

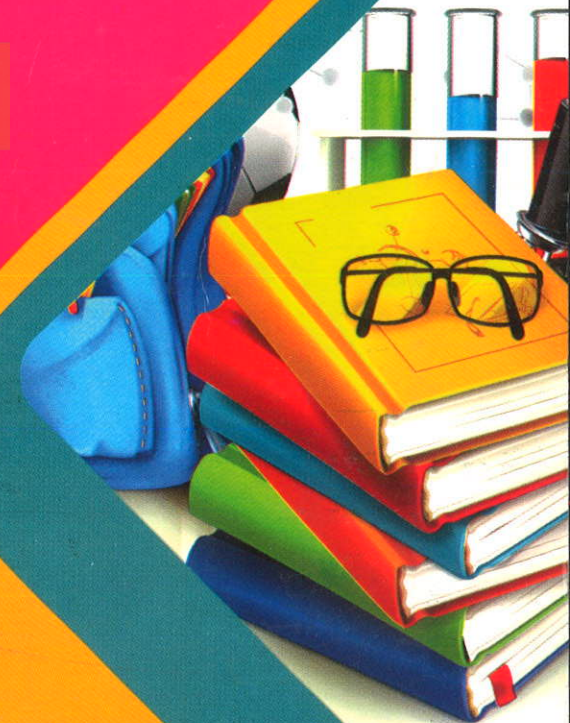
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**PAPER-III**

**Exam Notes**

# **CREATING AN INCLUSIVE SCHOOL**

**B.Ed.-2nd Year**



**Dr. Anuradha**

Ch. Ranbir Singh University, Jind,  
Maharshi Dayanand University, Rohtak,  
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According to the New Syllabus Maharshi Dayanand University, Rohtak;  
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Gandhi University, Meerpur and Guru Jambheshwar University, Hissar

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**EXAM NOTES**

# CREATING AN INCLUSIVE SCHOOL

[ Paper-3 ]



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For:  
**B.Ed.-2nd year**

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By:

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# SYLLABUS

**MAHARISHI DAYANAND UNIVERSITY, ROHTAK &  
CH. RANBIR SINGH UNIVERSITY, JIND**

**CREATING AN INCLUSIVE SCHOOL**  
[ Paper - III ]

**Time: 3 Hours**

**Max. Marks :100**  
**(Theory: 80, Internal: 20)**

### NOTE FOR PAPER SETTER

- (i) Paper setters will set 9 questions in all, out of which students will be required to attempt 5 questions.
- (ii) Q. No. 1 will be compulsory and will carry 16 marks. There will be 4 short-answer type questions of 4 marks each to be selected from the entire syllabus.
- (iii) Two long answer type questions will be set from each of the four units, out of which the students will be required to attempt one question from each unit. Long-answer type questions will carry 16 marks each.
- (iv) All questions will carry equal marks.

### OBJECTIVES

**After completion of the course, student teachers will be able to:**

- understand the concept of exceptionality and inclusive education
- acquaint themselves with the legal and policy perspectives of inclusive education
- develop positive attitude towards children with special needs
- use teaching strategies in the education of children with special needs
- use support services and partnership in teaching
- incorporate innovative practices in the education of the children with diversities

### COURSE CONTENTS

#### UNIT-I

#### 1. Concept of Exceptionality and Children with Special Needs

- Understanding diversities / differences- concept, characteristics and types of various disabilities ( Visual, Hearing, Mental Retardation, locomotors and neurological disorders, learning disability and multiple disability)
- Concept, meaning and need of inclusive education
- Transition from segregation to inclusion
- Principles of Inclusive Education
- Models of Inclusion

## UNIT-II

### 2. Legal and Policy Perspectives

- International Declarations and Conventions:
  - Salamanca statement and framework of action, 1994
  - Educational provisions in the UN convention on the rights of person with disabilities (UNCRPD), 2006
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  - Education of students with disabilities in NPE 1968, 1986, POA(1992)
  - (PWD Act 1995), (RCI Act , 1992), (RTE Act 2009)
  - Education in the national policy on disability, 2006
- **Role of Organizations for Education of Children with Disabilities**
  - Rehabilitation Council of India (RCI)
  - National Institute of Different Disabilities
  - Composite Regional Centres (CRCs)
  - District Disability Rehabilitation Centres (DDRCs)
  - Non Voluntary Govt. Organizations (NGOs)

## UNIT-III

### 3. Special Needs & Inclusion

- Special needs in terms of learning experiences in the context of disabilities and their learning styles
- Schools awareness and readiness for addressing learning difficulties
- Concept of an inclusive school- infrastructure and accessibility, awareness and positive attitude towards disability, human resources, whole school approach

## UNIT-IV

### 4. Practices and Support System for Inclusive Set up

- Pedagogical Strategies to respond to individual needs of learners in classroom: Peer tutoring, Cooperative learning strategy, social learning, Buddy system, Reflective teaching, Multisensory teaching
- Support Services and Partnership in Teaching: Developing positive relationship between school and home. Teaching and co-teaching personnel : Parents and teachers, teacher and special teacher, Team of teacher, Parents, Special Educator, Speech therapist, physiotherapist, occupational therapist and counsellor, Professional training of teachers in inclusive schools
- Assistive and Adaptive Technologies in Inclusive Set up, use of ICT, Equipments and others technologies for different disabilities

#### Tasks & Assignments: Any one of the following (10 marks)

- Prepare a Report on school readiness for addressing Children with special needs.
- Record Keeping & Maintenance of Education of Children with Special Needs
- Any other project given by the institution

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**EXAM NOTES**

# CREATING AN INCLUSIVE SCHOOL

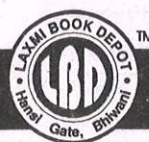
[ Paper-3 ]



**UNIT-I**

## **1. Concept of Exceptionality and Children with Special Needs**

- *Understanding diversities / differences- concept , characteristics and types of various disabilities ( Visual, Hearing , Mental Retardation, locomotors and neurological disorders, learning disability and multiple disability)*
- *Concept, meaning and need of inclusive education*
- *Transition from segregation to inclusion*
- *Principles of Inclusive Education*
- *Models of Inclusion*



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## Concept of Exceptionality and Children with Special Needs

### 1.1 UNDERSTANDING DIVERSITIES/DIFFERENCES

1. **What do you mean by visual impairment? Discuss the causes and characteristics of visually impaired children.**

Or

**What do you mean by visual impairment and low vision? Discuss the signs and symptoms for identification of visually impaired children.**

**Ans. Meaning :** Visual Impairment is a problem related visual acuity. The person whose visual acuity is less than 6/60 after glass correction may be termed as visually impaired. But this term does not include with normal or near normal vision. This term rather refers to those people whose visual acuity is so defective (less than 6/60 after correction) that they cannot perform their routine life activities independently either in the school, in the society or at home. For the purpose of convenience, we can classify visually impaired children into four categories :

1. **Profoundly Impaired :** They are totally blind people having zero acuity in both eyes.
2. **Severely Impaired :** They are partially blind people whose visual acuity in the better eye is less than 6/60 after maximum correction. They can read only the second letter on the visual acuity test board by their better eye.
3. **Moderately Impaired :** Their impairment is not very serious. They have visual acuity in between 6/24-6/60. They can do each and everything if proper help is given to them.
4. **Mildly Impaired :** Such a visual problem is general in nature. This does not disturb on person in any way in doing any visual task. Such people have a little less than normal acuity 6/9, 6/12. They generally do not have any restriction in their visual field.

### Characteristics of Visually Impaired Children

Following are the characteristics of those children who are either absolutely blind (zero visual acuity) or legally blind (visual acuity of less than 6/60 after maximum correction). Those children who are moderately handicapped in visual acuity or mildly impaired are not discussed here.

1. **General Characteristics:** Some educationists are of the opinion that due to lack of vision or due to poor vision, these children are endowed with greater capacities in the remaining sensory areas by nature. This idea is generally held by those who believe that nature does not discriminate any one on any ground. Researches, however, done in the field do not endorse this idea. On the contrary, there is evidence that visually impaired children may be deficient in other areas also up to some extent but capacities for focal and sustained attention may be better developed among visually impaired people than in the case of sighted normal ones.
2. **Educational Characteristics:**
  - (i) As far as absolutely blinds are concerned, touch and audition are the two important sources of information for them i.e. they learn through factual and auditory perceptions. Lack of vision produces a significant defect in the conceptual development of special relations for the child. Factual and auditory perceptions are also adopted by them for discriminating objects.
  - (ii) Learning based on touch and audition is limited due to limited nature of experiences.
  - (iii) As far as partially blinds are concerned, they bring hands under their visual guidance in the very first year of life though the use of vision is restricted to few meters only. They do not have visual experiences of those objects which are either very far from them or very small in sizes. For example, they cannot read a book of less than 12 point in size of letters without using magnifying glasses and constant use of such glasses will exert strain on their eyes.
  - (iv) Due to their limited range of experiences, they learn in parts rather than in whole by using their factual perception.
  - (v) They have to rely more on their memory and hearing power in order to learn and retain the material because they cannot easily repeat it by reading.
  - (vi) Information obtained by normal children through incidental or unintended learning through observation may be unavailable for severely impaired children.
3. **Physical Characteristics:**
  - (i) Their motor skills are also found poor due to poor mobility power. Mobility is the ability to move in the environment safely and efficiently. Due to limited mobility they are prone to viral and infectious diseases.
  - (ii) In terms of size and appearance, people with impaired vision do not differ from normal people though their health may be somewhat poor due to less mobility.
  - (iii) They differ from the normal in terms of physical strength. It is due to lack of exercise of the body parts while doing different types of work.

- (iv) Perceptual and Non-Perceptual both factors are involved in mobility. Delayed development of locomotor behaviour is seen due to inefficiency or poor efficiency of perceptual factors. Since it is very difficult for them to see either distant or near objects due to the problem of vision, they take interest in moving from one place to another.
4. **Cognitive Characteristics:** Cognitive is largely a matter of development of concepts and concepts in more than 50% cases are learnt through visual means. Thus, visually impaired children may have poor cognitive power in general. They will not be intellectually poor in any way but when they are tested through an intelligence test, they are very likely to perform below the average.
    - (i) They have to count on auditory or factual abilities in order to get information which is very limited in its value and nature.
    - (ii) Many visual items in intelligence tests require seeing the stimuli before responding. They cannot be explained by reader or writer or by using brain. In such cases, blind children will definitely perform poorly. Thus, we see that visual impairment produces hinderance in the course of development.
    - (iii) They are not slow in non-social concepts with respect to normals. Most of the differences in this area occur in early school grades but at later stages of life they come almost normal.
    - (iv) Visual Impairment delays the child in reaching the objects or persons which will reduce his experience also. For example, when I was a child, I did not know how the goat look like because there was no goat at home and I could not see those goats properly which were seen grazing in the streets, because it required to go to the goats at close distance and when I did so, they fled. Stephens and Simkins (1974) are of the view that when these children reach at the age of eighteen, they come almost to normal level of cognitive development in spite of their slow rate of cognitive development in the beginning. I also agree with this idea on the basis of the research conducted by me in 1995.
  5. **Behavioural Characteristics:**
    - (i) Visually Impaired people are generally very irritative in nature. The reason is that they are hardly treated or ridiculed by others and in response they adopt the same attitude towards others.
    - (ii) They possess very poor self-confidence due to their disability. Due to this reason, they try to avoid people and situations. Their withdrawing nature further makes them poor in confidence.
    - (iii) Since they do not perceive intensive visual stimulation, they are motivated to make up the deficiency by increasing the stimulation available from other sources. This is called stereotype behaviour. This behaviour is also caused by social deprivation and neglect. In the educational setting such behaviour interferes with the child's attentiveness to educational activities which lead to poor learning and hence backwardness.
    - (iv) Non-academic skills affected by visual impairment are social skills, affective understanding and non-verbal behaviour. Social skills are

necessary for overall success in life. If chance of social interaction is dim, social skills will be retarded. Similarly, many non-verbal body languages such as looking, nodding, smiling, shaking hands etc. are less developed in these children because they do not receive stimuli from others due to lack of vision or poor vision.

#### 6. Communication Abilities:

- (i) They have difficulty in reading. They need either large print of book or Braille. They use recorded materials and readers for reading. Many visually impaired children use magnifying glasses, contact lens, and telescope in order to perform better on reading.
- (ii) Their communication may be poor in initial periods of their lives but after 18 they are found to be normal in communication skills.
- (iii) They prefer oral to written communication and do not like to read or write too much.
- (iv) Writing and its speed is not very much affected in these children. Even a small amount of vision i.e. 3/60 visual acuity is helpful in developing this skill and applying the skill in real-life situation

#### 7. Social Development and Adjustment:

- (i) They are ridiculed and devalued by normal children and thus they begin to develop inferiority complex which leads to maladjustment in the school and neighbourhood.
- (ii) Process of socialization will be low in case of absolutely blind children as it depends much on the responses of others. Since visually impaired children are either neglected or rejected in the society, they have less chance of socialization.
- (iii) Even a small amount of vision is helpful for social development. So, partially blind do not lag behind the normals in social development and adjustment.
- (iv) They can participate in many play activities like singing, dancing, swimming etc. Partially blind people can participate in all the athletic activities without difficulty and can increase their social development.

### Causes of Impaired Vision

The causes of visual impairment are as under:

#### A. Hereditary causes:

- (i) Vision is very much related to heredity or genes of an individual. As genes of an individual are contributed by both the parents, so characteristics of parents are reflected in individuals. If father or mother is visually impaired, the child is very likely to have visual impairment.
- (ii) In a study conducted on 40 students suffering from visual impairment, it was found that all of them were offspring's of those parents who had close blood relations with each other i.e. mother was found to be either the cousin or niece of the father. Marriage in the close blood relations is the main cause of transfer of recessive or dominant gene responsible for visual impairment.

#### B. Environmental causes:

- (i) Small pox is an important cause of visual impairment in India.

- (iii) Malnutrition is a major cause of visual impairment in poor/less developed nations.
- (iii) Diseases of the central nervous system like Epilepsy, Meningitis, Hydrocephaly or brain trauma affect the visual process and cause visual impairment.

### Identification of Visually Impaired Child

A visually impaired child can be identified easily through following symptoms—

#### A. Behavioural Symptoms : Visually impaired children are first identified on the basis of their physical and behavioural symptoms.

Important behavioural symptoms are as under:

- (i) He is normally inattentive during map work or blackboard work.
- (ii) He is over-cautious in walking, runs very infrequently for no apparent reason.
- (iii) He complains of visual blurring and attempts to brush away the visual impediments.
- (iv) He generally poses as he is seeing the written material but actually, he does not see it at all.
- (v) He cannot sit for reading or writing for a longer period at a time.
- (vi) He habitually holds the book very close to the eye while reading.
- (vii) He may tilt the head to either side in order to focus the light on the retina when he reads or writes.
- (viii) He shuts one eye while reading or writing.
- (ix) Irregular eye movement or blinking of eyes.
- (x) He uses the magnifying glasses to see smaller objects and telescope to see distant objects.
- (xi) Sitting in the first row persistently for seeing blackboard works.
- (xii) Using one eye more than the other while doing any visual work.
- (xiii) He complains of dizziness when he reads a passage.

#### B. Physical Symptoms : Important physical symptoms of visually impaired are given below :

- (i) Chronic eye irritation as indicated by watery eyes or swollen eyelids.
- (ii) Constant headache at visual works.
- (iii) Experience of nausea, double vision or visual blurring following reading or writing.
- (iv) Frequent eye infections.
- (v) Blurred vision.
- (vi) Difficulty in identifying small details in pictures.
- (vii) Regular blinking of the eye.
- (viii) Constant redness in the eyes.
- (ix) Difficulty in reading small prints. Rubbing of eyes, frowning or screwing up the face when looking at distant objects.

#### C. Medical Examination : After identifying suspected children, they should be brought to eye hospital for formal and systematic checkup in order to know to what extent eye is damaged. It is done by ophthalmologist and eye technicians. A chart is used for this purpose. If the child is able to read only the letter at the top of the chart, his

visual acuity will be 6/60(meter). If he is able to read the second row of letter also, his visual acuity will be 6/36 i.e. 17% of the normal vision. If he is able to read the second last line on the chart, his vision will be considered normal i.e. 6/6 and finally if he is able to read the last line also, he will be extra normal in vision. His visual field in degrees is also ascertained in the hospital. The visual acuity and field both will determine which type of placement or intervention the child needs in his learning process.



**2. What do you mean by Hearing Impairment? Discuss the causes and characteristics of hearing impaired children.**

Or

**What do you mean by Hearing Impaired children or Deaf? Discuss the signs and symptoms of hearing impaired children.**

**Ans. Meaning :** Hearing Impairment refers to partial or complete loss of ability to hear. A hearing impairment is a hearing loss that prevents a person from totally receiving sounds through the ear. A deaf person has little or no hearing. Hearing impairment is of two types—deaf and hard of hearing. Deafness is a severe disability. Hearing loss exists when there is diminished sensitivity to the sounds normally heard. The term 'hearing impaired' or 'hard of hearing' are usually reserved for people who have relative insensitivity to sound in the speech frequencies. The severity of a hearing loss is categorized according to the increase in volume above the usual level necessary before the listener can detect it.

**Definitions**

- 1. According to Individuals with Disabilities Education Act,** "An impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance is called Hearing Impairment. A hearing loss below 90db is called Hearing Impairment while a hearing loss above 90db is considered deafness."
- 2. According to Moors (1987),** "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."

**Identification of Hearing Impaired Children**

Now a days, due to advancement in technology, the identification of hearing impairment has become easier. Some important techniques for identifying hearing impaired children are as follows—

- 1. Development Scale :** Development status may be taken into consideration to identify hearing impaired children. It is conducive for establishing the child's current status with regard to sensory motor development. 'Bayley Scales of Infant Development' is very helpful for this purpose. This scale provides a basis for early diagnosis and corrective action in a case of retarded development.

**2. Neuro-Psychological Tests :** Another important test is the assessment of neurological functions. Owing to cerebral dysfunction and brain damage a good number of hearing impaired children have additional percepto-motor deficiencies.

An expert in clinical psychology may be able to find certain signs in such children.

**3. Medical Examination :** By this technique, a medical expert takes the general medical history of a child. He investigates the functioning and dysfunctioning of various organs related to sense of hearing. The relationship between the auditory deformities and personality disorder is also sought.

**4. Case Study :** The case study is generally taken by a psychiatrist. The psychiatrist may collect the data from the child directly or from a close relative of the child. While collecting the data the following points may be taken into account:

- Identification of the child i.e. name and address.
- Statements of the present problem (Symptomatic).
- Medical Health History (illness, serious disease, surgical operations etc.).
- Development History.
- Family History.

**5. Systematic Observation :** This method is highly conducive and extremely useful for assessing the hearing impaired children. The salient observable points of behaviour displayed by children who are to be identified are as follows:

- They turn heads on one side to hear better.
- They focus specially on the speaker's lips.
- They always hesitate to participate in group-discussion.
- They display restlessness, inattention and speech difficulty.
- Frequent ear eggs are observable.
- The children are unable to follow directions.
- In a classroom, they always request to repeat instructions, questions etc.

**Causes of Hearing Impairment :** In 48% hearing impaired cases, no defined cause of impairment can be ascertained. Some of the possible causes of hearing impairment are given below :

**(A) Hereditary or Genetic Causes :** About 35% deafness found in the society is of congenital origin. More than five genetic syndromes have been identified so far due to which hearing loss may occur. Three of them are given below—

- Pendred's Syndrome
- Usher's Syndrome
- Jervell's Syndrome

**Preventive Measures :**

- Constant medical check-up during pregnancy.
- Parents should consult the etiologists to avoid such defective children in future.

**(B) Exogenous Causes :**

(i) **Prenatal Causes :** Prenatal assault to the foetus due to viral infections may result into deafness. German measles in early pregnancy, influenza, mumps etc. are some important viral infections that can cause deafness. These are basically congenital causes. Some acquired causes are given below—

(a) **Maternal Rubella :** It is the most common cause of deafness. Due to this disease in mothers, children may be born deaf. This hearing loss is sensory neural in nature.

(b) **Toxoplasmosis :** It is caused by a virus, affects the foetus and causes sensory neural hearing loss.

(c) **Intoxication :** Intoxication during pregnancy may also damage auditory senses of the forthcoming baby.

2. **Parinatal Causes :** Important such causes are given below:

(i) Birth injury

(ii) Anoxia at the time of delivery

(iii) Adoption of birth control measures.

3. **Post Natal Causes:**

(a) **Meningitis :** It is a disease of central nervous system that causes sensory neural hearing loss. The disease is the common cause of deafness or hearing loss.

(b) **Otitis Media :** It is the infection of middle ear and the accumulation of fluid behind the ear drum. It is conductive hearing loss.

(c) **Other causes :** Tuberculosis, mumps, measles, throat infection, influenza, whooping cough etc. are some other possible causes of hearing impairment.

**Preventive Measures:**

(i) Prevention of possible diseases.

(ii) Avoidance of drugs and alcohols.

(iii) Immunization of mother during pregnancy.

(iv) Proper and balanced diet during pregnancy.

(v) Regular check-up of mother during pregnancy.

(vi) Early diagnosis of infectious diseases and their proper treatment.

(vii) Early identification of deafness and providing proper medical and educational advise so that the situation may not be worsened.

**Characteristics of Hearing Impaired Children**

These children have some characteristics common with visually impaired children but some unique and important characteristics related to these children are given below—

**(A) Intellectual Abilities:**

(i) The environment of hearing impaired people is qualitatively different from that of the normal people. Since 50% of intellectual development depends upon what we listen in the environment and use it in our life. As a result, their intellectual functioning is obviously limited almost less than average. The low level of intellectual ability is not due to any deficiency in cognition but due to inadequate development of a conventional language system.

(ii) **Printer and Peterson** on the basis of their studies found that severely hearing impaired have a mean IQ of 63 and medium IQ of 91 and they found no significant difference between the deaf and the normal in twelve studies. This shows that they are not intellectually low as compared to the normal children.

**(B) Social Development and adjustment :**

(i) They take shelter in isolation due to poor communication ability and frustration. As a result, their social development is adversely affected.

(ii) They show a high degree of emotional instability causing maladjustment. It is not apparently visible.

**(C) Educational Achievement:**

(i) Those who are deaf by birth tend to have more difficulty in acquiring academic skills than those who become deaf after 8 or 10 years of age.

(ii) Children and adults who have mild-hearing loss generally achieve more in academic subjects than those whose hearing losses are severe.

(iii) Absolute amount of educational retardation increases with age in hearing impaired people. It is more retarded in pure academic skills such as mathematics and writing than in the more intellectual areas such as paragraph understanding, language, communication.

(iv) They do not perform well like normals but their ability in performing arts or fine arts is no less than normals in any way.

(v) Those hearing impaired children who belong to high socio-economic status experience fewer academic difficulties than those who belong to poor families.

**(D) Communication Abilities:**

(i) Normal people also neglect hard of hearing people because later require sounds of high frequency and pitch and normal people do not like to talk at such a loud voice. The result is that deaf and hard of hearing people have less chance of interaction with others.

(ii) Language development is delayed if hearing is of mild or moderate type and these people have less vocabulary power than the normals. However, if hearing impairment is severe in nature, verbal communication ability may be almost zero.

(iii) Language and communication abilities depend upon the interaction between people individually and collectively. Since hearing impaired people avoid to interact with others, their language abilities are retarded further.

**(E) Behavioural Characteristics :**

(i) People with hearing impairment are deviant from the normals and traditions of the society.

(ii) People who are deaf teach each other how to function in the society and how to get along with others.

(iii) Some deaf people cope with the reality of deafness as a life long condition and they lead normal productive lives. Thus, deafness has no negative impact on the development of a mentally healthy person.

(iv) Deaf people mostly prefer to have the company of hearing impaired people and this way groups of hearing impaired people are formed. Deaf culture is developed due to this clustering of deaf and hard of hearing people.

**(F) Physical Capacities:**

- (i) People who are deaf or hard of hearing are no more or less than normal people in other sensory abilities like sight, smell, taste and touch.
- (ii) They basically differ in functional hearing from their peers or other normal people. Functional hearing refers to a person's abilities to understand information presented orally and it is related to how a person might be taught. For example, a person with a moderate functional hearing loss may not be able to profit from a normal classroom presentation and would require some instructional adaptation to be successful. Functional hearing loss is categorized in decibel grouping in the following way :
- Less than 25 decibel loss. No difficulty is faced in speech.
  - 26-40 decibel loss. Faces difficulty in faint sound only.
  - 41-55 decibel loss. Understands face to face speech and conversation.
  - 56-70 decibel loss (moderate level of impairment). Frequent difficulty in special conversation and speech.



3. **What do you mean by Mental Retardation? Discuss types and characteristics of mentally retarded children.**

Or

**How can you identify Mentally Retarded children. Discuss causes and signs of Mental Retardation.**

Or

**What do you understand by mental Retardation? Describe its causes and instructional strategies. (June 2018)**

**Ans. Meaning of Mental Retardation :** Children who have a condition of incomplete or less than normal mental development so that they are unable to adjust to day to day living in a normally efficient, usefully productive and harmonious manner are called mentally retarded children. They are hence, in constant need of care protection, supervision and help. Thus, mental retardation is a serious disability. It creates a lot of learning problems before mentally retarded children. These learning problems create obstacle in other areas of life as well.

**Definitions**

- According to Tredgold (1941) :** "It is a state of arrested or incomplete development of mind so severe that the patient is incapable of leading an independent life."
- According to Kidd (1991) :** "It refers to significantly sub average intellectual functioning which manifests itself during the development period and is characterized by inadequacy in adaptive behaviour."

**General Characteristics of Mentally Retarded Children**

On the basis of the definitions given above following common characteristics of mentally retarded children (less than 18 years of age) can be derived.

- Sub-average Intellectual functioning :** Their intellectual functioning is less than average (Below 80 IQ on an Intelligence Test). This is the fundamental criterion of diagnosing a mentally retarded child.
  - Limited Functioning :** Their level of functioning is very limited. They have difficulty not only in learning but also doing routine life job due to significant loss of conceptual, practical and social intelligence.
  - Low level of Adaptive skills :** They are not only slow in acquiring skills but they are also poor in adaptive skills.
  - Early Manifestations :** Mental Retardation manifests itself before the age of 18. From this perspective, mental retardation is viewed as a disorder of the life period characterized by the slow rate of development.
  - Poor Performance level :** If someone falls short in the performance of certain tasks from the performance of the majority of children of his own age, he is said to have low mental age or sub-normal intellectual functioning. If eight years old child performs equal to the age of 6 years his IQ will be
- $$= \frac{\text{Mental Age}}{\text{Chronological}} \times 100$$
- $$= \frac{6}{8} \times 100 = 75 \text{ only}$$

- Slow acquisition of skills :** Academic and non-academic both types of skills are acquired by them at a very slow rate.

**Identification of Mental Retardation**

For early detection of mental retardation of a child, the parents and the teachers refer the cases to child guidance centers so that their mental level may be ascertained and they may be classified for the purpose of placement. Following symptoms will help the teacher and the parents to decide whether the child should be sent to child study centre for screening or not. Screening test results must be interpreted and matched in terms of following clinical diagnostic symptoms :

- Developmental Criterion :** The development history of the suspected child should also be taken into account, e.g. when the child began to sit, crawl, stand, walk and talk. Delayed development is generally seen in mentally retarded children. So, retardation in these areas is helpful in diagnosing the child.
- Size of the Family Criterion :** Larger the size of the family, lower will be the IQ scores of the family. It should also be taken into consideration while taking a decision of M.R.
- Social Adjustment Criterion :** If a person is functioning adequately in all socio-economic conditions as compared to his peers or age mates, there is no need of sending the person to child guidance centers for proper screening. Mentally Retarded person will surely exhibit adjustment problem in social situations.
- Learning Ability Criterion :** Failure in educational endeavours is another criterion of mental retardation but effects of socio-economic and physical factors can also be taken into account because poor academic achievement is caused due to these factors also.

5. **Academic Achievement Criterion** : These children are generally very slow in academic achievement due to low level of retention power and understanding ability. When they constantly perform poorly in content related skills due to repeated remedial measures adopted by the teachers, they are suspected to be mentally retarded.

6. **Medical Examination** : It is generally done by experts in the field. Important physical symptoms of mentally retarded children are given below—

- (i) He has a vacant look and clumsy gait.
- (ii) He has his lips fairly apart with his tongue visible in between the teeth and saliva.
- (iii) He has unusually large head.
- (iv) He has flattered skull, standing eyes and saliva.

7. **Proper screening** : After identifying all the above symptoms, suspected mentally retarded children are properly screened by using different tests. These tests are given below:

(a) **Seguin Form Board Test** : This form board test was developed by Seguin, French physician in 1907 to identify and screen mentally retarded children. Here, ten boards of different sizes are kept in different shelves of respective sizes in a tray. These boards are taken out of the tray at the time of testing. Then, testee is asked to put these boards in the tray again in the same sequence as it was before in as less time as possible. This process is repeated three times and last time taking effort is taken for the purpose of scoring.

(b) **Developmental Screening Test** : This test is used to measure the mental development of children from the age of 3 months to 15 years. Here, different types of activities are given to the children according to their ages to do. Mental development of the child is calculated on the basis of these activities. Children and their parents and relatives are also interviewed here to gather some more information about the child.

(c) **General Mental Ability Test** : This test was developed by R.P. Srivastva and Kiran Sexena in 1985. Verbal and non-verbal both types of items are included in this test. Both these sections have 50 items each. These sections have further been divided into five sub sections namely, analogy, classification, number series, reasoning problems and absurdities. Each item has four multiple choice responses out of which only one option is correct. Time allotted for verbal and non-verbal items is 15 minutes and 10 minutes respectively. One mark is given for every correct answer and thus, a child can score maximum 100 marks. This test can be administered in individual and group situations.

Diagnosis of Mental Retardation serves the following purposes—

- (i) It provides an estimate of the individual's present level of functioning in terms of the test performance, social adjustment and so on.
- (ii) It provides some predictions of the probable outcomes in future.
- (iii) It helps us to provide them proper care and treatment.

(iv) It provides information regarding the causes of the individual inadequacies.

(v) It helps us to take decisions regarding their placement in proper educational programmes.

**Mental Retardation and Age** : Incidence of mental retardation rises with the increasing age, reaches at its peak at about 14-18 years and then drops off sharply.

### Causes of Mental Retardation

A. **Endogenous causes**

B. **Exogenous causes**

C. **Perinatal causes**

D. **Post-natal causes**

A. **Endogenous causes** : Endogenous literally means originating within the body of the organism and should refer to those forms of mental retardation that are genetically determined. Heredity is the primary casual factor here. Important genetic factors active to cause mental retardation are given below ---

(i) **Action of Dominant gene** : The transmission of defective dominant gene from one generation to the next is very rare but in some cases some of these conditions may occur in mild form in one generation or in certain members of the family of that generation and in more severe form in another generation or in other members of the same family.

(ii) **Action of Recessive gene** : Such defective children typically come of normal parents. This defect occurs due to child's receiving two similar recessive genes one from each parents.

B. **Exogenous Causes** : They are also known as secondary, acquired or environmental causes. Some of these causes of mental retardation are given below—

(i) **Nutrition** : Malnutrition during the period of pregnancy may lower mental level of the child.

(ii) **Physical Trauma** : Unsuccessful attempt at trauma and accident to pregnant mother so injure the fetus as to lower the mental level of child.

(iii) **Blood Incompatibility** : Incompatibility between maternal and foetal blood may cause the child severely jaundiced and mental deficiency is a possible accompaniment.

(iv) **Toxic Agents** : Toxins such as lead, nicotine and morphine affect the developing embryo and lower the mental level of offsprings.

(v) **Consumption of Dugs and Alcohols** : Consumption of wine, LSD, Heroine by the mother during pregnancy and it may cause permanent mental retardation of the child after the birth.

(vi) **Infectious Disease** : Infectious diseases of the mother during pregnancy may affect physical and mental development of the foetus and lower mental ability of the child.

(vii) **Radioactivity**: Due to presence of radioactivity in environment, the chromosomes of the foetus may be broken or mutations in gene/ chromosome may occur or the development of foetus may be affected to the extent that it results in low mental ability of the child.

**C. Perinatal Causes:** These causes are associated with delivery of the child. Important likely causes of mental retardation are as follows:

(i) **Pre-mature birth**: Studies have shown that the large number of people born pre-maturely are mentally retarded. The brain structure of the premature infant is more fragile and thus it can be very easily damaged.

(ii) **Traumatic Birth Injuries**: It is estimated that birth injuries are responsible for 1-5% the mental retardation.

(iii) **Complication during delivery**: If complications have emerged during the period of delivery, it may cause mental retardation to some extent.

**D. Post-natal Causes:**

(i) **Infections**: Brain infection causes permanent brain damage or mental retardation. They include encephalitis of various types, meningitis, hydrocephaly and the like infections.

(ii) **Severe malnutrition**: Deficiency in any particular diet like vitamins or mineral causes deficiency diseases which may lead to mental retardation in the long run.

(iii) **Brain Injury**: Traumatic brain injury from gunshot, wounds or fall is a rare cause of mental retardation.

(iv) **Home and Family background**: It also affects mental level and intellectual power but so far as mental retardation is concerned, its role is very limited.

(v) **Social Deprivation**: When a child is deprived of social environment for a very long period of time, he is likely to become mentally retarded.

(vi) **General Health**: Mental and physical health are most of the time found associated, though mental retardation due to poor physical health is permanent. Heavy mental shock may cause mental deficiency temporarily or permanently.

(vii) **Cultural Factors**: Low IQ does not always mean low level of mental ability. It is because intellectual level is influenced by the child's cultural background. If an intelligence test includes items representing a particular culture, children alien to this culture are not supposed to perform well on the test of Intelligence and hence their IQ level will be low.

### Guidelines for Parents of Mentally Retarded Children

- (i) Parents should accept the reality that they have a mentally retarded child.
- (ii) They must also accept the reality that mentally retarded child will never come to normal in his life whatsoever training or treatment is given to him. Only some improvement in behaviour of a mentally retarded child can be brought through education and training.

