilities necessary to meet instructional objectives.
- **Diagnosis:** Determining the nature of an educational task or problem; see instructional diagnosis.
- **Disability:** Medical, social, or learning difficulty that interferes significantly with an individual's normal growth and development.
- **Divergent thinking:** Thinking that shows fluency, flexibility, originality, and foresight. Down syndrome: Congenital condition that results from a chromosomal abnormality causes mental retardation.
- **Mental retardation:** Significantly sub average general intellectual functioning that exists concurrently with deficits in adaptive behaviour, manifests itself during the developmental period, and adversely affects the individual's educational performance
- **Mental Health:** Refers to maintenance of satisfactory personality adjustment and a relative absence of mental disorder
- **Orthopedic Impairment:** Deficit in movement and mobility resulting from a congenital anomaly, disease, injury, or other cause and adversely affecting educational performance.
- **Orthosis:** Device that enhances partial functioning of a body part; for example, a leg brace Traumatic brain injury: Acquired injury to the brain caused by an external physical force, resulting in functional disability, psychosocial impairment, or both, and adversely affecting educational performance

11.7 Answers to Self -Check Exercise

- 1) Access to physical therapy during school hours.
- 2) Use of a sign language interpreter.

11.8 REFERENCES/SUGGESTED READINGS

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11.9 Terminal Questions

1. Elaborate the major causes of orthopedic Impairment
2. Describe the characteristics and needs of hearing-impaired children.
3. State the characteristics and needs of orthopedically impaired children.

UNIT 12

MENTALLY RETARDED CHILDREN

Lesson Structure

- 12.0 INTRODUCTION
- 12.1 LEARNING OBJECTIVES
- 12.2 Mentally Retarded Children
 - 12.2.1 Causes of Mental Retardation
 - 12.2.2 Characteristics of Mentally Retarded
 - 12.2.3 Needs of Mentally Retarded Children
- 12.3 Summary
- 12.4 Self -Check Exercise
- 12.5 Glossary
- 12.6 Answer to Self -Check Exercise
- 12.7 References/suggested readings
- 12.8 Terminal Questions

12.0 INTRODUCTION

In discussing the topic of children with intellectual disabilities, previously referred to as "mental retardation" in many contexts, it is essential to approach the subject with a contemporary perspective that respects the dignity and potential of every individual.

The introduction to a Unit on children with intellectual disabilities should emphasize the human and educational aspects of providing support to these individuals. It might begin as follows: The term "intellectual disability" encompasses a variety of conditions that result in cognitive impairments which affect an individual's adaptive behaviors and intellectual functioning. This Unit centers on the educational, social, and emotional needs of children with intellectual disabilities, highlighting the importance of tailoring educational approaches to foster their growth, dignity, and full participation in society. As educators and advocates, we recognize that children with intellectual disabilities possess a wide spectrum of abilities and potentials. Our objective is to challenge misconceptions, promote inclusive education, and advocate for environments that encourage these children to develop their skills and interests to the fullest extent.

In this Unit, we will explore the characteristics of intellectual disabilities, their causes, and the impact they may have on learning and development. We will discuss strategies for effective teaching, accommodations that facilitate learning, and the critical role of family and community support. We also will address the transition to adulthood and the pursuit of a fulfilling and productive life. By reframing the discussion around intellectual disabilities with an emphasis on strengths, respect, and empowerment, we aim to inspire a more nuanced understanding and a collaborative approach to supporting children in their educational journeys. As language and cultural norms evolve, the language surrounding disabilities also changes to reflect a more person-centered and respectful lexicon. It is crucial to

understand that terms like "mental retardation" are considered outdated and offensive; therefore, they have largely been replaced by "intellectual disability" in both clinical and educational contexts (Griffiths & Unger, n.d).

12.1 OBJECTIVES

- Acquire knowledge and understanding of different type of mental retardation children
- To know about the characteristics of different types of mentally retarded children
- Understand the need of education for mentally retarded children

12.2 MENTALLY RETARDED CHILDREN

Mental retardation means substantial limitations in age-appropriate intellectual and adaptive behavior. It is seldom a time-limited condition. Although many individuals with mental retardation make tremendous advancements in adaptive skills (some to the point of functioning independently and no longer being considered under any disability category), most are affected throughout their life span.

Mental retardation is a condition and not a disease. Persons with this condition will have less mental ability or intelligence than others of his age. In such condition persons have difficulty in learning, understanding and communicating to others and in adjusting their behavior to the various situations in everyday life. Mental Retardation can result from damage to the brain or from incomplete development of the brain during the developmental period (0-18 years).

Mental Retardation cannot be cured because it is not an illness. But, early identification and early intervention can greatly improve the effect of mental retardation on the everyday life of the person affected by it. Definition:

It depends on numerous variables and social parameters, which is difficult to define. There are many definitions of mental retardation but the most widely accepted definition describes mental retardation as significantly sub-average intellectual functioning, which manifest itself during the developmental period and is characterized by inadequacy in adaptive behavior. Many Acts, Associations and Authors have defined mental handicap in different ways, but this definition can be categorized under two headings-

1. **Intelligence Quotient.** Low or very low intelligence is the only factor which is widely considered as the criterion of mental retardation. Countless studies have been conducted in these lines. The attempts which have been taken to define mental handicap on the basis of I.Q. can be stated below:
 - (a) "Heber": According to Heber mental handicap or retardation refers to "sub-average general intellectual functioning which originates during the developmental period and as associated with impairments in adaptive behavior."

2. Social Incompetence. Social incompetence as the major criterion of mental retardation has been advocated by experts.

- (a) Berida (1952). "A mentally deficient person is one who is incapable of managing himself and his affairs or being taught to do so, and who requires supervision, control and care for his own welfare and the welfare of his community."
- (b) The Encyclopedia, Britannica defines. "A state of sub-normal evolution of human organism In consequence of which the individual affected is incapable of assuming those responsibilities expected of socially adequate person, such as self-direction, self-support and social participation."

12.2.1 Causes of Mental Retardation

Mental retarded appears in every race, every nation and every creed. Before we can decide what contribution we can make towards alienation of this problem, we should have knowledge of the various causative factors.

Mental handicap has been traced to many causative factors, which may work singly or in groups. Some of these are:

- 1. Heredity:** Heredity is the most important and major cause of mental handicap. 50 to 75% of mentally handicapped children come from families in which the members are Intellectually weak or possess less than average intelligence. Hopwood, Penrose, Kirk and Keiser made studies, which revealed that feeble-mindedness of the parents is one major cause of mental handicap. In twins, generally, if one child is mentally retarded the other child is also retarded and or is very rare that one child may be normally intelligent and other mentally handicapped. The studies conducted by Romanoff and his associates indicated that as a general rule 91% of the identical twins and 53% of the fraternal twins exhibit signs of mental retardation. Other psychologists also on the basis of statistics collected by them have confirmed this view. If the development of brain of parents is not proper can be herited by their sons and daughters. The study of 'Goddard' revealed that only 6 children were normal out of 100 children of 40 feeble-minded parents. If the parent has the diseases of nerves e.g. epileptic amentia, epilepsy syphilis etc, children can also show.
- 2. Prenatal causes:** During the pregnancy the physical and mental conditions of the mother determines the mental development of the child. The prenatal causes may be summarized in following heading.
 - (a) Infection:** During prenatal period the fetus is susceptible to damage from maternal infection. Within the first three months of pregnancy, the mother's infection of a German measles (Rubella) can lead to serious complications, such as: mental retardation, heart disorders, seizures etc. Mental retardation occurs due to congenital syphilis, although, although syphilis can be cured.

- (b) **Intoxication:** Studies have evidenced that overdose of strong drugs like quinine, streptomycin are associated with mental retardation at the newborn child. Thus, pregnant mothers should be advised by medical personnel to avoid such drugs.
- (c) **Maternal Sickness:** Long sickness, high blood pressure, syphilis and severe nutritional deficiency of the mother during pregnancy result to give birth retarded children.
- (d) If in the pregnancy, mother takes poison or does abortion, brain is affected, these are all conditions.

1. **Perinatal Causes.**

- (a) Usually prolonged labour and abnormal conditions off delivery.
- (b) Of at the time of birth mother got disease pr injury to brainchild is affected.
- (c) Instrumental delivery may also result injury to the child's brain.
- (d) Use of Anoxia is also responsible for mental retardation.
- (e) The lack of oxygen in the brain during the period of birth. During pregnancy or birth, due to certain conditions, if the supply of oxygen is reduced or blocked, may result destruction of some brain cells. These ultimately lead to mental retardation.

2. **Post-natal causes.**

- (a) Injury to head, brain damage, disease of spinal cord may result mental retardation after retardation after birth.
- (b) Nutritional disorders during early months.
- (c) Metabolic defects.
- (d) Developmental defects.
- (e) Severe environmental deprivation, special sensory handicaps (deafness and blindness) contribute to retarded development. Multiple handicaps such as epilepsy and cerebral palsy also account for some degree of retardation.

