

UNIVERSITY GRANTS COMMISSION

EDUCATION**CODE:09****Unit -10: Inclusive Education****Sub Unit-10.1. [Inclusive Education]****Topic-10.1.0**

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Section – 1(Unit at a Glance)

Sub Unit-10.1. (Inclusive Education)

10.1 .1 Inclusive Education: Inclusive Education is that, it involves the admission of children with special educational needs in ‘ordinary’ or ‘regular’ schools and may be described as ‘pedagogic integration’. This may be imperative under legislation, or it may take the form of announcement of policy which aims to encourage such integration.

Principles- Inclusive education is about ensuring access to quality education for all students by effectively meeting their diverse needs in a way that is responsive, accepting, respectful and supportive

10.1.1.1 Target Groups:

Diverse learner: is a learner who is open to all learning process and has an open mindset to worldwide learning. He or she is up to learning about the different religions of the world along with culture and the oneness of diversity without looking at it from a prejudice perspective.

Including Marginalized group: Marginality is commonly, used to analysis socio-economic, political and cultural orbit, where disadvantaged people struggle to gain views to resources and full participation in social life. In other words marginalized people force be socially, economically, politically and legally ignored, excluded or neglected and therefore vulnerable to live hood change.

10.1.2 Evaluation of the Philosophy of Inclusive Education: Inclusion is the key stone of today’s education which applies to accommodate/include all human beings, thus the full spectrum of diverse abilities, within one system, in such a manner that all involved can be assured of successful, equal and quality participation in real- life experiences from birth to the grave. This implies that all have to perceive and treat themselves and others as dignified human beings, in enhancing human potential maximally and in succeeding to achieve whatever outcome is envisaged and humanly possible. (Burden).

Special: The general philosophy of special education is that all people have the ability to learn, regardless of their particular disabilities.

Inclusive: Inclusive education – also called inclusion – is education that includes everyone, with non-disabled and Disabled people (including those with “special educational needs”) learning together in mainstream schools, colleges and universities.

10.1.3 Legal Provisions: Policies and Legislations: Fifty years ago, people with disabilities enjoyed few rights. Children that had physical or developmental impairments were not entitled to a free, equal education enjoyed by their peers because special education laws where they existed were decidedly lax. People who used a wheelchair as their primary mode of mobility were at the whim of others when it came time to enter, or exit, public facilities. During less enlightened times, having a disability meant it would be unlikely that a person who's physical capabilities differed from the norm would have a career.

- Elementary and Secondary Education Act of 1965
- Rehabilitation Act of 1973
- Family Education Rights and Privacy Act of 1974
- Education for All Handicapped Children Act of 1975
- McKinney-Vento Homeless Assistance Act of 1987
- Technology-Related Assistance for Individuals with Disabilities Act of 1988
- Individuals with Disabilities Education Act of 1990
- Americans with Disabilities Act of 1990
- Government Results and Performance Act of 1993
- No Child Left Behind Act of 2001
- Improving Head Start for School Readiness Act of 2007



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Text with Technology

Sub Unit-10.2. [Concept of Impairment, Disability and Handicap]

10.2.1 Concept of Impairment, Disability and Handicap:

Impairment: a loss of psychological, physiological, or anatomical structure / function.

Disability: any restriction or lack of the ability to perform an activity in the manner or within the range considered normal for a human being.

Handicap: a disadvantage for a given individual, resulting from impairment or a disability, that limits or prevents the fulfillment of a role that is normal for that individual.

10.2.2 Classification of Disabilities based on ICF Model:

ICF is named as it is because of its stress is on health and functioning, rather than on disability. Previously, disability began where health ended; once you were disabled, you were in a separate category. We want to commit ICF a tool for measuring functioning in society, no matter what the reason for one's impairments. So it becomes a much more multipurpose tool with a much wider area of use than a traditional classification of health and disability.

1. BODY FUNCTIONS

2. BODY STRUCTURES

3. ACTIVITIES AND PARTICIPATION

4. ENVIRONMENTAL FACTOR

10.2.3 Intellectual Disabilities: Intellectual disability is a substantial limitation in cognitive functioning (i.e., thinking skills). People with intellectual disability usually have limited communication skills, limited self-care skills, poor social skills, and very limited academic skills. Most importantly, people with intellectual disabilities have great difficulty with learning and usually require special teaching methods to learn efficiently

- Types of mental Retardation
- Characteristics
- Identification
- Causes of Intellectual disability
- Prevention of Intellectual disability
- Educational Provision.
- Educational Evaluation, Techniques and Tools

10.2.4 Physical Disabilities: The physical challenge is a relatively visible challenge and it becomes more so by the societies prejudices for a disfigured body. The person who doesn't appear normal is an applied label, which makes his adjustment difficult. Though the society has modernized enough to accept the disability and work out ways to face these challenges, yet these facilities have not reached everywhere. School is one of the mechanisms of adjustment for the physically challenged, because they usually have normal functioning brains.

- Types of mental Retardation
- Characteristics
- Identification
- Causes of Intellectual disability
- Prevention of Intellectual disability
- Educational Provision.
- Educational Evaluation, Techniques and Tools

10.2.5 Multiple Disabilities: Under the Individuals with Disabilities Education Act's (IDEA), multiple disabilities mention to "concomitant [simultaneous] impairments (For example intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments. The term does not include deaf-blindness."

- ✓ Types of mental Retardation
- ✓ Characteristics
- ✓ Identification
- ✓ Causes of Intellectual disability
- ✓ Prevention of Intellectual disability
- ✓ Educational Provision.
- ✓ Educational Evaluation, Techniques and Tools

Sub Unit-10.3. [Planning and Management of Inclusive Classrooms]

10.3.1 Planning and Management of Inclusive Classrooms: It is the way you arrange your class. You must think about every countenance of the lesson, routines, procedures, a multitude of interactions and the discipline in the classroom. The more you think it out beforehand, the easier it will be when something unplanned happens—which it constantly does, since you're dealing with so many different personalities.

- Infrastructure
- Human Resource
- Instructional Practices
- Curriculum and curricular Adoptions

10.3.2 Technology for Diverse Learners:

AT for type with LD is defined as any device, piece of equipment or system that helps bypass, work around or compensate for an individual's specific learning diverse. Over the past decade, a number of studies have demonstrated the ability of AT for individuals with LD. AT doesn't cure learning difficulties, but it can help your child reach her dynamic because it agree her to capitalize on her strengths and bypass areas of difficulty. For example, a student who struggles with reading but who has good listening skills might benefit from listening to audio books.

- Aids and Appliances
- Individualized Education Plan
- Remedial Teaching

10.3.3 Parent-Professional Partnership: A Parent-Professional Partnership is a collaborative relationship between the parent of a child with a disability and a professional who is involved with helping that child. Educators are the professionals highest frequently thought of when allusion a Parent-Professional Partnership. However, any professional who provides a direct or indirect service to the child with the disability or to the child's family.

- Role of Parents
- Peers group
- Professionals
- Teachers
- School

Sub Unit-10.4. [Barriers and Facilitators in Inclusive Education]

10.4.1 Barriers and Facilitators in Inclusive Education:

The barriers that emerged from the interviews can be grouped into structural barriers and barriers specific to the individual students. The structural barriers that emerged were as follows: a lack of training in special education techniques, class size, insufficient time to individualize instruction, and a lack of accountability.

- Barriers and Facilitators of Inclusive Education in Attitude
- Barriers and Facilitators Inclusive Education in Social
- Barriers and Facilitators Inclusive Education in Educational

10.4.2 Current Status of Inclusive Education in India:

India is one of the few countries worldwide where the education of children with special needs doesn't fall within the purview of human resource development ministry. It is usually the burden of the omnibus ministry of social justice and empowerment, the ultimate focus of which is rehabilitation, not education. In fact, till today it does not have education as part of its agenda and the problem of education of children with disabilities remains imperceptible, hidden from the public domain, a private problem for families and NGOs to deal with.

10.4.3 Ethical Issues of Inclusive Education in India:

Ethics are about 'right and wrong, good and bad'. Fundamentally, ethical issues are those issues where people struggle to figure out the right thing to do. In inclusive education, the struggle to condition what is right and wrong is tricky, as inclusive educators often need to balance the needs and wants of many different educational stakeholders from teachers and administrators to parents and, most importantly, students.

10.4.4 Research Trends of Inclusive Education in India:

In India, the following trends and practices are central towards attainment of the goals of inclusive education for children, with special needs-

- Assistive Devices and technologies
- Teaching and learning that gives all students equal opportunity to learn
- The objectives selected for evaluation are in continuity to access learning and behavioral outcomes.

Section -2: Key Statements

Basic Key Statements: recommended (10.1.1.1), Sensory Impaired (10.1.1.3), Marginalized group (10.1.1.4), human rights (10.1.3), *Special (10.1.3), Manpower Development (10.1.4.3)*, National Curriculum Frameworks (10.1.4), Systemic Reforms (10.1.4.5) *Handicap (10.2.1), Sensory functions(10.2.2.1)*, Specific learning disability (10.2.3), Dyscalculia (10.2.3), Learning by doing (10.2.4), Peer tutoring (10.2.6), Ensure barrier-free access (10.3.1.1), Visually monitor student activity(10.3.1.2), Substitute Curriculum (10.3.2), Special Education Services(10.3.3.2), Parent-Professional Partnership (10.3.4), *Pull-out instruction(10.3.4.4)*, In-service training programmes (10.4.1)

Standard Key statements: *Preventing Prejudice (10.1.1.2)*, Special Needs (10.1.1.4), *Integrated (10.1.3)* Entrepreneurs (10.1.4.3), transportation systems (10.1.4.4.), Grant-in-aid (10.1.4.5), Social Justice & Empowerment (10.1.4.6), *Disability (10.2.1)*, Neuromusculoskeletal (10.2.2.1), Copying (10.2.2.2), Dyslexia (10.2.3.), manifests (10.2.4) profoundly mentally retarded (10.2.4), *Cognitive disability (10.2.5)*, Multiple Sclerosis(10.2.5), infrastructures provided(10.2.6), Interactive Teaching (10.3.1.2), Varying instructional grouping (10.3.2), Individual education planning (10.3.3.2), *Curriculum Modification(10.3.4.4)*, Lack of Training (10.4.1)

Advanced Key Statements: institutionalized (10.1.1.2), Diverse learners (10.1.1.4) *Inclusive (10.1.3)*, Legal Provisions (10.1.4), *Rehabilitation Measures (10.1.4.4.)*, *Non-Governmental Organizations (10.1.4.4.)*, *Rehabilitation Council of India (10.1.4.6)*, Impairment (10.2.1), International Classification of Functioning (10.2.2), Leaching disabled children (10.2.3), Mentally Retarded (10.2.4), *Impairment in mobility (10.2.5)*, Muscular Dystrophy (10.2.4), (10.2.6), *Celebrate Successes(10.3.1.2)* , Modifying assignments(10.3.2), *Assistive technology (10.3.3)*, Graphic organizers and outlining programs (10.3.3.1), Participation in Mainstream Classrooms(10.3.3.2), Orthodox methods of assessment (10.4.1),

Unit -10: Inclusive Education

Sub Unit-10.1. [Inclusive Education]

10.1 1 Inclusive Educations:

10.1.1.1. Concept:

Inclusive education has been defined at various ways that addresses the learning needs of the differently baled children. The endeavor of the Government of India over the last five decades has been towards take measures comprehensive range of services towards education of children with disabilities. In 1974, the centrally sponsored scheme for Integrated Education for Disabled Children (IEDC) was introduced to provide equal opportunities to children with disabilities in general schools and facilitate their retention. The government persuasive in the area of inclusive education can be described back to National Educational Policy, 1986, which recommended, as a goal, 'to integrate the handicapped with the general community at all levels as equal partners, to read them for normal growth and to enable them to face life with bravery and confidence'. The World Declaration on Education for All adopted in 1990 gave further boost to the various processes already set in the country. The Rehabilitation Council of India Act 1992 initiated a training programmed for the development of professionals to respond to the needs of students with disabilities. The National Policy for Persons with Disability, 2006, which endeavor to clarify the framework under which the state, civil society and private sector must operate in order to ensure a dignified life for persons with disability and support for their caretakers.