- (iii) Parents should be given regular counselling and appeasement by Psychologists and Social Workers.
- (iv) The parents should not expect from their mentally retarded child more than his mental level.
- (v) The parents should take the help of custodial institutions or sheltered workshops if it is needed.
- (vi) They should not worry about the opinions or remarks of others. Such a problem can happen to anybody.

### Prevention and Treatment of Mental Retardation

The causes of mental retardation may be genetic or acquired both. As far as genetically caused mental retardation is concerned, they cannot be treated at all. Mental retardation caused due to environmental factors can be cured but only to some extent by applying medicines and surgery. Important preventive measures to avoid mental retardation in children are as follows—

- (i) Pregnant mother should not consume wine or drugs during pregnancy.
- (ii) The mother should not smoke during pregnancy period.
- (iii) Marriage among close relations should be avoided as far as possible. This is the main reason for transfer of dominant or recessive genes (responsible for mental retardation) to offspring which causes mental retardation.
- (iv) If there is any abnormality in blood of either of parents, it should be treated before trying for a child.
- (v) Delivery or cesarian should be done under the supervision of an experienced doctor.
- (vi) Balanced diet and regular exercise during pregnancy is the key factor to avoid a mentally retarded child.
- (vii) Infectious diseases occurring during pregnancy should be treated as early as possible.
- (viii) Proper care of child in the early eight years period of life is needed.



### **LOCOMOTOR DISABILITY/ORTHOPAEDIC IMPAIRMENT**

4. **What do you mean by Locomotors disability or Orthopaedic Impairment? Discuss causes and treatment of locomotors disability in children.**

Or

**What do you understand by locomotors disability? Explain how early identification can help in prevention of locomotor disabilities in children.**

**Ans. Meaning:** A person with locomotors disability has limited movement of body parts. The main causes could be injuries, diseases or disfigurations in the bones or any injuries of the brain, spinal cord or the nerves. The conditions of locomotor disability or orthopaedic impairment involves the muscular or skeletal system and sometimes the central nervous system. The problem existing in these systems restrict or retard the mobility and movement of the person. Hence it is

called Locomotor Disability. In the context of India, locomotor disability problem is very serious because hundreds of children are being paralyzed every year due to the onset and infection of poliomyelitis in small children. Such children have problems either in their legs or in their hands. They are also called crippled children. Locomotor Disability limits child's muscular movement and mobility but these problems will vary according to the degree of disability. Students with mild impairment can function very well in teaching-learning process and in their life situations. They need little or no special help. Students with severe disabilities will necessarily need special furniture devices, materials or help.

### Definitions

**According to Disability India Network**, "Orthopaedically handicapped are those who suffer from a defect that is accompanied by one or another type of deformity that inhibits the normal exercise of his/her muscles, joints or bones."

**According to Rehabilitation Council of India**, "A person's inability to execute distinctive activities associated with moving, both personally and objects, from place to place and such inability resulting from afflictions of musculo-skeletal and/or nervous system as defined as Locomotor Disability."

**Causes of Locomotor Disability**: The causes of locomotor disability are many and varied. Brain damage, brain fever, brain anoxia lead to locomotor disability, R H Incompatibility, intoxication, viral infection for the expectant mother can also cause locomotor disability. Similarly, prolonged labour, lead poisoning, accidents may cause damage to brain leading to impairment. Polio, Burn, Injuries are significant causes as per NSSO, 1991, of Indian Society. These causes can be broadly categorized into:-

- (i) Hereditary causes
- (ii) Congenital causes
- (iii) Acquired causes
- (iv) Miscellaneous Causes

1. **Hereditary causes**: Hereditary causes are due to genes present in an individual and are transferred from one generation to another. Some characters of genes may not express themselves in one generation but appear in next generation.
2. **Congenital causes**: Congenital defects are those that are present at birth. Common congenital defects include clubfoot, dislocation of hip, missing bones, bow leg, webbed fingers etc. These defects are possible due to infection, nutritional deficiency, x-rays, glandular disorder of the mother, improper nourishment of mother during pregnancy etc.
3. **Acquired causes**: Acquired defects include birth injury, accidents, nutrition deficiency, defective bones or joints, viral infection etc. the acquired causes can be of two types: Infective and Traumatic. The infective causes are: T.B. of spine or other joints, chronic osteomyelitis, septic arthritis, acute poliomyelitis, leprosy, AIDS etc. The traumatic causes include—traffic accidents (air, water, road), domestic accidents, industrial accidents, bullet injuries, fall from height, explosions, violence, sports injuries, natural catastrophes like earthquakes, floods etc.
4. **Miscellaneous causes**: The miscellaneous causes could be muscular dystrophies, rheumatoid arthritis, lathyrism, spondylitis etc. Some of the common conditions causing locomotor disability are given below:

1. **Poliomyelitis**: Poliomyelitis is an acute communicable disease caused by polio virus. In India, about 6 million people are affected from polio. The disease can be very mild causing no apparent symptoms and so severe causing acute paralysis and muscular atrophy. The incidence of polio in India is declining due to National Immunization Programme and the Pulse Polio Programme, aimed at eradication of poliomyelitis. Polio virus enters the human body through the mouth and alimentary tract. The virus multiplies in the intestine and travels to lymph nodes and finally affects the nervous system. This leads to paralysis of muscles, respiratory failure or even death.
2. **Cerebral Palsy**: The occurrence of cerebral palsy is quite alarming in India. Cerebral palsy is a 'persistent disorder of movement and posture appearing early in life and due to a developmental non-progressive disorder of the brain.' Cerebral palsy is not a disease, nor is it hereditary. The causes of cerebral palsy could be developmental defects, hypoxia and hemorrhage, infection, toxin & poisons and genetic defects. These factors can affect during pregnancy, during delivery or after birth. There are different types of Cerebral Palsy. There are three major forms of the disease:
  - (a) **Spastic Cerebral Palsy**: It is the most common form of the disease. It can be detected only by a neurologist. Severe spasticity leaves the individual rigid and with tense, constricted muscles.
  - (b) **Athetoid Cerebral Palsy**: Athetoid cerebral palsy is also known as Dyskinetic cerebral palsy. It is chiefly characterized by the presence of involuntary movements and tonal abnormalities of the child's whole body.
  - (c) **Ataxia Cerebral Palsy**: Ataxia Cerebral Palsy is the rarest form of disease and characterized by disturbed balance, lack of coordination, under active reflexes, constant involuntary movements of the eyeballs, muscle weakness and tremour.

### Identification of Locomotor Disability

Identification of locomotor disability is very easy in comparison with other disabilities. They are some children who have problems of a mild degree, which can be overlooked while others need special care and treatment. For these cases, identification can be made with the help of following checklist on behaviour.

1. Poor motor control or co-ordination. The child is unable to coordinate two or more muscle groups for performing any task.
2. Walks awkwardly or with a limb.
3. Shows signs of pain during physical exercise.
4. Difficulty in sitting, standing and walking.
5. Difficulty in picking, holding and putting an object in some place.
6. Falls frequently.
7. Moves in a shaky fashion.
8. Frequent pain in joints.
9. Deformity in fingers, legs, hands, spine, neck.
10. Jerking movement in walking.

11. Amputated limbs.
12. Use of limbs of only one side of body.
13. Difficulty or abnormality observed when the patient is asked to do the following :
  - Lift arm overhead—
  - Pick a small object lying in front of him/her
  - Run a short distance
  - Walk a few steps.

### Prevention of Locomotor Disability

The prevention of locomotor disabilities can be undertaken at three levels:

- (i) First Level
- (ii) Second Level
- (iii) Third Level

(i) **First Level Prevention** : This includes all measures directed at reducing the occurrence of impairment i.e. action taken prior to the onset of disease. First level prevention of locomotor disability may be accomplished by specific protective measures which are as under:-

- Prevention of congenital diseases through counselling.
- Prevention of communicable disease by immunization, hygiene and health education.
- Prevention of malnutrition and vitamin deficiency.
- Prevention of accidents by provision of safety measures at home and work place e.g. wearing of helmets to prevent head injury.
- Elimination of exposure to situations in which locomotor disabilities may occur, in particular, war and other forms of violence and chemical & environmental pollution.

(ii) **Second Level Prevention** : When disability occurs, it is necessary to try to prevent any long term functional limitation from occurring. To achieve it, measures are required in the following three areas:

- Ability to identify condition that may lead to functional limitation e.g. to diagnose T.B, Leprosy, Poliomyelitis features etc.
- Proper care of impairment in the acute stage to avoid functional limitation e.g. proper nursing care, first aid measures etc.
- Proper care of impairment in the chronic stage to avoid functional limitation.

In order to achieve this, proper diagnostic and treatment facilities should be uniformly available at all levels of health care. In case of accidents, facilities for immediate medical help and transfer to proper place of treatment are necessary. Adequate follow up are also required to provide the patients continuous care and prevent complications, if any, at the earliest.

(iii) **Third Level Prevention** : When long term functional limitation has developed, measures should be taken to prevent disability. Such measures may be medical, psycho-social, educational and vocational. Third level Prevention of locomotor disability aims at enabling the individuals to perform the varying roles expected by the family, community and society and to restore patient back to normal near normal conditions.

The Government of India has taken several measures towards prevention of locomotor disability. These programmes are –

- Universal Immunization Programme
- National Leprosy Eradication Programme
- National Tuberculosis Control Programme
- National AIDS Control Programme
- National Cancer Control Programme
- Child Survival and Safe Motherhood Programme

### Contribution of Public Towards Prevention of Locomotor Disabilities

The lay man and the public can play an important role in prevention of locomotor disabilities in following ways –

- (i) Maintaining good personal hygiene and sanitation
- (ii) Immunization against diseases like poliomyelitis and other communicable diseases.
- (iii) Avoidance of smoking, alcohol and adopting good eating habits.
- (iv) Prevention of vitamin deficiency diseases for example rickets and osteomalacia by sufficient exposure to sunlight.
- (v) Avoiding marriage among close relatives to prevent genetically linked locomotor disability.
- (vi) Avoiding drugs, alcohol, irradiation during pregnancy and care during delivery to prevent locomotor disabilities caused at the time of birth.
- (vii) Use of proper safety measures at home and work place to safeguard against accidents.
- (viii) Use of helmets while driving to protect from head injuries.
- (ix) Prevention of war and other forms of violence.
- (x) Prevention of infections/AIDS by using sterilized needles, screened blood and safe sexual practices.



## NEUROLOGICAL DISORDERS

5. **What is meant by Neurological Disorders? Discuss causes, signs and symptoms of Neurological disorders among children.**

**Ans. Meaning of Neurological Disorders:** A neurological disorder is any disorder of the nervous system. The nervous system is a complex sophisticated system that regulates and co-ordinates the body's basic functional and activities. It is made up of two major parts, the Central nervous system and the Peripheral nervous system. The Central Nervous System consists of the brain and spinal cord. The Peripheral Nervous System consists of all other normal elements. Neurological disorders are diseases of the central and peripheral nervous system. In other words, Neurological disorders are diseases of the brain, spinal cord and the nerves that connect them. These nerves may be Cranial nerves, peripheral nerves, nerve roots, neuromuscular junction etc. There are more than 600 disorders of the nervous system. These disorders include epilepsy,

Alzheimer disease, Dementia, Cardiovascular diseases including strokes, migraine and other headache disorders, multiple sclerosis, Parkinson's disease, neuroinfections, brain tumours, traumatic disorders of the nervous system and neurological disorders as a result of malnutrition.

In addition, there are a number of diseases which attack the nervous system itself. Many bacterial, viral or fungal infections can affect the nervous system. Cancers (malignant or benign), degenerative conditions (multiple sclerosis) and disorders of function (Tourette's syndrome) also cause neurological disorders.

Hundreds of millions of people worldwide are affected by neurological disorders. More than 6 million people die because of stroke each year. Over 80% of these deaths take place in low and middle-income countries. More than 50 million people have epilepsy worldwide. It is estimated that there are globally 47.5 million people with dementia with 7.7 million cases every year. Alzheimer's disease is the most common cause of dementia and contributes to 60-70% of cases. The prevalence of migraine is more than 10% worldwide. According to World Health Organization (WHO) report—depression is the third leading cause of neurological disorders worldwide and number one cause in high income countries.

### Causes of Neurological Disorders

The causes of neurological disorders are quite diverse. Both the spinal cord and brain are insulated by a number of membranes that can be vulnerable to force and pressure. The peripheral nerves located deep under the skin can also be vulnerable to damage. Neurological disorders can affect a single neuron (nerve cell) or entire neurological pathway (many nerve cells connected with each other). Even a small disturbance to a neuron pathway can result in dysfunction. As a result, neurological disorders can result from a number of causes which are as under—

- (i) Lifestyle-related causes
- (ii) Infections
- (iii) Genetic causes
- (iv) Nutrition-related causes
- (v) Environmental causes
- (vi) Physical Injuries
- (vii) Structural abnormalities in brain, spinal cord or nerves
- (viii) Biochemical abnormalities in Nervous System (disturbance in secretion of neurohormones)

### Types of Neurological Disorders

Neurological disorders can be categorized according to the primary location affected, the primary type of dysfunction involved or the primary type of cause.

#### Classification according to location

1. Central Nervous system disorders
2. Peripheral Nervous System disorders
1. **Central Nervous System Disorders** : The central nervous system includes Brain and Spinal cord. So, these disorders can be further classified into two types:

**I. Brain disorders** : These disorders include damage to brain and are of following types:

- Frontal lobe damage
- Parietal lobe damage
- Temporal lobe damage
- Occipital lobe damage.

Brain disorders can also be of following types depending on the ability affected :

- (a) Aphasia (language learning is affected)
- (b) Dysgraphia (writing ability is affected)
- (c) Dysarthria (speech is affected)
- (d) Apraxia (Patterns or sequences of movements)
- (e) Agnosia (Identifying things or people)
- (f) Amnesia (Memory)

**II. Spinal Cord disorders** : The disorders related to spinal cord cause difficulty in sitting, standing, walking and movement of lower body parts.

**2. Peripheral Nervous System Disorders** : The peripheral nervous system includes cranial nerves, Autonomous nervous system etc. The disorders include —

- (a) Cranial nerve disorder (Trigeminal neuralgia)
- (b) Autonomics nervous system disorders such as dysautonomia, Multiple System Atrophy
- (c) Seizure disorders such as Epilepsy
- (d) Sleep disorders (Narcolepsy)
- (e) Migraines and other types of Headache
- (f) Central Neuropathy (Neuropathic pain)
- (g) Neuropsychiatric illness

### Signs and Symptoms of Neurological Disorders

Neurological symptoms are symptoms caused by or occurring in the nervous system. The nervous system consists of two parts : The Central Nervous System (CNS) which includes brain and spinal cord acts as a central processing station and Peripheral Nervous System (PNS) which transmits sensory information between the muscles tissues and nerves in the rest of the body to the brain. When these connections are disrupted, neurological symptoms occur. Neurological symptoms often originate in the Peripheral Nervous System and include burning, numbness, pins-and-needles (prickling) sensations, muscle weakness or paralysis and sensitivity. Neurological symptoms can arise from one nerve or many. Some syndromes such as Carpal Tunnel Syndrome occur when a nerve is compressed and deprived of proper blood flow. Neurological symptoms due to malfunctioning of Autonomic Nervous System (part of the PNS) may interrupt involuntary actions such as breathing, swallowing, bladder control or perspiration.

They may be accompanied by symptoms of low blood pressure, such as dizziness or loss of consciousness.

Neurological symptoms may accompany other symptoms which vary depending on the underlying disease/disorder or condition. Neurological symptoms are diverse because the nervous system governs or participates in a number of functions as well as body systems, for example, control of body temperature, blood pressure, muscles, digestion, appetite, movement and sight.

These symptoms are as under –

1. Partial or complete paralysis
2. Muscle weakness
3. Partial or complete loss of sensation
4. Seizures
5. Difficulty in reading and writing
6. Poor cognitive abilities
7. Burning feeling
8. Involuntary muscle contractions
9. Loss of balance
10. Numbness
11. Inability to move a body part
12. Prickling sensation
13. Sensitivity
14. Tingling
15. Altered smell or taste
16. Abnormal pupil size or non-reactivity to light
17. Change in level of consciousness or alertness
18. Difficulty in swallowing
19. Disorientation
20. Dizziness or vertigo
21. Slurred speech or inability to speak
22. Loss of muscle coordination
23. Vision changes or sudden blindness

## LEARNING DISABILITIES

6. What do you understand by Learning Disabilities? Discuss the types and characteristics of learning disabled children.

Or

What is meant by Learning Disabilities? Discuss the types and treatment of Learning Disabilities.

**Ans. Meaning of Learning Disability :** The term learning disabilities was first used by Samuel Kirk in 1962. While dealing with the term he said that these children are learning disabled not because they are deficient in intelligence, have problems in studying potentials or slow in activity but they are learning disabled due to some other reasons such as problem in educational conditions or any problem in function of the child.

### Characteristics of Learning Disabled Children

Most of the learning disabled children are first identified in the early elementary stage when they perform very poorly in academic contents due to any hidden reason. Learning disability is also suspected when a child performs nicely in one skill such as reading or writing skill but he/she performs extremely poor in other areas such as mathematical calculations or organization of subject

matter without any visible reason. In addition to the fundamental characteristics given above, these learning disabled children can be identified in the school on the basis of the characteristics given below –

#### A. Physical Characteristics :

- (i) They show poor co-ordination of motor abilities
- (ii) They do not differ from the normals in height, weight, health etc.
- (iii) They look like normals in 90% situations but they are clumsy and awkward in some situations.

#### B. Cognitive Characteristics :

- (i) They have average or above average intelligence, when measured on an intelligence test.
- (ii) They are unable to organize learning tasks and systematise their learning procedures and strategies.
- (iii) They are very poor in self monitoring and self evaluation.
- (iv) They are unable to retain oral instructions especially.
- (v) Their problem solving abilities are very very low.
- (vi) They have specific perceptual problems such as left-right orientation, figure-ground differentiation, pattern discrimination, symbol recognition, auditory association or the like problems.
- (vii) They have very specific thinking, understanding and expression related problems such as the problem of remembering things, problem of discriminating visual or auditory perceptions, problem of applying cognitive abilities in practical life situations and so on.

#### C. Educational Characteristics :

- (i) A learning disabled child is very slow in telling exact time of the watch or giving the names of months or seasons in sequence.
- (ii) They are poor in mathematical calculation in general. About two third learning disabled suffer from this difficulty.
- (iii) Their actual performance is quite lower than their expected performance in the class. In this sense, a gifted child can also be a learning disabled case if he/she is performing average or less than average in the class.
- (iv) They are poor in memorizing words and framing sentences on the basis of them.
- (v) They are unable to pronounce the words even if they know its spellings.
- (vi) They are unable to write letters in correct style even after repeated attempts and remedial coaching.
- (vii) They write the numbers in wrong manner such as 1 is written as 6 or 916 is written as 196.
- (viii) They generally miss one or two lines if asked to do loud reading in the class or they sometime repeat the same line without taking notice of it.
- (ix) They reverse sequence of letters when pronouncing a word e.g. they read 'its' instead of 'sit'.

#### D. Behavioural Characteristics :

- (i) They show high rate of purposeless/futile activity.
- (ii) Their behaviour may be termed as inattentive, hyperactive, impulsive, erratic, overly energetic and distractable.
- (iii) They show lack of judgment in social situations. In other words, they have habit of sharing personal information with the strangers.

- (iv) They have very low self-concept.
- (v) They are very slow in responding to the teacher in the class.
- (vi) On certain occasions, they become so excited in the class that they are unable to control themselves.
- (vii) They have difficulty in deciding how others feel about them and establishing good family relations.
- (viii) They have difficulty in paying attention to teachers or sustaining attention when class activities are going on.

#### E. Communicative Characteristics :

- (i) They do not very much mix up with any one due to their poor expression power.
- (ii) They do not respond adequately to question asked or instructions given by the teacher.
- (iii) Their oral communication is weaker than their written communication.
- (iv) At the pre-school level, language problem is the most common problem faced by them and this problem is never completely removed by the schooling.
- (v) They are very poor in defining words, clarifying concepts and formulating linguistic constructions.

### Treatment of Learning Disabilities

The following methods are used to treat these children—

**Behaviour Guidance Method :** Stephens (1970) suggested following four steps for this method:

- (i) Measuring targetted behaviour repeatedly.
- (ii) Targetting the behaviour to be modified.
- (iii) Assessing the changes in the behaviour and ascertaining to what extent the change is satisfactory.
- (iv) Removing those conditions from the environment of the institution which are working as impediments in the way of desired behaviour.

This method is based on the following assumptions—

**Assumption 1:** If conditions restricting the educational achievement are removed from the learning environment of the child, the problem of learning disability will automatically be removed. The reason is that it will change the behaviour of the child in the direction of learning.

**Assumption 2:** If model teaching is done repeatedly, we can control the negative impact of conditions causing poor achievement i.e. factors restricting the educational achievement can be identified and removed.

**2. Cognitive Behaviour Modification:** In this method, following aspects of teaching-learning process are identified:

- (a) **Reducing Emotional role and Sensitivity :** Sensitivity or emotion can play an important role in affecting educational achievement. It can be controlled by using expensive training techniques, self guidance and model behaviour of teaching.
- (b) **Emphasizing on study style :** Defective study style is an important cause of poor academic achievement. The teacher should first list down all there defective styles one by one and they should be properly removed.

(c) **Emphasizing on processes rather than product in mathematical operations :** Learning disabilities in mathematics are basically related to processes which can be reduced by making the processes easy. The processes can be made easy by using model roles and self direction skills.

(d) **Emphasizing on goal directed behaviour :** Hyperactivity is an important characteristic of these children. Hence they should be restricted to act only in the direction of goal. Thus, from random to goal-directed behaviour is needed to relate it with learning or acquisition of academic content. The desired behaviour is reinforced by directing their behaviour in the direction of goal.

**3. Adaptive teaching methods :** Treatment of learning disabled and their proper adjustment in the society is easy in the sense that teachers can solve many of their problems by using direct instruction, extra-instruction or remedial instruction but it is very difficult in the sense that adequate positive response is generally not shown by the children when teacher uses their strengths in order to make up for their weaknesses.

A teacher will have to take the following adaptive measures in order to reduce the effect of learning disabilities on their academic achievement—

- A. Improving Basic Skills
- B. Improving Classroom Behaviour
- C. Improving Social Behaviour.

**A. Improving Basic Skills :** Thinking, Reading, Writing, Listening, Spelling and pronouncing words and doing arithmetic calculations, are the important basic skills needed by every child. The learning disabled children are especially deficient in these skills, so, they must be improved by the teachers in the following ways—

(a) **Reading:**

- (i) Analytical approach is followed by the teacher to teach the students how to read properly. In this approach, starting readers are taught systematic method for breaking down/decoding words. They then practice their decoding skills with words at appropriate instructional levels.
- (ii) Students are provided with list of simple words like hear, hair, cheer, chair, gear, gair etc, and they are asked to create new words on the basis of thereby following certain rules. For example, heard or hearing from hear, cherry or cheerful from cheer etc.
- (iii) Computer software's like Reader Rabbit or Word Muncher or any other language programme can help the students learn decoding principles.
- (iv) In order to improve reading rate and comprehension, the same passage is repeated again and again. Silent reading for developing reading comprehension is also promoted. Higher degree of accuracy is maintained by using self corrective measures.
- (v) Writing can also improve reading comprehension, for example, students can be asked to identify relevant facts and list them

down. They can also be asked to write a summary of the passage that they have immediately read on the basis of facts identified by them and so on.

- (vi) Whole language programme is another strategy for improving reading skill. In this programme, reading is integrated with other communication skills especially written. Students are given chance to use the language more and more in oral and written form. Model reading by the teacher is also helpful in this regard.
- (vii) In order to improve reading comprehension central questions are also asked from the passage which are a bit deeper than the above mentioned questions.
- (viii) In order to increase the interest of students in reading it is demonstrated how reading is valuable for them. For example, they are encouraged to speak the language. They are helped to use reading skill in other subjects like science, maths and social sciences and relating the use of the language in the real life of the students.
- (ix) Use of thematic unit is another measure to improve reading comprehension. In thematic units, we cover topics like season, months, outer space, holidays, animals, birds, continents etc. and incorporate study guides, comprehension activities, reading guides, into it. This will help the students to write stories, essays and poems on their own.
- (x) Prompts and cues can also be used to help the students focus on relevant content and improve their reading comprehension. Following questions can be used as prompts for students while they are reading the passage –  
What is the story about?  
Who is the central character?  
What does the characters do?  
What happens to the central character in the passage?  
What happens in the end?

#### (b) Mathematical Operations:

- (i) Cues and prompts are provided to students in order to enable them not to commit mistakes while solving mathematical sums. Answer key at the end of the exercise is also provided for the purpose.
- (ii) If students are reluctant to complete many number of problems in a period, the number of problems should be reduced. Break should also be given during a period i.e. long assignment should be divided into several smaller assignments.
- (iii) They should be taught mathematical sums in steps and only one step should be drilled by students at a time.
- (iv) They should be provided with multiple opportunities for success to improve accuracy.
- (v) Before teaching them the problem solving procedure, the related concepts should be made clear first by using examples and by helping the students use them.
- (vi) To improve students performance, structure and content of assignment should be simplified.

- (vii) Mathematics should be done through extra activities by the teacher. This will give self-motivation to the students.
- (viii) If students are having only mathematical learning disability, then double time should be allotted for teaching mathematic i.e. first period in the morning and sixth period after the lunch break.
- (ix) Alternate, easy and tough examples should be given to students before taking them to the exercise of the lesson. These easy and tough examples will help them to do the exercises with minimum mistakes.
- (x) Those problems should be given to students to solve which have direct relevance to their daily life. Such as problems related to money matters, house construction, use of daily needs etc.

#### (c) Writing:

- (i) Students should be encouraged to monitor their own written words and specific skills such as targetted composition skills should be taught to the students.
- (ii) In order to improve written products, checklists should be used to guide the students before they write.
- (iii) In order to improve writing, quantity is not very much relevant to these children. Grammatical errors in writing works should be checked as much as possible.
- (iv) Computers and word processing tools may also be used for making a significant improvement in writing works.
- (v) In order to improve spelling, students should be allowed to use familiar words for practice. For example, they can learn the spellings of met or set with the help word "bet".
- (vi) Students should be trained to cram words only after dividing them into convenient groups such as "Reluctant" word can be crammed as RE-LUC-TANT. Here, rhyming period for each group of letters will be the same. This will help the students to write correct spellings of the word.

#### B. Improving Classroom Behaviour: Learning disabled do not generally have behavior problems but they do sometime exhibit those behaviours which are non-productive in the classroom. Classroom behaviour is composed of work habits and study skills.

- (i) Regular assignment should be given to students to increase their study habit.
- (ii) Daily report card should be used to minimize inappropriate behaviour of students.
- (iii) Project works should be given to students periodically so that students work in a group to complete the project.
- (iv) Students should be shown how to set up an assignment book and how to arrange a notebook. Periodical checking of notebooks and assignments is also necessary.
- (v) Students attending to teachers' instructions should be rewarded to reinforce positive behaviours.

**C. Improving Social Behaviour:** Social relation is the most affected area of learning disabled children. Their low level of interactive ability and the humiliating behaviour by others due to their disability further restricts their social behaviour. It can be improved in the following ways –

- (i) Words and actions of teacher provide a model for students behaviour. Problem of disability should be shared with other classmates.
- (ii) Students with learning disability resist classroom discussion and interpersonal interactions because they are afraid of failures or doing mistakes. The teacher can help them to reduce this problem by providing them different techniques of communication.
- (iii) The teacher should first of all identify the skills, hobbies, individual interests of students and then he should plan and organize various types of group activities for them.
- (iv) Progress report of improvement in social skills and behaviour should be periodically sent to parents for feedback.
- (v) Students should be compulsorily made to participate in all structured activities of the school either in a passive or active manner.
- (vi) Group co-curricular activities in one class should be organized in the school to foster socialization. These activities will also help them learn social rules and regulations.
- (vii) Appropriate behaviour should be demonstrated in the class by the teacher himself or by using films and cassettes. When students will see the rewarded behavior in the films, they will learn and copy them in their lives.

### MULTIPLE DISABILITIES

**7. What do you mean by Multiple Disabilities? Discuss the characteristics and assessment of multiple disabled children.**

**Ans. Multiple Disabilities :** Multiple disabilities mean existence of two or more than two disabilities in a child. According to IDEA (Individuals with Disabilities Education Act) : “Multiple disabilities means concomitant (simultaneous) impairments such as intellectual disability—blindness, intellectual disability : orthopaedic impairment etc., the combination of which causes such severe educational needs that they cannot be accommodated in a special education programme solely for one of the impairments.”

#### **General Characteristics of Multiple Disabled Children**

The children having multiple disabilities do not demonstrate a precise set of common characteristics. They may exhibit a wide range of characteristics depending on the combination and severity of disabilities and the person's age. However, some general characteristics are given below –

1. **Cognitive Abilities :** It depends upon their particular disability and impairment that they suffer from. For example, the child who has mental retardation will be very poor in cognitive skills. On the other hand, a child who has orthopaedic impairment—blindness may exhibit good cognitive abilities.
2. **Physical Characteristics :** They may suffer from chronic illness, pain in any part of the body, weakness, poor health, and lack of proper co-ordination of muscles. But it does not mean that their whole body is weak. A person on wheel chair may be very strong by his upper part of the body.
3. **Communicative Abilities :** Many children with cerebral palsy have little language problem. Their speech and language skills are normal. If the problem of cerebral palsy is very severe, language development will be affected. Similarly, students with autism develop language very slowly, saying words or phrases out of context and voice disorders are also seen. Their language comprehension is also found to be very poor.
4. **Behavioural Characteristics :** The children suffering from multiple disabilities generally show deviant behaviour. Negative social stimuli are the main causes behind their deviant nature of behaviour. Since they rarely participate in social activities due to their disabilities, this results in low level of social development. A child with multiple disabilities also has low level of interaction so his social development is also badly affected. Limited motor skills and self help skill also limit social interaction of these children. They may show aggressive behaviour, self injurious behaviours, temper tantrums and repetitive stereotyped behaviours. These behaviours tend to isolate the victims from others resulting in poor social development.
5. **Academic Achievement :** Poor academic achievement of students with multiple disabilities is a common phenomenon. The reason may be due to behavior problem, poor school attendance due to musculo-skeletal disorders, poor mental and physical health etc.

#### **Causes of Multiple Disabilities**

The causes of existence of more than one disability may not be known in some cases while in some cases following causes are responsible—

- Lack of Oxygen at Birth
- Chromosomal Abnormalities
- Premature Birth
- Difficulties after Birth—diseases etc.
- Poor development of the Brain or Spinal Cord
- Infections
- Genetic disorders
- Injuries from accidents

## 1.2 CONCEPT, MEANING AND NEED OF INCLUSIVE EDUCATION

### 8. Define Inclusive Education. Discuss its needs.

Or

Discuss the concept, meaning and need of Inclusive Education.

**Ans. Concept of Inclusion:** Inclusive Education is widely comprehended and is given vital weight now-a-days. 'Inclusion literally means 'to include' or 'to make one the bifurcated or diversified entities'. As far as education is concerned, inclusion refers to the placement and education to the children with disabilities in regular classrooms with children of the same age who do not have disabilities. This is the blending with or without disabilities in children. The underlying promise of inclusion is that all children can learn and belong to mainstream of school and community life.

### Definitions of Inclusive Education

**According to Task Force on Inclusive Education (2004)**— "Inclusive education is a process of responding to uniqueness of individuals, increasing their present access, participation and achievement in a learning society."

**According to Moran (2007)** — "Inclusive Education is about embracing educational values of equity, diversity and social justice."

**According to UNESCO (1994)** : "Inclusive education is seen as a process of addressing and responding to the diversity of needs of all learners through increasing participation in learning, cultures and communities and reducing exclusion from education and from within education."

**According to Dakar World Education Forum (2000)** : "Inclusive Education means that schools should accommodate all students regardless of their physical, intellectual, social, emotional, linguistic or other conditions. This should include disabled and gifted students, street and working students, students from remote and nomadic populations, students from linguistic, ethnic or cultural minorities and students from other disadvantaged or marginalized areas or groups."

**Meaning and concept of Inclusive Education** : Inclusive Education has grown from the belief that education is a basic human right and that it provides the foundation for a more just society. All learners have a right to education, regardless of their individual characteristics or difficulties. Inclusive Education initiatives often have a particular focus on those groups, which in the past, have been excluded from educational opportunities. These groups include students living in poverty, those from ethnic and linguistic minorities, girl students from remote areas and those with disabilities or other special educational needs. The latter are often the most marginalized both within education and in society in general. Traditionally, disabled students and those with other special educational needs have experienced exclusion, discrimination and segregation from mainstream education and their peers. Some are placed in separate classes or schools; many have been denied access to education of any sort.

Segregated educational provision separates students from their peers and families and may not be cost-effective. Establishing or extending separate provision do not identify and remove barriers which prevent these students from learning in mainstream schools. Inclusive Education is about helping mainstream schools to overcome the barriers so that they can meet the learning needs of all students. Inclusive Education is not only concerned with disabled students or finding an alternative to segregated special schooling. It also includes gifted students and disadvantaged students.

Inclusive Education serves as a medium which brings out the hidden capacities of individuals while maintaining the harmony with aims and objectives of the society. Inclusive education is sensitive to the needs of every individual and is designed towards the attainment of equity, equality, quality and social justice. Inclusive education encourages policy makers and managers to look at the barriers within the education system, how they arise and how they can be removed. Inclusive education is a process of removing barriers and enabling all students to learn and participate effectively within general school/college systems. Inclusive schools no longer distinguish between "general education" and "special education" programs, instead, the school/college is restructured so that all students learn together.