3. **Unknown Influence:** Microcephaly and Hydrocephaly are two types of disorders, which involve cranial and congenital defects. These are due to unknown origins and they exist before birth. Primary microcephaly is inherited. In the case of primary microcephaly the brain tissue is under-developed but in relation to size of the cranium. Retardation ranges from mild to severe.

4. **Social factor:** Isolation of the child in early from human contact leads to emotional starvation and to intellectual ill-development of the entire physique. When the child is deprives of human contact, a normal development of the

entire physique system is disbalanced. Good and wholesome socio-economic home conditions favorably affect the growth of intelligence. Prolonged illness in poor homes, repressive and inhibiting treatment and lack of warmth and affection also has some bearing on the development of intelligence and can contribute to a child's mental retardation.

12.2.2 CHARACTERISTICS OF MENTALLY RETARDED

The following are the main characteristic conditions of mentally retarded and it is on the basis of these characteristics that the mentally handicapped children can be separated and distinguished from the normal children.

1. Slower Intellectual growth: Mentally retarded is characterized by low intelligence in comparison to normal children. It has already been emphasized that one of the chief characteristics of mentally retarded child is a certain lack of innate mental capacity. The intellectual growth of the mentally retarded child is slower than that of the normal child. The growth ceases earlier. The intellectual gap between the normal and the mentally retarded child exists at birth. Gradually the gap tends to increase with age and become permanent and largely irremediable. Their slow rate of maturation arrests intellectual growth. Many authors have described I.Q. range of mentally handicapped in between 25 to 75 (or) so.

The following mental characteristics are observed-

- 1. Incomplete development of mind.**
 - The child lacks in concentration and co-ordination.
 - His attention becomes diverted very easily.
 - He cannot concentrate on or stick to anything or subject for long.
 - The power of recollection is limited and the range of memory is narrow.
 - For him proper association between, words and pictures is difficult and he retains memory, if at all, of only very simple things
 - His power of imagination and thinking is low and limited and therefore he avoids thinking.
 - In such a child the creative impulse is also very low.
 - He has a poor self-concept and is very impulsive.
 - He has short interest and attention span.
 - He is unable to think abstractly or to handle symbolic materials.
- 2. Inability to Learn:** Some experts have termed mental backwardness as educationally subnormal. From that angle one of the predominant characteristics of mentally retarded is their inability to learn. They cannot make any progress compared to normal children. They feel difficulty in understanding common learning materials. In some cases special education

can help them whereas in other cases special provision fails due to their learning difficulties. Though a number of characteristic conditions are observed in them, Inability to learn is considered as most important one from educational point of view. Their sub-verage general intellectual functioning results in reduced learning capacity.

3. **Social Immaturity:** Socially he demonstrates immaturity and to some degree, depending on the severity of the case, he may remain dependent on adults and require some protection, guardianship or guidance throughout his life.

Mentally handicapped is inadequate from social point of view because he is not able to protect himself from the normal hazards of life.

- He lacks self-control and self-sufficiency.
- He cannot solve his own social and personal problems and difficulties.
- He tends to indulge in immoral, criminal and anti-social activities without knowing and understanding the nature and consequences of his acts.
- He is rejected and under-estimated by the members of the society.

4. **Linguistic characteristics:** From the linguistic point of view they show inability to construct compound sentences. They have limited vocabulary. Their sentences are limited within words. It has been observed that they use less pronoun and preposition in their language activities. They have communicative deficiencies such as understanding of abstract words and ideas, generalizations and descriptive language

5. **Slower in Sensory-motor Development.** The mentally retarded child is slower in sensory-motor development as compared to the normal child.

Beside the speed of reaction they have also poor muscular co-ordination and motor skills.

6. **Defects of drives and emotions.** Since the mentally retarded child lacks mental power, he also suffers from defects of drives and emotions. These defects originate due to inborn deficiency. Mentally handicapped child suffering from defects of drives and emotions may in extreme cases shows the lack of even vital drive of self-preservation. There is almost complete absence of complex emotions in them.

7. **Defects of personality:** The personality traits of mentally handicapped child are different from that of normal children. When there is lack of requisite mental power, the personality also undergoes disorganization. Therefore, generally the personalities of mentally retarded children are not dynamic and lack in courage and strength and other good qualities. Normally the child possesses a personality that is that is unattractive, unstable and liable to be easily influenced.

12.3.3 Needs of Mentally Retarded Children:

- To prepare them to do their daily activities.
- To make able to travel and to move about

- To enable them to utilize their leisure time in activities like cleaning, gardening etc
- To manage money.
- To learn praise and appreciation of Arts, paintings, Musics, play activities etc:
- To train them for their sensory discrimination (Speech training etc.)

12.4 Self -Check Exercise

1) Which educational setting is typically recommended for children with intellectual disabilities?

- a) In a separate facility away from mainstream schools
- b) Fully included in general education with no support
- c) In specialized programs within mainstream schools
- d) Home-schooling without opportunities for socialization

2) What is the focus of an Individualized Education Plan for a child with an intellectual disability?

- a) To set the same academic goals for them as for their typical peers
- b) To establish personalized learning objectives with appropriate support and accommodations
- c) To concentrate only on physical development and motor skills
- d) To provide a strict and rigid curriculum that doesn't adapt to change

12.5 Summary

At the end we can conclude that Mental retardation is a condition and not a disease, Persons with this condition will have less mental ability or Intelligence than others of his age. it such condition persons have vorticity in learning, understanding and communicating to others and in adjusting their behavior to the various situations in everyday life. Mental Retardation can result from damage to the brain or from incomplete development of the brain during the developmental period (0-18 years). Mental Retardation cannot be cured because it is not an illness. But, early identification and early intervention can greatly improve the effect of mental retardation on the everyday life of the person affected by it. Some experts have termed mental retardedness as educationally subnormal. From that angle one of the predominant characteristics of mentally retarded is their inability to learn. They cannot make any progress compared to normal children. They feel difficulty in understanding common learning materials. In some cases special education can help them whereas in other cases special provision fails due to their learning

difficulties. Though a number of characteristic conditions are observed in them, inability to learn is considered as most important one from educational point of view. Their sub-average general intellectual functioning results in reduced learning capacity.

12.6 Glossary

- **Cognitive Ability:** Relates to capacity of perception, discovery, recognition, imagination, judgement, memory, learning and thinking through which the individual obtains knowledge and understanding or explanation.
- **Communication disorder:** Impairment in speech or language that interferes significantly with a person's ability to communicate. See also language disorder and speech disorder.
- **Compensatory instruction:** Instruction that teaches a student to compensate for disability, an example is teaching Braille.
- **Conductive hearing loss:** A hearing impairment caused by blockage or damage in the outer or middle section of the ear.
- **Convergent Thinking:** Thinking that involves reasoning, memory, and classification.
- **Cooperative learning:** Instruction in which students work together on a task in a small group.
- **Corrective feedback:** Feedback that informs a student about his or her mistakes and demonstrates the correct procedure
- **Counseling therapy:** Intervention designed to uncover sources of problems or build new approaches to interpersonal relations through a supportive relationship between client and therapist.
- **Creative:** Creative students are ones who have the ability to find out new solutions to problems and are marked by their spirit of inquisitive.
- **Criterion-referenced test:** Test in which the individual's performance is interpreted relative to specific curricular objectives that have been mastered; evaluates a pupil's absolute level of mastery. Also called objective-referenced test and curriculum-based test.
- **Curriculum-based assessment:** Procedure for determining the instructional needs of a student on the basis of the student's ongoing performance in a content area.
- **Curriculum compacting:** System in which students can "buy" time for special activities when they demonstrate mastery in the required curriculum.
- **Deafness:** Absence of functional hearing in both ears. In the federal definition, deafness means a hearing impairment so severe that the student is "impaired in processing linguistic information through hearing" and the student's educational performance is adversely affected. Defensive: Refers to deny, falsify or distort reality unconsciously.

- **De-institutionalization:** Implementation of the principle of least restrictive environment in residential facilities.
- **Delinquency:** Refers to crimes or offences carried out by someone below the age of adulthood (In India, 18 years). The age variances exist from culture to culture
- **Developmental instruction:** Teaching students skills that are progressively more difficult-to enable them to demonstrate the complex abilities necessary to meet instructional objectives.
- **Diagnosis:** Determining the nature of an educational task or problem; see instructional diagnosis.
- **Disability:** Medical, social, or learning difficulty that interferes significantly with an individual's normal growth and development.
- **Divergent thinking:** Thinking that shows fluency, flexibility, originality, and foresight. Down syndrome: Congenital condition that results from a chromosomal abnormality causes mental retardation.
- **Mental retardation:** Significantly sub average general intellectual functioning that exists concurrently with deficits in adaptive behavior, manifests itself during the developmental period, and adversely affects the individual's educational performance
- **Mental Health:** Refers to maintenance of satisfactory personality adjustment and a relative absence of mental disorder
- **Orthopedic Impairment:** Deficit in movement and mobility resulting from a congenital anomaly, disease, injury, or other cause and adversely affecting educational performance.
- **Orthosis:** Device that enhances partial functioning of a body part; for example, a leg brace Traumatic brain injury: Acquired injury to the brain caused by an external physical force, resulting in functional disability, psychosocial impairment, or both, and adversely affecting educational performance.