- According to *UNESCO* the concept of Inclusive Education is that, "... it involves the admission of children with special educational needs in 'ordinary' or 'regular' schools and may be described as 'pedagogic integration'. This may be imperative under legislation, or it may take the form of assertion of policy which aim to encourage such integration"

10.1.1.2 Principles:

IE is about undisturbed access to quality education for all students by practically assembly their diverse needs in a way that is reactive, accepting, worshipful and supportive. Students engage in the education program in a normal learning environment with confirmation to diminish and solve barriers and hindrance that may lead to exclusion.

1. Teaching All Students students learn in various ways. For example, few students learn best when represent to information visually, while others learn best via hearing information, working in groups or activity-based projects. By using various different approaches to the same material within the same lesson or activity, information can become exceeding interesting and tangible to a greater number of students. Some ways to accomplish this are:

- Think of three different ways to teach a lesson..
- Ask other teachers how they have taught or would teach a lesson how they have taught or would teach a lesson.
- Share with your colleagues
- Listen carefully to student's questions and comments
- Expect student's backgrounds and abilities to be different.

2. Exploring Multiple Identities Building confidence and affirming identity for students supports their learning. Students who are impatient about themselves and other people, and who are inquisitive about the world around them will more easily learn to be charitable 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 and also with those who are different. Here are some ways to affirm and encourage student's identities:

- Create activities
- Engage students in projects
- Encourage all aspects of each student's individuality.
- Create an environment
- Discuss all areas in which a student may find opportunities for success
- Help students understand
- Maintain a respectful environment among the students among the students

3. *Preventing Prejudice*

All of us are influenced by the legacy of institutionalized inequalities that norms history as well as the inelastic ideas and images we appointment every day. The best way for an educator to address preconceived stereotypes and to prevent them from escalating into feelings of prejudice and bias is to create awareness. This can be done by discussing students' stereotypes in both large and small groups.

- Teach explicitly about histories of unfairness, or institutionalized inequality.
- Talk about all of the student's sense and attitudes.
- Set clear line and rules about behaviors that are based on prejudices, such as teasing, scolding or excluding.
- Introduce key words to students that can alert them to the presence of a stereotype.
- Help students to identify prejudicial behavior (as opposed to making generalizations).
- Don't be afraid to talk about stereotypes
 - Train students to discern fact from fiction, especially when it comes to stereotype ally when it comes to stereotypes.
- Develop dialogue and reflection Develop dialogue and reflection.

4. *Promoting Social Justice*

Young people are good judges of what is or is not fair. Talk to students about problem of fairness, and of justice or injustice in period of equality for all. Here are some ways to promote social justice in your classroom:

- Make comparisons.
- Develop a worldview.
- Engage in critical thinking. Ask
- Explore power dynamics. Ask
- Foster students to develop a idea of civic responsibility.
- Bring these discussions into all subject areas.
- Service learning and action planning on.

5. *Choosing Appropriate Materials*

It is significant to choose books and materials that reflect exact images of diverse peoples. Books, magazines, movies, web-based media and handouts can be instruction for behavior and ideas, but they also have the dynamic to perpetuate some stereotypes. Read over all equipment you are planning to use with students and decide if they flourish a positive and appropriate embodiment of people and themes. The following are a number of things to keep in mind when choosing what you present to the students:

- Be diverse.
- Let groups speak for themselves.
- Experts are everywhere.
- Use primary sources.
- Show pasted present images of different group's images of different groups.

6. *Teaching and Learning about Cultures and Religions*

It is significant that students learn about other cultures and religions in a positive and satisfied 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. Some ways to do this are:

- Teach students the value of asking questions.
- Narrate appropriate measure to ask questions about identity, religion, culture and race.
- Provide anonymous ways for students to ask questions
- Emphasize that culture is not a fixed or permanent condition.
- Allow opportunities for students to learn about the ever changing cultures of the world.
- Help students see a range of nuanced views and make connections within and between cultures.

7. *Adapting and Integrating Lessons Appropriately.*

It is necessary that educators be flexible in the adaptation of all the lessons in our curriculum as well as prescribed curriculum in general. Sometimes, the most teachable moments are unplanned and unscripted. Once and again pre-designed lessons are a good starting point for dialogues or critical thinking. Some ways to do this include:

- Be mindful of who is in your classroom, so that the lessons can be more culturally-lessons can be more culturally relevant.
 - Proceed with caution and thoughtfulness about student family histories
 - Do not assume that you can tell where students are Do not assume that you can tell where students are from or how the from or how they identify just by eye identify just by looking at them, by the sound of their names or articles of dress.

10.1.1.3 Scope of Inclusive Education:

The concept of Inclusion is often discussed as though it applies only to students with disabilities. In reality, Inclusive Education has much wider scope. According to Booth and Wainscot, Inclusion in education involves:

- 1) Valuing all students and staff equally.
- 2) Reducing student's exclusion from schools and focusing their increase participation in the cultures, curricula and communities of local schools.
- 3) To respond to the diversity of students in the locality, there is a need for restructuring the culture, policies and practices in schools.
- 4) Reducing barriers to learning and participation for all students in the schools. Especially those who are categorized as having special educational needs.
- 5) Learning from attempts to overcome barriers to the access and participation of particular students to make changes for the benefit of students more widely.
- 6) Viewing the difference between students as resources to support learning, rather than as problems to be overcome.
- 7) Acknowledging the right of students to an education in their locality.
- 8) Improving schools for staff as well as for students.
- 9) Emphasizing the role of schools in building community and developing values, as well as in increasing achievement.
- 10) Fostering mutually sustaining relationships between schools and communities.
- 11) Recognizing that inclusion in education is one aspect of inclusion in society.

- The Scope of Inclusive Education on the basis of the persons it caters to can be described as ones who are covered under the title of Children with Special Needs (CWSN) as well as ones who are fully able, yet are at a very disadvantaged position. CWSN includes children facing the following problems:
 1. Physical/Motor –muscular dystrophy, multiple sclerosis, chronic asthma, epilepsy, etc.
 2. Developmental/Intellectual– Down syndrome, autism, dyslexia, processing disorders
 3. Behavioral/Emotional-ADD, bi-polar, oppositional defiance disorder, etc.
 4. Sensory Impaired – Blind, visually impaired, deaf, limited hearing etc.

10.1.1.4 Target Groups:

A. *Diverse learner:*

A diverse learner is a learner who is open to all learning styles and has an open mindset to worldwide learning. He / she are up to learning about the various religions of the world along with culture and the unity of diversity but looking at it from a prejudice perspective.

Diverse student learners include students from racially, ethnically, culturally, and linguistically diverse families and communities of lower socio-economic condition. This website from the government will give you a clear concept of which 'Diverse learners' include.

B. Including Marginalized group:

Marginality is generally, used to analysis socio-economic, political and cultural environment, where disadvantaged people fight to gain view to resources and full participation in social life. In other words marginalized people might be socially, economically, politically and legally neglected, excluded or neglected and therefore permeable to live hood change.

The encyclopedia of public health defines - Marginalization as to be marginalized is to be settled in the margins as thus excluded from the privilege and power establish at the center.

Latin observes – ‘Marginality is so thoroughly demeaning, for economic well-being, for human dignity as well as for physical security marginal peoples can always be identified by the members of dominant society and will face irrevocable discrimination.’

The MG of people is executed all over the world. The marginalized literature is founded on exploitation, agonies, pains and suffering, at the secondary level. The social, political, economical, geographical, special perspective of life which are deeply rooted in their consciousness with their past, present and future. Which are in collation present in the perpetually of time. Maximal of the marginalized groups, if not all constitute minorities, religious, ethnic, linguistics or another way in different countries, they have subcultures in this mainstream culture or religions.

C. Learners with Disabilities:

A learning disability is a neurological disorder. In simple terms, a learning disability results from a various in the way a person's brain is "wired." Children with learning disabilities are as smart as or smarter than their peers. But they may have tenacious reading, writing, spelling, and reasoning, recalling and/or organizing information if left to figure things out by them or if taught in current path.

A learning disability can't be cured or fixed; it is a lifelong problem. With the right support and intervention, however, children with learning disabilities can attain in school and go on to successful, often distinguished careers later in life.

➤ Types of learning disabilities

- Dyslexia – a language-based disability in which a person has trouble understanding written words. It may also be mention to as reading disability / disorder.
- Dyscalculia – a mathematical disability in which a person has a difficult time solving arithmetic problems and grasping math concepts.
- Dysgraphia – a writing disability in which a person finds it hard to form letters or write within a defined space.
- Auditory and Visual Processing Disorders – sensory disabilities in which a person has difficulty understanding language despite normal hearing and vision.
- Nonverbal Learning Disabilities – a neurological disorder which originates in the right hemisphere of the brain, causing problems with visual-spatial, intuitive, organizational, evaluative and holistic processing functions.



10.1.3 Evaluation of the Philosophy of Inclusive Education:

Inclusion is the key stone of today's education which applies to accommodate/include all human beings, thus the full spectrum of diverse abilities, within one system, in such a manner that all involved can be assured of successful, equal and quality participation in real- life experiences from birth to the grave. This implies that all have to perceive and treat themselves and others as dignified human beings, in enhancing human potential maximally and in succeeding to achieve whatever outcome is envisaged and humanly possible. (Burden).

For almost quarter century, services to people with disabilities were seemingly endless state of flux. In this process, the central themes that emerged and changed the future direction of services were deinstitutionalization, normalization, equal rights, access, least restrictive environment and community based services.

A) Models of Services

The various initiatives for disabled always reflected two primary approaches to rehabilitation i.e., individual pathology and social pathology. In the former approach, the individual is seen as problem while in latter the environment is seen as problem. Within these two approaches, four models of disability emerged, which are - the charity models, the bio-centric model, the functional model and the human rights model (NCERT, 2006).

a. The Charity Model The charity model brought out various welfare measures like providing care, shelter and basic needs. This resulted in establishment of more number of residential units that provided custodial care. These institutions functioned like detention centers and there was no public accountability or comprehensive provisions of services that would enhance the quality of life for individuals with disabilities. Eventually, this model resulted in marginalization and disconnect with the larger society.

b. The Bio-centric Model Evolving from the previous model, bio-centric model regards disability as a medical or genetic condition and prompted to seek medical treatments as only means of management. The role of family, society and government was flippant according to this model. However, medical diagnoses and biological treatments have to be necessarily part of the rehabilitation of the disabled along with the family and social support to participate in the activities of social life.

c. The Functional Model In the functional model, entitlement to rights is differentiated according to judgments of individual incapacity and the extent to which a person is perceived as being independent to exercise his/her rights. Thus, it may not pose obligation to schools for facilitating barrier free education.

d. The Human Rights Model the human rights model positions disability as an important dimension of human culture and it affirms that all human beings are born with certain inalienable rights. According to this model, the principle of respect for difference and acceptance of disability as part of human diversity and humanity is important, as disability is a universal feature of the human condition. It purports to identify those barriers for participation in society and removes them.