### Characteristics of Inclusive Education

Inclusive education has following characteristics :

1. It involves valuing all students equally.
2. It increases the participation of students in and reduces their exclusion from the cultures, curricula and communities of local schools/colleges.
3. It involves restructuring the cultures, policies and practices in schools/colleges so that they respond to the diversity of students in the locality.
4. It reduces barriers to learning and encourages participation of all students 'having special educational needs'.
5. It acknowledges the right of students to get education in their locality.
6. It is a process of overcoming barriers to increase access and participation of all students irrespective of their disabilities, backgrounds, cultures etc.
7. It views the differences between students as resources to support learning, rather than as problems to be overcome.
8. It emphasizes the role of schools in community development as well as in increasing achievement.
9. It improves school-community relationship.
10. It caters to diverse needs of all learners as well as school staff.
11. It is a flexible education system that assimilates the needs of a diverse range of learners and adapts itself to meet these needs.
12. It aims at all stakeholders in the system (learners, parents, community, teachers, administrators and policy makers) to be comfortable with diversity and see it as a challenge rather than a problem.
13. Inclusive education is an education setting in which disabled children receive education along with non-disabled children in the regular classroom. Thus, inclusive education is a practical solution to the problem of segregation of disabled children.
14. It provides the least restrictive and most effective environment to disabled children so that they may develop like normal children.

15. It accepts the disabled child as an individual in his own rights.
16. It ensures civic rights to the disabled in order to raise their standard of living.
17. It is an economic system for the education of disabled children and solves the psychological problems which these children face in special educational settings.
18. It is a viable approach to attain the goals of universalisation of elementary education by providing equality of educational and development opportunities to the disabled who have been denied equality so far.

### Need of Inclusive Education

As stated above, Inclusive education is a process whereby the personal and educational needs of the children with special needs are fulfilled. It is a new approach in education to include all those in mainstream of education who are excluded because of their disability. Now it is necessary to discuss that the need of inclusive education is vital and has great importance. It serves as a bridge between the children with and without disabilities. Following points explain the need of inclusive education:

- (i) It levels the education to universality. Through inclusive education the goal of making education universal can be met. It breaks the boundaries and removes the inhibitions. But it is possible only if its area and scope is widened to health and developments of other aspects of students' life.
- (ii) If the inhibitions and boundaries are removed, the status of education and acquiring education is uplifted, the nation will develop in different areas and fields. The development of a nation unites, strengthens and empowers the roots of a nation. But this is possible only if each aspect of every student is judged properly and appropriate educational measures are adopted to develop his/her full potential. In this way, inclusive education has potential to ensure national development.
- (iii) Poverty and marginalization are the two big causes of exclusion. It is very clear that the individuals deprived of education cannot stand anymore for the upliftment of the country. This impoverished state of a person proves to be a barrier in the way of education and a vicious circle is created. It is the responsibility of a teacher to give conducive education because he is well trained and well educated. He has skill, expertise and awareness of duties and rights.
- (iv) Inclusive education is also helpful in providing quality education. As we know that the inclusive education aims to include all children in education and promotes child-to-child learning and participation of parents & community in planning & execution of services of children. This helps in meeting aims of inclusion as well as in improving quality in education.
- (v) The objective of inclusive education is the development of individual as well as public life of a person. Its purpose is to enable a child to progress and have a happy living. This includes not only the life of a child with special education needs in school but also outside the school. A healthy and supportive environment is created everywhere in his surroundings to ensure development.

- (vi) Indian Constitution provides Right to Education to all. This right can meet its aim by applying it for all equally and by treating children with and without disabilities in the same way. The Constitution declares free and Compulsory Elementary Education to provide education to all and inclusive education helps in fulfilling this aim.
- (vii) Inclusion in education helps in proper social balance. It provides equal opportunity of getting education by removing all kinds of prejudices and discrimination. All children irrespective of their caste, culture, disability are made to sit, play, learn together, and share feelings with each other. This helps in development of a feeling of equality among future citizens.
- (viii) Inclusive education helps in reducing segregation of children from the cultures and communities of local schools.
- (ix) Inclusive education has helped in reforming the policies and practices in schools so that they respond to multiplicity of students in the locality.
- (x) It helps in improving schools for staff as well as for students.
- (xi) It views the differences between students as resources to support learning rather than as problems to be overcome.



### 1.3 TRANSITION FROM SEGREGATION TO INCLUSION

9. Write a note on Transition from Segregation to Inclusion in Education.

Or

Discuss the concept of 'Transition from Segregation to Inclusion' and mainstreaming in education.

**Ans.** Education for the children with special needs has been a current issue not for a long time ago but gained momentum from late 18th and early 19th centuries. Children with disabilities were not cared for in pre-historic societies. Disability of any kind in the good old days was considered the result of some kind of sin and children suffering from them were either killed or kept isolated. The physicians and scholars in ancient Greek and Roman societies made some efforts to treat and preserve the lives of handicapped and provided asylums for them. However, early history of segregated/special education started with the hearing handicapped as early as 1555 when the Spanish Monk Pedro Ponce de Leon (1520-1584) taught a small number of deaf children to read, write, speak and learn academic subjects. By that time it had not gained much attention but originally JMG-itard a French physician was the originator of instructional devices. He is also called the inventor of behaviour modification techniques. He is also the first speech therapist, creator of oral education of the deaf and the father of Special Education for the mentally retarded could learn and improve by the methods given by him.

It is also noteworthy that first school for the education of the deaf was established by Thomas Gallaudet in 1817. As per the Encyclopaedia of Special Education, the establishment of special education began in 1832 with the first school for deaf in Kentucky. The first college for the deaf was started in 1857 in Columbia. Some other efforts were also made regarding the special classes for the individuals with mental retardation. The processes and efforts for providing education and facilities to the disabled went on with the passage of time. At the conclusion of the American war of Independence, a number of philanthropic organizations played a leading role in establishment of training institutions for the people with disabilities. There were many other Europeans, French and American physicians and educators whose fascinating and brilliant careers helped to shape special education. In fact, the early years of segregated special education were vibrant with the pulse of new ideas of great physicians and educators. The results achieved by them with disabled children were truly remarkable. But despite the energy, optimism and achievements of these special education lost its momentum during the last part of the 19th century. The special schools which were opened in late 1800s became dumping grounds for all kinds of misfits. Many factors were responsible for the decline of Special/Segregated education which are as under –

1. Too much expectation of parents for their disabled children to achieve miraculous cure very soon.
2. Total failure of special education personnel in some cases.
3. The idea that the handicapped/disabled were inherently inferior than normal children.
4. Disagreement among professionals about the appropriate methods of education.
5. Lack of financial support for providing special education services to a large number of disabled children.
6. The influence of Charles Darwin's theory of Evolution, the survival of the fittest.
7. Doubtful Efficacy of Special Education.
8. Emergence concept of least restrictive environment and mainstreaming.

But in spite of shortcomings of segregated institutions, their role in providing education do disabled children cannot be neglected. In fact, this movement of segregation helped a lot to the disabled children. They started thinking equally in the way the students without disabilities do. But during this period, new kind of debate got air about segregation. Though it resulted in building successful foundation of physically as well as mentally disabled children yet it caused a ditch between the normal and the disabled. Thus, segregation was considered a separation between two human beings. So, another movement came into focus which wanted to make efforts in their integration. And this integration was nothing else but 'Inclusion'.

Many humanists raised their voice in its support and against the previous ones. In the early part of 1970s, various court decisions in USA established the right of all children labelled as mentally retarded to free and appropriate education because on the fairly wide basis, the restrictions imposed by segregated institutions, special schools and special classes were presented as problematic. So, the voice against it was just and fair. The United Nations declared 1981 as the International Year of Disabled Persons. It made a slogan of the theme, "Full

Participation with Equality" to encourage inclusion of exceptional children in the general classroom for their education. Thomas has rightly said "acceptance of all pupils in the mainstream system taught with a common framework and identified as the responsibility of all teachers is inclusion in real sense."

**Mainstreaming** : Mainstreaming refers to an educational placement procedure and process in which disabled children are educated in the least restrictive environment to satisfactorily provide for their educational and related needs. The concept of mainstreaming owes its origin in the work and ideas of S.G. Howe who took keen interest in the education of deaf and blind children. As early as 1851, Howe stressed that blind children should be educated in regular schools because of the social advantage of such a setting. He advocated in the favor of "exposing the disabled to an educational experience as close to that of non-disabled as possible."

In other words he advocated the mainstreaming of disabled children in the general schools. It was in 1975 that the concept of mainstreaming was introduced in the "Education for All the Handicapped Act (USA)."

**Definitions of Mainstreaming** : According to Stephens and Blackhurt : "Mainstreaming is the education of mildly handicapped children in the regular classroom. It is based on the philosophy of equal opportunity that Implemented through individual planning to promote appropriate learning achievement and social normalization."

**According to Kauffman et al (1975)** : "Mainstreaming refers to the temporal, instructional and social integration of eligible exceptional children with normal peers based on an ongoing, individually determined, educational planning and programming process and requires clarifications of responsibility among regular and special education, administrative, instructional and supportive personnel."

The concept of mainstreaming is based on the following convictions:

1. Disabled children have a wide range of special educational needs.
2. The special education needs of disabled children vary greatly in intensity and duration.
3. There is a continuum of educational settings which may be appropriate for an individual child's needs.
4. Disabled children should be educated with non-disabled children.
5. Special classes, special schools and other ways of segregating the disabled from the non-disabled may be necessary only when the special needs of disabled children cannot be satisfied in general schools even with the provision of supplementary aids and services.

### From Segregation to Inclusion

Many educationists nullify the idea of special or segregated education on the ground that it does not equalize educational opportunities rather it creates a feeling of differentiation among children. Special classes create a feeling of inferiority complex among disabled children. Segregation is the process by which children with special needs or the disabled children are identified as a separate group and are educated in special schools in the company of other disabled children of the same category being alienated from the parents, siblings, non-disabled peers and their own community. Gradually, the social and physical distance between this segregated group (disabled children) and

the other groups (normal children) increases. A feeling of 'otherness' develops in the group. Inclusion is the process of bringing the 'parts' (the handicapped children) to the whole (the society). The indicators of inclusion are as under —

- (i) Handicapped persons enjoy the same right as the rest.
- (ii) They have equal opportunity for growth and development in environmental conditions available to the rest.
- (iii) They have access to the quality of life like any other citizen.
- (iv) They are treated as equal partners in the community.

The process begins by physical proximity i.e. reduction of the physical distance. It continues with mutual sharing of the physical facilities and progresses towards reduction of social distance. The reduction of the physical and social distance results in social integration in which the groups become equal partners in the community.

Educationists justify this type of education under following points:

- (i) **Normal mental growth of child is possible** : Psychological complexes are prominent under special/segregated educational settings. The disabled children think that they are inferior to others for which they are being treated separately. In integrated education system, the disabled get the chance to enjoy along with normal children. Every child feels that he is in no way, inferior to anyone. Thus inclusion leads to normal growth of children.
- (ii) **Social Integration is ensured** : Certain social qualities are very much pertinent with the disabled children when they tend to get education with normal ones. Children get wider community integrated setup and this is conducive for the disabled ones to learn social virtues along with normal ones. These social virtues include love, affection, co-operation, sympathy and adjustments etc. The students in inclusive settings not only get special attention but are also taught in a wider educational arena.
- (iii) **Less Expensive** : No doubt, special educational set-ups are very costly and expensive. Besides that, training programmes for special teachers and teaching experts are time-consuming. Considered from this angle, Inclusive education is less expensive and advantageous. To establish a special school, generally we seek assistance from various persons i.e. trained personnel, experts, physiotherapists, doctors etc. thus, keeping a disabled child in a normal class is less expensive than placing him in a special setup.
- (iv) **Integration is possible through Inclusive Education** : Social interaction is pronounced in inclusive education set-ups in comparison with special education set-ups. A natural environment is created for interaction of the disabled with non-disabled peers. Learning to adjust in this environment, to accept and to be accepted by their friends is possible through Inclusive education. The students in normal set-ups also acquire a sense of competency and emotional adjustment.
- (v) **Academic Integration is Possible** : Academic integration is possible through inclusive set-ups. Educationists believe that once a child is placed in a special school, below par academic abilities of the disabled

ones under the teacher are developed. Owing to the placement of children in special schools, they fail to score well in academics. In this way we can say that with a sophisticated environment and up to date curriculum, inclusive education brings academic integration.

- (vi) **Principle of Equality is maintained** : In India, constitutional provisions have been made to universalize the elementary education and to provide educational facilities to the disabled children. The very objective of equality can be maintained through inclusive set-ups so that no student should think himself inferior to the other.



## 1.4 PRINCIPLES OF INCLUSIVE EDUCATION

### 10. What is meant by Inclusive Education? Briefly describe principle of Inclusive Education.

**Ans.** Inclusive education is the process of bringing exceptional children of whatever condition into the general classroom for their education. Inclusive education refers to the placement and education of children with disabilities in regular education classroom with children of the same age who do not have disabilities. Inclusion means full inclusion of children with diverse abilities in all aspects of schooling that other children are able to access and enjoy. It involves regular schools and classrooms genuinely adapting and changing to meet the needs of all children as well as celebrating and valuing differences. Inclusive Education accepts the disabled child as an individual in his own right. It provides equal educational opportunity to the disabled and prepare them for independent living like other members of the society. It provides the least restrictive and the most effective environment to disabled children so that they may grow and develop like other children. It promotes a healthy social relationship between the disabled and the non-disabled children and reduces the physical distance between them through equal participation in social activities.

Inclusive Education is an approach to attain the goals of universalization of elementary education by providing equality of educational and developmental opportunities to the disabled who have been denied equality so far. Admission, retention and full participation of children in all aspects of education, must not be subjected to any criteria based on assessment tests and judgment by professionals and experts. No child with disability should be asked to produce certificates either for admission, examination, getting support facilities, scholarship etc.

**General Principles of Inclusive Education** : There are following seven principles for Inclusive education –

1. Principle of Teaching All Students
2. Principle of Exploring Multiple Identities
3. Principle of Preventing Prejudices
4. Principle of Promoting Social Justice
5. Principle of Choosing Appropriate Materials
6. Principle of Teaching and Learning about Cultures and Religions
7. Principle of Adapting and Integrating Lessons Appropriately

**1. Principle of Teaching All Students :** Students learn in different ways. It is therefore, important to develop the skills to teach in different ways. For example, some students learn best when introduced to information visually, while others learn best through hearing information, working in groups or activity based projects. By using several different approaches to the same material within the same lesson or activity, information can become more interesting and tangible to a greater number of students.

Some ways to accomplish this are :

(i) **Think of three different ways to teach a lesson :** A teacher can teach a new concept or definition by

(a) having students create a web map on newsprint to represent a concept or a definition (visual)

(b) Giving a brief lecture about the concept or definition (auditory) or

(c) Having students act out the concept or definition using various clues (Kinesthetic) Of course, there are other strategies as well, such as a group discussion or brainstorming to evoke student's prior knowledge about the topic or reading a story aloud that illustrates the concept or inviting students to draw an illustration of what they guess about the concept.

(ii) **Asking other teachers :** How they have taught or would teach a lesson?

(iii) **Sharing with colleagues :** A teacher can first create a lesson and then share it with his colleagues to invite suggestions or other idea related with the lesson.

(iv) **Listening carefully to students' questions and comments :** Learning occurs as a result of interaction between the students and teachers with both asking questions and searching answers from each other. Students should be encouraged to ask questions to seek more information or to seek clarification of information that has already been given.

(v) **Expect students backgrounds and abilities to be different :** A teacher should be considerate of these differences and help students reflect on their individuality and to cultivate a sense of belongingness with his learning community (peers).

**2. Principle of Exploring Multiple Identities :** Building confidence and affirming identity for students supports their learning. Students who are excited about themselves and other people and who are ready to learn about the world around them will easily learn to be compassionate and understanding of people who are different from them. They are less likely to hold negative feelings about others. If they are comfortable with themselves, they'll be comfortable with those also who are different due to their disability or deviance.

Some ways to affirm and encourage students' identities are :

(i) Creating activities that help students talk about and feel pride in themselves and their unique experiences.

(ii) Engaging students in projects where they can talk about their experiences related to academic content.

(iii) Encouraging all aspects of each student's individuality.

(iv) Creating an environment where each student can investigate about self and others.

(v) Discussing all areas in which a student may find opportunities for success—academic, artistic, athletic, physical, emotional etc.

(vi) Maintaining a respectful environment among the students where they do not shy away from conflicting ideas but learn to respect each other's opinions.

**3. Principle of Preventing Prejudices :** All of us are influenced by the legacy of institutionalized inequalities that permeate history as well as the stereotyped ideas and images we encounter every day. The best way for an educator to address preconceived stereotypes and to prevent them from escalating into feelings of prejudices and biases is to create awareness. This can be done by discussing students' stereotypes in both small and large groups. There are a number of suggestions about how to create students awareness of stereotyped beliefs and inequality --

(i) Teaching explicitly about histories of unfairness or inequality to help the students understand that institutionalized inequality is not everybody's fault. But that it is everybody's responsibility to become aware of it and create equitable and fair learning community where all students irrespective of their background, race, culture, disability can learn together.

(ii) A teacher should not talk about student's feelings and attitudes. Their prejudicial behaviours should not be ignored. They will not go away on their own. A productive atmosphere of trust, examination and responsibility should be created in the class.

(iii) Setting clear boundaries and rules about behaviours that are based on prejudices such as learning, bullying and excluding. A teacher should clearly tell the students benefits of an inclusive learning community.

(iv) Helping students to identify prejudicial behaviour and interrupt discriminatory or biased language and acts.

**4. Principle of Promoting Social Justice :** Young students are good judges of what is or is not fair especially when they are challenged to consider issues of social justice. A teacher should promote social justice in classroom in terms of equality for all. In classroom all students should be considered equal irrespective of their differences and they should be made to learn social justice and equality for all. Educators should talk to them about issues of social justice and injustice in terms of fair versus unfair, respectful versus disrespectful. Students should be encouraged to develop a sense of civic responsibility. The social justice perspective should not be limited to one day, week, month, year or a specific subject. It should be fully integrated into all content areas. These topics can be addressed continuously and in many different contexts. Service opportunities can also help students to feel empowered to address issues of inequality in their own communities.

**5. Principle of Choosing Appropriate Materials :** According to this principle, it is important to choose books and materials that reflect accurate images of diverse peoples. Books, magazines, movies, web-based media and handouts can be guides for behaviour and ideas, but they also have the potential to perpetuate some stereotypes. An educator should read over all materials which he/she is planning to use with students and decide if they are positive and appropriate image of people and the mes. As far as possible, primary sources should be used for selecting appropriate materials relevant to a topic.

**6. Principle of Teaching and Learning about Cultures and Religions :** It is important that students learn about other cultures and religions in a positive manner. This includes learning about the cultural and religious differences among their peers as well as other cultures and religions that are more remote from their experiences. It should be emphasized that culture is not a fixed or permanent condition. Society and culture are constantly changing. Languages, religions, rituals, traditions and ways of knowing change over time. It is important for students to recognize the evolving nature of previously assumed images. For this, students should be given opportunities to learn about the ever-changing cultures of the world.

**7. Principle of Adopting and Integrating Lessons appropriately :** According to this principle, it is important for educators to be flexible in the adaptation of all the lessons in curriculum. If a lesson is pre-designed, it is always a good starting point. It should provide meaningful opportunities for students to present their beliefs and relate it to their personal experiences.

## 1.5 MODELS OF INCLUSION

**11. What is inclusion in Education? Discuss the models of Inclusion.**

Or

**Describe models of Inclusive Education.**

Or

**What do you mean by models of Inclusion? Describe wang's Adaptive Learning Environmental model - WALEM.)**

(June 2018)

**Ans.** Inclusion in education is, now days, popular and widely appreciated term. The inclusion stands for the inclusion of children with disabilities in a class of children without disabilities. 'Inclusion' describes the efforts to keep students with diverse learning and behaviour needs in the classrooms and schools they would normally attend with their 'Age-level peers'. An inclusive classroom means that all students have the right to feel safe, supported and included at school. All students own this right in the regular classroom as much as possible. This is necessary to be done for the proper balance of the society.

Though the present term 'Inclusion' was formed a few decades ago but it sped up in the last decades of twentieth century. The voice for inclusive education was raised by the humanists as well as the educationists. It is now considered to be the supplementary to the successful social system. It is the provision of educational services to all students in such a manner that all students are considered to be the equal members of the classroom as well as the community.

We know that it is based on a system in which education is provided to the children without discriminating them on the basis of their physical/mental incapacities. It is provided with the programs and services necessary to meet the individual needs. For this purpose a wide range of practices from state to state and district to district has been brought into focus.

Models are instructional designs or teaching strategies which guide the teacher in planning, implementing and evaluating educational activities. In other words, a teaching model is a plan, specimen or guidelines which help a teacher in creating and managing educational activities and environments to achieve goals of education. Some models are necessary to ensure the success of proper inclusion in education. These are as under :

**1. Strategies Intervention Model :** This important model was developed at the University of Kansas Center for Research on Learning. This benefits that instruction in strategy intervention does indeed improve the chances of success of special children in general education classes. It is also based on this point that all students should develop their potential independently. Their domain may be social or motivational.

The strategies intervention Model has three step strategy intervention curriculum. It serves in the transition of the students with disabilities into the general education environment. This transition is a directional process in which combined assistance of general education teacher and special education teacher is required. The above mentioned three steps can be described as under -

(i) First, while responding to the expectations and demands, the students are made properly learn the steps and strategies for getting, storing and expressing the things having particular aims. This also enables a student to copy the content matter and prepare a ground to meet the special needs.

(ii) The second step is aimed at enhancing the teaching routine in general education classroom. It is done on the basis of aids i.e. the teaching aids which are related to the previous knowledge of the students.

(iii) The third step to the strategy intervention is designed to teach the special social skills and motivational techniques. Here an environment is created for the purpose of developing shared behaviour which signifies commonness in behaviour of all. It helps easy involvement in team meetings and conferences.

This model is widely appreciated. It needs a criteria for its implementation. Some terms of criteria centered to the teachers are as under—

(a) The teachers must have time to plan and think about the needs of diverse learners.

- (b) They should apply the teaching strategies which must be incorporated into instructional program.
- (c) They must collaborate with special education teachers for performance assessment of all aspects of the students with SEN.
- (d) They must be committed to meet the needs of the students in the general classroom.

**2. Team Teaching Model :** This is also an important model in which two teaching polarities are joined together. The special education teacher and the regular classroom teacher work together and teach the students in one classroom. The students must be included in one single classroom in order to reduce the higher level of stress. Though there are so many methods working in this direction, the concept of team teaching needs to be carefully thoughtout.

In this model, for making teaching effective, the teachers have to work together in collaboration with one another. They will have to work in team and consider the others equal. By working together in team they are required to meet the goals and complete the class tasks. For this, an effective planning and systematic working is required. When the plan and the system is formulated, the implementation begins which needs a well-defined support of the team. The team works in the following manner :

(i) The teachers must be willing to teach together. The teaching tasks should be divided in all team members. For example, regular teacher may teach content while special teacher may provide student information, possible instructional strategies and modification ideas for assignments, tests etc. There should be no communication gaps among the team members.

(ii) Inclusion needs a great deal inclusion of various types of elements. They may differ to each other. But the important point is that all these elements should lay focus on teaching. It includes all issues related with development of learners. It requires support, conducive leadership, spirit of co-operation etc.

Team teaching model helps in building self-esteem, self-confidence and self-reliance among children with disabilities. They start considering themselves equal to their peers without disabilities. They get motivation and inspiration to develop their potentials. They feel new energy in themselves and learn various skills. On the other hand, teachers also get satisfaction and a feeling of dutifulness in real sense.

**3. Full Inclusion Model :** This model is also called 'Push-in Model'. This Models is the most noteworthy model in Inclusive education when the teacher enters into the classroom for instructional purpose, he supports the children. He uses the material which he has already arranged to make the instruction process effective. He uses all relevant methods, materials and assistive technologies in his teaching. In this model, the special teacher/special education staff provides support to the general (regular education) teacher by team-teaching or collaboration. Support in discovering the comprehensive curriculum is also provided to students through 'Accommodations'.

In collaborative co-teaching, there is shared responsibility between the regular education and special education teacher. Teachers may organize a class into groups and teach students simultaneously. One teacher may lead an enrichment or alternative activity while the other teacher works with a small group on difficult content areas. Students receive age-appropriate academics, support services and necessary modified instruction.

Accommodation is technique or support that alters the academic setting or environment to help a student access the curriculum. It changes how students learn and the way students demonstrate what they have learned. A special education teacher identifies the needs of students and provides accommodations accordingly. The ultimate goal is that all students learn to make their own accommodations and become independent learners.

The following ways help a teacher to identify whether an accommodation is effective –

- (i) It helps the individual compensate for intellectual changes, physical changes, and sensory changes or behavioural changes.
- (ii) It allows the students to use current skills while promoting ways to learn new ones.
- (iii) It reduces the level of abstract information to make content relevant for the student's current and future life.
- (iv) It creates a match between the student's learning style and the teacher's teaching style.

**4. Resource Model or 'Pull-out' Model :** Although law requires that students with disabilities should be placed in least restrictive environment, it is not necessary that students shall always be in a full inclusion setting. For example, a full inclusion model may be restrictive for a student that requires intense remediation in reading. It is for this reason that a variety of service options must be made available to a disabled student. The special education staff may provide instruction and support to the student on one-to-one/small group basis outside the regular education classroom for no more than 40% of the instructional day. This small group would be directed towards the minutes on the student's Individualized Education Plan. The general students may not be included during this time. This model is supported by the inclusion teachers to meet the academic gaps of students during regular class with normal students. The primary goal of this is to address the comprehensive curriculum. The parents must be involved in this decision. The school has the responsibility to provide inclusion opportunities for students with disabilities.

**5. Social Mainstreaming Model :** In this model, the student with disabilities is included during regular classroom instruction to provide him/her with appropriate interaction with non-disabled peers. The disabled student may have shortened assignments. Learning material may be adapted for this.

This model provides the opportunity for the disabled children to develop their social, emotional and interpersonal skills. The students are encouraged to work together. They are aware of strengths and weaknesses of one another in the classroom. Normal students become actively involved with disabled students and teaching in groups can develop an appreciation for optimizing the abilities of children with special educational needs.

Frequent meetings with parents, students, teachers and special educational professionals are held to check and evaluate the progress and needs of the students. The outcomes of the meetings may be helpful in implementing Individualized Educational Plan for these children.

6. **Non-academic Model :** In this model, the students with disabilities participate only in non-academic class activities such as art, music, physical education and other electives. This model is more appropriate for our lower functioning, alternate assessment students.



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EXAM NOTES

# CREATING AN INCLUSIVE SCHOOL

[ Paper-3 ]

## UNIT-II

### 2. Legal and Policy Perspectives

- *International Declarations and Conventions:*
  - *Salamanca statement and framework of action, 1994*
  - *Educational provisions in the UN convention on the rights of person with disabilities (UNCRPD), 2006*
- *Constitutional Provisions*
  - *Education of students with disabilities in NPE 1968, 1986, POA(1992)*
  - *(PWD Act 1995), (RCI Act, 1992), (RTE Act 2009)*
  - *Education in the national policy on disability, 2006*
- *Role of Organizations for Education of Children with Disabilities*
  - *Rehabilitation Council of India (RCI)*
  - *National Institute of Different Disabilities*
  - *Composite Regional Centres (CRCs)*
  - *District Disability Rehabilitation Centres (DDRCs)*
  - *Non Voluntary Govt. Organizations (NGOs)*

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## Legal and Policy Perspectives

### 2.1 INTERNATIONAL DECLARATIONS AND CONVENTIONS

1. Discuss the recommendations of Salamanca statement and framework of action, 1994.

Or

What are the provisions made in Salamanca statement and its framework of action with reference to inclusive education.

Or

Define Salamanca statement and Framework of Action, 1994.

(June 2018)

**Ans.** In June 1994 representatives of 92 governments and 25 international bodies formed the world conference on special needs education held in Salamanca, Spain. The conference reaffirmed the right to Education of every individual, as enshrined in the 1948 universal declaration of human rights and renewed the pledge made by the word community at the 1990 World Conference on Education for all to ensure right for all regardless of individual differences. During the subsequent ten years or so, there has been considerable activity in many countries to move educational policy and practice in a more inclusive direction.

#### **Framework for Action**

At the Salamanca World Conference a new framework for action was adopted, the guiding principle of which is that ordinary schools should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other condition in particular. The framework states all educational policies should specify that disabled children attend the neighbourhood school that would be attended if the child did not have a disability.

**Conference Statement :** The delegates to the conference agreed on a dynamic new statement on the education of all disabled children, which called for inclusion to be the norm.

The statement reaffirmed a commitment to education for all and recognised the necessity and urgency of providing education for children, youth and adults with special educational needs within the regular education system.

The World Conference proclaimed that :

1. Every child has a fundamental right to education, and must be given the opportunity to achieve and maintain an acceptable level of learning.
2. Every child has unique characteristics, interests, abilities and learning needs.
3. Education system should be designed and educational programs implemented to take into account the wide diversity of these characteristics and needs.
4. Those with special educational needs must have access to regular schools which should accommodate them within a child centered pedagogy capable of meeting these needs.

The world conference called on several groups to support inclusive education including governments, the international community and UNESCO.

**Role of Governments in Inclusive Education :** The world conference called upon governments and urged them to

1. Give the highest policy and budgetary priority to improve their education system to enable them to include all children regardless of individual differences or difficulties.
2. Adopt as a matter of law or policy the principles of inclusive education, enrolling all children in regular school, Unless there are compelling reasons for doing otherwise.
3. Establish decentralized and participatory mechanisms for planning, monitoring and evaluating educational provisions for children and adults with special education needs.
4. Encourage and facilitate the participation of parents, communities and organization of person with disabilities in the planning and decision making processes concerning provision for special educational needs.
5. Invest greater effort in early identification and Intervention strategies, as well as in vocational aspects of inclusive education.
6. Ensure that in the context of a systemic change, teacher education programs both preservice and inservice, address the provision of special needs education in inclusive school.

**Role of International Community in Inclusive Education :** The world conference also called upon the international community and following recommendations were made—

UNESCO, UNICEF, UNDP and the world bank in particular to endorse the approach of inclusive schooling and to support the development of special education as an integral part of all education programmes. In particular, it calls on :

1. The United nation and its specialised agencies to 'strengthen' their input for technical cooperation and improve their networking for more efficient support to integrated special needs provision.
2. Non-governmental organisation to strengthen their collaboration with official national bodies and become more involved in all aspects of inclusive education.

**Role of UNESCO in Inclusive Education :** In particular, UNESCO as the united Nations agency for education should :

1. Ensure that special needs education forms part of every discussion dealing with education for all.
2. Enhance teacher education in this field by getting support from teacher unions and associations.
3. Stimulate the academic community to do more research into inclusive education and disseminate the findings and the reports.
4. Use its funds over the five years period 1996-2001, to create an expanded programme for inclusive schools and community support projects, thus enabling the launch of pilot projects.

## **2. Framework of Action, 1994.**

The Framework for Action on Special Needs Education was adopted by the World conference on special needs education organized by the Government of Spain in co-operation with UNESCO and held in Salamanca from 7 to 10 June 1994. Its purpose was to inform policy and guide action by government, International organizations, National agencies, Non-governmental organizations and other bodies in implementing the Salamanca statement on principles, policy and practice in special needs education. It also takes account of the proposals, guidelines and recommendations arising from the five regional seminars held to prepare the world conference.

1. The guiding principle that informs this Framework is that schools should accommodate all children regardless of their physical, intellectual, social, emotional linguistic or other conditions. This should include disabled and gifted children, street and working children, children from remote or nomadic populations, children from linguistic, ethnic or cultural minorities and children from other disadvantaged or marginalized areas or groups. These conditions create of different challenges to school systems.
2. In the context of this frame work, the term 'special educational needs' refers to all those children and youth whose needs arise from disabilities on learning difficulties. Many children experience learning difficulties and thus have special educational needs at some time during their schooling. Schools have to find ways of successfully educating all children, including those who have serious disadvantages and disabilities. There is an emerging consensus that children and youth with special education needs should be included in the educational arrangements made for the majority of children.
3. This frame work for action comprises the following sections :
  - I. New thinking in special needs education
  - II. Guidelines for action at the national level
    - A. Policy and organization
    - B. School factors
    - C. Recruitment and training of educational personnel
    - D. External support services
    - E. Priority areas
    - F. Community perspectives
    - G. Resource requirements

4. The trend in school policy during the past two decades has been to promote intergration and participation and to combat exclusion. Inclusion and participation are essential to human dignity and to the enjoyment and exercise to human rights. Experience in many countries demonstrates that the integration of children and youth with special educational needs is best achieved within inclusive schools that serve all children within a community. It is within the context that those with special educational needs can achieve the fullest educational progress and social integration, while inclusive schools provide a favorable setting for achieving equal opportunity and full participation. Their success requires a concerted effort not only by teachers and school staff, but also by peers, parents, families and volunteers.
5. The fundamental principle of the inclusive school is that all children, should learn together, wherever possible, regardless of any difficulties or differences they may have. Inclusive school must recognize and respond to the diverse needs of their students accommodating both different styles and rates of learning and ensuring quality education to all. There should be a continuum of support and sevicees to match the cont. rium of special needs encountered in every school.
6. Within inclusive schools, children with special educational needs should receive whatever extra support they may require to ensure their effective education. Inclusive schooling is the most effective means for bui' dng solidarity between children with special needs and their peers.
7. Educational planning by government should concentrate on education for all persons, in all regions of a country and in all economic conditions through both public and private schools.
8. This framework is intended as an over-all guide to planning action in special needs education. It evidently cannot take account of the vast variety of situations encountered in the different regions and ountries of the world and must accordingly, be adapted to fit local requirements and circumstances. To be effective, it must be complemented by national, regional and local plans of action inspired by a political and popular will to acieve education for all.
9. Legislation should recognize the principle of equality of opportunity for children, youth and adults with disabilities in primary, secondary and tertiary education carried out in so far as possible in integrated settings.
10. Parallel and complementary legislative measures should be adopted in the field of health, social welfare, vocational training and employment in order to support and give full effect to educational legislation.
11. Educational policies at all levels, from the national to the local, should stipulate that a child with a disability should attend the neighbourhood school that is, the school that would be attended if the child did not have a disability. Exceptions to this rules should be considered on a case-by-case basis where only education in a special school or establishment can be shown to meet the needs of the individual child.
12. Curriculums should be adapted to children needs, not vice versa. Schools should, therefore, provide curricular opportunities to suit children with different abilities and interests.