12.7 Answers to Self -Check Exercise

1. Correct Answer: c) In specialized programs within mainstream schools
2. Correct Answer: b) To establish personalized learning objectives with appropriate support and accommodations

12.8 REFERENCES/SUGGESTED READINGS

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12.9 TERMINAL QUESTIONS

1. Define mental retardation and illustrate their characteristics and needs.
2. Elaborate the major causes of orthopedic Impairment
3. Describe the characteristics and needs of hearing impaired children.
4. Discuss major causes of mental retardation and elaborate types of mental retardation
5. State the characteristics and needs of orthopedically impaired children.

UNIT 13

EDUCATIONAL PROVISIONS FOR CWSN

Lesson Structure

- 13.0 Introduction
- 13.1 Learning Objectives
- 13.2 Educational Provisions Strategies for Visually Impaired
- 13.3 Educational Provisions for Hearing Impaired
- 13.4 Educational Provisions for Orthopedically Impaired
- 13.5 Self -Check Exercise
- 13.6 Summary
- 13.7 Glossary
- 13.8 Self -Check Exercise
- 13.9 References /suggested readings
- 13.10 Terminal Questions

13.0 Introduction

Education authorities have a statutory duty to make provision for special educational needs in fulfilling their responsibility to provide adequate and efficient education for their areas. Further education colleges, too, have duties in respect of students with learning difficulties and disabilities, Schools, educational services and colleges are delegated the responsibility to educate children and young persons in such a way as to assist them to learn and to progress There is no mystique in making effective provision. The general aims and principles of education in nursery, primary and secondary schools and in further education colleges apply. Any differences relate to the strong emphases placed on identifying, specifying and meeting Individual educational needs, on involving parents^{1, 2} in this process and on the key role of teachers in planning, implementing and evaluating curricular programmes for individual pupils or students, often in collaboration with other members of staff and other professions.

For children and young persons with special educational needs, education is of immense importance-often the most critical factor contributing to the quality of their lives in childhood and in adulthood. It is essential, therefore, to ensure that the characteristics of educational provision enable individuals to optimize their abilities and to overcome, minimize or circumvent their learning difficulties. HM Inspectors have identified ten distinctive features of effective provision from analyses of reports of inspections and other Investigations of provision for special educational needs. They have also devised indicators of performance for provision in mainstream and special schools and units to assist in the appraisal of quality, are considered in

general terms in this Unit and then in later Units in relation to pre-school provision, to primary and secondary schools and to further education colleges.

Many influences have shaped the nature of provision for special educational needs. They include philosophical and political standpoints, location, history and tradition, parental views and the very different and changing needs of children. They have resulted in an ever widening range of provision across Scotland and within regions what matters are that the provision made are suited to the individual's age, stage of development, and educational, social and emotional needs. The starting point in making decisions about educational placement is consideration of mainstream provision in the individual's own area. Most pupils with special educational needs in Scotland attend their local schools. Where the quality of the individual's educational and social experience is in doubt in such a setting, or where it is not feasible to provide the exceptional levels of support required, then other, more specialized forms of education will be necessary. However, the overriding concern must be to ensure that the educational provision takes account of all-round needs and that the individual is not socially isolated.

13.1 Objectives

- Know about Enrichment Programme for Gifted Children
- Knowledge of educational programmes for visually impaired and hearing impaired children.
- Know about Role of Resource Teachers, Parents, Peers and Society
- Know about Educational Provisions and Strategies of government for special children.

13.2 Educational Programme of Visually Impaired

Educational provisions and strategies for visually impaired students are essential to ensure that they have equal access to education and the opportunity to reach their full potential. These provisions and strategies may include:

1. **Individualized Education Plan (IEP):** Developing an IEP is crucial. It outlines the student's specific needs, goals, and the support and accommodations required to address those needs. IEPs are created with input from teachers, parents, and specialists.
2. **Braille Instruction:** Many visually impaired students use Braille as their primary method of reading and writing. Braille instruction is essential and can be integrated into their curriculum.

3. **Assistive Technology:** Utilize assistive technology such as screen readers, screen magnification software, and Braille notetakers to enable visually impaired students to access digital materials and interact with computers.
4. **Accessible Educational Materials:** Ensure that all educational materials, including textbooks, handouts, and online resources, are available in accessible formats, such as Braille, large print, and electronic text.
5. **Orientation and Mobility Training:** Provide training in orientation and mobility to help students navigate their environment independently and safely.
6. **Specialized Instruction:** Offer specialized instruction in areas like daily living skills, independent travel, and adaptive technology usage.
7. **Sensory Training:** Teach students how to use their other senses effectively to gather information, including auditory and tactile skills.
8. **Modified Assessment:** Modify assessments to accommodate the needs of visually impaired students, such as providing extended time or using oral exams.
9. **Accessible Classroom Setup:** Ensure classrooms are well-lit, clutter-free, and have a layout that is accessible and safe for students with visual impairments.
10. **Peer Support and Training:** Encourage peer support and educate classmates about visual impairments to foster an inclusive and supportive classroom environment.
11. **Teacher Training:** Provide professional development opportunities for teachers and staff to help them understand and address the needs of visually impaired students.
12. **Use of Tactile Graphics:** Use tactile graphics and 3D models to supplement lessons in subjects like science, geography, and mathematics.
13. **Collaboration with Specialists:** Work closely with specialists, such as vision teachers and orientation and mobility instructors, to ensure students receive the support they need.
14. **Access to Rehabilitation Services:** Coordinate with rehabilitation services to offer physical and occupational therapy as necessary.
15. **Community Resources:** Connect families with local and national resources, such as advocacy groups and support organizations for the visually impaired.
16. **Transition Planning:** Develop transition plans to help students prepare for life after school, including vocational training and independent living skills.

17. **Regular Communication with Parents:** Maintain open and regular communication with parents to discuss progress, concerns, and any necessary adjustments to the educational plan.

Remember that each visually impaired student is unique, so it's essential to tailor the educational provisions and strategies to their specific needs and abilities. Additionally, fostering a supportive and inclusive school environment is key to the success of visually impaired students.

They could also be given training in eating, dressing, bathing, grooming, doing house-hold work, making change, lightening a cigarette or pouring water or bringing tea for guests in the home. They can also be made to tie their shoelaces or put on their clothes or even to work in the kitchen. They are not to be over-protected because over- protection leads to retardation in motor and muscular development. They should not be confined to small rooms or in the house. They should be encouraged to take part in activities such as running, jumping and throwing. Lack of motor stimulation and motivation for physical activities leads to less supply of oxygen and hence these children are easily fatigued. Excessive use of colliery's muscles in the partially blind may also cause fatigue. So physical activities requiring motor movement such as jumping and wrestling are vital to the physical and mental health of these children. There may be some fear of accident in games, which need not be played in a vigorous manner, but activities such as pulling the rope, climbing, and wrestling are quite harmless and have proved to be very useful for these children. The teacher should keep these points in mind while dealing with blind or near to blind children:

1. Reduce distance between student and speaker as much as possible.
2. Reduce distracting glare and visual distractions as much as possible.
3. Reduce clutter on classroom floor and provide unobstructed access to door and key classroom spaces.
4. Seat students near chalkboard or overhead projections, or give them the freedom to move close to areas of instruction.
5. Avoid partially opening cabinets, storage areas and classroom doors, fully opened or closed doors are safer.
6. Use auditory cues when referring to objects in the classroom and during Instructional presentations.
7. When presenting visually dependent materials, verbalize written information, describe pictures, and narrate nonverbal sequences in videotapes or movies. Use complete sentences to provide additional context.
8. Reduce unnecessary noise to help focus content of instructional presentations.

9. Keep instructional materials in the same place so students can find them easily.
10. Make sure glasses and other visual aids are functioning properly.