B) Phases of Services

Three phases are evident when looking at the services provided for individuals with disabilities - 1) era of institutionalization, 2) era of deinstitutionalization and 3) era of community membership (Lipsky & Gartner, 1997).

a. Era of institutionalization in the first period, era of institutionalization, dependence and segregation were impetus and services were underpinned by medical model. This roughly ended in mid 1970s paving way to era of deinstitutionalization. The locus of services for people with disabilities during this period was out of home. As a result, institutional population and nursing home population soared. The services were limited to medical concerns and primary care.

b. Era of deinstitutionalization this period prevailed during 1976 to 1986 and was marked by creation of community services and emphasis on provision of specialized services for individuals with disabilities to learn, grow and participate in the activities of society. During this period, day care programs, individualized programming, outpatient centers and accessible housing were part of the reform. The person with disabilities became an object to be trained, habilitated, socialized, screened, assessed and assisted through a continuum of educational, vocational and residential settings. Small intermediate care facilities, half way housing, group homes etc were alternatives to institutionalization.

c. Era of community membership the third and current period, era of community membership, is steered by functional supports to enhance community integration, independence, quality of life, and individualization. The concept of functional supports focused on adapting the environment and supports to the individual instead of adapting the individual to the environment.

❖ *Special:*

The general philosophy of inclusive education is that all people have the ability to learn, regardless of their particular disabilities. The trend in public education has transferred from isolating inclusive education students in isolated classrooms to mainstreaming them in the regular classroom for at least part of the day. This is in keeping with the U.S. Department of Education's Office of Special Education and Rehabilitative Services (OSERS) mission to ...achieve full integration and participation in society of people with disabilities by ensuring equal opportunity and access to, and excellence in, education, employment, and community living.

❖ *Integrated:*

Integrated schools get together children and adults from Catholic, Protestant and other backgrounds in each school. The schools fight to achieve a religious balance of pupils, teachers and governors and acknowledge and respect the cultural diversity they illustrate.

Integrated schools educate children in an environment where self-esteem and freedom are developed as priorities. Self-respect and respect for others are strongly fostered. The integrated ethos is nurtured through inclusion of people from various religions, cultures, genders, abilities and socio-economic backgrounds.

❖ *Inclusive:*

Inclusive education also called inclusion -is education that includes everyone, with non-disabled and disabled people (including those with “special educational needs”) learning by in mainstream schools, colleges and universities. **Inclusive education** means that all students serve and are welcomed by their neighborhood schools in age-appropriate, regular classes and are protected to learn, contribute and participate in all aspects of the life of the school.

Inclusive education is about confirming access to quality education for all students by effectively visibility their diverse needs in a way that is responsive, accepting, respectful and supportive. Students engage in the education program in a general learning environment with support to diminish and solve barriers and obstacles that may lead to exclusion.

Inclusive Education (Education for All) is a system of identifying and responding to diversity of needs of all learners through developing participation in learning, cultures and communities, and reducing exclusion within and from education. It involves changes and modifications in content, approaches, structures and strategies, with a common vision which covers all children of appropriate age range and a conviction that it is the responsibility of the regular system to educate all children. Inclusive Education starts with the belief that we all can learn, that we are all different, that we all belong to, and have a role in the society and that differences can and should be valued.

10.1.4 Legal Provisions: Policies and Legislations: Fifty years ago, people with disabilities enjoyed few rights. Children that had physical or developmental impairments were not entitled to a free, equal education enjoyed by their peers because special education laws where they existed were decidedly lax. People who used a wheelchair as their primary mode of mobility were at the whim of others when it came time to enter, or exit, public facilities. During less enlightened times, having a disability meant it would be unlikely that a person who's physical capabilities differed from the norm would have a career.

10.1.4 .1 National Policy of Education (NPE 1986):

The aims should be to integrate the physically and mentally handicapped with the general community as equal partners, to make them for normal growth and to ensure them to face life with courage and confidence. The following measures will be taken in this regard:

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

10.1.4 .2 Programme of Action (POA 1992):

As part of its care for equalization of educational opportunities, the NPE, 1986 focuses on the needs of children with disabilities. The NPE, 1986 recommended an integrated education in general schools for children with locomotors handicaps and with other mild disabilities, orientation and pre-service training of general teachers to meet special needs of these children, provision of vocational training, establishment of special schools for severely disabled children and encouragement of voluntary organizations in these tasks. The POA suggested a pragmatic placement principle. 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.

➤ SPECIAL SCHOOLS

The POA envisaged provision of additional 400 special schools at the district headquarters. However, because of resource constraints no new special school has established. The Ministry of Welfare has identified 240 districts without any special schooling facility. Efforts would be made to provide special schools in these districts by the end of 9th Five Year Plan.

➤ **VOCATIONAL TRAINING**

The Ministry of Labor is providing vocational training to the handicapped through the Craftsman Training Scheme (CTS), the Apprenticeship Training Scheme and separate Vocational Rehabilitation Centers (VRCs). Three per cent of the seats for admission to ITIs under the Craftsman Training Scheme and Apprenticeship Training Scheme are reserved for candidates who are handicapped but have aptitude and are otherwise fit to suffer the required training.

- **TARGETS:** For achieving equalization of educational opportunities, children with disability should have access to quality education comparable to other children. However, considering the financial resources likely to be available during the 8th Plan the targets for education of disabled children would be as follows:

- (i) Children who can be t: Educated in general primary schools (a) Universal enrolment by the end of 9th Five Year Plan. (b) Ensuring achievement of minimum level of learning through adusunent and adaptation of curriculum and teaching to special needs.
- (ii) Children who require being educated in special schools or special classes in general schools (a) Universal enrolment by the end of the 9th Five Year Plail. (b) Ensuring achievement of level of learning compensate with their potential.
- (iii) Reduction of dropout rates on par with other children.
- (iv) Providing access to disabled children to secondary and senior secondary schools with resource support and "nuking special provision for vocational training of these children, particularly those with intellectual disabilities.
- (v) Reorienting pre-service and in-service teacher education programmers including pre-school teachers training programmers to meet special needs in the classroom.
- (vi) Reorienting adult and non-formal education programmers to meet educational and vocational training needs of persons with disability.

➤ **ORIENTATION AND TRAINING OF TEACHERS**

All the DIETs to be established by the end of the 8th Plan will have a resource room and trained faculty to teach the essential component of education of children with disability. They will also run orientation programmes for teachers at let from lab areas and practising schools to establish field demonstration of IEDC programme.

10.1.4 .3 Persons with Disabilities (PWD Act.1995):

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

➤ ***Prevention and early detection of disabilities***

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

➤ ***Education:***

- I. Every child with disability shall have the rights to free education till the age of 18 years in integrated schools or special schools
- II. Appropriate transportation, removal of architectural barriers and restructuring of modifications in the examination system shall be ensured for the benefit of children with disabilities
- III. Children with disabilities shall have the right to free books, scholarships, uniform and other learning material
- IV. Special Schools for children with disabilities shall be equipped with vocational training facilities
- V. Non-formal education shall be promoted for children with disabilities
- VI. Teachers' Training Institutions shall be established to develop requisite manpower
- VII. Parents may move to an appropriate forum for the redressed of grievances regarding the placement of their children with disabilities

➤ **Employment**

3% of vacancies in government employment shall be reserved for people with disabilities,

One percent each for the persons suffering from:

- a. Blindness or Low Vision
- b. Hearing Impairment
- c. Locomotors Disabilities & Cerebral Palsy
- d. Suitable Scheme shall be formulated for
- e. The training and welfare of persons with disabilities
- f. The relaxation of upper age limit
- g. Regulating the employment
- h. Health and Safety measures and creation of a non- handicapping, environment in places where persons with disabilities are employed

➤ **Affirmative Action**

Aids and Appliances shall be making available to the people with disabilities.

Estimate of land shall be made at concessional rates to the people with disabilities for:

- i. House Business
- ii. Special Recreational Centers
- iii. Special Schools
- iv. Research Schools
- v. Factories by Entrepreneurs with Disability

➤ **Non-Discrimination**

- Public building, rail compartments, buses, ships and air-crafts will be designed to give easy access to the disabled people
- In all public places and in waiting rooms, the toilets shall be wheel chair accessible. Braille and sound symbols are also to be provided in all elevators (lifts)
- All the places of public utility shall be made barrier- free by providing the ramps

➤ ***Research and Manpower Development :***

- i.** Research in the following areas shall be sponsored and promoted
- ii.** Prevention of Disability
- iii.** Rehabilitation including community based rehabilitation
- iv.** Development of Assistive Devices
- v.** Job Identification On site Modifications of Offices and Factories
- vi.** Financial assistance shall be made available to the universities, other institutions of higher learning, professional bodies and non-government research- units or institutions, for undertaking research for special education, rehabilitation and manpower development Social Security.
- vii.** Financial assistance to non-government organizations for the rehabilitation of persons with disabilities
- viii.** Insurance coverage for the benefit of the government employees with disabilities.
- ix.** Unemployment allowance to the people with disabilities who are registered with the special employment exchange for more than a year and could not find any gainful occupation

10.1.4 .4 National Policy of Disabilities (NPD 2006):

The National Policy recognizes that Persons with Disabilities are valuable human resources for the country and seeks to create an environment that provides those equal opportunities, protection of their rights and full participation in society. It is in consonance with the basic principles of equality, freedom, justice and dignity of all individuals that are enshrined in the Constitution of India and implicitly mandate an inclusive society for all, including persons with disabilities. The National Policy recognizes the fact that a majority of persons with disabilities can lead a better quality of life if they have equal opportunities and effective access to rehabilitation measures.

The focus of the policy is on the following

1. *Prevention of Disabilities* - Since disability, in a large number of cases, is preventable; the policy lays a strong emphasis on prevention of disabilities. It calls for programmed for prevention of diseases, which result in disability and the creation of awareness regarding measures to be taken for prevention of disabilities during the period of pregnancy and thereafter to be intensified and their coverage expanded.
2. *Rehabilitation Measures* - Rehabilitation measures can be classified into three distinct groups:
 - Physical rehabilitation, which includes early detection and intervention, counseling & medical interventions and provision of aids & appliances. It will also include the development of rehabilitation professionals.
 - Educational rehabilitation including vocational education and
 - Economic rehabilitation for a dignified life in society.
3. *Women with disabilities* - Women with disabilities require protection against exploitation and abuse. Special programmers will be developed for education, employment and providing of other rehabilitation services to women with disabilities keeping in view their special needs. Special educational and vocation training facilities will be setup. Programmers will be undertaken to rehabilitate abandoned disabled women/ girls by encouraging their adoption in families, support to house them and impart them training for gainful employment skills. The Government will encourage the projects where representation of women with disabilities is ensured at least to the extent of twenty five percent of total beneficiaries.



4. *Children with Disabilities* - Children with disabilities are the most vulnerable group and need special attention. The Government would strive to: -
 - Ensure right to care, protection and security for children with disabilities;
 - Ensure the right to development with dignity and equality creating an enabling environment where children can exercise their rights, enjoy equal opportunities and full participation in accordance with various statutes.
 - Ensure inclusion and effective access to education, health, vocational training along with specialized rehabilitation services to children with disabilities.
 - Ensure the right to development as well as recognition of special needs and of care, and protection of children with severe disabilities.
5. *Barrier-free environment* - Barrier-free environment enables people with disabilities to move about safely and freely, and use the facilities within the built environment. The goal of barrier free design is to provide an environment that supports the independent functioning of individuals so that they can participate without assistance, in everyday activities. Therefore, to the maximum extent possible, buildings / places / transportation systems for public use will be made barrier free.
6. *Issue of Disability Certificates* - The Government of India has notified guidelines for evaluation of the disabilities and procedure for certification. The Government will ensure that the persons with disabilities obtain the disability certificates without any difficulty in the shortest possible time by adoption of simple, transparent and client-friendly procedures.
7. *Social Security* - Disabled persons, their families and care givers incur substantial additional expenditure for facilitating activities of daily living, medical care, transportation, assistive devices, etc. Therefore, there is a need to provide them social security by various means. Central Government has been providing tax relief to persons with disabilities and their guardians. The State Governments / U.T. Administrations have been providing unemployment allowance or disability pension. The State Governments will be encouraged to develop a comprehensive social security policy for persons with disabilities.