13. Children with special needs should receive additional instructional support in the context of the regular curriculum, not a different curriculum. The guiding principle should be to provide all children with the same education, providing additional assistance and support to children requiring it.
14. Educational policies should take full account of individual differences and situations. The importance of sign language as the medium of communication among the deaf for example should be recognized and provision made to ensure that all deaf persons have access to education in their national sign language. Owing to the particular communication needs of deaf and deaf/blind persons, their education may be more suitably provided in special schools or special classes and units in mainstream schools.
15. Community based rehabilitation should be developed as part of a global strategy for supporting cost-effective education and training for people with special educational needs. Community based rehabilitation should be seen as a specific approach within community development aimed at rehabilitation, equalization of opportunities and social integration of all people with disabilities : It should be implemented through the combined efforts of people with disabilities themselves, their families and communities and the appropriate education, health, vocational and welfare services.
16. The acquisition of knowledge is not a matter of formal and theoretical instruction. The content of education should be geared to high standard and the needs of individuals with a view to enabling them to participate fully in development. Teaching should be related to pupils own experience and to practical concerns in order to motivate them better.
17. Appropriate and affordable technology should be used when necessary to enhance success in the school curriculum and to aid communication mobility and learning. Technical education be offered in a more economical and effective way if they are provided from a central pool in each locality, where there is expertise in matching aids to individual needs and in ensuring maintenance.
18. School heads have a special responsibility in promoting positive attitudes through out the school community and in arranging for effective co-operation between class teachers and support staff. Appropriate arrangements for support and the exact role to be played by various partners in the educational process should be decided through consultation and negotiation.
19. The dissemination of examples of good practice could help to improve teaching and learning. Information on relevant research findings would also be valuable. Pooling of experience and the development of documentation centers should be supported at national level, and access to sources of information broadened.
20. Special needs education should be integrated into the research and development programmes of research institution and curriculum development centers. Particular attention should be given in this area to action research focusing on innovative teaching learning strategies. Class room teachers should participate actively in both the action and reflection involved in such inquiries.

21. Pilot experiments and in depth studies should also be launched to assist in decision making and in guiding future action. These experiments and studies could be carried out on a co-operative basis by several countries.
22. Appropriate preparation of all educational personnel stand out as a key factor in promoting progress towards inclusive schools. Further more, the importance of recruiting teachers with disabilities who can serve as role models for children with disabilities is increasingly recognized.
23. The skills required to respond to special educational needs should be taken into account during assessment of studies and teacher certification. As a matter of priority, written materials should be prepared and seminars organized for local administrators, supervisors, head teachers and senior teachers to develop their capacity to provide leadership in this area and to support and train less experienced teaching staff.
24. The major challenge lies in providing in service training to all teachers, taking into account the varied and often difficult conditions under which they serve. In service training should, wherever possible, be developed at school level by means of interaction with trainers and supported by distance education and other self instruction techniques.
25. Provision of support services is of paramount importance for the success of inclusive educational policies. In order to ensure that at all levels, external services are made available to children with special needs education, authorities should strengthen support system in schools.
26. Support to ordinary schools could be provided by both teacher education institutions and by the out reach staff of special schools. The latter should be used increasingly as resource centres for ordinary school offering direct support to those children with special educational needs. Both training Institution and special schools can provide access to specific devices and materials as well as training in Instructional strategies that are not provided in regular classroom.
27. Integration of children and young people with special educational needs would be more effective and successful if special consideration were given in educational development plans to the following targets: Early childhood education to exchange the educability of all children, girls education and the transition from education to adult working life.
28. Girls with disabilities are doubly disadvantages. A special effort is required to provide training and education for girls with special educational needs. In addition to gaining access to school, girls with disabilities should have access to information and guidance as well as to models which could help them to make realistic choices and preparation for their future role as adult women.
29. Realizing the goal of successful education of children with special educational needs is not the task of the ministries of education and schools alone. It requires the co-operation of families and the mobilization of the community and voluntary organization as well as

the support of the public at large. Experience from countries or areas that have witnessed progress in equalizing educational opportunities for children and youth with special educational needs suggests several useful lessons.

30. Parents are privileged partners as regards the special educational needs of their child, and to the extent possible should be accorded the choice in the type of education provision they desire for their child. A co-operative, supportive partnership between school administrators, teachers and parents should be developed and parents regarded as active partners in decision making. Parents should be encouraged to participate in educational activities at home and at school (where they could observe effective techniques and learn how to organize extra-curricular activities), as well as in the supervision and support of their children learning.
31. Governments should take a lead in promoting parental partnership, through both statements of policy and legislation concerning parental rights. The development of parents association should be promoted and their representative involved in the design and implementation of programmes intended to enhance the education of their children.
32. Decentralization and local area based planning favors greater involvement of communities in education and training of people with special educational needs. Local administrators should encourage participation by giving support to parents as privileged partners as regards the special education needs of their child. Organization of people with disabilities i.e., those in which they themselves have the decisive influence should be invited to take an active part in identifying needs, expressing views on priorities, administering services, evaluating performance and advocating change.
33. Policy-makers at all levels including the school level, should regularly reaffirm their commitment to Inclusion and promote positive attitudes among children, among teachers and among the public at large towards those with special educational needs. Mass media can play a powerful role in promoting positive attitudes towards the integration of disabled persons in society, overcoming prejudice and mis-information and infusing greater optimism and imagination about the capabilities of persons with disabilities. The media can also promote positive attitudes of employers towards hiring persons with disabilities.
34. International co-operation among government and non-governmental, regional and interregional organizations can play every important role in supporting the move towards Inclusive schools. Based on past experiences in this area, International organizations, Intergovernment as well as bilateral donor agencies, could consider joining forces in implementing the strategic approaches.
35. Technical assistance should be directed to strategic fields of intervention with a multiplier effect especially in developing countries. One important task for International co-operation is to support the launching of pilot projects aimed at trying new approaches and at capacity building. International and technical assistance to special

needs education derives from numerous sources. It is therefore, essential to ensure coherence and complementary among organization of the United Nations System and other agencies leading assistance in this area, international cooperation should support advanced training seminars for educational managers and other specialists at the regional level and foster co-operation between university departments and training institution in different countries for conducting comparative studies as well as for the publication of reference document and instructional material. International technical co-operation and funding agencies involved in support and development of education for all initiatives should ensure that special needs education is an integral part of all development project. International co-ordination should exist to support universal accessibility specifications in communication technology under planning the emerging information infrastructure.



2. Discuss various educational provisions of UN convention on the rights of person with disabilities (UNCRPD), 2006.

Or

Explain various provisions of UN convention on the rights of person with disabilities (UNCRPD), 2006.

**Ans.** The convention on the rights of person with disabilities is an **International human right treaty** of the **United Nation** intended to protect the rights and dignity of persons with **disabilities**. Parties to convention are required to promote, protect, and ensure the full enjoyment of rights by person with disabilities and ensure that they enjoy full equality under the law. The convention has served as the major catalyst in the global movement from viewing persons with disabilities as objects of charity. Medical treatment and social protection towards viewing them as full and equal members of society with human rights. It is also the only UN human rights instrument with an explicit **sustainable development** dimension. The convention was the first human rights treaty of the third millennium.

The text was adopted by the **United nations general assembly** on 13 December, 2006 and opened for signature on 30 March, 2008. As of June 2016, it has 160 signatories and 165 parties, including 164 states and the **European Union**. The convention follows the civil law tradition, with a preamble, in which the principle that "all human right are universal, Indivisible, Interdependent and interrelated" of **Vienna Declaration and programme of action** is cited, followed by 50 articles. Unlike many UN covenants and conventions, It is not formally divided into parts.

### Article-1 : Defines the purpose of the Convention

To promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

**Articles 2 and 3** : Provide definitions and general principles including **communication, reasonable accommodation** and **universal design**.

**Articles 4 – 32** : These define the rights of persons with disabilities and the obligation of states parties towards them. Many of these mirror rights affirmed in UN convention such as the **International covenant on civil and political right, international covenant on Economic social and cultural rights or the convention against torture**, but with specific obligations ensuring that they can be fully realized by persons with disabilities.

Rights specific to this convention include the rights to **Accessibility** including the **Information Technology**, the rights to live independently and be included in the community (Article 19), to personal mobility (article 20), habilitation and rehabilitation (article 26) and to participation in political and public life, and **Cultural life Recreation and sport** (Articles 29 and 30)

In addition, parties to the convention must raise awareness of the human rights of persons with disabilities (Article 8) and ensure **Access to Roads, Building and Information** (article 9)

**Articles 33 – 39** : These govern reporting and monitoring of the convention by **national human rights institutions** (article 33) and **committee on the rights of person with disabilities** (Article 34)

**Articles 40 – 50** : These govern ratification, entry into force, and amendment of the convention. (Article 49 also requires that the convention be available in accessible formats.

### Guiding principles of the Convention

There are eight guiding principles that under lie the convention :

- (1) **Respect for inherent dignity, individual autonomy** including the freedom to make one's own choices and independence of persons.
- (2) **Non-discrimination.**
- (3) **Full and effective participation and inclusion** in society.
- (4) **Respect for difference** and acceptance of persons with disabilities as part to human diversity and humanity.
- (5) **Equality of opportunity**
- (6) **Accessibility**
- (7) **Equality between men and women**
- (8) **Respect for the evolving capacities** of children with disabilities and respect for the right of children with disabilities to preserve their identities.

### Core provisions of UNCRPD ACT

- (1) **Definition of disability** : The convention adopts a **social model of disability** and defines disability as including – Those who have long-term physical, mental, intellectual or sensory **impairments** which in interaction with various barriers may hinder their full and effective participation in society on and equal basis with others.
- (2) **Principle of "Reasonable accommodation"** : The convention defines "**Reasonable Accommodation**" to be "necessary" and appropriate modification and adjustments not imposing a disproportionate or under burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on a equal basis with others of all human rights and **fundamental freedoms**" at the article 2 and demands this in all aspects of life including **Inclusive Education**.

(3) **Prevention of discrimination** : The article 8 of convention stresses the **awareness raising** to foster respect for the rights and dignity against discrimination :

1. To raise awareness throughout society, including at the family level, regarding persons with disabilities' and to foster respect for the rights and dignity of persons with disabilities.
  2. To promote awareness of the capacities and contribution of persons with disabilities.
  3. Initiating and maintaining effective public awareness campaigns designed :
    - (i) to nurture receptiveness to the rights of persons with disabilities.
    - (ii) to promote positive perceptions and greater social awareness towards persons with disabilities.
    - (iii) to promote recognition of the skills, merits and abilities of persons with disabilities and of their contributions of **work place** and the **labour market**.
  4. Encouraging all organs of the **mass media** to portray persons with disabilities in a manner consistent with the purpose of the present convention.
  5. Promoting awareness – training programmes regarding persons with disabilities and the rights of persons with disabilities.
4. **Accessibility** : The convention stresses that the persons with disabilities should be able to live independently and participate fully in all aspects of life. To this end, state parties should take appropriate measures to ensure that persons with disabilities have access to the physical environment to transportation to information and communication technology and to other facilities and services open or provided to the public accessibility can be grouped into three main groups.
1. Physical accessibility, 2. Service accessibility, 3. **Accessibility to communication and information**.
5. **Access to Justice** : Article 13 of the convention affirms the effective access to justice for person with disabilities, stating that :
1. States parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and **age appropriate accommodations** in order to facilitate their effective role as a direct and indirect participant.
  2. In order to help to ensure effective access to justice for person with disabilities, state parties shall promote appropriate training for those working in the field of administration of justice.
  3. **Right to education** : The convention states that persons with disabilities should be guaranteed the right to **inclusive education** at all levels, regardless of age, without discrimination and on the basis of equal opportunity.

### States parties should ensure that

- (i) Children with disabilities are not excluded from **free** and compulsory **primary education** or from **secondary education**.
- (ii) Adults with disabilities have access to general tertiary education, **vocational training, adult education** and **life long learning**.
- (iii) Persons with disabilities receive the necessary support, within the general education system, to facilitate their effective education : and
- (iv) Effective individualized support measures are put in place to maximize academic and social development.

### States parties should take appropriate measures, such as

- (i) Endorsing the learning of braille, alternative script, **augmentative and alternative modes, means formats of communication** and orientation and mobility skills and facilitating **peer support** and mentoring.
- (ii) Supporting the learning of sign language and promoting the linguistic identity of the deaf community.
- (iii) Advocating that education of persons, particularly children, who are blind and or deaf is delivered in the most appropriate language and means of communication for the individual : and
- (iv) Employing teachers, **including** teachers with disabilities, who are qualified in sign language and/or Braille and to train education professionals and staff about disabilities **awareness**, use of augmentative and alternative modes and formats of communication and education techniques and materials to support persons with disabilities.

6. **Participation rights** : The convention on the right of persons with disabilities recognized that "that disabilities results from the interaction between persons with impairments and attitudinal and environmental barriers that kinders their full and effective participation in society on an equal basis with other" and that "persons with disabilities continue to face barriers in their participation as equal members of society."

The convention makes participation of the disabled one of its principles, stating "The principles of the present convention shall be ..... full and effective participation and **inclusion** in society", subsequently enshrining the right of disabled to participate fully and equally in the community, education, all aspect of life (in the context of habilitation and **rehabilitation**), political and public life, **cultural life** leisure and sports State parties should take appropriate measures such as :

1. To enables persons with disabilities to have the opportunity to develop and utilize their creative, **artistic** and intellectual potential, not only for their own benefit, but also for the enrichment of society.
2. In accordance with **International law**, to ensure that law protecting intellectual property right do not constitute an unreasonable or discriminatory barrier to access by persons with disabilities to cultural materials.

3. So that persons with disabilities should be entitled, on an equal basis with others, to recognition and support of their specific cultural and linguistic identity, including **sign languages** and **deaf culture**.
7. **Protecting the Integrity of the person** : Article 17 of the convention states that every person with disabilities has a right to respect for his or her physical and mental **integrity** on an equal basis with others.
8. **Habilitation and rehabilitation** : Article 26 of the convention affirms that "State parties shall take effective and appropriate measures, including through **peer support**, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability and full inclusion and participation in all aspects of life. To that end states parties shall organize, strengthen and extend comprehensive **habilitation** and **rehabilitation** services and programmes, particularly in the areas of health, **employment**, **education** and social services, in such a way that these services and programmes :
  - (i) Begin at the earliest possible state, and are based on the **multidisciplinary** assessment of individual needs and strengths.
  - (ii) Support, participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas.
  - (iii) State parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation service.
  - (iv) State parties shall promote the availability, knowledge and use of **assistive devices** and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.
9. **Work and Employment** : Article 27 requires that state parties recognize the right of persons with disabilities to work on equal basis with others. This includes the right to the opportunity to gain a living by work freely chosen and work environment that is open, inclusive and accessible to persons with disabilities. And that state parties shall safeguard and promote the realization of the **right to work** including those who acquire a disability during the course of employment by taking appropriate steps :
  1. Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, continuance of employment, career advancement and safe and healthy working conditions.
  2. Protect the right of persons with disabilities, on an equal basis with others, to just and favorable conditions of work, including equal opportunities and equal remuneration for work of equal value safe and healthy working conditions, including protection from harassment, and the redress of grievances.
  3. Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational & continuing training.

4. Promote employment opportunities and career advancement for persons with disabilities in the labour market as well as assistance in finding, obtaining, maintaining and returning to employment;
5. Promote opportunities for self-employment, **entrepreneurship**, the development of co-operative and starting one's own business.
6. Promote vocational and professional rehabilitation, job retention and return to work programmes for persons with disabilities.
10. **Adequate standard of living and social protection** : Article 28 requires that states parties recognize the right of persons with disabilities to an **adequate standard of living** for themselves and their families, including **adequate, food, clothing and housing**, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of these rights without discrimination on the basis of disability. State parties should recognize the right of persons with disabilities to **social protection** and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard. The following measures should be taken :
  1. To ensure equal access by persons with disabilities to clean water service and to ensure access to appropriate and affordable service, **device** and other **assistance** for disability related needs.
  2. To ensure access by persons with disabilities in particular women and girls with disabilities and older persons with disabilities to social protection programmes and **poverty reduction** programmes.
  3. To ensure access by person with disabilities and their families living in situation of poverty of assistance from the state with disability related expenses, including adequate training, **Counselling**, financial assistance and respite care.
  4. To ensure access by person with disabilities to **public housing** programmes.
  5. To ensure equal access by persons with disabilities to retirement benefits and programmes.
11. **Right to Vote** : Article 29 requires that all contracting states protect "the right of persons with disabilities to vote by **secret ballot** in **elections and public referendums**." According to this provision, each contracting state should provide for voting equipment which would enable disabled voters to vote independently and secretly. Some democracies, e.g., the US, Japan, Netherlands, or India allow disabled voters to use electronic **voting machines** or electronic aids which helps disabled voters to fill the paper ballot. In other countries like Azerbaijan, Kosovo, Canada, Ghana, United Kingdom and most of African and Asian countries, visually impaired voters can use ballot in **Braille** of paper ballot templates. Many of these and also some other democracies, Chile for example, use adjustable desks so that voters on wheel chairs can approach them. Some democracies only allow another person to assist a ballot for the blind or disabled voter. Such arrangement, however, does not assure secrecy of the ballot. Article 29 also requires that contracting states ensure that voting procedures, facilities and materials are appropriate, accessible and easy to understand and use." In some democracies i.e. Sweden and the US all the polling places already are fully accessible for disabled voters.



### 3. Discuss Constitutional and legal provisions for education of students with disabilities in India.

Or

Briefly explain provision of education of students with disabilities in NPE 1968, 1986, POA (1992), PWD Act 1995, RCI Act 1992, RTE act 2009.

**Ans.** India is the largest democracy in the world. According to census 2011, there are 1.2 billion people in the country, out of which, about 833 million people live in rural areas. According to United Nations, 10% of the population has disability and there are about 120 million people with disabilities in India. Disability is difficult to define since it varies in type, form and intensity. Understanding disabilities requires understanding of these differences. As per the **World Health Organization**— Disability is an umbrella term, covering impairment, activity limitations, and participation restrictions. Impairment is a problem in body function or structure : an activity limitation is difficulty encountered by an individual in executing a task or action : while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus, disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives. The **CONVENTION ON THE RIGHTS OF PERSON WITH DISABILITIES (2006)**, the first legally binding disability specific human rights convention, adopted by the United Nations gives two descriptions of disability. The preamble to the convention states that "Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others." Again it emphasizes that "person with disabilities include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

#### Policy and legislative frameworks

Following are the main national level policy framework and legislation relevant to education and to children with disabilities.

- 1. Constitutional Safeguards:** The constitution of India (26 November 1949) clearly states in the preamble that everyone has the right to equality of status and opportunity. It ensures for all its citizens equality before the law, non-discrimination and the right of life and liberty (Article 14, 15, 19 and 21 respectively of the constitution). These articles do not specifically refer to person with disabilities but are general in nature. The article 41 of the directive principles of the Indian Constitution support the right to work, to education and to public assistance in certain cases including disablement. Further article 45 commits to the provision of free and compulsory education for all children up to the age of 14 years. Based on this, the constitutional (86th Amendment) Act 2002, has been enacted by the parliament making education a fundamental right of all children in the age group of 6-14 years.

- 2. Kothari Commission (1964-66) :** The Kothari commission officially first addressed issues of access and participation by all. It stressed a common school system open to all children irrespective of caste, creed, community, religion, economic condition and social status. The commission emphasized that the constitutional directive on compulsory education to all children includes handicapped children as well. However, very little has been done in this field so far, since there were 115 schools for the blind, 70 students for the deaf, 25 schools for the orthopaedic handicapped and 27 for the mentally retarded in the whole country. Education commission felt that the existing facilities were quite in shortage and therefore, suggested to experiment with integration and mainstreaming of disabled student with the non-disabled student in ordinary schools. In 1968, the National Education Policy followed the commission's recommendation and suggested the expansion of educational facilities for physically and mentally handicapped children and the development of an 'Integrated programme' enabling handicapped children to study in regular schools.
- 3. National Policy on Education (NPE) 1968 :** The National policy on Education was an important historical event for Education in Independent India because this was the first time, when an attempt was made to give some sense of direction to the country's educational system. The policy emphasizes on free and compulsory education and equalization of Educational opportunities for all children. Regarding the education for children with disabilities, the policy tried to lay down the following main provisions : "Educational facilities for the physically and mentally handicapped children should be expanded and attempts should be made to develop Integrated programmes enabling the handicapped children to study in regular schools." In an attempt for implementation of the NPE, 1968, the Integrated Education for Disabled Children (IEDC) scheme was launched in December, 1974 under the erstwhile department of social welfare for admitting children with disabilities in regular schools.
- 4. National Policy on Education (NPE) 1986 :** The national policy on education 1986 brought the fundamental issue of equality centre stage. The policy laid much emphasis on the issue of the equality of opportunities to education to all children, not only in access, but also in the condition for success. It advocates integrated education in general school for locomotor impaired children and the mildly disabled children and special education to the severely handicapped children. It also recommends orientation and pre-service training for general teachers on disability management and provision of vocational training. The policy document says that the objective should be to integrate the physically and the mentally handicapped with the general community as equal partners to prepare them to face life with courage and confidence. Through its section 4.9, the policy clearly highlights the needs of the children with disabilities and recommended integrated education for the disabled in the following manner :
  - 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.

- (ii) Wherever it is feasible, the education of children with motor handicaps and other mild handicaps will be common with that of others.
- (iii) Special schools with hostels will be provided, as far as possible at district headquarters, for the severely handicapped.
- (iv) Adequate arrangements will be made to give vocational training to the disabled.
- (v) Teachers training programmes will be re-oriented, in particular for teachers of primary classes, to deal with the special difficulties of the handicapped children and
- (vi) Voluntary efforts for the education of the disabled will be encouraged in every possible manner.
4. **Integrated Education of Disabled Children (IEDC), 1974 :** The government of India's appreciation of the need to integrate children with disabilities came in 1974, when the Union Ministry of Welfare launched the centrally sponsored scheme of integrated education of disabled children (IEDC). In 1982, this scheme was transferred over to the then Department of Education of the Ministry of Human Resource Development.
- The centrally sponsored scheme of integrated education of the disabled children provides educational opportunities for the disabled children in common schools to facilitate their retention in the school system and also to place in common schools. Such children who are already placed in special schools can be sent to common schools after they acquire the communication and the daily living skills at the functional level.
5. **Plan of action (POA) 1992 :** For the follow up and implementation of the National Policy on Education, Plan of Action (1992) was formulated. Looking at the magnitude of the task involved in the care and education of about 15 million children with disabilities, the POA suggested a pragmatic 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.
6. **Rehabilitation Council of India Act (RCI - 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 its first piece of legislation related to special education; the Rehabilitation Council of India Act. The major purpose of this act was to mandate minimum standard of education for professionals working with individuals with disability including special teachers and educators. This act makes it mandatory for every special teacher to be registered by the council and lays down that every child with disability has the right to be taught by a qualified teacher. This act was 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 disability. Training of special educators and resource teacher that can offer support services to children with disabilities in regular schools is the responsibility of RCI. 16 categories of professionals/personnel have been covered under the RCI act as given below :

1. Audiologists and Speech Therapists
2. Clinical Psychologists
3. Hearing and ear mould technicians
4. Rehabilitation engineers and technicians
5. Special teachers for educating and training the handicapped.
6. Vocational counsellor, Employment officers and Placement officers.
7. Multi purpose rehabilitation therapists and technicians.
8. Speech pathologists
9. Rehabilitation psychologists
10. Rehabilitation social workers
11. Rehabilitation practitioners in mental retardation
12. Orientation and mobility specialists
13. Community based rehabilitation professionals

7. **Persons with Disabilities (Equal opportunities, Protection of right & full participation) PWD act 1995 :** The most landmark legislation in the history of special education in India is the person with disabilities equal opportunities protection of right & full participation) Act, 1995. The PWD act 1995 was comprehensive breakthrough legislation that provided for education and economic rehabilitation of people with disabilities. Its states that free education for children with disabilities up to the age 18 years must be provided in an appropriate environment. This comprehensive act covers seven disabilities namely blindness, low vision, hearing impaired, locomotor impaired, mental retardation, leprosy cured and mental illness. Chapter V (section 26) of the act, which deals with education, mentions that the appropriate government 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 student with disabilities in the normal schools.
  - promote setting up of special schools in government and private sector for those in need of special education, in such 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.
8. **National Trust Act, 1999 :** Another 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 acts

seeks to protect and promote the rights of person 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 skills of the disabled and promoting self help groups.

**9. Project for Integrated education for the disabled (PIED) 1987 :**

In 1987, to fulfil the provision for disabled children in the NPE (1986), the government launched the Project for Integrated Education for the Disabled (PIED). It was a joint venture of MHRD and UNICEF. It states wherever feasible, the education of children with motor handicaps and other mild handicaps will be in common with that of other'.

**10. District Primary Education Programme (DPEP) :** The success of PIED led to the inclusion of the component of integrated education of the disabled (IED) in DPEP, a scheme launched in 1994 by the government of India for the development of elementary education. At present, IED in DPEP is going on in 242 districts of 18 states, In these states, approximately 6.21 lakh children with special needs have been enrolled in regular schools with adequate support services.

**11. The Sarva Shiksha Abhiyan (SSA) :** SSA has been operational since 2000 – 01 in partnership with state government to achieve the goal of universalisation of elementary education. This adopts a ZERO rejection policy and uses an approach of converging various existing schemes and programmes. It covers the following components under education for children with disability :

- Early detection and identification
- Functional and formal assessment
- Education placement
- Aids and appliances
- Support services
- Teacher training
- Resource support
- Individual Educational Plan (IEP)
- Parental training and community mobilisation
- Planning and management
- Strengthening of Special Schools
- Removal of architectural barriers
- Research
- Monitoring and evaluation
- Girls with disability

**12. The RTE Act, 2009 :** After a continual demand of making the education a fundamental right from all corners, the government made the 86th Amendment of the Constitution of India (2002). The 86th Amendment introduced new article 21 A, making the Right to education of children from 6 to 14 years of age a fundamental right. Article 51 A (K) was added to part IV – A of the Constitution as a fundamental duty of parents to provide opportunities for education

to their children aged between 6 and 14. The right of children to free and compulsory education Act, 2009, commonly known as RTE act, 2009 was finally passed by the parliament on the 26th August, 2009 (Notified on February 16, 2010 to come into effect from April 1, 2010) This act puts the responsibility of ensuring enrolment, attendance and completion on the government. The RTE act tries to safeguard the right of the children belonging to the disadvantaged groups and the weaker sections, protect them from any kind of discrimination and ensure their completion of elementary education. As per Amendment in the RTE Act (2010), children with disabilities have to be provided with integrated education otherwise their education will be in vain. Although some attempts are being made to disseminate information about the person with disabilities Act to parents, to government officials and non-government organization, they have been extremely limited in coverage.

**Conclusion :** There is no doubt that the dream for discrimination free and equal education for the children with disability may require a comprehensive change in the institutional arrangement and legal provision but the most important change has to come in our minds, in our thinking and attitude towards the disabled. The need of the hour is concerted efforts amongst various stakeholders to be made in a time bound manner. We need to fulfil our obligations to this country and to the international community. What is urgently needed is the political will to ensure that disability is included across all policies and across all ministers and department, and a time is fixed to make our facilities, schools, collages, public places etc. accessible for all people with disabilities and adequate resources allocated. Removing barriers to accessing education and to learning for children with disabilities are pre-requisites for the realization of education for all to ensure that all children have access to quality education. Education policy and practices must be inclusive of all learners, encourage the full participation of all and diversity as a resource, rather as an obstacle. Inclusive education will power the way to prosperity for individuals and for the society. This prosperity will, in turn, lead to a more peaceful and sustainable development of humanity. To conclude, we repeat the words of prof. Tanmoy Bhattacharya (2010) "With the conviction that a disability driven education system is empowering for all people and forms of knowledge, if such a change in ethos is brought about, we will all benefit."



**4. Discuss briefly Persons With Disabilities (PWD) Act, 1995.**

**Ans.** The persons with disabilities (Equal Opportunities, Protection of Rights and Full participation Act, 1995) has come into force on February 7, 1996. This law is an important landmark and is a significant step in the direction of ensuring equal opportunities for persons with disabilities and their full participation in the nation building. The act provides for both preventive and promotional aspects of rehabilitation like education, employment and vocational training, job reservation, research and manpower development, creation of barrier-free environment, rehabilitation of person with disability, unemployment allowance for the disabled, special Insurance scheme for the disabled employees and establishment of home for person with severe disability etc.

**Key entitlements and commitments under the PWD Act, 1995**

The PWD Act has both binding entitlements and more general commitment. The key provisions are :

**Education :** The following are binding on government :

- Governments shall ensure that every Child with disability has access to free education "in an appropriate environment" until the age of eighteen.
- Governments "shall initiate or cause to be initiated" research by public and non-governmental agencies for development of both assistive devices and special learning materials for CWD in order to promote equal opportunity in education.
- Government shall ensure teacher training that produces "the requisite manpower" for teaching of CWD both in special schools and integrated settings.
- All public educational institutional and others receiving aid from governments shall reserve not less than 3 percent of seats for PWD (i.e. for PWD over 18 years)
- Governments should prepare a "Comprehensive Education Scheme" for CWD which includes transport of financial incentives, barrier free access, supply of books, uniforms and learning materials to CWD, adjusts the examination system as necessary, adaptation in curriculum for CWD.

**Employment :** The government shall :

- Identify posts for PWD in public establishment and update the list every three years.
- Reserve not less than 3 percent of identified posts for PWD with 1 percentage point reserved for people with blindness / low vision, hearing impairment, locomotor disability or cerebral palsy respectively.
- Every employer should have a record of all PWD employed in his establishment.
- Government and local authorities shall formulate schemes for promotion of employment of PWD which may provide for training of PWD, relaxation of age limit in employment. Measures related to OHS, provisions for financing such schemes etc.
- Reservation of not less than 3 percent in all poverty alleviation schemes.
- "Within the limit of their economic capacity and development", Governments shall provide incentives to both public and private sectors for employment of PWD with a target of at least 5 percent of their work force to be PWD.

**Prevention and Early Detection of Disabilities :** All commitments in this area are given with the provision "within the limit of their economic capacity and development". The Governments should :

- Undertake surveys on causes of disability.
- Promote "various methods" for preventing disabilities.
- Screen children at least once a year for identifying at risk causes.
- Provide facilities for training PHC staff.
- Conduct sponsor awareness campaigns on hygiene health and sanitation, and on cause and prevention of disabilities.
- "Take measures" for pre-natal, perinatal and post-natal care of mother and child.

**Affirmative Action :** Government shall frame schemes for :

- Provision of aids and appliances to PWD
- Preferential allotment of land for housing, business, recreation centres, special schools, research centres and factories run by PWD entrepreneurs.

**Non-discrimination in access :** The government should :

- Adapt all forms of transport to make them accessible to PWD
- Provide for a variety of assistive devices in the built environment, including auditory signals, ramps in public buildings and health facilities. Braille signage accessible curbing, marked zebra and railway crossings, warning signals as appropriate etc.



5. Explain the recommendations of National Policy for Disabled person 2006?

Or

Discuss the National Policy for Persons With Disabilities 2006 with reference to Inclusive education?

Or

What are the provision made in National Policy for Persons with disabilities 2006 with reference to inclusive education?

Or

Discuss the chief features of National Policy for Person With Disabilities, 2006 with reference to inclusive education?

**Ans.** National policy for persons with disabilities was formed on 10th February 2006. This is a policy conformed by Ministry of Social Empowerment. This came into surface when wide and vital discussions about the interests of disabled children and student were in air. It came as the safeguard to such interests. This was the time when a great lobby was ready to protect and advocate the rights and interests of this so called afflicted class of children. It made a comprehensive efforts to mingle the children with and without disabilities and ensure a successful inclusion.

The intent of the policy is to realize the dream of inclusive society where each persons finds equal space for oneself and the same for others. The policy reminds the privileges of equality and freedom of people in all spheres of life which are emblishment of our constitution. It also ensures the belief that its violation is not possible at any cost. Then why is this dividing line? Why is this categorisation?

The world now-a-days is experiencing a great change in existing education system and policies. It wants to move forward accompanying all sectors and subjects of the society. The policies are formed keeping in mind the approach to each corner of life and to all standard or levels of satisfaction. The Nation Policy, 2006 recognize that persons with disabilities are valueable human resource for the country and seeks to create an environment that provide them equal opportunities and complete participation in society; Responsibility to pay his duty as well as awareness to enjoy the rights equally.

But, this should also be kept in mind that not only now but previously such effort have been also made for upliftment and welfare of the children with disabilities. They have been made through enactments, plans etc which were established for the rehabilitation of the physically challenged. But the present policy is helpful in meeting all aims and objectives which get variation according to the time.

There have been constant efforts to the recognition of abilities of disabled persons. Last, almost two decades, experienced the policies in connection to the rehabilitation and welfare of the persons with disabilities. At first, Person With Disabilities act, 1995 which provides equal opportunities, protection of right and full participation, Right to Education, employment and certain of barrier free environment etc. Second, the national trust for welfare of person with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability Act, 1999 is the safeguard to all these above challenged categories. It helps these people in thinking and enacting thought independently. The third most important legislation was Rehabilitation Council of India Act, 1992. As its title shows that it is meant for rehabilitation of physically and mentally challenged persons.

All in all the above mentioned all acts deal with the problem and welfare of the people and children with disabilities. They prepare a group and layout for their development which flourishes with effective implementation. For this legal foundation and frame work, reasonable infrastructure and rehabilitation centres have been established. Many efforts have been made in this regard and many institution have been established. Among them seven National Institution and five composite centres are founded. Besides, 120 District Disability Rehabilitation centres and many more institutions are working for the welfare of the physically and mentally challenged. In this connection, many private institution and non-government organisation are also playing their speculative roles.