13.3 Educational Programme for Hearing Impaired

Educational provisions for hearing-impaired students are essential to ensure they have equal access to education and the opportunity to succeed academically and socially. These provisions often include:

1. **Sign Language or Communication Support:** For students, who use sign language; provide qualified interpreters or communication support professionals. This ensures that they can understand instruction and communicate effectively.
2. **Hearing Aids and Assistive Technology:** Ensure that hearing-impaired students have access to appropriate hearing aids and assistive technology, such as FM systems and cochlear implants, to optimize their hearing.
3. **Classroom Acoustics:** Modify classroom acoustics by reducing background noise and using sound-amplification systems to improve audibility.
4. **Visual Supports:** Use visual aids, written instructions, and captioned videos to supplement verbal information and enhance communication.
5. **Closed Captioning:** Ensure that all audio-visual materials, including videos and online content, have closed captioning.
6. **Educational Support Specialists:** Employ teachers or specialists with expertise in deaf education and sign language, as needed, to work directly with hearing-impaired students.
7. **Regular Communication with Parents:** Maintain open and regular communication with parents to discuss progress, concerns, and any necessary adjustments to the educational plan.
8. **Peer Support and Awareness:** Promote peer support and educate classmates about hearing impairments to create an inclusive and supportive classroom environment.
9. **Collaboration with Audiologists and Speech Therapists:** Work closely with audiologists and speech therapists to assess and address the individual needs of hearing-impaired students.

10. **Modification of Assessments:** Modify assessments to accommodate the needs of hearing-impaired students, such as providing extended time or using visual aids.
11. **Auditory Training:** Provide auditory training and listening skill development for students who use hearing aids or cochlear implants.
12. **Life Skills Training:** Include training in daily living skills, self-advocacy, and communication skills to prepare students for independence.
13. **Access to Rehabilitation Services:** Coordinate with rehabilitation services to offer physical and occupational therapy as necessary.
14. **Transition Planning:** Develop transition plans to help students prepare for life after school, including vocational training and independent living skills.
15. **Cultural Competence:** Educate school staff about deaf culture, sign language, and the unique needs of hearing-impaired students.

It's important to remember that each hearing-impaired student is unique, so it's essential to tailor the educational provisions and strategies to their specific needs and abilities. Creating an inclusive and supportive school environment is also vital for the success and well-being of hearing-impaired students.

The teacher should keep in mind the following points while dealing with partially hearing impaired children:

1. Reduce distance between student and speaker as much as possible,
2. Speak slowly and stress clear articulation rather than loudness when speaking.
3. Reduce background noise as much as possible.
4. Seat student near center of desk arrangements and away from distracting sounds.
5. Use face-to-face contact as much as possible.
6. Use complete sentences to provide additional context during conversations or instructional presentations.
7. Use visual cues when referring to objects in the classroom and during instructional presentations.
8. Have classmates take notes during oral presentations for student to transcribe after the lesson.
9. Encourage independent activities and teach social skills.
10. Be sure hearing aid is turned on and functioning properly.

13.4 Education Programme for orthopedically handicapped

Orthopedically handicapped children do not need any special situation for schooling. They can be educated well in the regular school along with others. The regular classroom teacher can well handle such cases. Education of OH children has changed considerably over the past 50 years. The strength for independence and social recognition was difficult. In 1920, vocational rehabilitation was started with physically handicapped children. Public attitudes also began to change.

Creating an education program for orthopedically handicapped individuals requires a thoughtful and inclusive approach to address their unique needs. It is essential to consider the specific challenges they may face due to their physical disabilities while ensuring that they receive a quality education. Here's a comprehensive plan for an education program for orthopedically handicapped individuals:

1. Inclusive School Environment:

- Promote inclusive education by ensuring that orthopedically handicapped students are integrated into mainstream schools whenever possible. This can foster social inclusion and provide opportunities for interaction with non-disabled peers.

2. Accessible Infrastructure:

- Modify school buildings to be physically accessible, including ramps, elevators, accessible restrooms, and classrooms with appropriate furniture and equipment.

3. Trained Staff:

- Provide training to teachers and support staff in strategies for working with orthopedically handicapped students. This includes understanding different disabilities, assistive technology, and effective teaching techniques.

4. Assistive Technology:

- Identify and provide necessary assistive technology devices such as mobility aids, communication devices, or computer software that can aid in learning and communication.

5. Physical Therapy and Rehabilitation:

- Collaborate with healthcare professionals to provide necessary physical therapy and rehabilitation services for the students to improve their physical abilities.

6. Transportation Services:

- Ensure accessible transportation options for students who may require it, and consider providing transportation assistance for those who can't access regular school buses.

7. Counseling and Emotional Support:

- Offer counseling services to help students cope with the emotional and psychological challenges associated with their disabilities. Encourage peer support networks.

8. Parental Involvement:

- Involve parents or guardians in the education process, providing them with information, resources, and support to help their children succeed in school.

9. Vocational Training and Life Skills:

- Offer vocational training programs and life skills education to help students gain practical skills for future employment and independent living.

10. Transition Planning:

- Develop a transition plan for students to prepare them for life after school, whether it be further education, employment, or independent living.

11. Regular Review and Evaluation:

- Periodically review the IEPs, teaching methods, and the overall program to make necessary adjustments and improvements.

12. Advocacy and Legal Support:

- Provide information and resources to parents and students about their rights under disability laws and ensure they have access to legal support when necessary.

Programmes of children with orthopedic handicaps have broadened extensively to include the process of rehabilitation, thus studying the total child. Each staff member has to participate and show sensitivity and natural respect. Special educators need specific preparation for their teamwork role. The teacher's function include (a) diagnosis of deprived experience and provision of what is essential (b) developmental guidance (c) coordination of rehabilitation programme, (d) promotion of integrated activities (e) maintenance of reality standards and discipline.

In education of these children with motor handicaps priority is placed on intellectual development, academic ability, and facilitating the child's total adjustment to limitations.

1. These children should be taught self-reliance, initiative, and the ability to make choices. They must learn to plan ahead for mobility and assistance. Listening might be a major source of learning.
2. They should be taught how to use the different parts of the body.
3. Teachers ought to see that they develop a workable self-concept. Those children should play, mix with their non-handicapped peers.

4. The school must develop creativity in the children with reference to art, rhythm, music, drama, social experience and opportunity for personal development must be encouraged.

The following physical facilities may be provided in school:

1. A short ramp on steps to enable children in wheel chairs or crutches to enter the building.
2. Addition of a hand bar by the side of a water tap, in a toilet, or near a section of the blackboard, if the school has this.
3. Removal of desks to make room for the wheel chair to move.
4. Modification of furniture to provide for the comfort of the child with braces.
5. Rubber mats over slippery sections of the floor within the classroom. Problem of children having poor hand coordination can be solved by taping paper to the desk, devising some means of keeping pencils and crayons from rolling to the floor, providing holders for books.

In other words, with good planning and a little expenses many children who would otherwise need special education services can be educated in normal classroom situations. The classroom and equipment provided for these children may consist of-

- a. Wide doorways,
- b. Hand rails,
- c. Nonskid floors,
- d. Rounded corners,
- e. Play areas.

The classroom furniture may be modified to-

- a. Adjusting seats to turn to sides so that the child with braces can sit more easily.
- b. Providing foot rests,
- c. Adding hinged extensions to the desks with a cut-out to the child that has poor balance of eliminating the protruding parts over which a child might slip.

13.5 Self -Check Exercise

1. Which of the following is a common adaptation in classroom materials for students with visual impairments?
 - a) Audio recordings of textbook materials

- b) Use of a sign language interpreter
 - c) Increased homework assignments
 - d) Dimming classroom lights to reduce glare
2. How might a classroom teacher accommodate a visually impaired student during a lesson?
- a) Providing handouts with small, dense font to save paper
 - b) Using high contrast visuals and tactile graphics
 - c) Encouraging independent exploration of the classroom without guidance
 - d) Avoiding the use of any visual aids in presentations

13.6 Summary

For children and young persons with special educational needs, education is of immense importance - often the most critical factor contributing to the quality of their lives in childhood and in adulthood. It is essential, therefore, to ensure that the characteristics of educational provision enable individuals to optimize their abilities and to overcome, minimize or circumvent their learning difficulties. HM Inspectors have identified ten distinctive features of effective provision from analyses of reports of inspections and other investigations of provision for special educational needs. They have also devised indicators of performance for provision in mainstream and special schools and units to assist in the appraisal of quality. The distinctive features are considered in general terms in this Unit and then in later Units in relation to pre-school provision, to primary and secondary schools and to further education colleges. Students with learning disabilities sometimes also need help with classroom behaviors such as task avoidance, inattention, and hyperactivity, many have trouble organizing their time and using effective study skills; some have difficulty getting along with their peers. Improving behavior and social relations is also part of effective teaching tactics used with students with learning disabilities. The single, most fundamental characteristic of students with learning disabilities is a significant discrepancy between expected and actual performance in at least one academic content area. For this reason, academic instruction is the primary area in which students with learning disabilities require assistance. Effective teachers provide direct instruction for skills these students need to know, and organize their instruction to help these students use their strengths and make up for their weaknesses.

13.7 Glossary

1. **Early intervention:** Educational and other services provided before a child reaches school age or before school-related problems become serious.
2. **Educable mentally retarded:** Term sometimes used for individuals with mild mental retardation.
3. **Elaboration:** Describing in details.
4. **Enrichment:** Enhancing the educational experiences of students with materials or activities that go beyond the standard curriculum; does not involve changing students' placement or educational setting.
5. **Home-based programme:** Instruction or tutoring in the homes of students unable to travel to school
6. **Norms:** Standards against which performance is measured.
7. **Outcomes:** Specific results of the educational process; what students know and are able to do as a result of their schooling experiences.