8. *Promotion of Non-Governmental Organizations (NGOs)* - The National Policy recognizes the NGO sector as a very important institutional mechanism to provide affordable services to complement the endeavors of the Government. The NGO sector is a vibrant and growing one. It has played a significant role in the provisions of services for persons with disabilities. Some of the NGOs are also undertaking human resource development and research activities. Government has also been actively involving them in policy formulation, planning, implementation, monitoring and has been seeking their advice on various issues relating to persons with disabilities.
9. *Collection of regular information on Persons with Disabilities* - There is a need for regular collection, compilation and analysis of data relating to socio-economic conditions of persons with disabilities. The National Sample Survey Organization has been collecting information on Socio-economic conditions of persons with disabilities on regular basis once in ten years since 1981. The Census has also started collection of information on persons with disabilities from the Census-2001. The National Sample Survey Organization will have to collect the information on persons with disabilities at least once in five years. The differences in the definitions adopted by the two agencies will be reconciled.
10. *Research* - For improving the quality of life of persons with disabilities, research will be supported on their socio-economic and cultural context, cause of disabilities, early childhood education methodologies, development of user-friendly aids and appliances and all matters connected with disabilities which will significantly alter the quality of their life and civil society's ability to respond to their concerns. Wherever persons with disabilities are subjected to research interventions, their or their family member or caregiver's consent is mandatory.
11. *Sports, Recreation and Cultural life* - The contribution of sports for its therapeutic and community spirit is undeniable. Persons with disabilities have right to access sports, recreation and cultural facilities. The Government will take necessary steps to provide them opportunity for participation in various sports, recreation and cultural activities

10.1.4 .5 National Curriculum Framework (NCF 2005):

The NCF is one of four National Curriculum Frameworks published in 1975, 1988, 2000 and 2005 by the National Council of Educational Research and Training (NCERT) in India. The paper provides the framework for making syllabi, textbooks and teaching practices within the school education programmers in India. NCF 2005 has been translated into 22 languages and has affected the syllabi in 17 states. The NCERT gave a grant to each State to develop NCF in the language of the situation and to compare its current syllabus with the syllabus proposed, so that a plan for reforms could be made. Several States have taken up this challenge. This exercise is being carried out with the involvement of State Councils for Educational Research and Training (DSERT/SCERT) and District Institutes of Education and Training (DIET).

➤ ***The Document is divided into 5 areas:***

- Perspective
- Learning and Knowledge
- Curriculum Areas, School Stages and Assessment.
- School and Classroom Environment
- Systemic Reforms

➤ **The Major Characteristics:**

- i. They should provide enabling opportunities to all learners.
- ii. Teachers must explore strategies to aid learning of all learners including children with disabilities.
- iii. The teaching –learning process must respond the diverse needs of the learners.
- iv. The curriculum suggests that children and older learners must be involved in classroom planning to enrich the class proceedings.
- v. This would allow zero rejection policy education to children with special needs in an environment most suited to her needs and flexibility for planning teachers to respond to special needs of the learners.
- vi. Providing a multi-sensory learning experience to all children as their learning styles are different.

➤ **Concession and Facilities to Diverse Learners:**

Facilities/ concessions are available for the disabled under the following programmes. All persons with mental retardation are eligible for

1. Disability certificate and identity card concessions/benefits. The classification of various
2. Education programmes for children with concessions being recommended are applicable to the special needs.
3. Children's Education Allowance and Scholarships
- 4 Assistance to disabled persons for purchase/fitting of aids and appliances (Adip A. Disability Certificate Scheme)
5. Preference in allotment of STD/PCO district level is the certifying authority to issue to handicapped persons disability certificate.
6. Custom concessions
7. Employment of the handicapped
8. National awards for people with disabilities
9. Incentives to private sector employers for handicaps;
- 10 Economic assistance in case of mental handicaps.
- 11 Grant-in-aid schemes of the Ministry of Social
12. Integrated education for challenged persons.
13. Reservation of jobs.
14. Fee concession and Age concession.



10.1.4 .6 Rehabilitation Council of India Act (RCI Act 1992):

The Rehabilitation Council of India (RCI) was consecrated as a registered society in 1986. On September, 1992 the RCI Act was played by Parliament and it became a Statutory Body on 22 June 1993. The Act was amended by Parliament in 2000 to make it more broad based. The order given to RCI is to regulate and monitor services given to persons with disability, to ascertain syllabi and to maintain a Central Rehabilitation Register of all qualified professionals and personnel working in the area of Rehabilitation and Special Education. The Act also enacts punitive action against unqualified persons delivering worship to persons with disability.

The *Rehabilitation Council of India* (RCI) is the apex government body, consecrated under an Act of Parliament, to constant training programmes and courses targeted at disabled, disadvantaged, and inclusive education requirement communities. It is the only statutory council in India that is required to maintain the Central Rehabilitation Register which capially documents details of all qualified professionals who operate and deliver training and educational programmes for the targeted communities. In the year 2000, the Rehabilitation Council of India (Amendment) Act, 2000, was initiated and notified then by the government of India. The amendment brought definitions and discussions provided within the prior Rehabilitation Council of India Act, 1992, under the ambit of a larger act, namely, Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995



➤ *The Objectives of RCI:*

1. To regulate the training policies and programmes in the field of rehabilitation of persons with disabilities.
2. To bring about standardization of training courses for professionals dealing with persons with disabilities.
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/ universities running master's degree/ bachelor's degree/ P.G. 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 Education.
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 institutions 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.

➤ ***The Functions of RCI:***

1. Recognition of qualifications granted by University etc., in India for Rehabilitation Professionals.
2. Recognition of qualification by Institutions outside India
3. Rights of persons possessing qualifications included in the schedule to be enrolled
4. Power to require information as to courses of study and examination
5. Inspectors at examinations
6. Visitors examination
7. Withdrawal of recognition
8. Minimum standards of education
9. Registration in Register
10. Privileges of persons who are registered on Register
11. Professional Conduct and removal of names from Register
12. Appeal against Order of removal from Register
13. Register.
14. Information to be furnished by council and publication thereof
15. Cognizance of offenses

16. Protection of action taken in good faith
17. Employees of Council to be public servants
18. Laying of rules and regulations before Parliament

10.1.4 .6 Sarva Shiksha Abhiyan (SSA 2000):

The chief main aim of SSA is Universalization of Elementary Education (UEE). Three important aspects of UEE are –access- enrolment - retention of all children in 6-14 years of age. This goal of UEE, has further been facilitated by the Constitutional (86th Amendment) Act, making free and compulsory elementary education a Fundamental Right, for all the children in the age group of 6-14 years. This Amendment has given a new collision to the education of Children with Special Needs (CWSN), as without their inclusion, the objective of UEE cannot be achieved. In-fact inclusion of one of the groups, which is extremely crucial for UEE, is probably that of the CWSN. Hence, education of CWSN is an important component of SSA

➤ *The Main Functions of SSA:* This perhaps is the biggest challenge of all and a crucial determinant of the success of the inclusive education programme under SSA.

- The percentage of CWSN identified seems to be low, being only 1.54 % of the total child population in SSA in comparison to Census 2001 data, wherein 2.1% of the population has been found to have some disability. Hence, States should streamline their identification procedures
- Retention of CWSN after their identification and enrollment should be advice and cheer up so that they complete the cycle of elementary education
- States to maintain their efforts to provide more assistive devices to CWSN as 76.4% children have got the required equipment
- Effective monitoring mechanisms should be developed by the States to assess both the quantitative and qualitative progress and problems in IE
- Emphasis should now to be on classroom practices and teaching methods adopted by teachers for effective classroom management of CWSN
- To ensure that every child with special needs receives continuing on site support
- Involvement of more NGOs in the IE programmed of SSA needs to be strengthened
- Only 47.14% schools have been made barrier-free. This aspect of IE in SSA needs more focus
- Although States have increased pace of expenditure, it needs to be further geared up.

➤ ***SSA's Policy on Inclusion:***

- i. The Zero Rejection policy.
- ii. Early detection and Identification.
- iii. Functional and formal assessment.
- iv. Reservation in Education and Jobs
- v. Support services.
- vi. Monitoring and evaluation.
- vii. Aids and appliances.
- viii. Teacher training and support services.
- ix. Strengthening of special schools.

10.1.4 .7 Convention on the Rights of Persons with Disabilities (UNCRPD):

This is an international human rights covenant of the United Nations intended to protect the rights and dignity of people with disabilities. Parties to the Convention are necessary to promote, protect, and confirm the full enjoyment of human rights by people with disabilities and secure that they enjoy full equality under the law. The Convention has served as the major catalyze in the global movement from viewing people with disabilities as objects of charity, medical treatment and social protection to viewing them as full and equal members of society, with human rights. It is also the only UN human rights instrument with an obvious sustainable development dimension. The Convention was the first human rights covenant of the 21th century.

The study was adopted by the United Nations General Assembly on 13 December 2006, and opened for signature on 30 March 2007. Following ratification by the 20th party, it came into force on 3 May 2008. As of November 2019, it has 163 signatories and 181%, which includes 180 states and the European Union (which ratified it on 23 December 2010 to the extent esteem of the member states were transferred to the European Union). In December 2012, a vote in the United States Senate fell six votes short of the two-thirds majority required for confirmation. The Convention is advice by the Committee on the Rights of Persons with Disabilities.

➤ ***Definition of disability***

Article 2 (Definitions) does not include a definition of disability. The Convention adopts a social model of disability, but does not offer a specific definition. The Convention's preamble (e) explains that the Convention recognizes:

...that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.


Article one (Purpose) further offers that:

Persons with disabilities encircle those who have long-time physical, mental, intellectual or sensory impairments which in interaction with different problem may hinder their full and effective participation in society on an equal basis with others.

However, the use of the term "include" should not be explain as excluding those who have short term or fluctuating conditions.

➤ ***Guiding principles of the Convention:***

There are eight commanding principles that underlie 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 of 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

➤ ***Recognition before the law and legal capacity***

Article 12 of the Convention affirms the equal acceptance before the law and legal capacity of the persons with disabilities.

States Parties should:

1. Reaffirm that persons with disabilities have the right to recognition everywhere as a person before the law.
2. Recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.
3. Take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity.
4. Ensure that all measures that relate to the exercise of legal capacity provide for appropriate and effective safeguards to prevent abuse in accordance with international human rights law.

➤ ***Habilitation and rehabilitation:***

Article 26 of the Convention affirms that "States 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:

1. Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths;
2. 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.
3. States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation service.
4. States 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.

Unit -10: Inclusive Education

Sub Unit-10.2. [Concept of Impairment, Disability and Handicap]

Topic-10.2.0

10.2.1 Concept of Impairment, Disability and Handicap:

A disabled person is a person with impairment who experiences disability. Disability is the result of negative interactions that ensue between a person with impairment and her or his social environment. Impairment is thus part of a negative interaction, but it is not the cause of, nor does it uphold, disability.

- **Impairment:** The inability to move the legs easily at the joints and inability to bear weight on the feet is impairment. Except orthotics and surgery to salvation abnormally contracted muscles, David's level of impairment May improvement as imbalanced muscle contraction over a period of time can cause stern dislocation and crippled bone growth. No treatment may be at present available to lessen David's impairment. Any temporary / permanent loss or abnormality of a body structure or function, if physiological or psychological. An impairment is a disturbance touching functions that are essentially mental (memory, consciousness) or sensory, internal organs (heart, kidney), the head, the case or the limbs.
- **Disability:** Disability is the consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these. A disability may be present from birth, or occur during a person's lifetime. Although defining disability are a complex, complicated and a controversial exercise, it is important to carry out an analytical study on the subject. Black's Law Dictionary defines disability as the want of legal capacity to perform an act. It also detunes disability as a 'crippled condition'.
 - The ICIDH-2 defines disability as “..... An umbrella term coving three dimensions: (i) body structures and function; (ii) personal activities; and (iii) participation in society. These dimensions of health-related experience are termed impairments of function and impairments of structure", "activities" and "participation respectively".
 - From the holistic viewpoint, the definition of disability as given by the United Nations seems to be quite exhaustive in its meaning. There are different types of disability: (i) visually disabled, (ii) hearing disability (deafness), (iii) speech disability (dumbness), (iv) mental regardless, and (v) orthopedic disability.