Many other institution are helping and assisting these people by providing funds, donations and loans so that they feel comfortable in the inhibitions set by the dogmatic thinking of other people or the people without disabilities. The National Policy for Persons with Disabilities act, 2006 serves many of the objectives of the concerned people. It has certain belief as its principles. It deals with :

1. Prevention of disabilities and rehabilitation measures
2. Women with disabilities
3. Children with disabilities
4. Barrier Free-environment
5. Issue of disability certificate
6. Promotion of NGO
7. Collection of information of disabled persons
8. Social security
9. Research of the situation
10. Analysis of the current situation
11. Cultural involvement of children with SEN
12. Amendments to the exiting acts dealing with the children with disabilities.

All these above mentioned fundamental principles require keen focus and detailed description that can be made in the following way :

1. **Prevention of disabilities and rehabilitation measures :** It lays focus on the prevention of those disease which cause disabilities. For this, a well formulated campaign is necessary which can spread awareness among people so that they can recognise the roots right from the beginning. It also includes physical, educational and economical rehabilitation. All types of rehabilitation is covered under this tenet. Early detection through various medicines, drugs and medical therapies is the requisite for physical rehabilitation. The necessary facilities are also provided. Awareness is adopted as the chief weapon. Counselling is the chief means of awareness. As, it is obvious, that most indian reside in rural area. So with the help of service of professionals, the awareness will be availed to the people of far fetched area. They will be made aware of the needs to sound health. The relevant literature will also be distributed so that they can prevent themselves from hazardous diseases. They will be educated with the help of general education system which will enable them to come into the mainstream of society. Besides, if they do something outstanding and remarkable, they will be equally rewarded. The provisions of scholarship and other economical assistance will also be made so that their upliftment can be ascertained.
2. **Women with disabilities :** Biologically women are made such that keep many critical situations in which they suffer a lot and these situations might be cause of disabilities. For example, during pregnancy, if irregularities are made, it can cause physical as well as mental paralysis. Data of the death of women during delivery are not good. Here, social apprehension is also to be noticed. So they should be trained and all the necessary facilities are necessarily to be provided to them.
3. **Children with disabilities :** The very policy mainly focuses on children because the group is the most vulnerable and needs special attention. It ensures the care, protection and safety of the children with disabilities. It also ensure the growth and development with dignity and equality in a conducive environment. The children should be provided environment for easy to access education.
4. **Barrier Free-environment :** It is the most important factor recommended by the National Policy, 2006 for the proper growth of children with disabilities. The barrier free environment is helpful in sound development of child. Such environment will enable him to think and act Independently. It will ensure his all round development.
5. **Disability certificate :** The govt. should set certain parameter for the disabled children. Its provision of providing certificate to disabled children must be fair and transparent and easily accessible so that it can ensure less difficulty and maximum comfort.
6. **Promotion of NGO's :** Now a days, non-government organisation play a vital role to influence any campaign or movement. It is helpful in complementing and forwarding the government policies and programmes. It is playing a vital role in formulating policies and

programmes and providing service for the person with disabilities. The government itself knows that its own bodies not so effective and successful in positive results of his policies. So the need of NGO's cannot be considered secondary. It is also making policies keeping in the mind the assistance of NGO's.

7. **Collection of information of disabled person :** The real and authentic data are helpful in assessing and getting the fruitful output. But it is necessary that data should be accurate. They should be related to the social, economic and educational conditions. The concerned body should conduct a survey so that the real detail and information should be entertained. The census might be the best means or source of information.
8. **Social security :** The feeling of insecurity is the major negative factor in the development of one's personality. The government and society should ensure the social security of physically or mentally challenged persons. They should first relieve the guardians and children from the burden of lot of disabilities. Government can provide such persons the financial assistance and other facilities. It can also help in treatment of diseases by providing them medical help.
9. **Research of the situation :** A honest research of any situation can be helpful in successful implementation of results. It should be made for bringing out PWD's social, education and economical backwardness. The brought out information will help in formulating plans and area for the development of children with disabilities.
10. **Analysis of the current situation :** The research made to evaluate the situation the challenged people will be perfect one if it is made on the basis of analysis of current state. It should be able to access the situation which any challenged person is going through. The past based research can help in planning and formulation. The method concerning the present situation of the people or children who are physically and/or mentally challenged.
11. **Cultural involvement of children with SEN :** It is necessarily to be kept in mind that the children with special educational needs should not be isolated and disregarded and their involvement in all types of cultural activities should be ensured. The effort in this regard should make him realize that he is also the part of the complete social corporal body. The government will take necessary steps to provide equal opportunity of participation to the children with special educational needs.
12. **Amendments to the exiting acts dealing with the children with disabilities :** The constitution provides the rights of equality and freedom and our government is responsible and accountable to fulfil them and ensure the implementation as well as safety. The National Policy, 2006 is the amendment in the preceeding and exiting acts dealing with the children with disabilities. Thus, it can be concluded that the National Policy for Person with Disabilities Act, 2006 serves the benefits to the people having disabilities and suffering from many challenges.



## 2.2 ROLE OF ORGANIZATIONS OF EDUCATION OF CHILDREN WITH DISABILITIES

6. **Discuss role of rehabilitation Council of India (RCI) for education of children with disabilities.**

**Ans.** The Rehabilitation Council of India (RCI) is the apex **government body**. set up to regulate training programmes and courses targeted at disabled, disadvantaged and **special education** requirment communities. The rehabilitation council of india 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 broadbased. The mandate given to RCI is to regulate and monitor services given to persons with disabilities, to standardise 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 person delivering servies to persons with disability.

16 categories of professionals/personnel have been covered under the RCI act as given below :

1. Audiologists and Speech therapists
2. Clinical Psychologists
3. Hearing and Ear mould technicians
4. Rehabilitation engineers and technicians
5. Special teachers for educating and training the handicapped.
6. Vocational counsellor, employment officers and placement officers.
7. Multi-purpose rehabilitation therapists, technicians.
8. Speech pathologists
9. Rehabilitation psychologists
10. Rehabilitation social workers
11. Rehabilitation practitiners in mental retardation
12. Orientation and mobility specialists.
13. Community based rehabilitation professionals

### Objectives of RCI

1. To regulate the training policies and programmes in the field of rehabilitation of persons with disabilities.
2. To bring about standarziation of training courses for professionals dealing with persons with disabilitation.
3. To prescribe minimum standards of education and training of various categories of professionals/personnel dealing with people with disabilities.
4. To regulate these standards in all training institutions uniformly throughout the country.
5. To recognize Institutions/organizations/iniverstities running master's degree/bachelor's degree/P.G. diploma/diploma/certificate courses in the field of rehabilitation of persons with disabilities.

6. To recognize degree/diploma/certificate awarded by foreign universities/institutions on reciprocal basis.
7. To promote research in rehabilitation and special educations.
8. To maintain central rehabilitation register for registration of professionals personnel.
9. To collect information on a regular basis on education and training in the field of rehabilitation of people with disabilities from institution in India and abroad.
10. To encourage continuing education in the field of rehabilitation and special education by way of collaboration with organizations working in the field of disability.
11. To recognize vocational rehabilitation centres as manpower development centres.
12. To register vocational instructors and other personnel working in the vocational rehabilitation centres.
13. To recognize the national institutes and apex institutions on disability as manpower development centres.
14. To register personnel working in national institutes and apex institutions on disability under the ministry of social justice & empowerment.

### National Programmes of RCI

Following Scheme of assistances to organisations for the disabled for manpower development are being run by RCI :

Assistance is made available under this scheme for training programmes with regard to 16 categories of professionals/personnel brought under the RCI act. The broader objectives of this scheme are to promote the training and to strengthen the existing as well as new organisations.

**Bridge Course :** RCI launched a national programme of bridge course for all in service special teachers and rehabilitation workers who have no formal training but they have been working in the field of disability for a long time i.e. prior to RCI came into existence in June, 1993. Now such person can undergo National Bridge Course training programme in the area of specific disability for one month at the cost of RCI. The programme provides financial assistance for undergoing the bridge course besides travel reimbursement. This makes them eligible for registration with the RCI as rehabilitation personnel as per rules. Over 9000 trainees have already completed the bridge course and over 150 NGO's, Institutions and universities were involved in this effort.

**Training of the medical officers working in PHCs :** RCI has planned to train about 30,000 medical doctors of primary health centres/community health centres all over the country. The objective of the programme is to enhance the awareness amongst medicos regarding the problems and potential of people with disability. This would equip the PHC doctors with basic requisite knowledge in this area and they would be able to refer such people to the other suitable agencies like regional resource centre etc.

The training programme has already started at the selected rehabilitation centres involving district hospitals. Over 200 medical officers working in PHCs have been trained. Master trainers have been identified to conduct the courses. These master trainers were given orientation at the state capital/apex institutes etc.

**Fellowship and Research schemes :** The council is planning to introduce RCI fellowship schemes to enable academicians and partitioners both from India and abroad to undertake short term training/study programmes in the field of specialisation of rehabilitation, to enrich knowledge, acquire skills, to undertake short term research project. The RCI would also consider providing grant in aid for sponsoring research proposals on any significant theme oriented the welfare, empowerment and rehabilitation of the disabled persons.

### Functions of RCI

1. The council is responsible for regulating training policies and programmes for various categories of professionals in the area of disability.
2. It brings out standardisation of training courses for professionals dealing with people with disability.
3. It prescribes minimum standards of education and training of various categories of professionals/personnel dealing with people with disabilities.
4. It regulates standards in all training institutions uniformly throughout the country.
5. It recognizes institutions/organizations/universities running master's degree/bachelor's degree/P.G. diploma/diploma/certificate course in the field of rehabilitation of persons with disabilities.
6. It recognizes degree/diploma/certificate awarded by foreign universities/Institutions on reciprocal basis.
7. It promotes research in rehabilitation and special education.
8. It maintains central rehabilitation register for registration of professionals/personnel. Only those professionals who are registered with the CRR are authorised to practice anywhere in India and it is a statutory requirement for them.
9. It collects information on a regular basis on education and training in the field of rehabilitation of people with disabilities from institution in India and abroad.
10. It encourages continuing education in the field of rehabilitation and special education by way of collaboration with organizations working in the field of disability.
11. It recognizes vocational rehabilitation centres as manpower development centres.
12. It registers vocational instructors and other personnel working in the vocational rehabilitation centres.
13. It grants recognition to the national and apex institutions on disability as manpower development centres.
14. It registers personnel working in national institutes and apex institutions on disability under the ministry of social justice empowerment.



## COMPOSITE REGIONAL CENTRES FOR PERSONS WITH DISABILITIES

7. Discuss role of Composite Centres for person with disabilities in education of children with disabilities?

Or

Explain objectives and functions of Composite Regional Centres (CRCS) for education of children with disabilities?

**Ans. Composite Regional Centres For Persons With Disabilities (CRCS) :** Composite Regional Centres for Person with Disabilities (CRC) is service modality set under the Ministry of Social Justice & Empowerment, Government of India. There are National Institutes and other apex bodies in each area of disability in different part of India under the same Ministry. To overcome the lack of adequate facilities for rehabilitation of person with disabilities, the Ministry of Social Justice & Empowerment has set up seven Composite Regional Centres for person with disabilities at Srinagar (J & K), Sundernagar (Himachal Pradesh), Lucknow (U.P.), Bhopal (M.P.), Guwahati (Assam), Patna (Bihar), Ahmedabad (Gujarat) and Kozhikade (Kerala) Persons having different disabilities, served by the CRCs include persons with locomotor disability, Blindness, low-vision, Hearing impairment, Mental Retardation, Mental Illness, Leprosy cured, Cerebral palsy, Austim, spectrum disorder and multiple disabled of all ages. Special emphasis is given to early intervention. A team including audiologist, clinical psychologist, occupational therapist, orientation & mobility instructor physical medicine & rehabilitation specialist, physiotherapist, prosthetic & orthotic engineer, rehabilitation officers, special educationist, speech & language pathologist and vocational Instructor work at the centre on principle of trans-disciplinary approach.

Services at a CRC are broadly classified into academic and clinical :

**Academic Services :** Academic Services are imparted under 2 categories : Short term and long-term courses.

**A. Short Terms Courses :** Short term training courses are extended to various stake holders like, teachers who work in regular schools, anganwadi workers, health workers, paramedical staff, PWDs, village pradhans, government functionaries etc. These courses are especially conducted in order to create mass-level awareness.

**B. Long Term Courses :** CRC conducts the following RCI approved long term courses :

- Diploma and degree in different areas of disability.

**Clinical Services :** As part of clinical services, CRC conducts composite rehabilitation camps in several parts of zone/state allocated. The scope of its outreach activities includes providing assistive devices aids and appliances under the ADIP scheme at the centre and in Camps.

**Objectives :** The main objectives are :

- To serve as the composite regional centre for rehabilitation and special education of persons with disabilities.

- To establish linkages with existing medical, educational and employment services following the principle of community based rehabilitation and offer extension services in the rural areas.
- To stimulate growth of services by encouraging and supporting voluntary organizations, parents group and self help groups.
- To undertake human resource development by training rehabilitation professionals, village level workers, multi-rehabilitation working and other functionaries in the government and non-government sector required for providing services to person with disabilities.
- To develop strategies for delivery of rehabilitation service suitable to the socio-cultural background of the region.
- To undertake research and development with specific reference to the need of diverse groups of people with disability, keeping in view the nature and severity of disability in region.
- To undertake public education programme for the creation of awareness among parents and the community.
- To undertake designing, fabrication & fitment of aids and appliances.
- To undertake services of education and skill development, leading to enhancement of opportunities for employment, rehabilitation, mobility, communication, recreation and integration in society.

### Role of CRCs in Education of children with disabilities

CRCS provide both preventive and promotional aspects of rehabilitation like education, health employment and vocational training, research and manpower development, rehabilitation for persons with disabilities etc. :

1. **Generating Awareness :** A CRC generates awareness among public through pamphlets, brochures, booklets, publication, print media material and electronic media programmes, exhibition, grass root workers and officers training programmes, talk with schools/colleges students, group visits to the centre and miscellaneous programmes.
2. **Building links with Government Organizations :** Every CRC has linkage with Government of India, Ministry of labour, State government Department of health, education, panchayat & SSA, district administration and Rehabilitation council of India.
3. **Providing support to NGO's and Parent's groups :** Every CRC provides support to local NGOs and parents organizations by organizing various programmes. For example, outreach identification & distribution camps, programmes development, assessment of beneficiaries, self-help groups, capacity building, parent's organizations, legal guardianship issue, barrier free access, consultation etc.
4. **Human Resources Development :** Long term training courses approved by Rehabilitation Council of India are initiated following recruitment of professionals at CRC Short term training programmes and CREs for professionals/personnel and parent's training, internship and students placements, faculty exchange and training of mobile resource teachers of Sarva Shikha Abhiyan are also conducted.

5. **Services for Person With Disabilities :** Services that pertain to the special education and rehabilitation for person with disabilities are categorized as under :

(a) **Early detection and Intervention :**

- Case funding
- Diagnostic assessment and evaluation
- Consultation to parents and referral
- Infant stimulation
- Home management programme for care and management of the disabled child.

(b) **Rehabilitation :**

- Treatment of epilepsy and hyper-kinetic behaviour.
- Treatment for associated medical conditions.
- Genetic Counselling
- Mobility training
- Referral for surgery wherever applicable, Audio logical assessment and prescription of hearing aids.
- Low vision aids and appliances.
- Therapeutic services of physiotherapy and occupational therapy.

(c) **Mobility Aids and Assistive Devices :**

- Fabrication of aids and appliances
- Fitment of aids and appliances
- Follow up services, repair of fitted aids
- Development of functional aids and appliances

(d) **Special Education Services :**

- Individualized educational assessment and programming.
- Centre based and home based special education and training.
- Referral for Integrated education programmes.
- Referral for special school.
- Act as resources centres for integrated/special education.
- Training of teachers
- Teaching materials and educational aids

(e) **Psycho-Social Rehabilitation :**

- Individual assessment, guidance and counselling
- Crisis Intervention
- Counselling to individual and family
- Parent group training programmes

(f) **Vocational Training and Employment :**

- Recreational activities and promotion of social clubs
- Organization of sports, arts, drama, music, cultural and extra-curricular activities.
- Campaigning for the rights of persons with disabilities.
- Creation of awareness and public education.

6. **Enhancing Special Education & Vocational Training :** School readiness training for children with locomotor disability, hearing impairment, blindness, mental retardation, autism, remedial education programmes for children with low vision, and dyslexia, referral for vocational training & guidance.

7. **Research & Development :** CRCs undertake the research and development with specific reference to the needs of diverse groups of people with disabilities-long term research project, short researches, innovating appliances, product appraisal are carried out. In addition, printed material, CD's of training material are also prepared.



8. **Discuss role of District Disability Rehabilitation Centres for persons with disabilities in education of children with disabilities.**

Or

**Explain objectives and functions of District Disability Rehabilitation Centres (DDRCs) for education of children with disabilities?**

Ans.

***District Disability Rehabilitation Centres***

The district Disability Rehabilitation centre (DDRC) scheme of the Ministry of Social Justice and Empowerment, Government of India is being implemented since 1990-00. It basically seeks to provide comprehensive services to the disabilities at the grass root level through creation of the Infrastructure and capacity building at district level for awareness generation, rehabilitation training, guiding of grass roots level functionaries.

DDRC is an initiative to disabilities in the rural areas. These unit have a group rehabilitation professionals for providing services like identification of persons with disabilities, awareness generation, early detection ad intervention, provision/fitment, follow up and repair of assistive devices, therapeutic services e.g. physiotherapy, speech therapy etc. and facilitation of disability certificate, bus passes and other concession/facilities for person with disabilities. Best results can be achieved if this unit works in coordination with department of health education, WCD, rural development and revenue.



9. **Discuss briefly Persons With Disabilities (PWD) Act, 1995.**

(June 2018)

Ans. The persons with disabilities (Equal Opportunities, Protection of Rights and Full participation Act, 1995) has come into force on February 7, 1996. This law is an important landmark and is a significant step in the direction of ensuring equal opportunities for persons with disabilities and their full participation in the nation building. The act provides for both preventive and promotional aspects of rehabilitation like education, employment and vocational training, job reservation, research and man power development, creation of barrier-free environment, rehabilitation of person with disability, unemployment allowance for the disabled, special Insurance scheme for the disabled employees and establishment of home for person with severe disability etc.

**Key entitlements and commitments under the PWD Act, 1995**

The PWD Act has both binding entitlements and more general commitment. The key provisions are :

**Education :** The following are binding on government :

- Governments shall ensure that every Child with disability has access to free education "in an appropriate environment" until the age of eighteen.
- Governments "shall initiate or cause to be initiated" research by public and non-governmental agencies for development of both assistive devices and special learning materials for CWD in order to promote equal opportunity in education.
- Government shall ensure teacher training that produces "the requisite manpower" for teaching of CWD both in special schools and integrated settings.
- All public educational institutional and others receiving aid from governments shall reserve not less than 3 percent of seats for PWD (i.e. for PWD over 18 years)
- Governments should prepare a "Comprehensive Education Scheme" for CWD which includes transport of financial incentives, barrier free access, supply of books, uniforms and learning materials to CWD, adjusts the examination system as necessary, adaptation in curriculum for CWD.

**Employment :** The government shall :

- Identify posts for PWD in public establishment and update the list every three years.
- Reserve not less than 3 percent of identified posts for PWD with 1 percentage point reserved for people with blindness / low vision, hearing impairment, locomotor disability or cerebral palsy respectively.
- Every employer should have a record of all PWD employed in his establishment.
- Government and local authorities shall formulate schemes for promotion of employment of PWD which may provide for training of PWD, relaxation of age limit in employment. Measures related to OHS, provisions for financing such schemes etc.
- Reservation of not less than 3 percent in all poverty alleviation schemes.
- "Within the limit of their economic capacity and development", Governments shall provide incentives to both public and private sectors for employment of PWD with a target of at least 5 percent of their work force to be PWD.

**Prevention and Early Detection of Disabilities :** All commitments in this area are given with the provision "within the limit of their economic capacity and development". The Governments should :

- Undertake surveys on causes of disability.
- Promote "various methods" for preventing disabilities.
- Screen children at least once a year for identifying at risk causes.
- Provide facilities for training PHC staff.
- Conduct sponsor awareness campaigns on hygiene health and sanitation, and on cause and prevention of disabilities.

- "Take measures" for pre-natal, perinatal and post-natal care of mother and child.

**Affirmative Action :** Government shall frame schemes for :

- Provision of aids and appliances to PWD
- Preferential allotment of land for housing, business, recreation centres, special schools, research centres and factories run by PWD entrepreneurs.

**Non-discrimination in access :** The government should :

- Adapt all forms of transport to make them accessible to PWD
- Provide for a variety of assistive devices in the built environment, including auditory signals, ramps in public buildings and health facilities. Braille signage accessible curbing, marked zebra and railway crossings, warning signals as appropriate etc.



### 10. Explain the recommendations of National Policy for Disabled person 2006?

**Ans.** National policy for persons with disabilities was formed on 10th February 2006. This is a policy conformed by Ministry of Social Empowerment. This came into surface when wide and vital discussions about the interests of disabled children and student were in air. It came as the safeguard to such interests. This was the time when a great lobby was ready to protect and advocate the rights and interests of this so called afflicted class of children. It made a comprehensive efforts to mingle the children with and without disabilities and ensure a successful inclusion.

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But, this should also be kept in mind that not only now but previously such effort have been also made for upliftment and welfare of the children with disabilities. They have been made through enactments, plannings etc which were established for the rehabilitation of the physically challenged. But the present policy is helpful in meeting all aims and objectives which get variation according to the time.

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All in all the above mentioned all acts deal with the problem and welfare of the people and children with disabilities. They prepare a group and layout for their development which flourishes with effective implementation. For this legal foundation and frame work, reasonable infrastructure and rehabilitation centres have been established. Many efforts have been made in this regard and many institution have been established. Among them seven National Institution and five composite centres are founded. Besides, 120 District Disability Rehabilitation centres and many more institutions are working for the welfare of the physically and mentally challenged. In this connection, many private institution and non-government organisation are also playing their speculative roles.

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therapies is the requisite for physical rehabilitation. The necessary facilities are also provided. Awareness is adopted as the chief weapon. Counselling is the chief means of awareness. As, it is obvious, that most indian reside in rural area. So with the help of service of professionals, the awareness will be availed to the people of far fetched area. They will be made aware of the needs to sound health. The relevant literature will also be distributed so that they can prevent themselves from hazardous diseases. They will be educated with the help of general education system which will enable them to come into the mainstream of society. Besides, if they do something outstanding and remarkable, they will be equally rewarded. The provisions of scholarship and other economical assistance will also be made so that their upliftment can be ascertained.

2. **Women with disabilities** : Biologically women are made such that keep many critical situations in which they suffer a lot and these situations might be cause of disabilities. For example, during pregnancy, if irregularities are made, it can cause physical as well as mental paralysis. Data of the death of women during delivery are not good. Here, social apprehension is also to be noticed. So they should be trained and all the necessary facilities are necessarily to be provided to them.
3. **Children with disabilities** : The very policy mainly focuses on children because the group is the most vulnerable and needs special attention. It ensures the care, protection and safety of the children with disabilities. It also ensure the growth and development with dignity and equality in a conducive environment. The children should be provided environment for easy to access education.
4. **Barrier Free-environment** : It is the most important factor recommended by the National Policy, 2006 for the proper growth of children with disabilities. The barrier free environment is helpful in sound development of child. Such environment will enable him to think and act Independently. It will ensure his all round development.
5. **Disability certificate** : The govt. should set certain parameter for the disabled children. Its provision of providing certificate to disabled children must be fair and transparent and easily accessible so that it can ensure less difficulty and maximum comfort.
6. **Promotion of NGO's** : Now a days, non-government organisation play a vital role to influence any campaign or movement. It is helpful in complementing and forwarding the government policies and programmes. It is playing a vital role in formulating policies and programmes and providing service for the person with disabilities. The government itself knows that its own bodies not so effective and successful in positive results of his policies. So the need of NGO's cannot be onsidered secondary. It is also making policies keeping in the mind the assistance of NGO's.
7. **Collection of information of disabled person** : The real and authentic data are helpful in assessing and getting the fruitful output. But it is necessary that data should be accurate. They should be related to the social, economic and educational conditions. The concerned

body should conduct a survey so that the real detail and information should be entertained. The census might be the best means or source of information.

8. **Social security** : The feeling of insecurity is the major negative factor in the development of one's personality. The government and society should ensure the social security of physically or mentally challenged persons. They should first relieve the guardians and children from the burden of lot of disabilities. Government can provide such persons the financial assistance and other facilities. It can also help in treatment of diseases by providing them medical help.
9. **Research of the situation** : A honest research of any situation can be helpful in successful implementation of results. It should be made for bringing out PWD's social, education and economical backwardness. The brought out information will help in formulating plans and area for the development of children with disabilities.
10. **Analysis of the current situation** : The research made to evaluate the situation the challenged people will be perfect one if it is made on the basis of analysis of current state. It should be able to access the situation which any challenged person is going through. The past based research can help in planning and formulation. The method concerning the present situation of the people or children who are physically and/or mentally challenged.
11. **Cultural involvement of children with SEN** : It is necessarily to be kept in mind that the children with special educational needs should not be isolated and disregarded and their involvement in all types of cultural activities should be ensured. The effort in this regard should make him realize that he is also the part of the complete social corporal body. The government will take necessary steps to provide equal opportunity of participation to the children with special educational needs.
12. **Amendments to the exiting acts dealing with the children with disabilities** : The constitution provides the rights of equality and freedom and our government is responsible and accountable to fulfil them and ensure the implementation as well as safety. The National Policy, 2006 is the amendment in the preceeding and exiting acts dealing with the children with disabilities.  
Thus, it can be concluded that the National Policy for Person with Disabilities Act, 2006 serves the benefits to the people having disabilities and suffering from many challenges.



## 2.2 ROLE OF ORGANIZATIONS OF EDUCATION OF CHILDREN WITH DISABILITIES

11. **Discuss role of rehabilitation Council of India (RCI) for education of children with disabilities.**

**Ans.** The Rehabilitation Council of India (RCI) is the apex **government body**. set up to regulate training programmes and courses targeted at

disabled, disadvantaged and **special education** requirement communities. The rehabilitation council of india 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 broadbased. The mandate given to RCI is to regulate and monitor services given to persons with disabilities, to standardise 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 person delivering servies to persons with disability.

16 categories of professionals/personnel have been covered under the RCI act as given below :

1. Audiologists and Speech therapists
2. Clinical Psychologists
3. Hearing and Ear mould technicians
4. Rehabilitation engineers and technicians
5. Special teachers for educating and training the handicapped.
6. Vocational consellor, employment officers and placement officers.
7. Multi-purpose rehabilitation therapists, technicians.
8. Speech pathologists
9. Rehabilitation pychologists
10. Rehabilitation social workers
11. Rehabilitation practitiners in mental retardation
12. Orientation and mobility specialists.
13. Community based rehabilitation professionals

### Objectives of RCI

1. To regulate the training policies and programmes in the field of rehabilitation of persons with disabilities.
2. To bring about standarziation of training courses for professionals dealing with persons with disabilitation.
3. To prescribe minimum standards of education and training of various categories of professionals/personnel dealing with people with disabilities.
4. To regulate these standards in all training institutions uniformly tlroughout the country.
5. To recognize Institutions/organizations/iniverstities running master's uegree/bachelor's degree/P.G. diploma/diploma/certificate courses in the field of rehabilitation of persons with disabilities.
6. To recognize degree/diploma/certificate awarded by foreign universities/institutions on reciprocal basis.
7. To promote research in rehabilitation and special educations.
8. To maintain central rehabilitation register for registration of professionals personnel.
9. To collect information on a regular basis on education and training in the field of rehabilitation of people with disabilities from institution in India and abroad.
10. To encourage continuing education in the field of rehabilitation and special education by way of collaboration with organizations working in the field of disability.

11. To recognize vocational rehabilitation centres as manpower development centres.
12. To register vocational instructors and other personnel working in the vocational rehabilitation centres.
13. To recognize the national institutes and apex institutions on disability as manpower development centres.
14. To register personnel working in national institutes and apex institutions on disability under the ministry of social justice & empowerment.

### National Programmes of RCI

Following Scheme of assistances to organisations for the disabled for manpower development are being run by RCI :

Assistance is made available under this scheme for training programmes with regard to 16 categories of professionals/personnel brought under the RCI act. The broader objectives of this scheme are to promote the training and to strengthen the existing as well as new organisations.

**Bridge Course :** RCI launched a national programme of bridge course for all in service special teachers and rehabilitation workers who have no formal training but they have been working in the field of disability for a long time i.e. prior to RCI came into existence in June, 1993. Now such person can undergo National Bridge Course training programme in the area of specific disability for one month at the cost of RCI. The programme provides financial assistance for undergoing the bridge course besides travel reimbursement. This makes them eligible for registration with the RCI as rehabilitation personnel as per rules. Over 9000 trainees have already completed the bridge course and over 150 NGO's, Institutions and universities were involved in this effort.

**Training of the medical officers working in PHCs :** RCI has planned to train about 30,000 medical doctors of primary health centres/community health centres all over the country. The objective of the programme is to enhance the awareness amongst medicos regarding the problems and potential of people with disability. This would equip the PHC doctors with basic requisite knowledge in this area and they would be able to refer such people to the other suitable agencies like regional resource centre etc.

The training programme has already started at the selected rehabilitation centres involving district hospitals. Over 200 medical officers working in PHCs have been trained. Master trainers have been identified to conduct the courses. These master trainers were given orientation at the state capital/apex institutes etc.

**Fellowship and Research schemes :** The council is planning to introduce RCI fellowship schemes to enable academicians and partitioners both from India and abroad to undertake short term training/study programmes in the field of specialisation of rehabilitation, to enrich knowledge, acquire skills, to undertake short term research project. The RCI would also consider providing grant in aid for sponsoring research proposals on any significant theme oriented the welfare, empowerment and rehabilitation of the disabled persons.

### Functions of RCI

1. The council is responsible for regulating training policies and programmes for various categories of professionals in the area of disability.

2. It brings out standardisation of training courses for professionals dealing with people with disability.
3. It prescribes minimum standards of education and training of various categories of professionals/personnel dealing with people with disabilities.
4. It regulates standards in all training institutions uniformly throughout the country.
5. It recognizes institutions/organizations/universities running master's degree/bachelor's degree/P.G. diploma/diploma/certificate course in the field of rehabilitation of persons with disabilities.
6. It recognizes degree/diploma/certificate awarded by foreign universities/Institutions on reciprocal basis.
7. It promotes research in rehabilitation and special education.
8. It maintains central rehabilitation register for registration of professionals/personnel. Only those professionals who are registered with the CRR are authorised to practice anywhere in India and it is a statutory requirement for them.
9. It collects information on a regular basis on education and training in the field of rehabilitation of people with disabilities from institution in India and abroad.
10. It encourages continuing education in the field of rehabilitation and special education by way of collaboration with organizations working in the field of disability.
11. It recognizes vocational rehabilitation centres as manpower development centres.
12. It registers vocational instructors and other personnel working in the vocational rehabilitation centres.
13. It grants recognition to the national and apex institutions on disability as manpower development centres.
14. It registers personnel working in national institutes and apex institutions on disability under the ministry of social justice empowerment.



### COMPOSITE REGIONAL CENTRES FOR PERSONS WITH DISABILITIES

12. Discuss role of Composite Centres for person with disabilities in education of children with disabilities?

Or

**Explain objectives and functions of Composite Regional Centres (CRCS) for education of children with disabilities?**

Or

Write a note on Composite Regional centre.

(June 2018)

**Ans. Composite Regional Centres For Persons With Disabilities (CRCS) :** Composite Regional Centres for Person with Disabilities (CRC) is service modality set under the Ministry of Social Justice & Empowerment,

Government of India. There are National Institutes and other apex bodies in each area of disability in different part of India under the same Ministry. To overcome the lack of adequate facilities for rehabilitation of person with disabilities, the Ministry of Social Justice & Empowerment has set up seven Composite Regional Centres for person with disabilities at Srinagar (J & K), Sundernagar (Himachal Pradesh), Lucknow (U.P), Bhopal (M.P), Guwahati (Assam), Patna (Bihar, Ahemdabad (Gujarat) and Kozhikade (Kerala) Persons having different disabilities, served by the CRCs include persons with locomotor disability, Blindness, low-vision, Hearing impairment, Mental Retardation, Mental Illness, Leprosy cured, Cerebral palsy, Austim, spectrum disorder and multiple disabled of all ages. Special emphasis is given to early intervention. A team including audiologist, clinical psychologist, occupational therapist, orientation & mobility instructor physical medicine & rehabilitation specialist, physiotherapist, prosthetic & orthotic engineer, rehabilitation officers, special educationist, speech & language pathologist and vocational Instructor work at the centre on principle of trans-disciplinary approach.

Services at a CRC are broadly classified into academic and clinical :

**Academic Services :** Academic Services are imparted under 2 categories : Short term and long-term courses.

**A. Short Terms Courses :** Short term training courses are extended to various stake holders like, teachers who work in regular schools, anganwadi workers, health workers, paramedical staff, PWDs, village pradhans, government functionaries etc. These courses are especially conducted in order to create mass-level awareness.

**B. Long Term Courses :** CRC conducts the following RCI approved long term courses :

- Diploma and degree in different areas of disability.

**Clinical Services :** As part of clinical services, CRC conducts composite rehabilitation camps in several parts of zone/state allocated. The scope of its outreach activities includes providing assistive devices aids and appliances under the ADIP scheme at the centre and in Camps.

**Objectives :** The main objectives are :

- To serve as the composite regional centre for rehabilitation and special education of persons with disabilities.
- To establish linkages with existing medical, educational and employment services following the principle of community based rehabilitation and offer extension services in the rural areas.
- To stimulate growth of services by encouraging and supporting voluntary organizations, parents group and self help groups.
- To undertake human resource development by training rehabilitation professionals, village level workers, multi-rehabilitation working and other functionaries in the government and non-government sector required for providing services to person with disabilities.
- To develop strategies for delivery of rehabilitation service suitable to the socio-cultural background of the region.
- To undertake research and development with specific reference to the need of diverse groups of people with disability, keeping in view the nature and severity of disability in region.
- To undertake public education programme for the creation of awareness among parents and the community.