13.8 Answers to Self -Check Exercise

- a) Audio recordings of textbook materials
- b) Using high contrast visuals and tactile graphics

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13.10 Terminal Questions

1. Write down the Educational Provision for visually impaired.
2. Write down the Educational Provision for orthopedically disabled children
3. Write down the Educational Provision for visually impaired Children.

UNIT-14

EDUCATIONAL PROVISIONS FOR SPECIAL CHILDREN

Lesson Structure

- 14.0 INTRODUCTION
- 14.1 LEARNING OBJECTIVES
- 14.2. Educational Provisions for learning disabilities
- 14.3 Educational Provisions for Mentally Retarded children
- 14.4 Educational Provisions for gifted children
- 14.5 Summary
- 14.6 Glossary
- 14.7 References /suggested readings
- 14.8 Terminal Questions

14.0 INTRODUCTION

The introduction to a Unit on the educational provisions for learning-disabled, intellectually disabled, and gifted children might begin as follows: Education is a fundamental right that must be accessible and equitable for all children, including those with unique learning needs. This Unit provides an in-depth exploration of the educational provisions for children with learning disabilities, intellectual disabilities, and those who are gifted. We delve into the significance of individualized education plans, inclusive and specialized educational strategies, and the necessity of fostering environments that celebrate and support diverse learning profiles.

For children with learning disabilities, this means creating instructional approaches that address specific challenges in areas such as reading, writing, mathematics, and information processing. Intellectually disabled children require supportive structures that focus on the development of academic skills alongside adaptive behaviors. Gifted children, conversely, need opportunities for enrichment and acceleration to cater to their advanced cognitive abilities and keep them intellectually challenged. Each group requires a unique combination of support services, specialized instruction, and curriculum modifications or extensions. The goal is not only academic achievement but also the overall well-being and personal development of each child. Although their needs differ, the underlying principle is the same: to uphold the rights of these children to receive a quality education that respects their individual differences and maximizes their potential. This Unit aims to equip educators, administrators, and policymakers with the knowledge and tools to create educational systems that are not only responsive to but also celebratory of the needs of these exceptional learners. It highlights the collaborative efforts necessary

to build inclusive educational communities where all children can find the opportunity to succeed.

14.1 LEARNING OBJECTIVES

- Know about Enrichment Programme for Gifted Children
- Knowledge of educational programmes for learning disabled children.
- Know about Educational Provisions and Strategies of government for mentally retarded children.

14.2 Educational Programme of learning disabilities

. Here's a comprehensive plan for an educational program for students with learning disabilities:

- Begin with early identification and assessment of students with learning disabilities. This process may involve diagnostic assessments, observation, and input from parents, teachers, and specialists.
- Provide specialized training for teachers, special education professionals, and support staff in evidence-based strategies for teaching students with learning disabilities.
- Foster an inclusive school environment that promotes social interaction and acceptance among students with and without learning disabilities. Inclusion can enhance the learning experience.
- Utilize a variety of instructional strategies that cater to different learning styles and needs. This may include visual aids, multisensory techniques, and differentiated instruction.
- Offer small group or one-on-one support sessions for students with learning disabilities to address their specific challenges and provide additional help.
- Provide access to assistive technology tools and software that can assist students with reading, writing, and information processing.
- Involve parents or guardians in the educational process, keeping them informed about their child's progress and providing resources and support for at-home learning.
- Ensure that educators and staff continue to receive ongoing professional development in the latest techniques and research in the field of learning disabilities.
- Develop transition plans to prepare students for post-graduation life, including higher education, employment, and independent living.
- Ensure that the program complies with legal requirements, such as the Individuals with Disabilities Education Act (IDEA), and adheres to ethical standards in supporting students with learning disabilities.

Students with learning disabilities sometimes also need help with classroom behaviors such as task avoidance, inattention, and hyperactivity, many have trouble organizing their time and using effective study skills; some have difficulty getting along with their peers. Improving behavior and social relations is also part of effective teaching tactics used with students with learning disabilities.

1. Provide alternative assignment to help students compensate for academic weaknesses.
2. Help students focus on relevant aspects of assignments.
3. Use concrete examples and demonstrations when teaching new content.
4. Provide opportunities for students to progress at their own rate.
5. Modify assignments to help students compensate for academic weaknesses.
6. Provide more opportunities for practice than those required by peers.
7. Provide instructional aids (for example, calculators, fact tables, spelling dictionaries) to help students compensate for academic problems.
8. Provide substitute materials with lowered reading level in content area instruction.
9. Modify tests and evaluation measures to compensate for learning problems.
10. Provide opportunities for self-monitoring.

14.3 Educational Provisions for Mentally Retarded

There are different educational provisions for EMR which are as follows:

Educational Provisional for the Educable Mentally Retarded

- 1) To enable him to become a self-sufficient and accepted adult member of the community in which he lives.
- 2) To promote Personal Adequacy, Personal Adequacy means more than just the ability to take care of one's ordinary every day needs. It involves in addition, accepting oneself and one's limitations. But at the same time having an awareness of one's positive attributes and capitalizing on these. Personal Adequacy for the mentally handicapped is for the mentally handicapped is concerned as much with self-respect as self-care

- 3) To promote Social Adequacy. Social Adequacy as an educational aim, means helping the child to behave and conduct himself generally in ways that make him acceptable to his fellow men both in work and in leisure activities.
- 4) To promote Occupational Adequacy, Occupational Adequacy is essentially practical. We are seeking here to impart those skills, which will enable him to secure employment and become wholly, partially or economically independent. It is the promotion of attitudes and behaviour in the work situation, which make him acceptable both to his employer and to his fellow-workers.
- 5) To enable them to utilize their leisure time in activities like cleaning, gardening etc.
- 6) To make able to travel and to move about
- 7) To learn praise and appreciation of Arts, paintings, Music, play activities etc.
- 8) To manage money.
- 9) To train them for their sensory discrimination (Speech training etc.)

Educational Provision for the Trainable Mentally Retarded An understanding of the nature and needs of Trainable Mentally-handicapped children and a willingness to meet them provide the necessary basis for the development of suitable methods. The educational programme for the Trainable Mentally handicapped emphasizes physical and social rather than intellectual skills.

While thinking about special provisions for them, the following principles are taken in to consideration-

1. The educational provisions will on the whole have a more practical orientation
2. Less emphasis should be devoted to the development of sensory-motor, self-care and daily living skills.
3. A more definite timetable will also be necessary with short periods of activity; Frequent changes of subjects have a good result on their progress.
4. There is need for much more repetition and practice of learned related to the real-life experiences and everyday needs of the children. For example, teaching of Arithmetic should be restricted to the handling of simple coins and reading of vocabulary should be related to meaningful situations in the child's social environment.

5. Many simple social activities can be dramatized in the classroom to give practice in the use of these skills.
6. Group-work should be emphasized as it stresses child's social adequacy.
7. The child should learn what we want him to learn by actually doing the thing that is to be learned
8. Before starting teaching the teacher is required to observe the signs of readiness for learning otherwise fear and frustration may develop within them.
9. Teaching must be through part learning and space learning method
10. Praise, recognition, appreciation, status, affection and prestige and also freedom to learn should be provided properly.

14.4 Enrichment Programme for Gifted Children

Ability Grouping Ability grouping or segregation of gifted children from normal children has been a topic of great controversy among educationists and psychologists. One group feels that ability grouping helps the individual child as well as the society.

Ability grouping facilities incited increased competence in guidance programmers, accuracy in education measurement and acceptance of the idea that equal opportunity to include extra subject matter. A narrow range of ability produces more suitable teaching, greater depth, more enrichment, more suitable teaching methods and more time for teachers to provide individual guidance. The children with similar talents working together get stimulation for competition.

The group who oppose the idea of ability, grouping is of the opinion that homogeneous grouping places too much emphasis on mastery of subject matter and neglect the social and emotional development of the child,. It develops in them a selfish sense of superiority and fails to develop understanding or skill, which are involved in the leadership of a democratic society It deprives normal students of the excellent and stimulating ideas which might gifted students in mixed classes contribute. Segregation may cause the gifted students in mixed. Following are some of the variations of ability grouping practices in school.

- a) **Special School:** Special school is opened for the gifted children, in which arrangement are made for the maximum development of academic skills and for sensitive vocational planning. Navodaya Vidyalayas is an example of this.
- b) **Special Classes:** The special class is not commonly used formal segregation arrangement. Most special classes use the same subject matter as used in

regular classes but differentiated in the depth of examination and range of supporting activities.