- **World Health Organization (WHO) rightly looks at disability as an:** Umbrella term, covering impairments, activity limitations and participation restrictions. Impairment is a problem in body function or structure. An activity limitation is a 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. (Disabilities).
- **Handicap:** The World Health Organization (WHO) defines a handicapped person to have a loss or limited opportunities in being involved in activities as compared to the majority of the population. A handicap is the payoff of a disability. It focuses on an obstacle experienced by a person due to a restriction in the environment. A handicap is an inability to attain something one strength want to do, that most others around one are able to accomplish. For example, reading, walking, catching a ball, and communicating.

➤ **Comparatives Study:**

The World Health Organization (WHO) recommendation the following definitions in 1980:

- **Impairment:** a loss of psychological, physiological, or anatomical structure / function.
- **Disability:** any restriction or lack of the ability to perform an activity in the manner or within the range considered normal for a human being.
- **Handicap:** a disadvantage for a given individual, resulting from impairment or a disability, that limits or prevents the fulfillment of a role that is normal for that individual.

Impairments and disabilities may be transient or permanent, reversible or irreversible, and progressive or regressive. The condition people find themselves in may condition to what degree a disability is handicapping for them. It is evident from the definitions above that a handicap is the result both of impairment and of environmental conditions. If environmental barriers are aching away, the person will still be impaired, but not perforce handicapped. It should also be noted that the definition of disability as independent from handicap is not without problems, in especial the formulation "considered normal for a human being", and numerous people with disabilities do not distinguish their use.

10.2.2 Classification of Disabilities based on ICF Model:

The International Classification of Functioning, Disability and Health, known more usually as ICF, provide a standard language and framework for the drawing of health and health-related condition. Like the first metaphase published by the World Health Organization for trial purposes in 1980, ICF is a multipurpose classification desired for a extensive range of uses in different division. ICF is WHO's framework for health and disability. It is the conceptual foundation for the definition, measurement and policy formulations for health and disability. It is a universal classification of disability and health for use in health and health concerned sectors. ICF therefore looks like a general health classification, but it can be used for a number of intentions. The most significant is as a planning and policy tool for decision-makers. ICF is named as it is because of its stress is on health and functioning, more than on disability. Previously, disability began where health ended; once you were disabled, you where in a isolate category. We want to get away from this clement of thinking. We want to prepare ICF a tool for measuring functioning in society, no matter what the reason for one's impairments. So it becomes a much more multipurpose tool with a much broader area of use than a traditional classification of health and disability.

A. BODY FUNCTIONS :

i. Mental functions:

a. Global mental functions (b110-b139) -

- ✓ Consciousness functions
- ✓ Orientation functions
- ✓ Intellectual functions
- ✓ Global psychosocial functions
- ✓ Dispositions and intra-personal functions
- ✓ Temperament and personality functions
- ✓ Energy and drive functions
- ✓ Sleep functions
- ✓ Global mental functions, other specified and unspecified

b. Specific mental functions (b140-b189)-

- Attention functions
- Memory functions
- Psychomotor functions
- Emotional functions
- Perceptual functions
- Thought functions
- Basic cognitive functions
- Higher-level cognitive functions
- Mental functions of language
- Calculation functions b17
- Mental function of sequencing complex movements
- Experience of self and time functions
- Specific mental functions, other specified and unspecified
- Mental functions, other specified
- Mental functions, unspecified



ii.

Sensory functions and pain

a. seeing and related functions (b210-b229)

- Seeing functions
- Functions of structures adjoining the eye
- Sensations associated with the eye and adjoining structures
- Seeing and related functions, other specified and unspecified

b. Hearing and vestibular functions (b230-b249)

- Hearing functions
- Vestibular functions
- Sensations associated with hearing and vestibular function
- Hearing and vestibular functions, other specified and unspecified

c. Additional sensory functions (b250-b279)

- Taste function
- Smell function ICF-CY Two-level classification 31
- Proprioceptive function
- Touch function
- Sensory functions related to temperature and other stimuli
- Additional sensory functions, other specified and unspecified

d. Pain (b280-b289)

- Sensation of pain
- Sensation of pain, other specified and unspecified
- Sensory functions and pain, other specified
- Sensory functions and pain, unspecified

iii. *Voice and speech functions*

- A. Voice functions
- B. Articulation functions
- C. Fluency and rhythm of speech functions
- D. Alternative vocalization functions
- E. Voice and speech functions, other specified
- F. Voice and speech functions, unspecified

iv. *Functions of the cardiovascular, haematological, immunological and respiratory systems*

a) Functions of the cardiovascular system (b410-b429)

- Heart functions
- Blood vessel functions
- Blood pressure functions
- Functions of the cardiovascular system, other specified and unspecified

b) Functions of the hematological and immunological systems (b430-b439)

- Hematological system functions
- Immunological system functions
- Functions of the hematological and immunological systems, other specified and unspecified

- c) Functions of the respiratory system (b440-b449)
 - Respiration functions
 - Respiratory muscle functions
 - Functions of the respiratory system, other specified and unspecified
- d) Additional functions and sensations of the cardiovascular and respiratory systems (b450-b469)
 - Additional respiratory functions
 - Exercise tolerance functions
 - Sensations associated with cardiovascular and respiratory functions
 - Additional functions and sensations of the cardiovascular and respiratory systems, other specified and unspecified
 - Functions of the cardiovascular, hematological, immunological and respiratory systems, other specified
 - Functions of the cardiovascular, hematological, immunological and respiratory systems, unspecified



v.

Functions of the digestive, metabolic and endocrine systems

- a. Functions related to the digestive system (b510-b539)
 - Ingestion functions
 - Digestive functions
 - Assimilation functions
 - Defecation functions
 - Weight maintenance functions
 - Sensations associated with the digestive system
 - Functions related to the digestive system, other specified and unspecified

b. Functions related to metabolism and the endocrine system (b540-b569)

- General metabolic functions
- Water, mineral and electrolyte balance functions
- Thermoregulatory functions
- Endocrine gland functions
- Growth maintenance functions
- Functions related to metabolism and the endocrine system, other specified and unspecified
- Functions of the digestive, metabolic and endocrine systems, other specified
- Functions of the digestive, metabolic and endocrine systems, unspecified

vi. *Genitourinary and reproductive functions*

A. Urinary functions (b610-b639)

- Urinary excretory functions
- Urination functions
- Sensations associated with urinary functions
- Urinary functions, other specified and unspecified

B. Genital and reproductive functions (b640-b679)

- Sexual functions
- Menstruation functions
- Procreation functions
- Sensations associated with genital and reproductive functions
- Genital and reproductive functions, other specified and unspecified
- Genitourinary and reproductive functions, other specified
- Genitourinary and reproductive functions, unspecified

vii. *Neuromusculoskeletal and movement-related functions*

a. Functions of the joints and bones (b710-b729)

- Mobility of joint functions
- Stability of joint functions
- Mobility of bone functions
- Functions of the joints and bones, other specified and unspecified



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- b. Muscle functions (b730-b749)
 - Muscle power functions
 - Muscle tone functions
 - Muscle endurance functions
 - Muscle functions, other specified and unspecified
- c. Movement functions (b750-b789)
 - Involuntary movement reaction functions
 - Control of voluntary movement functions
 - Involuntary movement functions
 - Gait pattern functions
 - Sensations related to muscles and movement functions
 - Movement functions, other specified and unspecified
 - Neuromusculoskeletal and movement-related functions, other specified
 - Neuromusculoskeletal and movement-related functions, unspecified
 - Motor reflex functions



viii.

Functions of the skin and related structures

a. Functions of the skin (b810-b849)

- ✓ Protective functions of the skin
- ✓ Repair functions of the skin
- ✓ Other functions of the skin
- ✓ Sensation related to the skin
- ✓ Functions of the skin, other specified and unspecified

b. Functions of the hair and nails (b850-b869)

- Functions of hair
- Functions of nails
- Functions of the hair and nails, other specified and unspecified
- Functions of the skin and related structures, other specified
- Functions of the skin and related structures, unspecified

B) BODY STRUCTURES***1. Structures of the nervous system***

- ✓ Structure of brain
- ✓ Spinal cord and related structures
- ✓ Structure of meanings
- ✓ Structure of sympathetic nervous system
- ✓ Structure of parasympathetic nervous system
- ✓ Structure of the nervous system, other specified
- ✓ Structure of the nervous system, unspecified

2. The eye, ear and related structures

- Structure of eye socket
- Structure of eyeball
- Structures around eye
- Structure of external ear
- Structure of middle ear
- Structure of inner ear
- Eye, ear and related structures, other specified
- Eye, ear and related structures, unspecified

3. Structures involved in voice and speech

- Structure of nose
- Structure of mouth
- Structure of pharynx
- Structure of larynx
- Structures involved in voice and speech, other specified
- Structures involved in voice and speech, unspecified

4. *Structures of the cardiovascular, immunological and respiratory systems*

- Structure of cardiovascular system
- Structure of immune system
- Structure of respiratory system
- Structures of the cardiovascular, immunological and respiratory systems, other specified
- Structures of the cardiovascular, immunological and respiratory systems, unspecified

5. *Structures related to the digestive, metabolic and endocrine systems*

- Structure of salivary glands
- Structure of esophagus
- Structure of stomach
- Structure of intestine
- Structure of pancreas
- Structure of liver
- Structure of gall bladder and ducts
- Structure of endocrine glands
- Structures related to the digestive, metabolic and endocrine systems, other specified
- Structures related to the digestive, metabolic and endocrine systems, unspecified

6. *Structures related to the genitourinary and reproductive systems*

- Structure of urinary system
- Structure of pelvic floor
- Structure of reproductive system
- Structures related to the genitourinary and reproductive systems, other specified
- Structures related to the genitourinary and reproductive systems, unspecified

7. *Structures related to movement*

- Structure of head and neck region
- Structure of shoulder region
- Structure of upper extremity
- Structure of pelvic region
- Structure of lower extremity
- Structure of trunk
- Additional musculoskeletal structures related to movement
- Structures related to movement, other specified
- Structures related to movement, unspecified

8. *Skin and related structures*

- Structure of areas of skin
- Structure of skin glands
- Structure of nails
- Structure of hair
- Skin and related structures, other specified
- Skin and related structures, unspecified

C) ACTIVITIES AND PARTICIPATION

1. *Learning and applying knowledge Purposeful sensory experiences (d110-d129)*

- Watching
- Listening
- Other purposeful sensing
- Purposeful sensory experiences, other specified and unspecified

2. *Basic learning (d130-d159)*

- Copying
- Learning through actions with objects
- Acquiring information
- Acquiring language
- Acquiring additional language
- Rehearsing
- Acquiring concepts
- Learning to read
- Learning to write
- Learning to calculate
- Acquiring skills
- Basic learning, other specified and unspecified



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3. *Applying knowledge (d160-d179)*

- Focusing attention
- Directing attention
- Thinking
- Reading
- Writing
- Calculating
- Solving problems
- Making decisions
- Applying knowledge, other specified and unspecified
- Learning and applying knowledge, other specified
- Learning and applying knowledge, unspecified