- To undertake designing, fabrication & fitment of aids and appliances.
- To undertake services of education and skill development, leading to enhancement of opportunities for employment, rehabilitation, mobility, communication, recreation and integration in society.

### ***Role of CRCs in Education of children with disabilities***

CRCs provide both preventive and promotional aspects of rehabilitation like education, health employment and vocational training, research and manpower development, rehabilitation for persons with disabilities etc. :

- 1. Generating Awareness :** A CRC generates awareness among public through pamphlets, brochures, booklets, publication, print media material and electronic media programmes, exhibition, grass root workers and officers training programmes, talk with schools/colleges students, group visits to the centre and miscellaneous programmes.
- 2. Building links with Government Organizations :** Every CRC has linkage with Government of India, Ministry of labour, State government Department of health, education, panchayat & SSA, district administration and Rehabilitation council of India.
- 3. Providing support to NGO's and Parent's groups :** Every CRC provides support to local NGOs and parents organizations by organizing various programmes. For example, outreach identification & distribution camps, programmes development, assessment of beneficiaries, self-help groups, capacity building, parent's organizations, legal guardianship issue, barrier free access, consultation etc.
- 4. Human Resources Development :** Long term training courses approved by Rehabilitation Council of India are initiated following recruitment of professionals at CRC Short term training programmes and CREs for professionals/personnel and parent's training, internship and students placements, faculty exchange and training of mobile resource teachers of Sarva Shikha Abhiyan are also conducted.
- 5. Services for Person With Disabilities :** Services that pertain to the special education and rehabilitation for person with disabilities are categorized as under :
  - (a) Early detection and Intervention :**
    - Case funding
    - Diagnostic assessment and evaluation
    - Consultation to parents and referral
    - Infant stimulation
    - Home management programme for care and management of the disabled child.
  - (b) Rehabilitation :**
    - Treatment of epilepsy and hyper-kinetic behaviour.
    - Treatment for associated medical conditions.
    - Genetic Counselling
    - Mobility training
    - Referral for surgery wherever applicable, Audio logical assessment and prescription of hearing aids.
    - Low vision aids and appliances.
    - Therapeutic services of physiotherapy and occupational therapy.

**(c) Mobility Aids and Assistive Devices :**

- Fabrication of aids and appliances
- Fitment of aids and appliances
- Follow up services, repair of fitted aids
- Development of functional aids and appliances

**(d) Special Education Services :**

- Individualized educational assessment and programming.
- Centre based and home based special education and training.
- Referral for Integrated education programmes.
- Referral for special school.
- Act as resources centres for integrated/special education.
- Training of teachers
- Teaching materials and educational aids

**(e) Psycho-Social Rehabilitation :**

- Individual assessment, guidance and counselling
- Crisis Intervention
- Counselling to individual and family
- Parent group training programmes

**(f) Vocational Training and Employment :**

- Recreational activities and promotion of social clubs
- Organization of sports, arts, drama, music, cultural and extra-curricular activities.
- Campaigning for the rights of persons with disabilities.
- Creation of awareness and public education.

**6. Enhancing Special Education & Vocational Training :** School readiness training for children with locomotor disability, hearing impairment, blindness, mental retardation, autism, remedial education programmes for children with low vision, and dyslexia, referral for vocational training & guidance.

**7. Research & Development :** CRCs undertake the research and development with specific reference to the needs of diverse groups of people with disabilities-long term research project, short researches, innovating appliances, product appraisal are carried out. In addition, printed material, CD's of training material are also prepared.



**13. Discuss role of District Disability Rehabilitation Centres for persons with disabilities in education of children with disabilities.**

Or

**Explain objectives and functions of District Disability Rehabilitation Centres (DDRCS) for education of children with disabilities?**

Ans.

### ***District Disability Rehabilitation Centres***

The district Disability Rehabilitation centre (DDRC) scheme of the Ministry of Social Justice and Empowerment, Government of India is being implemented since 1990-00. It basically seeks to provide comprehensive services

to the disabilities at the grass root level through creation of the Infrastructure and capacity building at district level for awareness generation, rehabilitation training, guiding of grass roots level functionaries.

DDRC is an initiative to disabilities in the rural areas. These unit have a group rehabilitation professionals for providing services like identification of persons with disabilities, awareness generation, early detection and intervention, provision/fitment, follow up and repair of assistive devices, therapeutic services e.g. physiotherapy, speech therapy etc. and facilitation of disability certificate, bus passes and other concession/facilities for person with disabilities. Best results can be achieved if this unit works in coordination with department of health education, WCD, rural development and revenue.

### ***Objectives of Setting up of DDRC***

The objectives of setting up of District Disability Rehabilitation Centres (DDRCs) are to provide rehabilitation support to persons with disabilities through-

- Survey Identification of person with disabilities through camp approach.
- Awareness generation for encouraging and enhancing prevention of disabilities, early detection and Intervention etc.
- Early intervention.
- Assessment of need of assistive devices, provision/fitment of assistive devices, follow up / repair of assistive devices.
- Therapeutic services e.g. physiotherapy, occupational therapy, speech therapy etc.,
- Facilitation of disability certificate, bus passes and other concession/facilities for persons with disabilities.
- Referral and arrangement of surgical correction through govt. & charitable Institutes.
- Arrangement of loans for self employment, through bank & other financial Institutions.
- Counselling of person with disabilities, their parents & family members.
- Promotion of barrier free environment.
- To provide supportive and complimentary services to promote Education, vocational training and employment for persons with disabilities.
- Providing training to persons with disabilities for early motivation and early stimulation for education, vocational training and employment.
- Providing orientation training to teachers, community and families.
- Identifying suitable vocation for person with disabilities, keeping in view local resources and designing and providing vocational training and Identifying suitable jobs so as to make them economically independent.
- Providing referral services for editing educational training, vocational institutions, etc.

### ***Modalities of Establishment***

Only districts where currently no service are available for persons with disabilities either :

- through Govt./Semi govt. or Voluntary agencies are eligible.

- willingness of State Govt. for implementation and sharing responsibilities.
- provision of rent-free, well connected building by the State Govt.

### **Role and responsibilities**

DDRC is a joint venture of central and state government. Their role can be summarised as follows :

Role of Central Government	Role of State Govt./District Admin
Funding for manpower deployed and contingencies as well as equipments required for DDRCs <ul style="list-style-type: none"> <li>● For initial three years through Implementation of PWD act. scheme (5 years for NE states and J&amp;K).</li> <li>● Later through Deendayal scheme DRS for rehabilitation on taping basis.</li> </ul>	Provision of rent-free a well-connected building /space having provision of electricity and water. The support system e.g. telephone facility. Furniture, etc. for running the district centres is also to be provided by state govt. Space required is approx 15059 m. Funds from MPLAD etc. could be explored for improvement/ construction of Infrastructure.
Technical Inputs through training to staff of districts, Implementing agencies and DDRCs.	Identification of Implementing agencies, deployment of man-power.
Overall supervision, coordination and evaluation. Withdrawal after period of 3/5 years.	Monitoring and coordination of activities of DDRCs, its convergence with other activities of district.
	Effort to make DDRC sustainable through service charge etc.
Funding under ADIP/DRS	Ensuring formulating and timely forwarding of proposals under ADIP/ DRS scheme to GOI.

District Management Team (DMT) under chairmanship of District Collector is the main decision making body. It's important functions are :

1. Selection of registered Implementing agencies.
2. Deployment of manpower and their service conditions.
3. Monitoring, coordination of activities of DDRC, even after handover.
4. Convergence with other activities of district.
5. Finalization of charges for various services provided through DDRCs and Identifying other means of resource generation.
6. Security of assets of DDRC and material received under ADIP etc.
  - DMT is custodian of all assets of DDRCs.
  - DMT should meet of least 4 times in a year. Quarterly progress reports should be sent regularly.

- DMT also needs to make an attempt to make DDRC self sustaining in long run. Hence, it needs to fix nominal charges for various services provided through DDRCs. Attempts should also be made for resources generation through donations and other means.
- DDRCs should seek funding for aids and appliances through timely submission of proposals under ADIP to GOI.

### **Role of DDRCs in Education of Children with Disabilities**

1. **Early Intervention :** Early Identification of disabilities and early intervention is very important for avoiding secondary disabilities and ensuring successful integration of children with disabilities with other children at all levels. Hence, each DDRC must set up an early Intervention unit. Parents of children with disabilities must be encouraged to visit these. In addition, low cost Intervention using locally available material should be suggested to them for continuing the intervention at place of their residence.
2. **Barrier free Environment :**
  - (i) Provision of barrier free environment is the second important compliment of assistive devices for providing accessibility to person with disabilities.
  - (ii) All new buildings, especially public sector and public utility e.g. school and hostels, Panchayat and other govt. buildings, hospitals, markets, bus stands, parks, public toilets are to be made barrier free, as per the standard bye-laws circulated by Ministry of urban Affairs and Employment.
  - (iii) The basic responsibility should be of the local government.
  - (iv) Public building like collectorate, district hospital, local bus stand, Colleges and schools should be converted into barrier free, to begin with.
  - (v) The financial support for conversion of the buildings into barrier free may be met out of local government funds and/or MPLADS.
  - (vi) District centres must be able to provide technical support to implementing agencies.
3. **Promoting Education/Vocational training/Placement :** Education, training and employment are important component as rehabilitation :
  - (i) The Implementing agency should organize orientation/training programmes for teachers, communities and families.
  - (ii) They should provide training to persons with disabilities for early motivation and early stimulation for education, vocational training and employment.
  - (iii) They may also provide information on suitable vocations for persons with disabilities, possible job placement and other facilities like soft credit through NHFDC, vocational training through VRCs etc. so as to make them economically independent.
  - (iv) At least one orientation programme of 3 days a week should be held once in 6 months.
  - (v) They may provide referred services for existing education training vocational institutions.

**14. Describe the role of Non-Government Organisations (NGO's) for education of children with disabilities?**

**Ans. Non-government organisations (NGO's) :** Non-government Organisation (NGO's) are difficult to define and classify due to the term in consistent use. Non-government organization (NGO), Non profit organisation (NPO) and Private Voluntary Organizations (PVO) are the most used term and are used interchangeably despite differing definitions.

According to the UN (1945) "All kinds of confidential organizations that are autonomous from government control can be renowned as NGO's. NGO's cannot seek to moderate a nation's government in the outline of an opposing political party. NGO's also need to be non-criminal and non-profit.

Willets (1996) defines NGO as "an independent voluntary association of people acting together on a continuous basis for some common purpose other than achieving government office, making money or illegal activities."

World Bank (1990) defines NGO as an organization or group of people working independent of any external control with specific objectives and aims to fulfil tasks that are oriented to bring about desirable change in a given community or area or situation.

Over the past few years. Focus on children with disabilities has resulted in greater awareness and increased sensitivity toward these children. NGOs have played a central role in the development of educational provisions for children with disabilities across the globe and more so in developing economies. Such as in India not only their involvement has been historically reserved as bringing the concerns of this marginalised group in to the spotlight, they continue to have a significant impact on current practices. Even as a broad policy, the government is promoting the role of NGOs at all levels with a view of achieving participatory development and supporting the administration in implementing its programme. Now, Government and NGOs are initiating measures to review and plan appropriate strategies for special needs and inclusive education.

**Types of Non Governmental Organizations (NGO's)**

Various NGOs working in the area of disabilities in a reasonable way can be divided into three categories.

1. **Organizations for persons with disabilities :** Organizations for person with disabilities have been on the scene for the longest period of time and were generally set up by philanthropists. They tended to be focused on specific Impairment group and were charity or medically based. Their membership often has a common denominator such as traditional organizations.
  - Religions organisation/associations.
  - Professional membership.
2. **Organisation of people with disabilities (PWDs) :** Organisations of people with disabilities were also established on the premise of uni-disability. For example, organisations dealing with the blind or the deaf. In the countries where the authors have had experience, these different organisations of person with disabilities joined to form a national umbrella organisation such as National Union of Disabled persons of Vganda (NUDIPU), Ethiopian Federation of Persons with disability (EFPD) and National Council of Disabled People of

Zimbabwe (NCDPZ). The emergence of organisations of persons with disabilities, is a relatively new development that is timely and in line with a slogan of, "Nothing about us Without us".

3. **Associations of the parents of children with disabilities :** The organisation/associations of the parents of children with disabilities have emerged largely as a consequence of CBR. They are recognised as pivotal organisations looking into issues affecting children with disabilities. These organisation were formed as a felt need, because parents of children with disabilities organisation, neither fitted into organisation of PWDs, nor those for persons with disabilities.

The wide range of interests and perception reflected in the membership of these three types of disability related NGOs, is apparent from the different activities in which they are engaged. These vary from institutional care, to educational projects, to financial support.

Recent developments, have embraced a more socially oriented focus on participation, advocacy and rights.

**Role of disability NGOs in Promoting participations and CBR programmes**

NGOs have played a significant role in the development of rehabilitation services for person with disabilities world wide. This has been done regularly in the absence of government involvement and initially took an institutional, charity based approach. Present day development, however, favour a participatory community based approach, complementing and liaising with government plans and services and working with all stokeholders' groups.

Many people argue and debate as to what is the best role for NGOs in providing services and support for disabled people and their families. Has their role been effective so far? should It remain the same? Should it change now, Is this the right time? Is their role one of promoting participation, of assisting disabled people to be heard by planners and politicians? Or, it is providing services that the government cannot or does not provide? NGO's have grown in numbers over the past year and also widened their scope of work in all aspects of human need. NGO's have encouraged greater participation of PWD's and their families, which has let to an increased understanding of the way in which disabled people are excluded and segregated from mainstream society. As a direct result, more 'rights' and 'advocacy based' activities have developed. NGOs have a propensity to work in small locations, achieving impact on the ground, as compared to the government services that usually address the needs of a majority with little attention given to members of the civil society, who have no voice.

Clark (1991) highlights the role that voluntary sector plays in mainstream development, as follow :

- Encouraging official aid and government ministries to adopt successful approaches to development.
- Educating and sensitising the public, as to their rights and entitlements.
- Attuning official programmes to public needs, through acting as a conduit for public opinions and local experience.
- Influencing local development policies of national and international institutions.
- Provider of alternative services and development projects.

NGOs have endeavoured to fill up gaps left by government in promoting participation of the identified stokeholders : to redress issues of access to

community based rehabilitation services for people with disabilities, through various strategies that may include :

- Resource mobilisation,
- Community mobilisation and sensitisation.
- Community education and training,
- Attitude and behaviour change,
- Capacity building,
- Mechanisms for socio-economic empowerment,
- Research and information dissemination
- Networking, lobbying and advocacy.

Data suggests that the number of NGOs involved in Inclusive Education under the SSA has steadily increased from 470 in 2004-05 to 796 in 2007-08. These organisation are identified as being important players in :

- Providing aids and appliances to Children with Special needs
- Planning and management of inclusive education and
- Resource support while NGOs continue to be the sole players in the delivery of special education through grants-in-aids received from the government, Their involvement is being actively sought in efforts towards changing the role of special education centers and in meeting the goals of mainstreaming.
- SSA (2005) outlines three ways of facilitating these developments :
- Developing special schools as resource centres,
- Greater links between mainstream and special schools and
- Greater overlap between training for special and general teachers
- While these are laudable aims, little attention is being paid to the presence of the required expertise needed to bring such changes in their functioning.

**Pratham** is the largest non-governmental organisation working to provide quality 'education to the under privileged children of India. Today, Pratham reaches the millions of children living both in rural and urban areas through a range of interventions. The Pratham team comprises of educationists, development professionals, media personnel, corporate workers, PhDs, MBAs, CAs, civil servants, bankers, corporate professionals, consultants who all bring their experiences and perspectives to the organization and are unified by the common vision of improving the future of our children.

Pratham firmly believes in working with the government to bring about large scale change and therefore all programmes are aimed at supplementing rather than replacing government efforts. Pratham has signed memorandums of understanding with eight state government for its 'Flagship program' and 'Read India' Programme. It is working in close collaboration with the municipal corporation in several cities such as Mumbai and Delhi.

**Family of disabled, Smile foundation** are other NGOs working significantly for the education of children with disabilities.

Through the Gyan Path programmes, Family of Disabled and Smile foundation ensure the low cost of school education (fees, uniform, books and stationary), which often became a hindrance for children with disabilities. The programme also centres to children of parents with disabilities. It identifies the deserving children sponsors their education and also monitors their performance. FOD identifies schools approachable and accessible to the child and sensitizes its management to enroll the child.



LAXMI®

EXAM NOTES

# CREATING AN INCLUSIVE SCHOOL

[ Paper-3 ]

SKILLED INDIANS SKILL UNIT-III

### 3. Special Needs & Inclusion

- Special needs in terms of learning experiences in the context of disabilities and their learning styles
- Schools awareness and readiness for addressing learning difficulties
- Concept of an inclusive school- infrastructure and accessibility, awareness and positive attitude towards disability, human resources, whole school approach



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## Special Needs and Inclusion

### 3.1 SPECIAL NEEDS IN TERMS OF LEARNING EXPERIENCE IN THE CONTEXT OF DISABILITIES AND THEIR LEARNING STYLES

1. Discuss special educational needs of learners with disabilities.

Or

Who are SEN learners. Briefly explain diverse needs of these learners.

**Ans.** The learners with special educational needs (SEN) are those learners who deviate from seemingly normal children in their physical, mental, emotional and social status to such an extent that they are usually unable to profit from learning in average group situations. This requires the provision of special educational opportunities to prepare them for constructive living among normal individuals in spite of their deviate state.

According to **W.M. Cruickshank**, "A SEN learner is he who deviates physically, intellectually and socially so marked by the normal growth and development that he cannot be benefitted from regular classroom programme and needs special treatment in school."

According to **Kirk**, "A SEN learner is he who deviates from the normal average children 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."

On the basis of the above definitions, there are the following characteristics of the learners with special educational needs :

1. SEN learners are the learners possessing deviation from normal.
2. A SEN learner deviates physically, mentally, emotionally and socially from normal growth and development.
3. A SEN learner cannot be benefitted from regular classroom teaching programmes.
4. A SEN learner requires a modification of school practices and needs special treatment in school to develop his maximum capacity.
5. A SEN learner belongs to both the extremes of physical, mental, social, emotional and educational achievement.

The learners with special educational needs (SEN) can be divided into the following categories :

1. Visually impaired children
2. Hearing impaired children
3. Speech impaired children
4. Orthopaedic impaired children
5. Intellectually impaired children
6. Learning disabled children
7. Multiple disabled children

The World Conference of Education for All was held in Jomtien (Thailand) in 1990 in which 150 countries participated and over 150 non-government organisations observed, "The learning needs of the disabled demand special education steps need to be taken to provide equal access to education to every category of disabled persons as an integral part of the education system."

The Salamanca Statement (1994) was adopted by 92 countries and 25 International organisations. It stated – "Those with special educational needs must have access to regular schools which must accommodate them within the child centered pedagogy capable of meeting these needs." It further stated, "Regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes."

In our Constitution, there is provision for universal education-free and compulsory education for all up to the age of 14 years. In our country, there are separate educational institutions for disabled children but there is a large number of children with special educational needs. They require the opportunity or provision for their education. It is an important need to make provision for education of SEN learners. National policy of education (1986) has made strong recommendations for the provision of education for SEN learners.

### ***Diverse Needs of SEN Learners***

There are diverse needs of SEN learners which are given below :

1. **Physical and Psychological Needs :** There are many SEN learners who have some impairment in some part of the body. The impairment may be of varied level. There are some children who may suffer from multiple disabilities. SEN learners need assistive and supportive devices. The physical and psychological need of SEN learners are given below :
  - (i) The impairment of SEN learners and its degree need to be detected, diagnosed and classified. There may be some problem if there is any delay in the identification and treatment.
  - (ii) The SEN learners need to have knowledge of virtual present status of their impairment.
  - (iii) SEN learners need assistive and supportive devices to get the educational opportunities in a better way. These assistive and supportive devices are needed to have better adjustment in school and society. For example, a learner with low vision may need spectacles, magnified glass or books with bold print. A blind learner may need Braille books, Braille slate and Braille sheets. The physically crippled learners need crutches or a wheel chair. A hearing impaired learner needs hearing aids. An orthopaedically impaired learner needs artificial limb, special

type of pen or furniture of specific size and form. The assistive devices are directly related to teaching learning process of SEN learners. These devices help the learners access to learning material comfortably. The supportive devices consist of aiding equipments or facilities which support the SEN learners in making their activities easy and convenient. The supportive and assistive devices are supplementary to each other in fulfilling the special need of SEN learners and helping them to get maximum benefits from the educational programmes.

2. **Social Needs of SEN learners :** Man is a social being. Every section of society has some social needs. The learners with SEN has some social needs. Their needs are concerned with their self-respect and recognition in the society. The SEN learners must be respected in the society for their success. Such learners need freedom in taking decision, making judgement and interacting with others like general students. They also need to have positive interactive relationship with others. They want their acceptance in the society. The society should motivate and encourage the SEN learners so that they may get success in their life. So, it is the social need of SEN learners that they get respect and recognition in the society.
3. **Educational Needs of SEN Learners :** Academic intervention is the most important intervention to ensure appropriate educational needs of SEN learners. There are many educational needs of SEN learners. These needs are as under :
  - (i) **Provision of Instructional material :** There should be provision of instructional material specific to impairment of learners with special needs. Visually impaired children may need magnifying glass, embossed maps, flash cards, tape recorder, audio cassettes etc. Hearing impaired children may need visual aids like pictures, slides, maps, models etc., projector, language kits, arithmetic kits, mirrors etc. Intellectually impaired children need sensory apparatus and montessori kits, Alphabet charts, number charts etc.
  - (ii) Provision for guidance and counselling.
  - (iii) Providing specialized help to SEN learners.
  - (iv) Adequate participation of SEN learners in academic and co-curricular activities within and outside the school.
  - (v) Modifying the curriculum to suit the needs of SEN learners.
  - (vi) Taking personal care of SEN learners.
  - (vii) Provision for incentive and financial assistance.
  - (viii) Providing remedial instructions to SEN learners.
  - (ix) Removing/Rectifying the deficiencies of SEN learners.
  - (x) Establishing linkage with special schools and utilizing the expertise and resources of special schools.
  - (xi) Adopting innovative teaching practices.
4. **Emotional Needs of SEN learners :** There is an important role of emotional relationship in the life of SEN learners. These learners need emotional support from parents, teachers and society. If SEN learners are treated with sympathetic behaviour, they can overcome their deficiencies. So, it is necessary to support the SEN learners to

achieve the goals of education. Emotional support is necessary for the progress of SEN learners. In normal life the role of emotions is of great importance because in every psychological abnormality, component of emotions is inherently involved. Hence, the emotional needs of SEN learners are required to look into. The satisfaction of the following psychological needs is necessary for the learners with SEN to solve their problems :

- (i) Need for social support
- (ii) Need for affiliation
- (iii) Need for recognition and self acceptance
- (iv) Need for self esteem and social prestige.

In this way, there is an important role of emotional attachment in the life of SEN learners. Emotional support is needed for SEN learners to be successful in their life.

5. **Vocational Needs of SEN learners :** The vocationalisation of education is to impart some training through education with the help of which a student is able to undertake a profession and earn his living. Educational and Vocational needs are related with each other. Education is a way for the students to enter upon a vocation. Keeping this aspect in mind, the National Education Commission has recommended a systematic implementation of vocational education programme. This will also provide employment opportunities for the learners.

Learners with SEN have vocational needs to be independent and lead life successfully. For this purpose, certain percentage of seats in educational institutions and vocations (jobs) are reserved for learners with special needs. In Central and State government jobs, three percentage of jobs have been reserved for handicapped individuals. This helps in meeting out the vocational needs of SEN learners.

### 3.2 SCHOOL AWARENESS AND SCHOOL READINESS

2. Discuss in detail the concept of school awareness and school readiness.

Or

What is meant by the term readiness? What are the factors affecting school readiness of children with special needs.

Or

Describe in brief about the important indicators of school readiness and what is the role of a teacher in facilitating child's readiness for school.

Or

Discuss the role of teacher in school awareness and readiness for addressing learning difficulties. (June 2018)

**Ans.** Inclusive education is getting popularity now a days for its comprehensive approach to the society. It is the need of hour keeping in mind

the ignorance of disabled children by the one having no disability. A constant negligence of them leads to the children with disabilities. Inclusion is an educational setting in which students with and without disabilities are called together to sit and get education leaving all inhibition to disabilities aside.

Families and communities play important roles in helping children get ready for school. Children with disabilities thrive when parents and families are able to surround them with love and support and opportunities to learn and explore their world.

#### Meaning and definition of School Awareness

Awareness means the state or condition of being aware, having knowledge, consciousness.

According to **Cambridge English dictionary** awareness means "knowledge that something exists or understanding of a situation or subject at the present time based on information or experience."

According to **Wikipedia** – Awareness is the ability to directly know and perceive, to feel or to be conscious of events, objects, thoughts, emotions or sensory patterns. It is the state or quality of being aware of something."

School awareness in inclusive education means knowledge about schools for children with disabilities. It is utmost important for parents and families of a child with disability about the schools where there are provisions for education of children with disabilities as well as resources required for their education.

#### Meaning and definition of School Readiness

School readiness is an interactive process or set of relationships in which the child, her/his family and the school interact in ways that support the overall development of a child including physical, mental, psychological, emotional aspects. Readiness can be discussed in terms of a child's skills and other characteristic. It is not easy to assess or find whether a child is ready for the school or not. His Willingness to go to school is his own and cannot be exposed simply because by so many factors he may not express that. This search becomes more complicated when the system of school, its operations and guidelines are put before him.

Readiness has two separate concepts :

1. Readiness for school and
2. Readiness to learn

These two concepts clarify the whole picture. Sometimes it is found that a child is ready to learn but not altogether willing to go to school. On the other hand, it is also seen sometimes that a child does not feel any difficulty in school going and is willing to go there but does not have willingness to learn., At this time, he should have some motivation or stimulation so that his inclination of school going can involve a good learning willingness and habit. Readiness to learn is a level of development at which a child is able to learn. Readiness for school is rather different in terms of earlier one. It indicates that the individual will be able to be successful in a typical school context. "School Readiness" is the involvement of both concepts. It is defined as a quality that renders the child's ability to adapt the school environment as well as the school curriculum.

**Factors Affecting School Readiness**

1. **Family Background :** Family plays a vital role in a child's learning process. It supports a child at many levels in his learning. Family is the real source of inspiration and involvement for him. It provides a healthy and learning supportive environment to the child. It encourages a child at each step whether he experiences success or failure. Sometimes a child is not willing to go to school, here comes the role of family which encourages him to go and learn. It avoids a child from getting deviant by providing him moral support. In some cases, it is also noticed that a child does not go to school due to his disability and feels humiliated in presence of children without disabilities or normal children. In such situation, they need a lot of preparedness in order to enter and adjust themselves in an inclusive school. Not all families are able to accomplish their supportive roles.
2. **Child's health :** The health of the child is an important factors in school readiness. The children with mild disabilities can be sent to the school. If a child has good health, he can go to the school inspite of his disability. Health problems can affect a child's school readiness both directly and indirectly. Poor health affects a child's school readiness by clouding the beneficial activities. Children learn better when they are healthy. Most of the health problems originate in early childhood. So, the preventive measures should be started right from the initial stage. It is necessary to ensure the school readiness.
3. **Socio-Economic status of family :** The socio-economic status plays an important role in school readiness. As the social and economic condition of a family play significant role in students education and schooling. Among all students with disabilities 50% are diagnosed with disability related problems that started at the age of about six years these disabilities arise due to the poor social and economic conditions of family and lacking proper nutrition and care. This factor becomes more important in case of physically handicapped children. These children suffer from inadequate facilities and care due to parents financial conditions. Sometimes it gives cultural barriers which bring the bad effect for readiness to learn. Secondly, the children from poor families cannot afford the cost charged by public schools, which serve to cater the need of disabled children. However, the government of India, under the Sarva Shiksha Abiyan has tried to provide maximum facilities to disabled children in minimum fees. But still there are number of parents who do not send their children to schools just because of lack of awareness about school.
4. **Type of services provided in schools:** The child's readiness to school also depends upon the types of services provided in school. If quality services are provided, the child will feel like home in school. Then naturally he/she will prefer spending 5-6 hours a day in school rather than being at home. Services delivered in a well managed and timely manner will affect school readiness. The facilities provided for special children in an inclusive school should be effective and child centered.

5. **Classroom Environment :** In inclusive setting the classroom environment also plays a great role in school readiness of child. If the classroom environment is supportive, the school readiness is high. It becomes the duty of teacher to generate conducive environment in classroom. The normal students of the class should be instructed to behave properly with their disabled peers. If a child with disability receives warm welcome and positive attitude of teachers and peers in the classroom he/she would love to go to school everyday.

In addition to above mentioned factors, following factors also affect school readiness :

- (i) Mother's level of education
- (ii) Gender differences in family
- (iii) Family Residence in a disadvantages area.
- (iv) Lack of pre-school education.

**Indicators of School Readiness**

School readiness requires a keen attention to its approach. Five distinct but connected domains exist in this connection. These are as follows :

- (i) Language development
- (ii) Social and emotional development
- (iii) Social interaction
- (iv) Cognition and general knowledge
- (v) Approaches to learning

Language plays a vital role in school readiness. Children who are ready for school should have well developed language skills. They use words rather than body language to express their feeling or a need, communicate with their peers and speak clearly. Their vocabulary is well developed and they use language creatively to describe what they are doing.

Social and emotional development of child is a significant factor for successful learning and school readiness. Those children who are ready for school are co-operative with other children and adults. They show self control in most situations, follow the rules of their home and pre-school and can use their free time in an acceptable way. They are happy to share their toys and other belonging with their friends.

Socially, children with 'school readiness' show affection for other children and like to invite other children to join in their games. Social interaction is an important indicator of school readiness. The children with this ability like to play with other children, make friends easily and adapt well in different environments. They are confident in social situations and relate well to their teachers and other adults.

**Role of Teacher in School Readiness**

School readiness is a state when the children respond appropriately to the environment of the school and the classroom. Child's readiness for school is made of multiple components and shaped by various factors. Classrooms are divided into different learning centres and are equipped in the appropriate materials for regular children as well as disabled children to play with and manipulate. Teachers may need to make few adaptations to the classroom environment. Setting up small groups where learning activities are focused on specific skills

may be an option for providing challenges to students. The teacher plays a very important role in creating a conducive and friendly environment in class and thus makes the child ready for school. Following points highlight role of teacher in 'School Readiness' :

- (i) By promoting the adjustment of the child in the educational setting.
- (ii) By enhancing the participation of child in classroom activities.
- (iii) By making the classroom environment least restrictive for the children with disabilities.
- (iv) By organizing different types of activities in the classroom to enhance learning of the children.
- (v) By adopting 'Buddy system' in the class where a normal child always accompanies a child with disability in the school to assist him/her
- (vi) By empowering family as an equal partner in 'school readiness' of the child.
- (vii) Attitude and friendly gestures of teacher also motivate the children to be ready for school.



### 3.3 CONCEPT OF AN INCLUSIVE SCHOOL- INFRA-STRUCTURE AND ACCESSIBILITY, AWARENESS AND POSITIVE ATTITUDE TOWARDS DISABILITY, HUMAN RESOURCES, WHOLE SCHOOL APPROACH

3. Discuss concept of an inclusive school in terms of infrastructure and accessibility, awareness and positive attitude towards disability and human resources.

Or

What is the need and importance of accessibility, infrastructure and positive attitude towards disability in an inclusive school system.

Or

Discuss role of general teacher and resource teacher in terms of inclusive set up.

**Ans.** Inclusion in education is an approach to educating students with special educational needs. Under the inclusion model, students with special needs spend most or all of their time with non-disabled students. Inclusion rejects the use of special schools or to separate students with disabilities from students without disabilities. The aim of an inclusive school system is to provide all students with the most appropriate learning environments and opportunities for them to best achieve their potential. An inclusive school does not separate general education and special education programmes. Instead, an inclusive school is structured so that all students learn together. An inclusive school, has following essential features :

- (i) Adequate supports and services for the students.
- (ii) Well-designed individualized education programmes.

- (iii) Professional development for all teachers involved, general and special educators alike.
- (iv) Time for teachers to plan, meet, create and evaluate the students together.
- (v) Reduced class size based on the severity of the student needs.
- (vi) Professional skill development in the areas of co-operative development, peer tutoring, adaptive curriculum.
- (vii) Collaboration between parents or guardians, teachers or para educators, specialists, administration and outside agencies.
- (viii) Sufficient funding so that schools will be able to develop programs for students based on student need instead of the availability of funding.

### Infrastructure and Accessibility

In an inclusive school system disabled student should have barrier-free access to all educational facilities and services in the school including hostels, laboratories and buildings.

Special attention should be given to creation and maintenance of accessible infrastructure. So that the children with disability can do their activities in easy and convenient manner with the least hurdles or barriers in the environment. Supportive infrastructure and accessibility aids children's general activities. It also supports them reach to the goal of their functioning. The children with disabilities can make their independent functioning more smooth and feasible if infrastructure is supportive. For example, a rod fixed near water cooler or in the toilet makes handicapped child's comfortable execution of the need activity. Modification in the classroom desks or a rod near the blackboard or construction of a ramp for the upper story classroom, laboratories, library helps the orthopaedically handicapped child to go to the classroom or laboratory or library with less discomfort. Modification of the material facilities and environmental conditions existing in the classroom, library, labs, toilets, drinking water place, Assembly hall should be done to make them least restrictive.

Transportation is one of the key problems faced by students with disability. So, adequate and appropriate transport facilities should be provided in inclusive school to help students with special needs.

Accessibility of appropriate devices aids and study materials should be ensured to the disabled children. These devices or materials may be as under :

**For Visually Impaired children :** Magnifying glasses, Hand magnifiers, Close-circuit Television, large print books, Braille, Braille slates 6 styles, Talking calculators, Braille sheets, Talking text books, Braille Books etc.

**For Hearing Impaired Children :** Hearing Aids, phonic ear and the vacuum-tube Hearing Aid, sign language package etc.

**For Orthopaedically Impaired Children :** Lap boards, page turner, thick pens, Penholders, crutches, wheel chairs, braces etc.