- c) **Differentiated Programmes:** The differentiated or multitask plan is very old and very common; Students are not put in special classes except where these classes are required as a part of the programme leading to a particular diploma.
- d) **Core and special Classes:** the arrangement against competence grouping is sometimes met by having the entire student taking certain courses together and some students taking special classes,
- e) **In-Class Grouping:** Generally, in elementary schools, teachers group children within classes for working and reading. However, children remain in the same class and participate in many common learning experiences.
- f) **Acceleration:** Acceleration means short promotion or skipping over a class. It is proposed for both time saving and motivation for gifted children, who waste half of their time in the school day, Acceleration is opposed on two grounds: (1) Acceleration develops social and emotional problems of adjustment among students. (2) Rapid progress denies the student gradual social and emotional experiences and encourages rote learning. There are various approaches, which are commonly followed in the process of acceleration:
 - (a) **Formal:** The methods of formal acceleration are skipping credit by examination of short-term promotion, it avoids boredom but it parts the child from his friends and leaves gaps in his; learning.
 - (b) **The Contract Plan:** It has been borrowed from Dalton Plan. It provides for extra work for agreed credit or special grade. It gives more emphasis to individual instruction and permits the students to move at his own rate.
 - (c) **Early School and College Entrance:** In this type, homogeneity of mental age is more favored than homogeneity of chronological age. The gifted children are admitted in the school and college, at an early age than the average children.
 - (d) **Reduction in Class Time:** This approach basically emphasizes that gifted children attend regular classes but are excused on certain days to pursue some enriching activity according to their interests.
- g) **Enrichment:** Enrichment has been interpreted in two ways; namely, enrichment in regular class, which essentially means and increase in breadth of classroom, programme for gifted children. Proponents of this interpretation argue that variety and exposition are more important than precision and intensive work. The other Interpretation is enrichment in depth; those who emphasize the academic purpose of education favour it. In practice, most of the programmes of enrichment reconcile this point of view, some of the common approaches of enrichment are:
 - (a) Special assignment is given to the gifted children, which more-in-depth need study of the topics.

- (b) Gifted children are allowed to choose activities of their interest but these activities are evaluated for scoring.
- (c) Intellectually elder or gifted children may be involved in helping the younger or less able children with reading and arithmetic. Gifted child works as a monitor and demonstrator.
- (d) Some teachers help the gifted children by providing them good book- and laboratory experiments.
- (e) Extra-depth assignments are selected carefully by the teachers to help gifted children to advance their knowledge of the subject.
- (f) Summer school may be organized for different subjects for enriching the knowledge of gifted students.

14.5 Self -Check Exercise

1. What type of instructional method is beneficial for students with learning disabilities?
 - a) Large group lectures without visual aids
 - b) One teaching style regardless of the subject matter
 - c) Multisensory instructional techniques
 - d) Fast-paced instruction with minimal repetition
2. Which of the following is a key focus when creating an Individualized Education Plan for a child with intellectual disabilities?
 - a) Adhering strictly to grade-level curriculum standards
 - b) Personalizing learning goals to the child's abilities and needs
 - c) Emphasizing competition with peers
 - d) Discouraging the use of assistive technology

14.6 Summary

In conclusion, this Unit has underscored the imperative to provide tailored educational provisions for students with a wide range of learning profiles—including those with learning disabilities, intellectual disabilities, and those who are gifted. These provisions are not just accommodations but are central to the very essence of what constitutes an equitable and just educational system. For students with learning disabilities, the goal is to close the gap between their potential and their performance, ensuring that they have the necessary resources and strategies to succeed academically. For students with intellectual disabilities, the focus is to enhance their life skills and maximize independence through a compassionate, individualized approach to education. For gifted students, educational provisions

should strive to challenge and extend their abilities, fostering an environment in which they can progress without limitation.

The Unit has articulated the complexities involved in identifying and responding to the unique challenges and strengths of each of these groups, highlighting the need for continual assessment and flexible pedagogy. It has also acknowledged the critical contribution of parents, educators, and supportive services working in concert to create a responsive and nurturing learning community. Ultimately, this Unit reaffirms our collective responsibility to ensure that every child, regardless of their educational needs, is afforded the opportunity to reach their full potential. As we move forward, the ongoing commitment to research, policy development, and advocacy remains crucial in evolving and refining the educational provisions for all students. Within the richness of our diversity lies the potential for tremendous growth and the promise of a more inclusive future in education.

14.7 Glossary

1. **Early intervention:** Educational and other services provided before a child reaches school age or before school-related problems become serious.
2. **Educable mentally retarded:** Term sometimes used for individuals with mild mental retardation.
3. **Elaboration:** Describing in details.
4. **Enrichment:** Enhancing the educational experiences of students with materials or activities that go beyond the standard curriculum; does not involve changing students' placement or educational setting.
5. **Home-based programme:** Instruction or tutoring in the homes of students unable to travel to school
6. **Norms:** Standards against which performance is measured.
7. **Outcomes:** Specific results of the educational process; what students know and are able to do as a result of their schooling experiences.

14.8 Answers to Self -Check Exercise

c) Multisensory instructional techniques

b) Personalizing learning goals to the child's abilities and needs

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14.10 Terminal Questions

1. Write down the Educational Provision for visually impaired.
2. Write down the Educational Provision for learning disabled children
3. Write down the Educational Provision for Gifted Children.

UNIT-15

ROLE OF TEACHERS IN SPECIAL EDUCATION

Lesson Structure

- 15.0 Introduction
- 15.1 Learning Objectives
- 15.2 Meaning of Resource Teacher
- 15.3 Role of Teachers in Special Education
 - 15.3.1 Role and responsibilities of general teacher
- 15.4 Self -Check Exercise
- 15.5 Summary
- 15.6 Glossary
- 15.7 Answers to Self -Check Exercise
- 15.8 References /suggested readings
- 15.9 Terminal Questions

15.0 INTRODUCTION

Resource teachers play a crucial role in the education of visually and hearing impaired students by providing specialized support and guidance to help these students access the curriculum, develop essential skills, and thrive in an inclusive educational environment.

Although a parent's role in their children's learning evolves: as kids grow, one thing remains constant: we are our children's learning models. Our attitudes about education can inspire theirs and show them how to take charge of their own educational journey. Parents are involved in all aspects of the school's operation. In conjunction with the educational staff, parents help guide the school towards the realization of its mission. Parents fulfill a myriad of administrative duties, participate in work groups and the Circle of Trustees, raise funds, act as specialists, work as aides, drive for field trips, serve as class coordinators, provide office support, maintain the site, and prepare classroom materials. The physical presence of parents on campus during the school day improves the adult/child ration. Time that parents spend with their children, helping with homework and providing enrichment, has a significant impact on the students' education. Such participation enriches the educational program and makes the school financially viable. More importantly, parent participation sends a strong and clear message to children that education is a significant family value, making education seem relevant and important. The

presence of parents within the classroom also helps to smooth the transition between home and school.

The presence of parents influences the climate and direction of the school significantly. Therefore, it is important for each parent to educate him/herself about child development, basic educational philosophy and practices, and the demands of participating in a cooperative. Such self-education is made possible by reading recommended books and articles, participating in the parent education workshops sponsored by the school, and taking classes.

During school hours, a teacher's primary responsibility is to focus on children and attend to their academic, social, emotional and physical needs. Teachers have the responsibility and privilege of planning and implementing the program in their classes on a daily basis. Part of this charge is making sure that adults always treat children in a way that is respectful and developmentally appropriate. Teachers are responsible for ensuring the welfare of the whole class as well as striving to meet the needs of individual children as much as possible within a heterogeneous classroom. Teachers are responsible for planning class configuration in a way that meets the educational needs of both the individual and group. Teachers assign the use of classroom space in the way that best facilitates the creation of a positive learning environment. Teachers are responsible for creating a structure within which students can explore, learn, thrive, and create. Besides teaching to traditional academic objectives, teachers are responsible for facilitating the development of problem-solving and interpersonal communication skills.

Educating children demands that teachers continue to grow and develop professionally. To this end, teachers use both formal and informal opportunities to further professional growth. Such opportunities include, but are not limited to, reading professional books and journals, participating in Teachers Council, attending in-service training, visiting other schools, attending conferences, doing collegial coaching, participating in pilot programs, and obtaining fellowships or advanced degrees.

15.1 OBJECTIVES

- Know about the role of resource teacher in education of special children.
- Know about the role of general teachers in education of special children.

15.2 Resource Teacher

A resource teacher's role is open ended and limited only by time, talent and acceptance of the teacher by the school administration and staff. The resource teacher is a trained specialist who works with, and acts as a consultant to other teachers, providing materials and methods to those who are having difficulties within the regular classroom. Usually the resource teacher works with the mildly

handicapped population in a centralized resource room. The role of Resource Teacher has been identified as follows:

- a. He should conduct and participate in the screening of children with learning disabilities, determine their learning abilities and prepare final report for referral.
- b. He should provide instruction in small groups and individually
- c. He should prepare lessons for a child who cannot function in a regular classroom.
- d. He should provide resource room help till the child is fully integrated in the regular class.
- e. He should provide consultation to the regular classroom teacher and parents.