4. *General tasks and demands*



- Undertaking a single task
- Undertaking multiple tasks
- Carrying out daily routine
- Handling stress and other psychological demands
- Managing one's own behaviour
- General tasks and demands, other specified
- General tasks and demands, unspecified

5. *Communication Communicating - receiving (d310-d329)*

- Communicating with - receiving - spoken messages
- Communicating with - receiving - nonverbal messages
- Communicating with - receiving - formal sign language messages
- Communicating with - receiving - written messages
- Communicating - receiving, other specified and unspecified

6. *Communicating - producing (d330-d349)*

- Speaking
- Pre-talking
- Singing
- Producing nonverbal messages
- Producing messages in formal sign language
- Writing messages
- Communication - producing, other specified and unspecified

7. *Conversation and use of communication devices and techniques (d350-d369)*

- Conversation
- Discussion
- Using communication devices and techniques
- Conversation and use of communication devices and techniques, other specified and unspecified
- Communication, other specified
- Communication, unspecified

8. *Mobility Changing and maintaining body position (d410-d429)*

- Changing basic body position
- Maintaining a body position
- Transferring oneself
- Changing and maintaining body position, other specified and unspecified



9. *Carrying, moving and handling objects (d430-d449)*

- Lifting and carrying objects
- Moving objects with lower extremities
- Fine hand use
- Hand and arm use
- Fine foot use
- Carrying, moving and handling objects, other specified and unspecified

10. *Walking and moving (d450-d469)*

- Walking
- Moving around
- Moving around in different locations
- Moving around using equipment
- Walking and moving, other specified and unspecified

11. *Moving around using transportation (d470-d489)*

- Using transportation
- Driving
- Riding animals for transportation
- Moving around using transportation, other specified and unspecified
- Mobility, other specified
- Mobility, unspecified

12. *Self-care*

- Washing oneself
- Caring for body parts
- Toileting
- Dressing
- Eating
- Drinking
- Looking after one's health
- Looking after one's safety
- Self-care, other specified
- Self-care, unspecified

13. *Domestic life Acquisition of necessities (d610-d629)*

- Acquiring a place to live
- Acquisition of goods and services
- Acquisition of necessities, other specified and unspecified

14. *Household tasks (d630-d649)*

- Preparing meals
- Doing housework
- Household tasks, other specified and unspecified

15. *Caring for household objects and assisting others (d650-d669)*

- Caring for household objects
- Assisting others
- Caring for household objects and assisting others, other specified and unspecified
- Domestic life, other specified
- Domestic life, unspecified



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16. Interpersonal interactions and relationships General interpersonal interactions (d710-d729)

- Basic interpersonal interactions
- Complex interpersonal interactions
- General interpersonal interactions, other specified and unspecified

17. Particular interpersonal relationships (d730-d779)

- Relating with strangers
- Formal relationships
- Informal social relationships
- Family relationships
- Intimate relationships
- Particular interpersonal relationships, other specified and unspecified
- Interpersonal interactions and relationships, other specified
- Interpersonal interactions and relationships, unspecified

18. Major life areas Education (d810-d839)

- Informal education
- Preschool education
- Preschool life and related activities
- School education
- Vocational training
- Higher education
- School life and related activities
- Education, other specified and unspecified

19. Work and employment (d840-d859)

- Apprenticeship (work preparation)
- Acquiring, keeping and terminating a job
- Remunerative employment
- Non-remunerative employment
- Work and employment, other specified and unspecified

20. *Economic life (d860-d879)*

- Basic economic transactions
- Complex economic transactions
- Economic self-sufficiency
- Economic life, other specified and unspecified
- Engagement in play
- Major life areas, other specified
- Major life areas, unspecified

21. *Community, social and civic life*

- Community life
- Recreation and leisure
- Religion and spirituality
- Human rights
- Political life and citizenship
- Community, social and civic life, other specified
- Community, social and civic life, unspecified

D. ENVIRONMENTAL FACTORS

1. *Products and technology*

- Products or substances for personal consumption
- Products and technology for personal use in daily living
- Products and technology for personal indoor and outdoor mobility and transportation
- Products and technology for communication
- Products and technology for education
- Products and technology for employment
- Products and technology for culture, recreation and sport
- Products and technology for the practice of religion and spirituality
- Design, construction and building products and technology of buildings for public use
- Design, construction and building products and technology of buildings for private use
- Products and technology of land development
- Assets
- Products and technology, other specified
- Products and technology, unspecified

2. *Natural environment and human-made changes to environment*

- Physical geography
- Population
- Flora and fauna
- Climate
- Natural events
- Human-caused events
- Light
- Time-related changes
- Sound
- Vibration
- Air quality
- Natural environment and human-made changes to environment, other specified
- Natural environment and human-made changes to environment, unspecified

3. *Support and relationships*

- Immediate family
- Extended family
- Friends
- Acquaintances, peers colleagues, neighbors and community members
- People in positions of authority
- People in subordinate positions
- Personal care providers and personal assistants
- Strangers
- Domesticated animals
- Health professionals
- Other professionals
- Support and relationships, other specified
- Support and relationships, unspecified

4. *Attitudes*

- Individual attitudes of immediate family members
- Individual attitudes of extended family members
- Individual attitudes of friends
- Individual attitudes of acquaintances, peers colleagues, neighbors and community members
- Individual attitudes of people in positions of authority
- Individual attitudes of people in subordinate positions
- Individual attitudes of personal care providers and personal assistants
- Individual attitudes of strangers
- Individual attitudes of health professionals
- Individual attitudes of other professionals
- Societal attitudes
- Social norms, practices and ideologies
- Attitudes, other specified
- Attitudes, unspecified

5. *Services, systems and policies*

- Services, systems and policies for the production of consumer goods
- Architecture and construction services, systems and policies
- Open space planning services, systems and policies
- Housing services, systems and policies
- Utilities services, systems and policies
- Communication services, systems and policies
- Transportation services, systems and policies
- Civil protection services, systems and policies
- Legal services, systems and policies
- Associations and organizational services, systems and policies
- Media services, systems and policies
- Economic services, systems and policies
- Social security services, systems and policies
- General social support services, systems and policies
- Health services, systems and policies
- Education and training services, systems and policies
- Labour and employment services, systems and policies
- Political services, systems and policies
- Services, systems and policies, other specified
- Services, systems and policies, unspecified

10.2.3 Diverse Learners’:

The learning disabled children are those who possess an intelligent quotient below than the average children. They fall for behind other children of their age group in the class. Due to the weakness in study the learning disabled children require special assistance and instructions. They seek the sympathy and guidance of their friends and relatives when they face some difficulties. The teachers feel discontent in the achievement of the slow learners. As they take more time to learn than the amount of time, taken by the average learner. But views these 240 children as backward or slow learner because they fall behind to face with the normal class room learning affairs.

Samuel Kirk (1963): Leaching disabled children (LDC) “as a group who have disorders in development of language, speech reading and associated communication skills.”

The Association for children with learning Disabilities (1967): “A child with learning disabilities is one with adequate mental ability, sensory processes and emotional stability who has a limited number of specific deficits in perceptual, integrative or expressive processes which severely impair learning efficiency. This includes children who have central nervous system dysfunction which is expressed primarily in impaired learning efficiency.”

The National Advisory Committee on Handicapped Children (NACHC) in USA (1969): “Children with specific learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken / written language. These may be manifested in disorders or listening, thinking, talking, reading, writing, spelling or arithmetic. They include conditions which have brain referred to as perceptual handicaps, brain injury, minimal brain dysfunction dyslexia, developmental aphasia etc. They do not include learning issue which is due primarily to visual, hearing or motor handicaps, to mental retardation, emotional disturbances, or to environmental disadvantage.

Kass: A child with learning disabilities is one with important developmental discrepancies in central motor, central perception, or central cognitive system which leads to failure in behavioral reactions in language, reading, writing, spelling, arithmetic, and/or content subjects.

- **Characteristics of learning disabled:** The learning disabled show low intelligence scores and poor educational attainments. According to Kirk’s Educational Classification they possess I.Q. between 75 and 90. They take more time to learn than the amount of time taken by an average learner. It has been found that they pass on margin the school subjects. Sometimes they develop a tendency of self devaluation, frustration and lack of confidence.

➤ **Specific learning disability:**

A specific learning disability is perfectly different to a general learning disability. A child with a specific learning disability has difficulty in a particular area of learning such as reading, writing, spelling and arithmetical notation. Their difficulties are very specific and are not due to other causes such as their general ability being below average, defective sight or hearing, emotional factors or a physical condition. The difficulties experienced by a person can range from mild to severe. Specific learning disabilities include:

- a) Dyslexia- which is a difficulty in learning to read. This may mean that the child finds it hard to learn to read words or to understand what is written.
- b) Dyscalculia- which is a difficulty with numbers. This may mean that the child finds it hard to understand how numbers work or learn to count or add, subtract, multiply and divide.
- c) Dysgraphia -which is a difficulty with writing/spelling. This means that the child finds it difficult to write legibly and may have problems with spelling. They may find it hard to order their thoughts when writing a story or essay

➤ **Nature & Characteristics of LDC:**

1. *Characteristics of cognitive learning problem:*

- a. They learn at slow rate.
- b. They relay in concrete learning, rather than abstract learning.
- c. They lack judgment and common sense.
- d. They are highly distractible.
- e. Their learning sets are difficult.
- f. They face troubles in establishing concepts.
- g. Their learning is rigid.
- h. Transfer of learning does not occur in their case.
- i. They learn from direct teaching and cannot acquire skill in accidental.
- j. They are under-achievers.
- k. They cannot attend to the relevant stimulus dimensions.

2. Characteristics of language and language related problems:

- i. They face difficulties in verbal expression.
- ii. Their verbal reception appears inadequate for learning.
- iii. Their articulation problems are evident.
- iv. Their oral reading is more difficult than silent reading.
- v. They possess inappropriate speech quality (e.g. pitch, tone) stuttering.
- vi. They find it difficult to carry on a conversation.

3. Characteristics of Auditory perceptual problems:

- a. They cannot attend to verbal directions.
- b. They give inappropriate responses to verbal question.
- c. They prefer visual tasks that require very little listening.
- d. They cannot determine the main idea from orally presented material.
- e. They find it difficult to discriminate between similar sounding words.
- f. They cannot recall a story that was read out loud.
- g. They feel difficulty identifying sounds (e.g. train whistle, dinner bell, ambulance siren).
- h. They feel trouble identifying rhyming words.
- i. They leave off common prefixes and suffixes.
- j. They cannot repeat a series of words or digits that were orally presented.
- k. They have difficulties learning to count by memory.
- l. They have troubles writing from dictation.

4. Characteristics of visual motor problems:

- a. They feel difficult to comprehend visual objects.
- b. They have awkward movements.
- c. They are easily distracted by visual stimulus.
- d. They are unable to discriminate shapes, colors and relationship.
- e. They possess poor hand writing.
- f. They have reversals in hand writing.
- f. They cannot remember something seen.
- g. They have difficulties in fine motor tasks.
- h. They prefer oral learning task.
- i. They react to part, rather than whole.
- j. They have complaints of physical problem.
- k. They point at each word while reading.
- l. They have evident body tension.
- m. They cannot recognize common objects.
- n. They confuse similar letters

5. Characteristics of Social-Emotional Problems:

- a. They cannot sit still for an appropriate amount of time.
- b. They achieve below expectancy.
- c. They are unable to make friends.
- d. They are aggressive towards peers.
- e. They show the tendency of withdrawn and hypoactive.
- f. They feel anxious to try new things.
- g. They pose in constituent behavior.
- h. They change their moods frequently.
- i. They are extremely fearful.
- j. They possess constant functioning of lying.
- k. They show tendency at excessive by omit
- l. They show excessive body movement or twitching

➤ *Identification of the learning disabled:*

It has been derived by the different educational psychologists that different factors are presented in the identification of the learning disabled children. Besides each child has his own set of courses. However the general causes stated below may help to identify the learning disabled.