**For Speech Impaired Children :** Girdles, slings, drawing & diagrams, picture boards, writing/typing board, artificial speech synthesis, computer, Audio cassettes and tapes with taperecorder etc.

### ***Positive Attitude towards disability***

Teacher's positive attitude towards inclusion is an important factor in success of an inclusive school system. Shared values and teachers positive attitude in inclusive school makes co-operation possible and lack of them make it difficult for people to work together. Therefore, in an inclusive schools, positive attitude towards disability should be installed not only in teachers but also in students. Attitude towards children with disability and their parents need to be friendly and supportive so that they feel themselves a part and parcel of the school set up. This will help in building self esteem and self confidence of the children with disabilities.

Positive attitude among teachers to handle need to children with disability can be developed by organising pre-service as well as in service training programmes in inclusive education at elementary and secondary level.

**Role of Resource and classroom/Subject teachers in Inclusive Schools :** Although some roles are common to classroom/subject and resource teachers. It is important to acknowledge that both teachers bring areas of expertise from their respective fields which complement each other and enrich the teaching learning environments.

### ***Role of Resource Teacher***

- Provide information to the classroom/subject teacher regarding exceptionalities and the program planning process.
- Conference with classroom/subject teacher regarding student specific accommodations, strategies, modifications and alternate programming outcomes.
- Assist with Identification of outcomes requiring modification.
- Take the lead in the development of alternate programs, courses and curriculum and collaborate with classroom/subject teacher in the delivery of the outcomes.
- Direct and monitor the student assistant working in the inclusive classroom.
- Take the lead in the assessment and evaluation of the outcomes of alternate programs courses and curriculum in collaboration with the subject/classroom teacher.
- May support classroom/subject teacher in the assessment and evaluation of student on prescribed curriculum. The extent to which this will occur may vary depending on the combinations of pull-out instruction, collaboration, or models of co-teacher employed. For example, if two teachers decide to parallel teach a topic in language and arts, both may be responsible for assessment and evaluation of the class for the topic.
- Supply original documents related to accommodations and alternate program/course/curriculum to the contact teacher.
- Take the lead in the monitoring and documenting of alternate programs, courses and curriculum.
- Keeps copies of the records of accomodation, modified prescribed and alternate programs/courses/curriculum documents for regular revision and updates. These are working documents.

- Participate in joint parent-teacher meeting as agreed upon with the classroom/subject teachers. This could be through physical presence or by providing written comments.
- Hold parent-teacher meetings with parents of students on alternate programs/courses/curriculum.

### ***Role of classroom/subject Teachers***

- Provide Information to Instructional resource teacher regarding curriculum.
- Conference with Instructional resource teacher on curriculum outcomes and Instructional and assessment strategies pertinent to Individual student.
- Take the lead in the identification of outcomes requiring modification and the delivery of modified prescribed courses.
- Collaborate with the Instructional resource teacher regarding classroom delivery of selected outcomes of alternate programs course and curriculum.
- Direct and monitor the student assistant working in the inclusive classroom.
- Take the lead role in assessment and evaluation of student on prescribed curriculum (Including modified prescribed). This role may be shared with the instructional resource teacher if highly integrate models of co-teaching are employed for specific topics of units of work. Examples of highly integrated models might include extended use of parallel, team and station teaching.
- Supply the original documents related to accommodation and/or modified prescribed courses to the contact teacher.
- Take the lead in the monitouring and documenting of modified prescribed courses.
- Keep copies of the records of accommodation, and modified prescribed courses documents for regular revision and updates. These are working documents. If their are alternate program, courses or curriculum outcomes being delivered in the classroom, the classroom teacher should also have copies of those documents.
- Involve the instructional resource teacher in parent teacher meeting as determined through conferencing with the instructional resources teacher.
- Hold parents teacher meeting for all student in class. (This could be covered through joint meetings as noted above) for student whose program primarily occurs in a pull out instructional setting. Teacher will collaborate to decide on the information to be shared and the format of parent teacher meetings.

### ***Common/Joint Roles of Resource teachers and classroom/subject and teacher***

1. Both of their make joint decisions regarding appropriate instructional environment for outcomes of course/curriculum.
2. They collaborate in the development and implementation of the Behaviour management plan for the disabled.

3. They collaborate to identify co-teaching opportunities for the provision of classroom support.
4. They prepare Individualized Education Plan (IEP) in collaboration.
5. Both of them provide large group, small group and individual instruction of students as required.
6. They co-ordinate the implementation of assessment/evaluation procedures such as : scheduling of tests, test accommodations, progress monitoring, running records.



#### 4. What do you mean by whole school approach? Discuss characteristic and dimensions of whole school approach in inclusive education.

**Ans. Whole School Approach :** By 'Whole school Approach' we mean that all school personnel, including the school head/principal, teacher, student guidance teacher/officer, non-teaching staff, students and parents are willing to accept students with special needs. Hence, a harmonious environment with a caring, supportive and inclusive school culture can be established. The aim of whole school approach is to provide learning opportunities to students in every aspect of their school life. The whole school approach enhances team spirit among teachers. It also encourages other school personnel to share responsibilities, differences and special needs. This approach advocates that students with special educational needs should also have equal opportunities to participate actively in school, to learn in collaboration with their peers and to look for further improvement. With the acceptance and concern from the school and their peers and the support from other parents, students with special needs will have a strong sense of belonging and a better environment for effective learning.

**Characteristic features of a Whole School Approach are :** There are four domains of school development :

- (i) Management & Organization
- (ii) Learning and Teaching
- (iii) Students Support and School Ethos
- (iv) Students Performance

Keeping in view, these four domains of school development, a whole school approach involves a systematic focus on well being of children through all aspects of the school or centre. It must be inclusive of everyone including children parents, staff and other professionals who work in school. In fact, the entire school community should work together in whole school approach.

There is also provision of professional learning for staff members teaching as well as non-teaching.

A whole school approach advocates on-going and sustained action supported by policies and procedures.

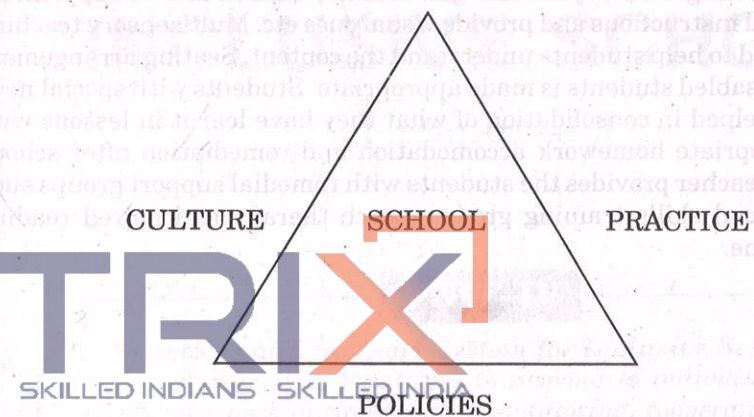
The characteristics of whole school approach are under :

1. **Whole school Consensus :** All staff of the school acknowledges the responsibility of establishing an inclusive environment to cater for the needs of all students.
2. **Curriculum Accomodation :** The school curriculum can be adapted and/or expanded to Cater for different needs.

3. **Differentiated teaching :** Diversified teaching techniques and assistive equipment is used to cater for students diverse learning needs.
4. **Peer Support :** Learning groups, peertutoring and circles of friends or Buddies are strategically organized.
5. **Teachers collaboration with with Different Students :** Teachers in whole school approach work together and support each other.
6. **Classroom Support :** Resource teachers and specialists collaborate with teachers in improving the learning environment e.g. co-teaching or team teaching is arranged for the benefit of all students.

**Dimensions of Whole school Approach :** The purpose of a whole school approach is to facilitate full participation of students in school activities and to enhance learning effectiveness.

Whole school Approach entails three inter-connected dimensions of a school, which are shown in following figure :



**Fig. Dimensions of Whole School Approach**

The whole school approach focusses on accepting students with special need by all school personel. Therefore, the three dimensions of whole school approach are :

- I. Inclusive Policy
- II. Inclusive Culture
- III. Inclusive Practices

**I. Inclusive Policy :** An educationally inclusive school is one in which the learning and teaching achievement, attitudes and well being of every child matters. Effective schools are educationally inclusive schools. This shows not only in their performance, but also in their ethos and their willingness to offer new opportunities to students who may have experienced difficulties in past.

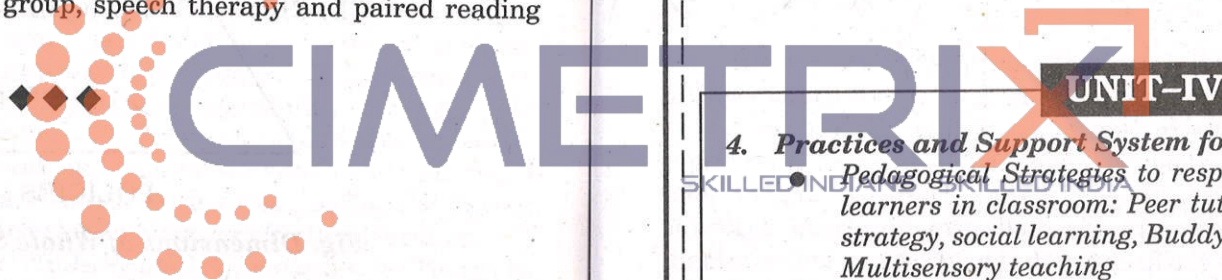
**II. Inclusive Policy :** Establishing inclusive values in the school is the key to success. For example :

- (i) Everyone in the school is valued and students understanding of and respect for individual difference is promoted through various programmes.
- (ii) Teaching staff appreciate students capabilities from different perspectives and do not expect all students to follow one single learning style or to attain the same academic level and

(iii) Teaching staff believe that every student has unique potentials and the school should provide room for the students to fully develop their multiple intelligence.

Successful schools have shown that key success is to foster care and love for students among school staff. Different programmes are run by schools to nurture students respect for individual difference, through moral and civic education programmes. Co-curricular activities can also be planned to promote a caring school ethos.

**III. Inclusive Practices :** The most important thing is to facilitate early identification and early support according to special educational needs of the student. Then according to special needs of a particular child, Individualized Education plan (IEP) is prepared and support services are provided. Teacher employ diversified teaching strategies to help the students understand abstract instructions to enhance the effectiveness of teaching. Real objects and gestures are used as aids to supplement verbal instructions and provide visual cues etc. Multisensory teaching is used to help students understand the content. Seating arrangement for disabled students is made appropriate. Students with special need are helped in consolidation of what they have learnt in lessons with appropriate homework accomodation and remediation after school. The teacher provides the students with remedial support groups such as social skills training group, speech therapy and paired reading scheme.



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**EXAM NOTES**

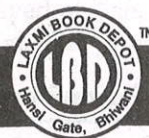
# CREATING AN INCLUSIVE SCHOOL

[ Paper-3 ]

**UNIT-IV**

## 4. Practices and Support System for Inclusive Set up

- *Pedagogical Strategies to respond to individual needs of learners in classroom: Peer tutoring, cooperative learning strategy, social learning, Buddy system, Reflective teaching, Multisensory teaching*
- *Support Services and Partnership in Teaching: Developing positive relationship between school and home. Teaching and co-teaching personnel : Parents and teachers, teacher and special teacher, Team of teacher, Parents, Special Educator, Speech therapist, physiotherapist, occupational therapist and counsellor, Professional training of teachers in inclusive schools*
- *Assistive and Adaptive Technologies in Inclusive Set up, use of ICT, Equipments and others technologies for different disabilities*



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## Practices and Support System for Inclusive Set up

### 4.1 PEDAGOGICAL STRATEGIES TO RESPOND TO INDIVIDUAL NEEDS OF LEARNERS IN CLASSROOM

#### 1. What is meant by Peer Tutoring? Discuss its advantages and limitations?

**Ans. Introduction :** Peer Tutoring is a mode of educational practices that involves one to one instruction. It could enhance the inclusion process in schools. This mode of tutoring involves or may involve a peer, an older student or an expert teacher in the tutoring role. Though the subject has not received much of attention in India and due attention is still pending from the side of government as well as the educationists, both in literature or in practice. This is such a system that is needed especially in Indian schools. It would be very relevant for Indian schools where teacher shortage is one of the major systematic issue that has been impeding the efforts for Universalisation of Elementary Education. Many efforts have been carried out and expected results are still awaiting.

Of all types of tutoring, peer tutoring is the most effective in inclusive setting because it can be used to meet the special educational needs of children by providing remedial instruction. In such tutoring peers are set to impart education. It can also be cross-age tutoring or same age tutoring refers to instructional situation in which peer tutor provides instruction to the younger children of lower grade. Same age tutoring refers to Instruction that involves children of the same age or grade in teaching process. In any type of peer tutoring, the tutoring of spelling, hand-writing, arithmetic and social behaviours can be involved or used. This process can be used once or twice in a week in the last period. The process helps infocussing the needs of special children.

#### **Objectives of Peer Tutoring**

Peer tutoring as we know, is a system of tutoring in which a peer and a child of same or low grade is involved. It has specific goals and objectives which may be of different types – Cognitive (academic) Social or Psycho-motor area.

First, we deal with the cognitive domain that includes some cognitive skills used in academic teaching or tutoring. They may be regarding spelling, arithmetic and others. It sets all these skill in tutee's mind. Secondly, the social domain is there which deals with the improvement of tutee's social behaviour. Tutee learn co-operation, friendship. mutual respect and acceptance. He goes through the necessary terms of behaviour modification. He gets what his character requires. Finally, it come to the psycho-motor domain which promotes the improvement in the skill of handwriting. Thus, all set different but one compact goal of imparting the requisite education to the children with special needs.

Though the objectives may be the subject of secondary concern yet the peer tutoring can not be viewed as substitute to the classroom teaching. In the same way, the peer tutor can also not be considered as the substitute for the regular teacher or regular class teacher. The peer tutor has to play a supportive role by providing remedial instruction, additional practice, modelling etc. He cures what the regular teacher leaves as suffering. The major role is necessarily to be played by the classroom teacher.

Peer tutoring can be used at two levels, first, a student teacher, other student in a school setting under the overall supervision of a teacher.

Second, student takes it as the outside the class activity but integrated with the school curriculum and reach out the community to teach out of school children. Organised systematically, both should be systematically beneficial for Indian students as well as the entire education system. Wegan (1982) defines it as the concept of student teaching other student in formal or informal school learning situation that are delegated, planned and directed by the learner.

### Peer-Tutoring Procedures

As it is said earlier, peer tutoring is a systematic approach and to be applied through exact procedures. Peer tutors should be oriented about the tutoring procedures before they are actually engaged in tutorial activities. There are basically three tutoring procedures which are widely acclaimed :

- (i) Demonstration Procedure
- (ii) Test-teach-test procedure, and
- (iii) Group or paired teaching procedure

The demonstration procedure is also called the 'show-do' activity. It is a routine procedure that entails demonstrating the task, then asking the tutee to complete the same task. It is a very simple and straight forward modeling procedure through which a tutee gets proper and accurate knowledge and that all tutors have little difficulty in learning. The first principle that tutors should apply is that they should teach in a small step, one at a time and also provide clear demonstration of the way that as students can link the steps together. The second principle is for tutors to ensure that the students practice immediately after each task or step has been demonstrated.

Students must show the tutor that they can complete each step of the required task in the required sequence and proper way. They will have to demonstrate before the tutor that they have learnt what was taught to them.

The second foremost procedure is 'Test-Teach-procedure' which involves three step process. First, the tutor tests if the tutee can do the required task. If the tutee fails, then the task is analysed to see what particular aspect of the task is causing difficulty and what are creating hindrance in the learning. After appropriate demonstration and Instruction, the tutee is once again tested to see it. The difficulty is mastered or removed and the tutee is able to cross the hindrance. If tutor finds the negative response, the same process is adopted and repeated till the problem is diagnosed.

The 'Group of Paired teaching procedure' involves the tutor and tutee taking twins to complete the activity. The tutor does the first of the assignment task and the third and and so on until the assignment has been completed. For example in oral reading exercise the tutor might read the first passage, the tutee the second, the tutor the third one and so on. This process goes on until the end of the lesson. The tutee usually models the behaviour of the tutor in speaking pronunciation etc.

The success of peer tutoring depends upon the interpersonal and communicative relationship between the peers. In peer tutoring, although the peer plays a vital role in the instructional process. It is the teacher who virtually has the overall responsibility for selecting the tutors. Orienting about crucial role, matching the tutor with the tutee and many other responsibilities he holds.

### Advantages of Peer Tutoring

1. Peer tutoring takes off the pressure of the teacher by allowing him to teach a large group of students.
2. This system also allows the slow learners the individual attention they need.
3. It is often effective in teaching children who do not respond well to adults.
4. Peer tutoring happens spontaneously under co-operative conditions. So the teacher does not have to organise and manage it in a formal continuing way.
5. This system can develop a deep bond of friendship between the tutor and tutees.
6. The tutors benefit by learning to teach, a general skill that can be very useful in an adult society.
7. It is helpful in case if the teacher organises the contents. The tutor can provide appropriate activities tailored to meet the individual needs of children with special needs.
8. They can ensure a high level of tutee participation in the learning process.
9. Individual guidance and personal care can be provided.
10. Tutor can effectively monitor the learning of the children with special needs.
11. Each phase in learning process can be supervised and evaluated effectively.
12. Additional demonstration or explanation can also be provided.
13. It also encourages positive interaction between regular class students and those with special needs.

**Limitations of the Peer tutoring :** Having, good deal of advantage, peer tutoring has certain limitation or disadvantages as well :-

1. First and foremost is the management problem that exists in the interpersonal relationship.
2. The quality of the bond and communication is affected when tutors are asked to instruct too many tutee.
3. If the tutor is not properly trained, it will be impossible to achieve the desired goal.
4. If the relationship between tutor and tutee leads to conflict, the tutoring situation has little chance of success.

### Some guidelines to the Peer Tutoring

1. Teacher should develop a mentality among the students that we can help each other.
2. Teacher should work out details.
3. Teacher should properly diagnose tutees problems.
4. Skills in creative organisation should be developed.
5. Do not undermine the tutors efforts.
6. Tutor should demonstrate certain skills, such as how to present the learning materials, support correct answers, respond to errors, give appropriate feedback etc.
7. Establish a practical work routine and suitable work environment for tutoring.
8. Reinforce both the tutor and tutee and encourage them to persist at the prescribed task.

### 2. What is Co-operative learning? Discuss the goals and benefits of Co-operative learning in Inclusive education?

**Ans. Introduction :** Inclusive education is being speeded up in India for the help of children with special needs and other common students. In an inclusive classroom, where a large number of children have been enrolled, children can be taught with the help of cooperative learning techniques. Though, it is also obvious that there is limited evidence of children working in groups in the Indian school system yet some initiative has been, at primary levels taken in recent years by voluntary agencies to organise activity based and group learning. In co-operative learning, children work together to seek solutions to problems and to complete the assignments.

The need of cooperative learning is increasing day by day. It is a procedure used by a mixed ability group to teach and achieve a common goal with mutual collaboration and support. Such a type of learning provides opportunity to the children to learn academic skills and social skill of listening and taking turns, asking question, seeking assistance, answering questions, offering suggestions, good manners, speaking positively about others and correcting others. Here, the teacher can play an important role.

**Barres** argues the benefit of multi-age classroom and heterogeneous working groups to meet the purpose of co-operative learning. Co-operative learning is such a system that requires the assistance from all types of groups, upper or lower, medium or average. He argues that multi-age classrooms show the same degree of academic efficiency as the single grade classroom. They prove beneficial in the areas of self-esteem, affective development and attainment of social skills. Co-operative learning keeps a wider range of intellect as well as the mutual help. It needs the care from the so-called masters of the society. The vital role is played by the teacher in case of the teaching of student of special needs. He ensures that -

- (i) The child should take responsibility of his or her own learning.
- (ii) The multi groups of people should focus their attention to each member.
- (iii) They should hold the responsibility of their proper learning as well as feed back.
- (iv) All the members should help each other to learn and
- (v) He might use the competent and sound social skills to solve the problems of the students with special needs.

**Goals of co-operative learning :** Co-operative learning, now-a-days has become the inherent part of Inclusive Education because it sets some certain goals which are discussed as under :

1. To help and assist each member of the group deliberately.
2. To create a conducive and motivating environment for learning.
3. To give an opportunity to the child with special needs to learn academic skills in a cooperative learning situation.
4. To facilitate social interaction between every member of co-operative group.
5. To create situation where the child with special needs learn pro-social skills.
6. To encourage the child to take responsibility of his or her own learning.
7. It is a convenient way for helping the special needs children to learn academic and social skills.
8. When children learn together, they also learn to live together in the community.
9. The child of special needs learns that he has much in common with other children in group.
10. The developed interaction among group generates new concept.
11. The child also reconstructs his cognitive structure.
12. After all these actions, the child is able to act upon the world in a more flexible and complex way.

### 3. What do you understand by Social Learning? Describe how Social Learning can be conducted in the classroom.

**Ans.** Social learning means learning through social interaction with other people. Social learning requires attention to the person (s) observed, remembering the observed behaviour, the ability to replicate the behaviour and a motivation to act the same way. For example, a child might see a sibling receive

a lollipop for behaving politely and imitate the sibling in the hope of getting a treat, too. Most human behaviours is learned observationally through modeling; from observing others one from an idea of how new behaviours are performed, and on later occasions this coded information serves as a guide for action.

### ***Procedure of Conducting Social Learning in the Classroom***

**1. Grouping :** There are two main types of groups that teachers can use when using social learning in their classroom. The first is **heterogeneous grouping**. This is when students of different ability levels are combined. The definition of heterogeneous grouping could also be expanded to include grouping together, student of different ages and races. This approach can be especially useful at the beginning of the school year as students get to know each other. The second type of grouping is **homogeneous grouping**. This means grouping together students that are similar. The similarities may refer to ability, race or age. This approach can be useful to group students together that may need extra help so the teachers can work more closely with them, while the student who need no extra help can be grouped together and work on something different.

**2. Assigning Group work :** In the classroom as teachers, we will be faced with a great variety of students with a great variety of learning styles. Learning to balance the teaching styles we use will be crucial to the successes of our pupils. Social learning in particular has endless possibilities in the ways we can utilize group work within the classroom. Some concrete example includes:

- **Role playing :** Role playing is a technique that works well with others, whether its one in one or with a group of people. For example, have the students be assigned a SLO and have them act it out for the classroom. Another example might be to role-play with one person being the instructor and the other being the student.
- **Debating a topic :** Debates are conducted when one group of student are assigned one side of an issue while another group argues for the othe side. You can then have the groups switch roles and argue the opposite side. Finally, you may have all the student drop their adovacy and come to a consensus about the topic, or develop a report that takes the best evidence and reasoning from both sides. Debates are a great way to teach about social studies events.
- **Create quizzes :** Get students into small groups and give each group a small segment of your lecture material. Ask each group to prepare a short quiz on their assigned segment. You can then have each team quiz the other groups or collect the quizzes and give each student a package of all of the quizzes and allow the student to use them as study material. This method will only be truely useful for the students if you go over the questions and provide the proper answers.
- **Group test taking :** Create a test that can be in-class or take-home. The group is expected to collaborate on answers, and each student reviews the score of the group.
- **Mind maps :** Mind maps and system diagram are great to work on in class as a group. Have one person be the appointed drawer, while the rest of the class work through material and suggests ideas. The group

may have varied views on how to represent some ideas. However this is a positive part of learning in groups. Natural leaders will became apparent through this approach, which can help the teacher from balanced group in future tasks.

**3. Patterns of Group Interaction :** When we put students in group work settings, it is important that we monitor the ways they interact so that one student is not overpowering, or another is not left out of the activity. Some definitions of group interaction include :

- **May pole :** When the leader is the central figure and communications occur from the leader member and form the member to the leader.
- **Round Robin :** When members take turns talking.
- **Hot Seat :** When there is an extended back-and-forth discussion between the leader and one member, while the other members watch.
- **Free floating :** When all members take responsibility for communication, taking into consideration their ability to contribute meaningfully to the particular topic.

**4. Assessment :** When students are assessing their own work and that of their peers, they will use what is called self-and peer assessment. This evaluation inside the group is a complement to the evaluation from outside made by the teacher. Self-assessment can be used to assess cognitive skills about cooperation and attitudes in the group. This means that the student :

- (a) assess their own work in the group
- (b) assess their own role in the group
- (c) make suggestions for improvement (i.e., at both the individual and group levels). Self-assessment can be used after the activity through discussions in the classroom as well as in individual reports.

**Benefits of Groupwork :** Group work provides a means of reducing cognitive load while encouraging task behaviour. This can help increase student engagement and their understanding of material necessary for progressing on the more complex issues. Research has shown that group work and peer interaction can be effective strategies in helping to build trust and reciprocity among students in the classroom and allow for each student to be able to participate in an environment that is less stressful on them.

Working interdependently also gives students a support system when working on assignment and projects that can deliever ever better, well thought-out work. Positive interdependence brings students together in search of common goals and allow them to get to know each other and find commonalities which in turn, may lead to a greater atmosphere and can help bring a sense of community to the classroom.

It has also shown that the presence of others in different settings can increase performance on many types of tasks, including jogging, shooting pool, lifting weights, and solving problem. Working together in a group also helps students foster teamwork and social skills as well as cooperation which is a valuable trait not only in schools but also in everyday life.

Group work allows for students to work to their strengths and weaknesses. For example, a group may have a student who is quieter but a strong writer, another who is not afraid to talk and is very creative, and another who may

be a good drawer. All these strengths can be utilized in a group environment under the right assignments. With the power of the group, student are not at a disadvantage for not being as strong in a particular area because they have a support system who can aid in the work, therefore, taking a lot of stress off on individual. Furthermore, working interdependently can be a major source of motivation for students because the mark is now not only a reflection of their own work independently, but of their peers as well.



#### 4. What is meant by Buddy System? How is Buddy system helpful in meeting individual needs in the classroom?

**Ans.** The buddy is a procedure in which two people, the “buddies”, operate together as a single unit so that they are able to monitor and help each other. The buddy system is basically working together in pairs in a large group or alone. Both the individuals have to do the job. According to **Webster Dictionary**, the first known use of the phrase “buddy system” goes as far back as 1942. **Webster** defines the buddy system as “an arrangement in which two individuals are paired to ensure that the skill/learning is transferred effectively from one individuals to the other.”

A key element of education is to build empathy and understand other people in the society. This approach sees a small group of student in a class being made “buddies” for a student with disability. The students are made aware of particular challenge a student has and are asked to take special care to include then and to be supportive to the student, if they get stressed out or upset at break time or in class. The student are also asked to be on the look out for any bullying or exclusion. The students who are selected would be chosen for their maturity and kindness. Parental consent would be sought from the parents of the student involved. While not every student with disability will instantly begin to socialize or make friends, this approach will be at the very least ensure inclusion and also that there will be a friendly pair of eyes when teachers are not present or are out of ear-shot. Everyone needs a buddy sometimes – may be a student is having a bad day is upset about something or just isn't very good at starting conversations or making friends alone. Under this system, a class would explore difference as a whole and recognize that everyone in a class is different and so have different needs, strengths, abilities and oddities. They would then either be paired up or each student would draw a name and become “buddy” to that person, perhaps without them even being made aware of it. Before the draw or pairing. It could be discussed with the teacher to ensure a student with disability gets an especially strong buddy. The advantage of this system is that it does not single out the student with disability, especially if they are not comfortable with that, and instead includes everyone. Additionally, it gives the person with disability a role in being a buddy also, which can be used to teach social skills, expectation and etiquette.

**Buddy system description :** The buddy system involves linking students for peer/cross age support through a number of curriculum or co-curricular activities. It may be established for one student or an entire class/school of students. The buddy system provides student role models and opportunities

for mentoring. The buddy system is used for specific purposes, with specific activities linked to these purposes. It provides for authentic audiences for reading writing, listening, and speaking activities. Elementary and secondary students can connect within a class or across classes, and with student in other schools, colleges universities, and countries (via. telecommunication).

The purpose of implementing a buddy system is to increase social interaction and appropriate play among children in your classroom. A peer buddy can help the child who has difficulty with transitions, remembering the rules and procedures of routines or who seems to need a lot of peer attention. It is also a nice way to give children experience in learning how to play together, how to compromise, and ways to teach others how to play with toys.

**Considerations for Establishing a Buddy system :** The considerations for establishing a buddy system are as follows :

1. The buddy system requires team-building or trust-building activities.
2. The buddy system requires that learning take place for all students in a buddy relationship (sometimes older student learn mostly social skills, such as patience and how to build relationship).
3. It provides opportunities for student to offer support in ways related to adult-child relationship.
4. It requires that student not be locked into buddy relationship that are not working well.

#### Illustrations

##### Elementary level :

- Read aloud, showing understanding of the material and awareness of the students.

One student choose a picture book and read it aloud to a student in a primary grade as part of their “Reading Buddy” program.

**Secondary level :** Use interpersonal and teamwork skills effectively and appropriately in school and in learning activities.

Students work with peers to review and prepare for final semester/year projects, assignment and tests.

**Establishing a buddy system in the classroom :** The teacher identifies the purpose and selection of student buddies. He trains elder buddies in ways to facilitate the learning exchange. The teacher collaborates with students to plan activities. The teacher establishes clear guidelines and times lines for buddy activities. The teacher also monitors the buddy learning experience.

With same-age buddies it is important that teacher considers the issue of “compassion fatigue”. If teacher set-up the buddy system in a way that promotes dependence rather than interdependence, or if the teacher doesn't change buddies regularly, then it is possible that he will have children who start representing the fact that they “have to” work with one particular child.

It is important for many children with disabilities to have consistency. They may become very reliant or attached to one child. To help avoid this issue, try and set up “buddy groups”. For example, in the classroom start by seating four children together. Promote interaction outside of the classroom by having daily or weekly challenges e.g. find out the favourite games of your buddies and play each game at least once together.

With buddy groups, avoid grouping mostly children who know each other together. Rotate and change buddy regularly or have different buddies for different activities. For a child who needs consistency, use buddy groups and keep at least one familiar child in the buddy group.

**Benefits for Children in Buddy System :** A buddy system pairs students in your class and asks them to support one another with specific tasks or skills. A child with a cochlear implant may benefit from a buddy that helps signal transitions, repeats teachers directions or facilitates the child's participation in noisy environment, like the playground. The benefits of buddy system are strongly supported for students who speak English as a second language and students with disabilities. The effective techniques of buddy programs can be used to develop a buddy system for children with disability and their classmates.

**1. Develops Empathy :** Buddy system teach and given children the opportunity to practice the important values of respect, care, valuing difference, responsibility friendship and including others. Through looking after and caring for smaller, vulnerable children who are just starting school, older children learn the skills associated with empathy and compassion through activities in the classroom and in the playground.

**2. Discourages Bullying :** A buddy system helps students to feel valued and supported, teach important social skills and create a caring ethos in the school. They can create connectedness that enables both older and younger buddies to bond more closely with their school, thereby increasing the likelihood of more positive social behaviour. It has been suggested that when students feel connected to their school, they also feel valued and safe and less likely to either bully or be bullied. Buddy systems help reduce negative behaviours such as bullying.

**3. Reduces Stress and Anxiety among disabled :** The buddy system help in reducing the stress level of the learner. It reduces the levels of anxiety experienced by the disabled students who struggle to engage with course material or with the school/university in general.

**4. Improved Academic Outcomes :** The opportunities for active participation, clearing doubts and discussions help student to continue with studies or activities with joy and creates a depth in the subject matter.

**5. Better classroom management :** Buddies in the classroom may work together, help each other with academic tasks, share equipment and participate together in cooperative group work with other children. This helps in better management of classroom.

**6. Develops Positive Cross-Age Relationships :** The buddy system helps to promote friendship and support between disabled are normal peers through regular collaboration between their classes, nurturing a sense of whole school community.

**7. Provides Opportunities for Peer Tutoring :** The students learn and share from their peers and learn collaboratively. The students actively participate with each other and enjoy the informal setting and feel comfortable discussing with peers rather than a teacher.

**8. Contributes to a Positive and Caring School Culture :** Students create friendship that enable both disabled and normal buddies to bond more closely with their school, increasing the likelihood of more positive school behaviour and positive response towards learning for all students.

**9. Develops Pro-Social values and Skills :** A buddy system can also help student to feel valued and supported, teach important social skills and create a caring ethos in the school.

**10. Involves Parents :** The students who are selected as buddies are chosen for their maturity and kindness. Consent from the parents of the student involved is also sought.

**11. Develops Responsibility :** The normal children learn to take on responsibility, while the disabled children know that they have a fellow student they can confidently turn to for support.

**12. Builds Self Confidence :** The buddy system helps to increase self-confidence for all involved in the system and in the process helps build trust and co-operation within individuals.

**13. Promotes Inclusion :** This approach ensures inclusion of disabled children.

**14. Development of Leadership Skills :** The buddies involved also learn leadership skills and in turn, can take up the role of buddy leader.



**5. What is meant by Reflective Teaching? How is Reflective teaching helpful in meeting Individual needs in the classroom.**

Or  
Discuss concept, procedure, approaches, need and importance of Reflective Teaching?

**Ans.** Teaching is a complex and highly skilled activity, and teachers must exercise judgement in deciding how to act to support learning most effectively. Open-minded consideration of evidence, about one's own work or that of others enriches the quality of such judgement so that practice becomes 'evidence-informed'. High quality teaching, and thus learner progress, is dependent on the existence of such professional expertise.

Reflective teaching is a process where teachers think over their teaching practice analyzing how something was taught and how the practice might be improved or changed for better learning outcomes. By collecting information about what goes on in the classroom, and by analysing and evaluating this information, the teachers identify and explore their own practices and underlying beliefs. This may then lead to changes and improvements in their teaching. Reflective teaching is, therefore, a means of professional development for teacher which begins in the classroom.

- What are you doing?
- What are you doing it?
- How effective is it?
- How are the students responding?

**Need and Importance of Reflective Teaching :** Many teachers already think about their teaching and talk to colleagues about it too. The teacher might think or tell someone that "My lesson went well" My students didn't seem to understand" or "My student were so badly behaved today."