Remedial Teaching (for learning disabled children)

Mildly and moderately learning disabled pupils can function satisfactorily in the regular classroom with these adjustments. The regular classroom curriculum may require little modification. These are some of the general techniques of remediation but a specific theoretical model should guide the practitioner.

- (1) **Cognitive Processing Approach:** The cognitive processing approach provides a way of thinking about how a child learns and offers a framework for teaching. The developmental approach emphasizes sequential approach for remediation. Test related that the approach identifies specific areas of deficiency, which can be taught.
- (2) **Specialized Techniques Approach:** The specialized techniques indicate teacher would follow the prescribed order and fashion for specified period of time. Hierarchies of skills are to be developed in the skill development approach using criterion referenced teaching. Published materials can be used for remediation of learning disability.
- (3) **Behavioral Approach:** the behavioral approach refers to behavior modification approach for manipulations of environmental conditions of learning. Apply reinforcement and change behavior. Psychotherapeutic approach should build feelings of success and establish a healthy psychodynamic relationship between teacher and student. The major cause of teaching failure is dyspedagogia i.e., lack of good teaching. Inadequacy in the child's teacher and the teacher environment are the answer to remediation.

15.3 Role of Teachers in Special Education

Every teacher is an artist who can bring out the best in each child. Out of his family members the child's teacher should make the greatest contribution in his life. It is an accepted fact that effective education of the exceptional children other in

special school or in integrated settings depends on the efficiency of the teacher. To play effectively the following teacher roles are worthy to point out

- a) The teacher should inform the parents about any problem and difficulty of the child
- b) The teacher should maintain all the records of the children so that programme of action can be executed properly
- c) He/she should have a clear concept of special education and integrated education
- d) Teacher works out the remedial teaching programme, which may help the children with special educational needs.
- e) He prepares instructional material to teach in integrated settings.
- f) Teacher should co-operate with the other faculty for giving best possible education of disabled children

15.3.1 Role and responsibilities of general teacher:

- Has primary responsibility for specialized instruction and services required meeting the unique educational needs of her visually impaired students?
- Possesses the skills and abilities necessary to provide and coordinate this specialized
- Assists the student, parents, special and regular education personnel, and the student's sighted peers in
- understanding the unique educational needs and learning characteristics of visually impaired students,
- Becoming aware of services and support available from local programs for visually impaired students,
- Acquiring information regarding local, state, and national resources for the education of visually impaired students, and
- Interpreting the visually impaired student's specific eye condition, the educational implications of the visual impairment, and the results of functional vision and learning media assessments.
- Consults regularly with the classroom teacher, other regular and special education personnel, parents, and others to coordinate programs and services for the visually impaired student.
- Assists the site administrator and teachers in making environmental adjustments for the student in the school.
- Shares responsibility with classroom teachers in the identification of instructional areas in which the student requires assistance.

- Assures that large-type or braille texts, supplementary materials, educational, aids, and equipment needed by the visually impaired student, and the classroom teacher, are provided in a timely manner to ensure the student's maximum participation in all classroom activities (appropriate educational materials may be prepared or adapted by the VI teacher, or they may be obtained from educational, clerical, or transcriber services.)
- Provides instruction in the development and maintenance of skills to meet the student's unique educational needs in the following areas, as indicated in the IEP:
 - Low vision & visual efficiency skills,
 - Concept development & academic skills,
 - Daily living skills,
 - Career & vocational education skills,
 - Communication skills (these skills include braille reading and writing as appropriate),
 - Social/emotional skills and abilities, & sensory motor skills.
- Prepares sequential and meaningful instruction geared to the student's assessed needs, IEP goals and objectives, functioning, and motivational levels. This instruction should be reflected in weekly or monthly lesson plans, as appropriate.
- Provides assistance to the classroom teacher in academic subjects and activities of the classroom that, as a direct result of the student's visual impairment, require adaptation for the student.
- Provides initial and ongoing assessment;
- Consults with assessment team to determine appropriate testing materials and modifications needed,
- Assists with assessments when needed,
- Interprets assessment results when needed.
- Conducts functional vision/learning media assessments and produces written reports.
- Attends ARD and JEP meetings for students with visual impairments
- Schedules time efficiently for assessment, instruction, planning, preparation of materials, travel, and conferences with relevant school and other key individuals.

- Maintains ongoing contact with parents to assist them in the development of a realistic understanding of their child's abilities, progress, and future goals.
- Provides in-service training programs for school personnel and student and education for parents regarding the needs of visually impaired students and adaptations, programs, and services for these students.
- Makes available pamphlets, films, and other public information materials that may be useful in developing realistic and unprejudiced attitudes toward visually impaired students.
- Coordinates with other personnel, such as transcribers, readers, counselors, O&M specialists, career/vocational education staff, and rehabilitation counselors
- Maintains a current reference library of professional materials and resources.
- Acquires information and training about current research, development, and technology.
- Provides instruction in appropriate academic and non-academic content areas to the visually impaired student in the classroom.

15.4 Self -Check Exercise

What is the primary role of a resource teacher in a special education setting?

- a) To manage the entire school's curriculum and teaching standards.
- b) To provide specialized instruction and support to students with disabilities.
- c) To lead physical education activities for all students.
- d) To administer standardized testing exclusively.

How do special education teachers differ from general education teachers?

- a) They only teach elective courses, not core subjects.
- b) They primarily focus on classroom discipline and management.
- c) They adapt curriculum and use specialized strategies to meet the needs of students with disabilities.
- d) They avoid collaborating with other education professionals for student support plans.

15.5 Summary

Educating children demands that teachers continue to grow and develop professionally. To this end, teachers use both formal and informal opportunities to further professional growth. Such opportunities include, but are not limited to, reading professional books and journals, participating in Teachers Council, attending in-service training, visiting other schools, attending conferences, doing collegial coaching, participating in pilot programs, and obtaining fellowships or advanced degrees. Some parents of exceptional children have the knowledge; time and patience to augment the school's programme but most parents do not. A substantial number of parents of exceptional children are from lower socio-economic circumstances who do not have the educational background to deal with difficult educational problems, have been reared in an environment in which education is not valued, spend most of their time preoccupied with problems of coping with daily needs, and usually deal with discipline problems in an inconsistent and primitive fashion, "Slow learners" and "mildly mentally retarded children" frequently have parents with these attributes. There are, of course, parents who are able to carry through in an effective way a home programme that is compatible with the class Programme. As the parents become cooperative and informed, progressively involve them in home school programming for their child. Initially, you may request that the parent simply be with the child for a portion of the evening in any type of simple exchange. Later, the parent may assist the child in completing take-home exercise. Eventually you might recommend that the parents tutor the youngster, develop in-home behavioral objectives, and establish a management program for use at home.

15.6 Glossary

1. **Compensatory instruction:** Instruction that teaches a student to compensate for disability: an example is teaching Braille.
2. **Corrective feedback:** Feedback that informs a student about his or her mistakes and demonstrates the correct procedure.
3. **De-institutionalization:** Implementation of the principle of least restrictive environment in residential facilities.
4. **Incubation:** The second step sequence given by Wallas in creative thinking process. Here frequently the thinker finds that he cannot solve the problem, even after hours and days of concentrated effort. Often the deliberately or involuntarily turning away from the problem. During incubation, the conscious or unconscious mind mulls over the ideas and categorizes them.
5. **Remediation:** Instruction designed to repair or correct deficits in performance by training students in deficient areas.
6. **Self-concept:** Refers to picture or image a person has about him.
7. **Task analysis:** Breaking down a complex behavior or skill into its component parts or subskills.

8. **Youth apprenticeship:** Program in which a student spends part of each school week in a classroom and the remainder at a work site to gain actual work skills and experience

15.7 Answers to Self -Check Exercise

- b) To provide specialized instruction and support to students with disabilities.
- c) They adapt curriculum and use specialized strategies to meet the needs of students with disabilities.

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15.8 Terminal Questions

1. Explain the role of resource teacher

2. Discuss the role of resource teacher in the education of hearing-impaired children.
3. Elaborate the responsibilities of parents and resource teacher with reference to the education of visually impaired children.