1. Low intelligence: The learning disabled child possesses a very low intelligence quotient as compared with that of the average child. It is also significant that due to low intelligence the learning disabled child does not show the same proficiency as a normal child shows in the specific areas of mental traits and abilities.

2. Physical defects: Due to physical defects the learning disabled child faces difficulties in social adjustments. About 15 percent of the backward cases suffer from physical or physiological defects. It makes the child to fall behind the average children. Such physical defects and abnormalities may be hard of hearing defective vision, left handedness stuttering, digestive disorders, enlarged tonsils or adenoids, chronic coughs, bronchitis or any other glandular problems and being weak or crippled etc.

3. Subnormal physical development: The learning disabled children have the poor health conditions. It may be due to deficiency of protein at prenatal or childhood stage. Earning disability may also occur due to defects in memory, perceptual motor skills, closuregeneralisation, attending abilities, spatial orientation, verbal expression, visual auditory discrimination and association. Burt has viewed that the development or physical ratio of these children calculated from the physical and chronological age for height and weight has taken to be 95% as compared with 98.2 in the case of normal children.

4. Psychological factors: The psychological factors affect the scholastic achievements of the slow learners. It leads to provoke failure frustration, depression, anxiety, tension and other emotional factors. It is presumed that the child handicapped earlier needs to exceed the normal growth rate to recover. The physical or nutritional deprivation also interferes in the original condition of the child for which he develops certain irrigative attitudes, sometimes when the child is taken away from Oen School to another for a better education, he fiends relations with neighborhood peers restricted and severed.

5. Environmental Factors: The child interacts with his own environment that might be home or school, which is responsible for his behavioural outcomes. Bad environment is the potent cause of making the child a learning disabled. The different dimensions may be involved in this respect like a psychological trauma. Such as absence of a mother a physical trauma, a car accident or social deprivation such as limitations arising from social contacts or contexts. The economical conditions of the parents affect the child as they cannot supply to their sibling the requisite materials for living.

6. Genetic condition: Due to the genetic conditions the children are likely to be affected. Some visual auditory, motor and cognitive defects are found with a child only for major abnormalities. If one or other parent has the condition half the offspring are likely to be affected Recessive conditions are determined by a gene which will only exert an influence in the offspring if both parents are carriers.

7. Atmosphere at home: The children from unhealthy home back-grounds show some psychological problems which cause for learning disability. The effects of poor diet and hard physical labour are associated with the health, fatigue and diversion of attention a learning disabled. The nutritional deficiency under nourishment, poverty and lack of education of parents in the family play a major role in producing many deprived children with learning difficulties.

8. Factors related to school: If the school environment is not congenial to the child it inhibits the child's physical, mental, social and emotional development. The learning disabled children in the school don't show good performance in reading, writing and arithmetic. In other cases weakness in perception of visual pattern of words, weakness in auditory discrimination of speech sounds, wrongly attitudes defective vision, irregular attendance, speech defects and frequent change of schools are responsible for reading retardation.

- *Integrating the learning disabled:* Schonell and other have suggested that the learning disabled children should be admitted in ordinary schools for a better type of learning than the special schools. But the provision for special classes and other precautions should be there to integrate these children. The use of special approach by giving them more individual help and attention in a small group will profit them to make their experience lucid and lofty. Hence the special classes in ordinary schools are preferable to special schools for the reason that the learning disabled can join in many out of school activities and other non-academic pursuits with normal children and in this way acquire a sense of normality. However, it is suggested that these special classes should be small and should include between 10-15 children.

While the remedial teaching courses are taken by the teacher in an ordinary school, it should be followed by the general methods suggested below.

1. Traditional grade system, and traditional curriculum does not work in the case of disabled children. Hence method, material and organization should be evolved keeping in view the real situation.
2. There should be friendly approach in remedial teaching and the work should be so graded as to give to each child some experience of success.
3. Use of art, music and drama is found useful in the development of interests, social skills and confidence learning disabled children.
4. The teaching material must be very carefully graded, keeping in mind the requirement and level of children.
5. There should be short frequent lessons rather than a few long lessons every week.
6. The learning disabled children are able to comprehend concrete ideas than abstract ideas, they are thing minded, eye minded rather than word minded and thought minded.

➤ **The process of identification**

- i. Then the medical examination should be conducted including examination of eyes, ears, central nervous system, speech organ and throat.
- ii. All the medical examinations should be followed by psychological tests vividly.
- iii. The environment factors e.g. physical, mental and social problems should be experimented carefully

➤ ***Educational Programme of learning disabled children :***

The learning disabled children are the potential children. The children who possess the intelligent quotient below 75 (Kirk-1972), they do not show improvement among the average in ordinary school. It is better to give them admission in specialized schools. But those children with intelligent quotient between 75 to 90 can improve their standard if requisite provisions can be arranged for them. Different learning disabled children have the different problems. The teacher with keen interest should observe and investigate the difficulties and disabilities they have. It will help to utilize the human power more use-full for the industrial and economical revival of a developing country like India. The 257 following Educational Programme may be afforded while teaching to the learning disabled.

1. Character training: For the education of the learning disabled children disciplining is very important. It should be as free as possible character training is more important than to discern the intellectual aspects. The learning disabled children when guided in a modified manner and get the scopes to take their own decision a remarkable improvement is found in their sub-attitude and self-confidence.

2. Special Curriculum: Most often, the curriculum is the root cause of the failure of the learning disabled children it should be taken into view by the members of the secondary Board, Universiteis and the experts assigned for different classes should also think over the problems. Normally the learning disabled cannot cope with the curriculum meant for the average or fitted children for which sometimes they show the tendency of truancy and even become drop outs in the end.

3. Method of teaching: The learning disabled children do not take the profit from the methods of teaching meant for the average learners in the class. So the method of teaching should be so such that the learners take active interests and develop positive attitude towards learning. The teacher should also provide varied of experiences and use shutter targets meaningful audiovisual aids for more flexible planning.

4. Participation in co-curricular activities: The regular class teachings do not give much inspiration and stimulation to the learning disabled children. So there must be diversion of curricular activities. The children should be interested to take part in different co-curricular activities according to their interest and ability. The diversified courses challenging atmospheres, creative involvements and new values add rich-experiences to the knowledge of learning disabled children.

5. Community participation: In developed countries there is the provision of the participation of the community members in primary schools. Wolf views for parental participation in the education of exceptional children. In the school the parents day should be observed which helps the parents to know the school and to know their off springs in detailed. The voluntary service of suitable persons may be profitable for teaching of learning disabled during the extra school hours.

6. Role of the teachers: The teachers are the main arch of teaching learning mechanism. He should be enthusiastic and co-operative by his nature. He should not develop the negative attitude towards the learning disabled. The words like stupid the back benchers the slow learners idiot should be avoided by the teacher in the class as it destroys the self-esteem and self-concept of the children.

7. Role of the psychologists: The learning disabled children have different kinds of educational and emotional problems. All these problems can be solved by the consultation of the psychologists. Some psychological conflicts and mental tensions of the learning disabled children need a sheer study; those children need special attention and valuable guidance to take the advantages from the different school programmes.

8. Home visits by teachers: In U.K. home visits by teachers are considered as the part of their duty. It strengthens the teacher-parent relationship. In our country though that provision has not been given due weight age, still some teacher's take interest to consult with the parents in market place, in the shop when buying the materials, in the temple or fair or in the meeting elsewhere and go through the problems of the children.

9. Medical check-up: Special medical checkup should be done for the learning disabled children. The physical disabilities create problems in their learning and adjustment. Both the teachers and parents should help the child in this affair. The school should render regular medical check-up service and it should be inspired by the Government side also. Some students him their disease due to so many reasons. These cases should be detected by the parental consultation and keeping age in the sentiment of the children.

10. Provision of extra schooling: The special education system for the learning disabled has been supported by so many psychologists. According to Uday Shankar. If they are kept with normals, they will be pushed back and back ward will become more back ward with children of their own level. But they will be less conscious of their draw backs and they will feel more secure is a group of their own type where there will be more encouragement and appreciation and less competition. I

➤ **Role of the teachers in educational programmes of the learning disabled:**

1. The teacher should be friendly and sympathetic while teaching to the learning disabled children.
2. He should understand the child while talking with him.
3. The teacher should not punish the child.
4. The teacher should be aware of the home environment of the child.
5. The parents should be informed by the teacher regarding the problems of their children and guidelines should be given to them.
6. The attitude of the teacher should not be critical while interviewing the parents.
7. While some major defects are found with the child by the teacher, he may be referred to a guidance clinic.
8. The teacher should make the child dependent on him to a certain extent while showing interest in his problems.
9. The teacher should be a good psychiatrist and psychologist.
10. The child should not be made to feel nervous excited or emotionally upset while treated by the teacher.
11. Individual attention should be paid to the child with all care.
12. The child should be provided with vocational fiancé for a better future prospective.
13. The teacher should evolve self-confidence and self-assurance with the child.
14. The teacher should avoid favoritism.
15. The teacher should be highly qualified and well trained to teach the learning disabled children.

10.2.4 Intellectual Disabilities: Intellectual disability is a substantial limitation in cognitive functioning (i.e., thinking skills). People along intellectual disability commonly have limited communication skills, limited self-care skills, poor social skills, and very restricted academic skills. Most significantly, people with intellectual disabilities have great difficulty with learning and usually call on special teaching methods to learn efficiently. A person with mild intellectual disability generally has severe learning difficulties, limited or poor conversational skills and would ordinarily have a history of slow personal development. Most people with mild intellectual disability learn independent living skills and are usually involved in productive work at home, in the community or in a workplace.

A state of scrappy mental development of such a kind and degree that the individual is unable of adapting himself to the normal environment of his colleague in such a way to maintain existence independently of supervision control or external support.

Kidd (1941): It refers to significantly sub-average intellectual functioning which manifests itself during the developmental period and is characterized by inadequacy in adaptive behaviour. Thus, three conditions must be satisfied in order to designate a person as mentally retarded:



- i) Sub-normal intellectual functioning.
- ii) Severity to the level of incapability leading to an independent life.
- iii) Impairment of adaptive behaviour.

Tred gold (U.K., 1937) “A state of arrested to incomplete development of mind so severe that the patient is incapable of leading an independent life or of guarding himself against serious exploitation in the case of a child, that he will be so incapable when an adult.”

American Association on Mental Retardation (1992): Mental retardation refers to substantial limitations in present functioning. It is characterized by important sub-average intellectual functioning existing concurrently with related limitations in two or more of the following adaptive skill bounds:

- i) Communication
- ii) Self-care
- iii) Home living
- iv) Social skills
- v) Community use
- vi) Self-direction
- vii) Health and safety
- viii) Functional academics
- ix) Leisure and work
- x) Mental retardation manifests before the age of 18

Ziegler and colleagues (1986-1987; 1991) dispute that a proper classification of MR employs both IQ score and etiology of the retardation. Consequently, they suspect classified MR into cultural/familial and organic groups, based on the appearance or absence of a known organic etiology. This two-group approach is one of the most well paper distinctions in the mental retardation literature over the last century.

➤ **Types of mental Retardation:**

Many systems have been proposed for the classification of mentally retarded children. In 1963 Gel of reported that 23 different classification systems were in use in English speaking countries. But the three phrases used most by the educators to classify mentally retarded children are the following.

1. Educable Mentally Retarded (E M R)
2. Trainable Mentally Retarded (T.M.R)
3. Severely or profoundly mentally Retarded (P.M.R).

- According to A.A.M.D system mental retarded children are classified in the following way.