However, without more time spent focusing on or discussing what has happened, the teacher may tend to jump to conclusions about why things are happening. The teachers may only notice reactions of the louder student. Reflective teaching, therefore implies a more systematic process of collecting, recording and analysing teacher's thoughts and observations, as well as those of the students, and then going on to making changes.

The teachers identify a variety of different aspects of their lessons for their partners to observe and collect information on. These include organization of the lesson, teachers time management, student's performance on tasks, time-on-task, teacher questions and student responses, student performance during a new teaching activity, and students' use of the first language or English during group work.

- The teachers gain a number of insights about their own teaching from their colleague's observations and self analysis.
- Reflective teaching is personally fulfilling for teachers.
- If a lesson went well, the teacher can describe it and think about why it was successful.
- If the student didn't understand a language point the teacher introduced, she need to think about what she did and why it may have been unclear.
- If students are misbehaving – what were they doing, when and why?
- They may also obtain new insights into aspects of their teaching.
- Reflective teaching leads to a steady increase in the quality of the education provided for learners. It supports the improvement of learning outcomes of students.
- It also helps to satisfy accountability requirement whether in early school, further, vocational or higher education.
- It draws particular attention to the aims, values and social consequences of education and to its contribution to the future.

**Procedure of Reflective teaching :** Reflective teaching is a cyclic process, because once the teacher start to implement changes, then the reflective and evaluative cycle begins again. Once the teacher has some information recorded about what goes on in her classroom, What is done by the teacher?

- **Think :** The teacher may also have noticed patterns occurring in her teaching through her observation. The teacher may also have noticed things that she was previously unaware of. The teacher may have been surprised by some of her students feedback. She may already have ideas for changes to implement.
- **Talk :** Just by talking about what the teacher has discovered—to a supportive colleague or even a friend – she may be able to come up with some ideas for how to do things differently.
- **Discussion :** If the teacher has colleagues who also wish to develop their teaching using reflection as a tool, she can meet to discuss issues. Discussion can be based around scenarios from her own classes. Using a list of statement about teaching beliefs (for example, pair work is a valuable activity in the language classes or lexis is more important than grammar) the teacher can discuss which ones she agrees or disagrees with and which ones are reflected in her own teaching giving evidence from your self-observation.

- **Read :** The teacher may decide that she needs to find out more about a certain area. There are plenty of websites for teachers now where the teacher can find useful teaching ideas, or more academic articles. There are also magazines for teachers where she can find articles on a wide range of topics or if she has access to a library or bookshop, There are plenty of books for English language teachers.
- **Ask-Pose** questions to website or magazines to get ideas from other teachers. Or if she has a local teacher's association or other opportunities for in service training, ask for a session on an area that interests her.



6. What do you understand by Multisensory Teaching? Describe how Multisensory Teaching can be conducted in the classroom?

Or

Discuss concept, procedure, technique, advantage of Multisensory Teaching.

Or

Write a note on Multisensory Teaching?

(June 2018)

Ans.

### Concept of multisensory teaching

The concept was given by Dr. Samuel Orton and Dr. Anna Gillingham on the basis of their research work with special needs students in the 1930's. Their teaching method is now known as the Orton-Gillingham method or Multisensory Teaching.

As a literal definitions – Multisensory is made up of two words. The two words are “Multi” and “Sensory”.

“Multi”, means “more than one”

“Sensory” involves or is desired from the senses.”

That means multisensory “Involves more than one of the bodily sense at a time.”

Simply put, multi-sensory teaching is teaching that is done in such a manner that it appeals to the five senses. Instead of just telling someone about an apple, the teacher lets them touch it smell it, taste it, etc.

Multisensory teaching unit just limited to reading and listening. Multisensory teaching is teaching that instead of just telling someone about an apple, the teacher lets them touch it smell it, taste it, etc.

### Characteristics of Multisensory Teaching

1. It involves the use of our senses. It focuses primarily on using visual, auditory, and kinesthetic tactile elements.
2. It is taught incorporating all senses into the learning process to activate different parts of the brain simultaneously enhancing memory and the learning of written language.
3. It helps learners discover what learning styles fit them best.

4. It provides more ways for understanding new information, more ways to remember it and more ways to recall it later.
5. It integrates visual, auditory, tractile (touch) and kinesthetic (movement)
6. Different teaching methods activate different part of the brain.
7. It helps learners discover their learning style and the techniques best for them.
8. It is effective for all learners but particularly effective for disabled students.
9. It can be used in any subject from reading to maths to science and drama.
10. It allow for more individualised lesson planning.

### Technique of multisensory Teaching

**Visual Technique :** The use of vision in teaching runs from the reading of text to the richest of the visual arts. Painting, posters, video, really and creative visual design element used to teach. For example a brainstorming session about government that results in a visual map linking the ideas of democracy and monarchy and other forms of government can be a very effective outline for a future written research paper or poster. Visual aids can also help supplement auditory or tactile learning by for example representing musical notes on paper or through pictures of how to sew or knit.

### Auditory Techniques

Specific examples of auditory learning include the use of music, singing, rhymes, audio tones, lyrics, clapping and dialogue, anything that involves the ear.

### Tactile Techniques

Anything involving touch is tactile learning. Often overlapping with kinesthetic learning, tactile teaching techniques are more likely to engage fine motor skills. Specific tactile techniques include the use of letter tiles, Coins dominrs, pocker chips, sand, raised line paper , textures and finger paints. Small puzzles such as the Rubik's cube also involve tactile learning. Finally, modelling materials such as clay or plasticine make for good tactile learning media.

### Kinesthetic Techniques

Kinesthetic learners learn by through motion and doing, using both fine and gross motor skills. Though sometimes also called tactile learners, we like to distinguish between the two because motion and touch are not one and the same. Kinesthesia is the sense we use to learn sports and physical activities, from walking to golf to dance. Children with dyspraxia typically have week kinesthetic skills.

One common kinesthetic teaching method used with dyslexics in 'air writing' where in students say a letter out loud while simultaneously writing it in the air, a technique dating back to the early days of Samuel Orlon. The same exercise can be done in sand, or with plasticine. But really anything that connects body movement to learning is kinesthetic from jumping rope to clapping in Rhythm to teach long division math.

### Advantages of Multisensory Teaching

1. We learn with our whole body. We have a multisensory brain. At the most basic level, our brain perceive stimuli through the five senses-seeing, hearing, touching, testing and smelling. Some people's sensory perception is stronger in one area than another, and most of us learn best when information and ideas are presented in a multisensory fashion.
2. Multisensory teaching is an interactive experience for students. Inpractice classroom activities create an enjoyable learning environment for students. Students that enjoy learning are more successful in school.
3. Students learn by doing. When young children use multiple senses to process new information, they learn by doing what they do best – investigating exploring and discovering.
4. Multisensory teaching allows the students to actively participate in the learning process.
5. Student have different learning styles. Multisensory teaching is ideal for student of any learning style. Multisensory learning gives the best learning progress when teaching includes activities that use the child's is strongest learning style (s).
6. Multisensory teaching provides more ways for understanding new information, more ways to remember it and more ways to recall it later.
7. Multisensory teaching integrates visual, auditory, tactile (touch) and kinesthetic (movement) learning elements.
8. Multisensory teaching is effective for all learners but particularly effective for dyslexic students. Dyslexic children typically have difficulty in absorbing now information especially if it is abstract or involves memorizing sequences or steps. Multisensory teaching techniques help break down these barriers to learning by making the abstract more concrete, turning lists or sequences into movements, sights and sounds.
9. Teachers can evaluate students with different strengths to play different roles in multisensory learning. For examples, a student who is having difficulty with spelling can draw a picture on the chalk board. A strong reader can be assigned to spell the word that belongs to the picture while the rest of the class copies the spelling of the word into paper.
10. In an inclusive classroom setting, students are often divided into small learning groups with special needs students grouped separately from general education students. With multisensory teaching, special education and general education students can be in the same learning group for some activities.
11. The students in an inclusive classroom complete activities together which enable important social interaction between special education and general education students.



#### 4.2 SUPPORT SERVICES AND PARTNERSHIP IN TEACHING

7. How can you as teacher develop positive relationship between school and home?

Or

What should be the relationship between School and Home? How can this be achieved?

Or

Suggest some ways to develop positive relationship between School and Home?

**Ans.** Home and school are different agencies of education which help in providing education and development of the child.

Both the agencies of education home and school share common purpose – the development of child into an independent, autonomous but a responsible individual capable of taking his own decisions, solving his problem and caring and responsive to the needs of his fellow men. So children need to be educated for personal identify in a confused and changing social order.

Home is responsible for developing the basic amenities of life of child whereas school is to develop the personality of the child. Home is more responsible because child passes much time at home than school and mother is the first teacher of the child. But, now a days the responsibilities laid down on the families have been shifting slowly and slowly on the school. In the modern times development of child depends upon the relationship between home and school.

The school is an essential source of educating the child and it should not have a separate existence distinct from home, because it is an important institution meant for improving the environment at home. On the other hand, home lags behind in the race of development. It does not get guidance from the school.

According to **Cook and Cook**, "All school faculties should give thought to ways and means of improving the co-operation of schools and homes."

The school can not successfully discharge all responsibilities of the education of the child without the active co-operation of the home. The child spend a major part of life in the family. As such, the family plays an important role in the development of habits, attitudes and behaviour of the child. Therefore, there is a great need for building and mutual understanding and cooperation between home and school.

**Brown** says Education is to be considered as a common endeavour of the home and the school. The true responsibilities of school towards home is three fold :

1. It should know the home background of the child. It should accordingly, so far as possible, develop programmes in such a way as to supplement but not to supplant the function of the family, in extra-curricular activities.
2. It should develop in the child, a deep appreciation of the role of home in the total pattern of school interaction.
3. The school should co-operate with the family in directing social processes in order to provide for wholesome development of personality.

**Ways to Strengthen Relationship between School and Home :** There are following ways to strengthen relationship between school and home :

1. Bringing home nearer to the school.
2. Bringing school nearer to the community.
1. The Chief instrument to bringing home nearer to the school is the formation of Parents – Teacher Association. Such an association should be organised in every school. This association should meet to exchange mutually the view about the progress, growth and problems of children at home and school, 3 to 4 times in a year. On these occasions both teachers and parents should try to help each other in solution of various problems related to the children.
2. School should seek services of parents as members of the advisory committees of the school.
3. The parents should take interest in the educational activities of their children.
4. The suggestions from the parents for the progress of the school should be invited and implemented according to the resources of the school.
5. Parents should exchange the organisation of remedial inspection or institutionalised tuition for the educationally backward children in the out-of -school hours.
6. Parents should cooperate with the school in getting necessary equipment, apparatus and furniture.
7. Parents should help the school to organise free mid-day meal programmes and free distribution of school uniforms and text-books to the deserving students.
8. Parents should help in solving some of the conflicts of children with the consultation of the teachers.
9. Parents should also be invited to check the educational activities of their children after due consultation with the teachers.
10. The resources of the schools as play grounds, libraries, laboratories etc. should be allowed to be utilised by the parents if they need it.

#### 2. Bringing the school nearer to the home :

1. Parents – Teachers association helps a lot in promoting mutual understanding between the home and the school. This association should meet time to time and discuss progress of child at school. Thus, for the development of child, there is a need of co-operation between home and school. **Vinoba Bhave** has rightly said, "In an ideal scheme of things, home should become school and school should become home. " The school cannot successfully discharge all its functions without the active co-operation of the home. The usefulness of the school, on the other hand, depends on its co-operation with the home. The greater the co-operation, the more chances there will be for both the school and the parents to discharge their functions successfully.
2. Some of the teacher may be entrusted with the duty of visiting the homes of children after school hours. Through such visits, parents may be informed about the educational progress of their children in the class and their emotional development and general behaviour in

and outside the classroom. Such visits will also help the teachers to know a lot about the physical and social conditions of children studying there and thereby handle them in a psychological way if some problem arises.

3. School should organise conferences with parents to solve the problems of the school. School plays an important role in educating the child. If it has some problem then it can be solved through discussion with parents.
4. Once a year, a day of the school programme should be set apart for inviting the parents of students, studying in the school to the school to celebrate parents day. On this occasion, they should be taken around the school and shown what is actually going on the school and inviting their suggestions for the improvement of the school.
5. Parents and teachers should undertake school-home joint projects like enumerating the census of school going children in the area.
6. If the school wants to organise students welfare services, it should seek the co-operation of parents.
7. The schools should use the services of parents as resource persons for school projects.
8. The schools should use parents as sponsors of school activities, lunch parties, play programmes etc.
9. Sometimes the lectures of teachers and school authorities should be organised for the parents.

### 8. Write a detailed note on role and responsibilities of General, Special and Resource teacher.

**Ans.** Teacher is the solid pole in education of a child around whom not only the life but every things revolves. He is the yardstick the measures the achievement of a child and future of a nation. He plays a pivotal role in education system. He is the mirror of future. Good teachers build good nation. No system of education can be success if the teacher lacks qualities and having no qualities of being a role model for his student. According to **Dr. S. Radha Krishnan**, "The teacher's place in society is of vital importance. He acts as the pivot for the transmission of intellectual traditions and technical skills."

As everybody knows that our society is becoming more and more complex day by day so the teacher has a crucial role to play. He has a lot of responsibilities to be dealt with disabled children. And for this, he has to seek help of the inclusive setting which necessarily requires co-operation and good understanding between regular, special and resource teacher. For teaching, the scholars have set the theory of 3R's—Rights, Roles and Responsibilities. The teacher is always impartial and having no biases who treats all students equally. All the students should be given equal opportunities to learn whether they are dull, intelligent etc. All students should be treated equality. This equally and security will be ensured only by the teacher. Teacher is considered the specialist of human behaviour

who provides specialized instructions and support to the students who are in need without labelling them. The responsibilities of a special child should be undertaken by all teachers.

The teacher can hold the following responsibilities of a child :

1. He should make the students understand and accept human differences.
2. He should adopt the 'Zero rejection policy'.
3. He makes the child realize his calibre and potentiality.
4. He motivates the child to enrich his various skills.
5. The teacher infuses positivity among students.
6. He assesses child's potentials.
7. He also assesses learner's needs.
8. He constantly monitors child's progress.
9. The teacher regularly observes the behaviour of the child.
10. By regular assesment he determines the strengths and weaknesses of the learners.
11. He ensures the cordial relationship between students with and without disabilities.
12. He develops self concept in disabled children.
13. He provides the realistic opportunity to the disabled students to become social.
14. He motivates the parents of children with SEN for involvement in setting individual goals for their children.
15. He develops self-confidence in the children.
16. He motivates exceptional children to gain maximum achievement.
17. He makes the child emotionally, physically and educationally sound.
18. He provides career counselling to the students.

### Role of a Special Teacher

Special education teacher has a significant role to play for the development of the child with special education needs. They are as under :

1. The teacher infuses certain skills in SEN child.
2. He should enhance his ability to acquire, organise, identify and communicate information.
3. He should develop the ethics to work co-operatively with other professionals dealing with the students with special educational needs.
4. He should make him capable of working with various technologies.
5. He should also feel the needs of parents of SEN child.
6. The teacher should collect the relevant materials for children with special needs.
7. He should determine the practical steps necessary for meeting the needs of the children with special needs.

**Role of a Resource Teachers :** It is natural and obvious that the physically or mentally challenged students are handled by a special teacher or a resource teacher. They are helpful for the general class teacher and also for the successful inclusion. It is the resource teacher who prepare such an environment in which

both disabled and non-disabled children sit together and positively affect the inclusive set up. He is the only person who makes the disabled child feel home like in the company of student without disability. The following are the responsibilities of a resource teacher :

1. He ensures the success of inclusion.
2. He helps in identification of disabled children.
3. He should continuously monitor the progress of the disabled child.
4. He must maintain the liaison with other professionals in relation to the child.
5. A screening test should be organised for a disabled child.
6. A specific environment should be created for the children with SEN.
7. A resource room help should be provided until he gets involved in the regular classroom.
8. Particular seminars and programmes are to be organised to motivate the special children.
9. An assessment to the need of the child should be done.
10. A progress report should be made.
11. He should enable other teachers to acquire educational and communication related potential of children with disabilities.
12. He should diagnose the problem and carry out remedial work.
13. He makes other teacher familiar with the equipments used for disabled children.
14. He helps in developing Individualised Education Programmes.
15. He prepares a report on the basis of data collected and communicating result to the other staff member.
16. He makes all the students with disability home like among other students having no disability.



### 4.3 ASSISTIVE AND ADAPTIVE TECHNOLOGIES IN INCLUSIVE SET UP

9. What do you mean by Assistive devices? Discuss their need and importance for the disabled children?

Or

What kind of Assistive devices Visually impaired children needs? Explain in detail.

**Ans.** The learners with special educational needs are those children who have some different physical and/or mental characteristics which deviate them from the general lot of students. These children have different physical and (or) psychological needs. The variation in their needs depends upon their handicappedness, its type/nature and intensity. Parents and teachers being aware of the diversity of their needs try to address their needs to enable them for independent functioning and getting maximum benefit of the curricula designed for achieving academic excellence.

Every child is unique and so are the handicapped children. Every child needs are individualised and specific, his disability or its causes and severity may be different demanding for different redressal. There are millions of disabled children of which about 75 percent are residing in rural India. Research data states that only 5 percent of the total handicapped children get enrollment in school and 40 percent of it leave schooling without completing even the first five years of primary education. Moreover, the schools are not been properly equipped with appropriate learning materials and assistive and supporting devices helpful in accelerating the process of educational programmes meant for the disabled children. The needs of disabled children generally concentrate upon :

1. The special needs concerning learning strategies and related services
2. Their needs related to specific assistive and supportive devices making their easy access to education.
3. Needs for reinforcement, incentives, financial assistance and concessions and others facilities.

**Types of Assistive Devices :** There are variance in the disabilities of the handicapped children. The disabled children can be different types. There are visually handicapped children. Some children may have hearing impairment, other may have speech and language defects. Some may suffer from orthopaedic impairment and still some other children may have multiple disabilities. It means that there are different categories of disabled children. Children of every category need specific assistive devices, rather every handicapped child may need supporting and assistive device different from the other. We can say as are the categories of disabilities so are the types of assistive and supportive devices.

We can classify the assistive devices in following manner :

**1. Assistive devices :** The devices which assist the disabled children in getting education or benefitting from learning programmes optionally are called assistive devices. For example : a low visions child may need spectacles, magnified glass or books with bold print. A blind learner may need Braille books, Braille state and stylus, Braille sheets and abacus for learning mathematics. Similarly, a hearing impaired child may stand in need of hearing aids or amplifier and an orthopaedically handicapped may need artificial limb, special type of pen or furniture of specific size and form. It means that assistive devices are directly related to teaching learning process, aiding handicapped children's comfortable access to learning materials and acquiring information for the expansion of their cognitive area.

**2. The supportive Devices/facilities :** These are the devices which consist of the aiding equipments/facilities which support the disabled children making their activities easy and convenient with the least hurdles of barrier in environment. These aid children's general activities and support them to have comfortable reach to the goal of their functioning. These devices are related to the environment that make their independent functioning more smooth and feasible. For example : A rod fixed near water cooler or in the toilet makes handicapped child's comfortable executing of the needed activity modification in the classroom desks : or a rod near the blackboard or construction of a ramp for the upper story classroom or laboratory may help orthopaedically handicapped child to go to the classroom or laboratory with less discomfort.

### Use of Assistive Devices

Different assistive devices are used by different types of disabled children. Every disability requires the use of specific type of assistive devices. Their classified description is as given below :

**1. Assistive Devices for visually impaired children : Visual impairment is a condition in which the child's vision is deficit to the extent that it significantly affects its routine functioning, optional learning and adjustment.** In simple words, it refers to **impairment in vision.** The degree of visual impairment varies from low vision to total loss of sight. i.e., blindness. The visually impaired learner need assistive devices according to the degree/type of impairment, require special measures for education and special needs management. The following measures may assist the visually handicaps-

**(i) Magnifying glasses and hand mangifiers :** These assistive devices are used by low vision learners. These equipments present the learning materials in enlarged size.

**(ii) Close-circuit Television :** A close-circuit television aids the low vision learners by projecting materials in a magnified form on the television screen. A camera with zoom lens photographs the material or page in a bigger size and learners can have an easy grasp of the materials. The learners move the book while reading in such a way that the needed part of the pages gets enlarged. The size of the magnified material can also be controlled. This device is frequently used in countries like USA.

**(iii) Large print materials :** Large print books and other reading materials are meant for partially handicapped children. The size of the print of the words of learning material is larger than their usual size, may be in 18-24 front type size enabling disabled children to have an access to the materials conveniently.

**(iv) The Braille :** Braille is a system of reading and writing in which letters, words, number and other system are made from arrangement of six raised dots. It is a device which the teacher uses to prepare the day to day material for the visually impaired children. It is considered an important equipment for the blind learner. Braille is a shorthand like system. Similar to the Braille codes for reading and writing codes for learning music, mathematics, chemistry and computer science are also available.

**(v) Braille slates and Stylus :** These devices are used by visually impaired children, just like paper and pen for the normal child. Use of Braille slates and stylus enables visually challenged learners to acquire the skill of taking notes in the regular class.

**(vi) Talking Calculators :** The device can be used both by the partially impaired and blind learners, whereby the numerical entries are read aloud to the person through an earplug. This device is useful for learning mathematics.

**(vii) Braille sheets :** It is an effective device used in the educational programme for the visually impaired children. These sheets may be used when the visually handicapped child is adequately trained in using the Braille or the Braille slate.

**(viii) Specialized Equipment :** Some audio-aids like taperecorder, radio, embossed and relief maps for teaching of geography and giving knowledge of space perception are some of the equipments useful for visually impaired

children. For teaching visually handicapped children, audio-visual cues rather than visual cues can be used in a better way. That is why use of the tape recorder is in vogue for teaching of history, general science and language, and with its use, children can have a good grasp of the learning materials. Similarly, abacus can be used for teaching of mathematics using this and the child can gain the necessary skills in problem solving irrespective of the class of the child.

**2. Devices useful for Hearing Impaired Children :** The hearing disabled children have different degree of loss in their auditory ability consequent upon the defect or damage in any part of ear or hearing mechanism. The loss of audition may be complete or partial ranging from mild to severe or profound. Hard of hearing and deaf children face many problems at schooling because of their disability and thus need the use of assistive devices :

**(i) Hearing aids :** Use of hearing aids is an important part of instruction of the hearing disabled children. Use of headphone or amplifier is very necessary enabling the affected learner to hear information with have an amplifier.

**(ii) Phonic Ear and the Vaccum tube hearing Aid :** The information is directly spoken to the ear of the learner or tube is used to amplify the sound. A transistor type hearing aid can also be used.

**(iii) Sign language package :** This is rather a technique which consists of specific signs for alphabets and words which help in hearing impaired child to understand and learn language.

**(iv) A combined form of telephone, typewriter and computer like instrument.**

**(v) A number of videotapes.**

**(vi) A variety of captioned programmes to be screened out on T.V.**

**(vii) Hearing aids vests.**

**(viii) Overhead projector to be used by the teacher.**

**(ix) Looking glass of small and big sizes.**

**(x) Flash cards, educational play materials and toys etc.**

**3. Devices for Orthopaedically Impaired Children :** Orthopaedic impairment refers to the physical defect/deformity that inhibits the normal exercise of muscles, joints or bones of the individual. This disability is more prevalent than other forms of disability and the sufferer soon comes into notice of the observer/teacher. The orthopaedically disabled child may have crippled legs or arms. Loss of one or the other organ because of disease, accident or hereditary causes; and which interferes with the normal functioning of the physical activities. The degrees of this impairment may range from mild to profound. The assistive devices relate to the type of impairment the child possess.

**(i) The orthopaedic impaired learners may need lap boards, page turner, thick pens and penholders for reading and writing purpose.**

**(ii) Modified furniture suited to the needs of disabled child. The type and height of reading table and chair to make the learner to sit in comfortable and put his supporting device nearby. The idea is that the child to be accommodated in such a way that the seating arrangement must not interfere with the functioning of the prosthesis used.**

**(iii) Availability of crutches, wheel-chairs or braces etc.**

**(iv) Children having problem of poor hand co-ordination may be helped by tapping paper to desk, devising some means of keeping pencils and crayons from rolling to the floor, providing holders for books etc.**

**4. Devices useful for Speech Impairment Children :** Speech disability is a both a physical handicap and a psychological problem. Speech deficit is one of the most prevalent handicaps among school children. Perfect speech demands perfect co-ordination among all components of speech mechanism. Any disturbance in the process of this mechanism result in defective speech. The defects of pitch, tone, intensity and rhythm of spoken language are included in speech impairment. Use of defective language while communicating with others is also considered a speech disability.

- (i) Most of the techniques used in speech improvement treatment are generally as part of the training provided by speech therapist or pathologist, where rules of arbitrary symbols (sound, letters and words) and rules governing the combination of these symbols (grammar, syntax and semantics) are taught. This is accomplished through modelling and imitation strategies, generally adopted in speech therapy classes.
- (ii) **Hearing Aids :** Hearing handicapped children often develop speech disability. For these children appropriate hearing aids are to be provided.
- (iii) Use of girdles, slings or braces may be helpful to facilitate respiratory ease while speaking.
- (iv) Use of drawings and diagrams to explain phonatory process are considered essential.
- (v) Learning materials such as picture boards, writing, typing board, artificial language, artificial speech synthesis and computer etc. facilitate the treatment process of primary disorders of speech.
- (vi) Auditory cassettes and tapes to correct the nasality errors prevalent in resonatory disorder.

**5. Devices helpful for Children having Learning Disabilities :** Learning disability refers to a group of children who fail to cope well to do the general classroom instructional activities which the other children of their class can do without difficulty. These children exhibit signs of dysfunctioning of the psychological processes involved in comprehension, and/or use of language spoken and written. They have disordered ability to listen, comprehend, speak, read or write and to do mathematical calculation. They have learning problems that may not primarily be because of visual auditory and speech, and/or intellectual impairment. **Learning disability is a neurological dysfunctioning that interferes with individual's ability to understand, grasp, store or produce information in a systematically adequate manner.** The main forms of learning disability are : **dyslexia, dysgraphia, dyscalculia and attention deficit hyperactivity disorder (ADHD).** They may need :

- (i) Cassettes and tapes with tap-recorder to explain phonetic and morphological rules.
- (ii) Basic tools of language and practising coding and decoding of words or sentence etc.
- (iii) Solid learning materials to learn letter - sound associations and retrieval through sight-world recognition.
- (iv) Tape recorder and audio-visual tapes to develop listening skills in dyslexics, by hearing and visualizing the picture the learner may read information given for its description.

- (v) Illustrations and caption or heading for the dyslexics to explain that picture or caption by giving its description.
- (vi) Games and game-materials and wooden figures and letters.
- (vii) Block of different shapes and colours for perceptual/learning.
- (viii) Scrapbook of pictures illustrating positive words such as : in, at, out, above, or and below etc.
- (ix) Clay modelling material for preparing different objects and things.
- (x) Matching and sorting material such as puzzles, from board, peg board etc. to teach spatial relationship especially the children suffering from dyscalcula.
- (xi) Quizzing material for mathematical quizzes.
- (xii) Software programmes for reading and solving mathematical problem. These should be used as audio-visual aids.

**6. Devices for Intellectually impaired and cerebral Palsy children:**

Intellectual impairment is a condition of subaverage general intellectual functioning which impairs the child's adaptive behaviour in the process of maturation, learning and social adjustment. Intellectually impaired children may be slow learners or mentally deficient.

**Cerebral Palsy is a condition that occurs as a result of damage to the developing brain** particularly the **motor area** which controls coordination **posture and balance.** The damage may happen in the prenatal or early postnatal stage and it may involve multiple disabilities. Children of cerebral palsy also have a high incidence of epilepsy.

- (i) Calender with notification of months, dates and days.
- (ii) Materials for using sense modalities and having adequate adaptation.
- (iii) Different materials in concrete forms.
- (iv) Orthotics, castes and splints.
- (v) Seating aids and appliances for coordination and postural control for learners of cerebral Palsy, Crutches, K-walker, chair with - casters on wheel chair etc.
- (vi) Teaching keyboard, type-writer or a word processor etc.



**10. Discuss use of ICT in education of children with special educational needs?**

Or

**What do you understand by use of technology in inclusive education? Discuss its advantage and Barriers?**

Or

**Discuss in brief the use of ICT, equipments and other technologies for different disabilities.** (June 2018)

**Ans.** According to the research of British Educational Communication and Technology Agency (BELTA, 2003), ICT usage in school to support student with SEN can enable learners to communicate, participate in lessons, and learn more effectively. ICTE enables greater, learner autonomy and unlocks hidden potential for those with communication difficulties. Visually impaired students using the internet can access information alongside their sighted peers.

Students using voice communication aids gain confidence and social credibility at school and in their communities. We can say that in Inclusive schools, there exists considerable potential the educational uses of ICTs alongside with many challenge and dangers.

**Use of Computer Technology :** Computer based pedagogical planners have proved to be of great help for improving collaboration exchange of ideas information. Knowledge know how and particulates among teacher (Benigno et al. 2004). All of today's educators must have adequate technology knowledge and skill to serve the increasing number of student with disabilities who participate in inclusive general education classroom (Wagnor, Neman, Came to & levine 2006). By incorporating the technology in teacher preparation program, vital change can occur. The council for exceptional children. (CEC, 2001) NCATE (2007) and ISTE (2008) have similar standard which dictate that teachers must have the ability to (a) integrate all form of technology during instructional planning (b) we assistive technology during assessment and (c) create appropriate technologies based adaptations and for students with disabilities. Use of computer for communication and networking activities via the internet can expand the learning environment beyond the walls of the classroom and allow student with disabilities. Just like other student, to access and send information literally around the world. Word prediction software is another of a computer-based technology that can help students communicates with written language more easily. This software, when used in combination with traditional word processing programs, reduces the number of Kepstrokes that are required to type words and provides assistances with spelling for student of various ability levels. Student with mild learning disabilities benefit from the support that word predition software offers as they attempt to produce written documents. Research has shown that student of all ability levels learn more when they are involved in such knowledge construction activities.

**Use of Assistive Technology :** Student with the most profound reading difficulties are eligible for special education service and supplemental academic support such as assistive technology (e.g. text-to-speech, speech-to-text and spell checking devices) under the individuals with disabilities education act (IDEA). Assistive technology can act as a cognitive prosthesis, which enhances student abilities to access, participate, and make progress in the general education curriculum. The inclusion of assistive will lead to enhanced academic, social and employment opportunities for individuals with disabilities educational technology will play a central role in the transformation of the educational system for the foreseeable future, as the nation transition from an industrial to an information based society.

Basically, anything that makes a task easier to perform (including handheld text reader, sonar vision glasses for the blind and keyboard aids) is considered assistive technology. Assistive technology also include service for evaluation design. Customization adaptation, a maintenance repair therapy, training or technical assistance (Sharp 2002) using high tech. Assistive Technology devices in educational activities allow students with special education, needs to be essential in the group of their peers to participate in the learning process as protagonists, and to gain self confidence, social and communication skills. It plays a fundamental role in carrying out the process of Inclusion. Assistive technology

holds the potential to maximize educational opportunities for individual with disabilities in inclusive classroom by promoting access participation and learning outcomes (Alper & Reharintina 2006) Michaels et al 2002. Rase et -al 2005) with in the ICF framework. We might assert the assistive. Technology can build the necessary bridge between the student functioning and participation in school activities, offering them the possibility to learn. On a daily basis, all people use technology to function more fully on their lives. However, for people who have disabilities. It is sometimes impossible to function in a world designed for people without disabilities 'Stephen Hawking', a world famous scientist, had benefited from some of the assitive technologies that are available for student today.

#### **Advantage of using different Technology in Inclusive Education :**

- Technology provides a detailed verbal explanation of visual elements. These services are useful in helping blind or low vision or low visi student to use educational video program proficiently.
- Significant development in the field of computer technology is the advancement of synthetic and digital and digital speech synthesizers. These are the output technologies which help the student with communication disordered and visual impairment.
- These technologies provide an equal platform and opportunities to visually impaired students to participate efficiently like their peer groups in all academic activities (Petty R.E. 2012)
- It helps in scanning and reading the text loudly. Students with visual impairment can have access to all types of print materials by the use of this sanning technology. They can study well with normal children by using this technology.
- With the help of assistive technologies education can be made for open and available for people with special needs. These technologies help to enhance the lives of people with certain boundaries in all aspects, but its use in the field of education is more desirable.
- The use of hand held computer provides a good example of how a new technology can affect classroom participation. Bauer and Ulrich (2002) found that the use of hand-held computer helped pupils with special needs to stay organised.
- Woodward and Rieth (1997) pointed out recent versions of computer-based assessment systems incorporate export system that enables teachers to be provided with suggestions for intervention for specific learning or behavioural difficulties.

#### **Institutional in use of Technology in inclusive education :**

- Institutional barrier affecting assistive technology policy implementation is a lack of teacher training. Many teachers have only limited knowledge of the most basic Assistive Technology devices.
- A secondary cause is teacher resistance to embracing the pedagogical practice necessary to integrate technology into instructional practice effectively.
- The drawback of scanning technology in computer technology is that. It cannot read handwritten materials accurately.

- IDEA (2004) defined an assistive technology as “any item, piece of equipment or product system, whether that is used to increase, maintain or improve the functional capabilities of a child with a disability.” (See 602. Definitions) many teacher are inadequately prepared to determine how and when to consider assistive technology for student with disabilities based on his definition.
- School lack funding to support assistive technology in inclusive classroom. School personnel who adequately trained to make informed assistive technology decision are in short supply.
- Teacher's lack of confidence in applying ICT within programmes and curriculum only few educators understand how to integrate assistive technology into content area instruction. Clearly, additional educational opportunities are necessary to promote teacher's understanding of the benefits and barriers associated with assistive technology.
- Lack of information exchange sharing of expertise at the school level and between schools.
- Age and gender barriers in using these technologies in inclusive schools.
- Limited availability, up take/participation in service training.
- Confusion over-un-coordinated source of support information and advice.
- Lack of ICT expertise and/or interest of specialist SNE support staff (i.e., psychologists).