UNIT -16

ROLE OF SOCIAL AGENCIES IN EDUCATION OF SPECIAL CHILDREN

Lesson Structure

- 16.0 INTRODUCTION
- 16.1 LEARNING OBJECTIVES
- 16.2 Resource Room
- 16.3 Role of Community Members
- 16.4 Role of Family
- 16.5 Self -Check Exercise
- 16.6 Summary
- 16.7 Glossary
- 16.8 Answers to Self -Check Exercise
- 16.9 References /suggested readings
- 16.10 Terminal Questions

16.0 INTRODUCTION

The education of children with special needs is a communal endeavor, requiring the collective effort and engagement of various stakeholders. This Unit considers the multifaceted contributions of the community, family, and peer groups in supporting the educational journey of children with unique learning challenges. Family is often the primary source of support for children with special needs, playing a pivotal role in advocating for appropriate educational services, reinforcing learning at home, and providing emotional and social support. The intimate understanding a family has of a child's strengths and challenges positions them to be powerful allies in crafting a tailored educational plan. Beyond the family unit, peer groups offer socialization and learning opportunities that are integral to the development of children with special needs. Positive peer interactions can foster a sense of belonging, encourage empathetic relationships, and facilitate academic and social learning within an inclusive setting.

The broader community, including schools, healthcare providers, and various community organizations, also has a vital role in creating an environment conducive to the educational success of children with special needs. Community resources can provide valuable support services, specialized training, and additional educational opportunities. In this Unit, we discuss how the collaborative engagement of family, peers, and community resources can create a supportive network, enhancing the overall educational outcomes for children with special needs. By investigating each

group's specific impact, we aim to articulate a comprehensive approach that recognizes the interconnectedness of these supports in the holistic development and education of special needs children.

16.1 LEARNING OBJECTIVES

- Know about the role of parents and family in education of special children.
- Know about the role of society in education of special children.
- Know about the role of peer group in education of special children.

16.2 Role of Community Members

1. To enable and empower persons with disabilities to live as independently and as fully as possible within and as close to the community to which they belong
2. To strengthen facilities to provide support to persons with disability to live within their own families
3. To extend support to registered organization to provide need based services during period of crisis in the family of persons with disability
4. To deal with problems of person with disability who do not have family support;
5. To promote measures for the care and protection of persons with disability in the event of death of their parent or guardian
6. To evolve procedures for the appointment of guardians and trustees for persons with disability requiring such protection.
7. To facilitate the realization of equal opportunities, protection of rights and full participation of persons with disability
8. To do any other act which is incidental to the aforesaid objects?

16.3 Role of Family

Some parents of exceptional children have the knowledge; time and patience to augment the school's programme but most parents do not. A substantial number of parents of exceptional children are from lower socio-economic circumstances who do not have the educational background to deal with difficult educational problems, have been reared in an environment in which education is not valued, spend most of their time preoccupied with problems of coping with daily needs, and usually deal with discipline problems in an inconsistent on primitive fashion. Slow learners" and "mildly mentally retarded children" frequently have parents with these attributes.

There are, of course, parents who are able to carry through in an effective way a home programme that is compatible with the class Programme.

In order to involve parent realistically and effectively, the teachers and community members can contribute in the following manner.

1. Schedule periodic conferences with parents.
2. As a result of the conference, and any other information you have available, estimate the parent's competence in working with you. Are they naive, misinformed, pushy, prone to compare the child with siblings, apparently incapable of following a supplementary programme of any complexity, or too demanding of the child?
3. Avoid discussion of possible causes of the child's problems, the history of the situation.
4. As the parents become cooperative and informed, progressively involve them in home school programming for their child. Initially, you may request that the parent simply be with the child for a portion of the evening in any type of simple exchange. Later, the parent may assist the child in completing take-home exercise. Eventually you might recommend that the parents tutor the youngster, develop in-home behavioral objectives, and establish a management program for use at home. This will require careful preparation by the parents and monitoring by you.
5. Depending on the child's problems and the parent's capabilities, you may wish to recommend a variety of sources to the parents, including manual, seminars, and continuing education programmes in child development and special education. You may also want to recommend that a parent become a teaching assistant if time permits.
6. Whenever possible you should encourage parents to keep records on their child's behavior at home so that their reports on how the child is doing well not be filled with unreliable impressions. Again, you may wish to recommend a number of sources to the parents for keeping such records.
7. be realistic about the extent to which parents can contribute to the education of their own child. There will be a tendency on the part of most parents of exceptional children to overestimate the amount of time and energy they have available for working with their child. Do not blame them if the child is not progressing in your classroom. To be sure, their collaboration will facilitate the child's progress but do not depend on their participation.

16.4 THE ROLE OF PEERS AND SOCIETY IN THE EDUCATION OF SPECIAL CHILDREN

The role of peers and society in the education of special children is critical to their overall development and well-being. Special children, who may have disabilities, learning differences, or other exceptional needs, require a supportive and inclusive environment to thrive. Here are some key aspects of the role of peers and society in the education of special children:

1. Social and Emotional Development:

- Interaction with peers allows special children to develop essential social and emotional skills. They learn how to build friendships, manage conflicts, and develop empathy.

2. Learning Opportunities:

- Peers can act as role models and mentors, helping special children acquire new skills, behaviors, and knowledge. Collaborative learning experiences can be mutually beneficial for all students.

3. Fostering Empathy and Understanding:

- Interacting with special children can help typically developing peers develop empathy, compassion, and a better understanding of diversity. This can contribute to a more inclusive and compassionate society.

4. Reducing Bullying and Discrimination:

- The presence of special children in mainstream educational settings can contribute to a more inclusive culture that discourages bullying and discrimination. Peers can become allies in preventing and addressing such issues.

5. Academic Support:

- Peers can assist special children in their academic endeavors by offering help with classwork, note-taking, and studying. This support can be especially important for students with learning disabilities.

6. Communication and Language Development:

- Interacting with peers can aid in the development of communication and language skills for special children, which is crucial for their overall development and integration into society.

7. Legal and Policy Framework:

- Government policies, laws, and regulations can have a significant impact on the education of special children. Society can advocate for the development and implementation of inclusive education policies.

16.5 Self -Check Exercise

1. What is the primary purpose of a resource room in a school setting?
 - a) To serve as a detention center for misbehaving students.
 - b) To provide a space where students with disabilities can receive specialized instruction and support
 - c) To store textbooks and educational materials for teachers

- d) To act as a lounge for staff and faculty
- 2. What role do community members play in the education of students with special needs?
 - a) They have no impact or role in the educational process.
 - b) They provide financial resources only without direct involvement.
 - c) They may volunteer, advocate, and contribute to a supportive learning environment.
 - d) They are responsible for developing Individualized Education Plans for students.

16.6 Summary

In conclusion, the role of the community, family, and peer groups in the education of children with special needs is indispensable and multifaceted. This Unit has highlighted the synergy between these support networks and the pivotal role they play in fostering an inclusive, empowering, and nurturing educational environment. Family stands at the core, providing unwavering support and advocacy for their children with special needs. Their intimate involvement is instrumental in shaping their children's educational experiences and in communicating their needs to educators and service providers. Peers contribute significantly to the social and educational development of children with special needs. Inclusive interactions with peers can promote a sense of normalcy, boost confidence, and provide a critical learning scaffold, thereby laying a foundation for meaningful friendships and social understanding. The community, with its diverse array of resources, services, and professionals, extends the support system, offering specialized expertise and additional avenues for education and growth. Schools, therapists, community centers, and other local organizations play an essential role in creating a network that supports the child's development and integrates specialized educational provisions.

Collaborative efforts among these groups can dramatically enhance the educational and life outcomes of children with special needs. Their collective impact goes beyond academic achievement, influencing the social integration, self-esteem, and life skill development of these children. As we move toward a more inclusive future, it remains crucial to continue fostering partnerships among families, communities, and educational systems. By understanding and embracing the roles of community, family, and peer groups, we can create a society that not only accommodates but celebrates the potential of every child, regardless of their unique learning needs.

16.7 Glossary

1. **Compensatory instruction:** Instruction that teaches a student to compensate for disability: an example is teaching Braille.
2. **Corrective feedback:** Feedback that informs a student about his or her mistakes and demonstrates the correct procedure.
3. **De-institutionalization:** Implementation of the principle of least restrictive environment in residential facilities.

4. **Incubation:** The second step sequence given by Wallas in creative thinking process. Here frequently the thinker finds that he cannot solve the problem, even after hours and days of concentrated effort. Often the deliberately or involuntarily turning away from the problem. During incubation, the conscious or unconscious mind mulls over the ideas and categories them.
5. **Remediation:** Instruction designed to repair or correct deficits in performance by training students in deficient areas.
6. **Self-concept:** Refers to picture or image a person has about him.
7. **Task analysis:** Breaking down a complex behavior or skill into its component parts or subskills.
8. **Youth apprenticeship:** Program in which a student spends part of each school week in a classroom and the remainder at a work site to gain actual work skills and experience

16.8 Answers to Self -Check Exercise

1. To provide a space where students with disabilities can receive specialized instruction and support.
2. They may volunteer, advocate, and contribute to a supportive learning environment

2. 16.9 References /suggested readings

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16.10 Terminal Questions

2. Explain the role of family in education of special children
3. Explain the role of community and school in education of special children
4. Discuss the role of peer group and society in the education of visually and hearing-impaired children.
5. Elaborate the responsibilities of parents and resource teacher with reference to the education of special children.