- i) Mild Retarded IQ = 55-70
- ii) Moderate retarded IQ = 40-55
- iii) Severe retarded IQ = 25-40
- iv) Profound retarded IQ less than 25

A) Educable or mild retarded: Mild retarded children are often referred to by educators as educable mentally retarded children comprise those who lie at the upper end of the mentally retarded category. Their mental handicap is regarded as minimal as their measure intelligence falls in the I.Q range of 50/55 to 70/75.

B) Trainable or moderate retarded: Moderate retarded are sometimes referred to as trainable mentally retarded. These children fall at the lower end of the mentally retarded range and their I.Q usually lie between 30/35 to 50/55. The trainable group usually demonstrate their intellectual deficit at a fairly age through their slowness in overtaking the normal developmental steps and difficulties generally in the area of adaptive behaviour. Normally placed in special day schools T.M.R children need training in self care activities and language development and many cases are able to acquire only rudimentary academic skills.

C) Severe or profound Retarded: Severe or profoundly retarded children are almost identified at birth or shortly afterwards. Their IQ usually lies below 30. These children are for the most part totally dependent on others for their existence and are institutionally used quite early in life. Most of them have significant cerebral nervous damage and many have other handicapping conditions. Traditionally they have not been considered for special education. Training for the severely retarded consists of self care skills, toileting, dressing, eating, and drinking and language development. A profoundly retarded person may not be able to care for his or her personal needs and may be confined to a bed.

➤ **Characteristics of educable mentally retarded:**

The characteristics of the educable mentally retarded children discussed from the various aspects are given below:

1. *Physical characteristics:*

i) Though the educable mentally retarded children have no significant deviation in physical growth like height weight and motor co-ordination, still they are slower in some physical activities like walking, habit training and self-feeding as compared to the normal children.

ii) In some cases due to brain injury, they do not show progress in language development like the average children.

iii) Some educable mentally retarded children come from poor home conditions with a poor health due to nutritional and sanitary problems for which they are seemed physically inferior to the normal children of their age.

2. *Educational characteristics:*

i) They are not able to think abstractly or to handle symbolic material.

ii) They have inability to read write and reckon at an early age for which delay learning occurs with them.

iv) The rate of development in case of the educable mentally retarded children is only a half to three quarters than that of ordinary children.

v) The school programme too often has been geared to the average pupils.

vi) In the above school situation the educable mentally retarded child learns to feel that he is and will be a failure in life, his ambition is ignored, stunted, or destroyed, and he is led early to believe that he can never succeed.

vii) With the age of 15 and 16 years the educable mentally retarded child completes his education up to II to IV class.

3. *Intellectual characteristics:*

- i. The educable group comprises those children who lie at the upper end of the mentally retarded category.
- ii. Since their measured intelligence tend to fall in I Q range of 50/55 to 70/75 their degree of mental handicap may be regarded as minimal.
- iii. Only rarely is their mental disability accompanied by physical strigmata and indeed, it is often only their failure in the ordinary school and subsequent assessment on psychological tests that reveals their mental disabilityiv.
- iv. As such their rate of intelligence and development is less and they are called as slow learners.
- v. The capacity of judgement, abstract thinking and reasoning is out with them.

4. *Social Characteristics:*

- i) They may react to their educational inefficiency by social misbehaviour.
- ii) They indicate a definite immaturity by their non-acceptance of personal and social responsibilities.
- iii) As a child, the educable mentally retarded child is slow to grasp the rules of the game and this causes his play mates to lose patience with him.

5. *Emotional characteristics:*

- i) The feelings and needs of the educable mentally retarded children mirror those of normal children.
- ii) The emotional demands which they make on adults may tend to be greater and their dependence will certainly last longer.

6. *Behavioural Characteristics:*

- i) Their slow learning may be manifested by poor co-ordination and lack of flexibility or adaptability.
- ii) Unlike the superior child, the educable mentally retarded child is unable to win the attention of adults and may be forced into a kind of bewildered isolation, since he cannot understand why no one wants to associate with him.

7. Occupational Characteristics:

- i) The educable mentally retarded are rehabilitated in simple vocations and they become partially or wholly self supporting with some socially adjustment also.
- ii) They can do farming, gardening, making or repairing shoes, tailoring, motor brush making, weaving and laundry work.

➤ Teaching Strategies of the educable mentally retarded:

There are various programmes, training, techniques and treatment have been developed to meet the needs of the educable mentally retarded children. Some of the research findings suggest greater effectiveness of concrete objects and experiences rather than words alone. It has been also proved to be very effective to use the teaching machines for meeting the individual needs of the retarded.

1. Individualization: Considering special methods in the education of the educable mentally retarded, the most important thing in the teaching will be the individualization. Individualization does not mean that such children will receive individual instruction. Though it can be possible with small number children.

2. Learning by doing: Another principle of special education for these children is that they should learn by doing the thing by themselves. Activity methods will be employed which will put emphasis on learning through experience. Because of their intellectual deficit, they can learn better, where ideas are expressed in concrete situations, which they can relate to the world they know teaching should be made as far as possible, through materials which can make appeal to the senses.

3. Need for learning readiness: Readiness to learning is an important factor for effective learning. These children have the ability to learn to read, write and count provided that the way is prepared for the introduction of these subjects through appropriate readiness programmes. The educator should have sufficient patience to wait till the child is psychologically and intellectually ready to receive the knowledge.

4. Repetition: It is a saying that practice makes a man perfect. This can be possible through repetition. As the mentally retarded children have poor Emory in comparison with the normal students, teaching method should provide a considerable amount of repetition, for making learning permanent. However repletion should not be encouraged without insight and understanding of the subject.

5. Short periods: Mentally retarded children have limited power of consideration. Therefore formal teaching periods should be kept fairly short but at the sometime it is remarkable to know how long they can preserve when they find the subject matter stimulating.

6. Concrete problems: It will be admitted that mentally retarded children generally show lack of imagination and foresight. At the same time it is difficult for them to transfer the learning experience of one situation to a similar but new and unfamiliar one. Therefore real life problems should be introduced. So that the immediate application of that is to be learning can be easily appreciated.

7. Graded Curriculum: Since these children learn slowly than the average child the work undertaken in the basic subjects of reading and arithmetic must be graded. This will ensure steady progress and feeling of success. Therefore there is necessary for the production of special books for slow learners and until these are prepared, the class-teachers should prepare materials by themselves.

8. Projects: Project is one of the most suitable methods of teaching to the mentally retarded. There is controversy with regard to the introduction of project as to how this can be undertaken without disturbing the basic subject programme. The arrangement can be done with the coreprogramme of language and number with a peripheral programme including subjects like history geography and nature study etc

➤ **Remedial Programmes by the parents at home:** It should be remembered that most of the mentally retarded children will remain at home. There are only a few instructions which can help the retarded children. Therefore parents should shoulder major responsibilities of the educable mentally retarded children. They should understand their children and develop right attitude towards their bringing up and their rehabilitation.

- i. First thing is that they must accept the presence of the retarded children in their homes instead of cursing fate or themselves. They should have to reconcile with the situation boldly.
- ii. Parents should realize that the retarded children can never become like normal children. They should not therefore waste time, energy and money to cure their children rather they should take care of the children and handle the situation jointly and suffer together.
- iii. Educable mentally retarded children need love and affection but this should not amount to something to over protection ro indulgence parents should be sympathetic but firm and consistent in their disciplinary demands. This will help in developing useful habits and attitudes in the children.

- iv. Parents should not forget that the mentally retarded child learns at his own place. There is no need to push him beyond his abilities as he is a slow learner. They must remember that child individual mental growth should be emphasized rather than the standard rate.
- v. The parents should encourage the retarded children to do various household activities, such as washing, cooking, cutting, decoration and other simple domestic work. At the same time they should appreciate and praise their work in order to give a sense of achievement.
- vi. For motor control and muscular co-ordination, physical exercises can be done with skipping, ropes, and wooden tatters, stair cases, balancing poles etc. parents also can engage these children in outdoor games of different types and let them play in their own lawns or outside.
- vii. These children should be taken as far as possible to various places of interest.

➤ Remedial Programmes by the teachers at a school:

Now more efforts are done to create more favorable learning environment for the educable mentally retarded children. Environmental manipulation is obviously related to the learning outcome. Behaviour can be shaped by applying principles of operant conditioning one advantage of operant conditioning as a technique is that it does not require the student to have verbal ability and thus is the technique most appropriate for the severely retarded. So the teacher should adopt the following techniques and principles for helping the retardates. The techniques are:

1. Paired associates learning: It utilizes the successive presentation of a list of pairs of items, including words, pictures, symbols and even sounds. The members of each pair may not belong to the same category of stimuli and the subject's task is to associate the members of each pair. Variations of this basic theme they may be used.
2. Social training: It is the technique which involves successive presentation of a number of stimuli and the subject is required to anticipate the stimulus following the one that he is shown.
3. Effective verbal mediation: It is the techniques which make it clear that it is quite likely that the discriminative and associative learning of the retardates would improve if they were taught first to mediate cues with distinctive labels. The retardates are more easily taught the semiconcrete material and their learning is apparently affected by the meaningfulness of the material to be learned.

4. Motor learning: It is the area in which the retardates find themselves more comfortable and confident. This involves training in some vocational or manual tasks enabling the retardates to acquire certain vocation skill. This technique proves helpful to the retardates particularly at the lower level of functioning.

5. Discrimination learning: It involves procedures leading to increased distinctiveness of the stimuli to be discriminated. Retardates usually benefit more from such manipulations, participatory if multidimensional stimuli are provided.

➤ **Prevention of Mentally Retarded Children:**

The prevention of mental retarded children is stated below:

1. Birth Control- The parents of the mentally retarded children should be advised to be operated open for birth control by which there should be check of birth of further mentally regarded children.

2. Segregation- The mentally retarded children should remain away from the average children and their admission should be done in separate schools.

3. Education of parents- The parents of the training programme should be organized for the parents of mental retarded children. This will help them to be aware of the level of I.Q of the children. Besides, they will be able to know how to behave with their mentally retarded children.

4. Individual attention- In the school for the mentally retarded children small size of classes should be arranged. The teacher should pay attention for the special problem of the individual child.

5. Special schools & Hospitals- In the general schools and hospitals the care of the mentally retarded children may not be taken properly. So for the children the arrangements should be done for special schools and hospitals.

6. Special teaching methods- The general teaching methods adopted for the normal children are not suitable for the mental handicapped children. So special teaching methods should be followed for these children.

7. Special curriculum- The mentally retarded children cannot adjust with the normal curriculum of the schools. They should not be treated as normal children to follow the educational programmes of the school. Freedom should be given to the mentally retarded children to perform their curricular and co-curricular activities which are suitable to them. So the exports should developed special curriculum for these children.

8. Trained teachers- The teachers who are trained on mentally retarded children should take care of these children. They should be alert to see and solve the problems of the children inside the campus.

9. Special Guidance services- The teacher who have gone through orientation programme on guidance services should help the mentally retarded children for their adjustment inside the campus. They should advise the subject teacher to provide appropriate learning opportunities according to the level of educability.

10.2.4.5 Physical Disabilities:

Physical disabilities place whatever limitation on a person's ability to move about, use their structure or hands control their own movement. Physical disabilities are the most obvious disabilities, as a rule, although there are some conditions that limit movement and mobility in less obvious or inconsistent ways (e.g., epilepsy, cystic fibrosis, diabetes). Students with more severe physical disabilities often have related health problems and, of course, physical disabilities are often a symptom of health problems.

The physical challenge is a relatively visible challenge and it becomes more so by the societies prejudices for a disfigured body. The person who doesn't appear normal is an applied label, which makes his adjustment difficult. Though the society has modernized enough to accept the disability and work out ways to face these challenges, yet these facilities have not reached everywhere. School is one of the mechanisms of adjustment for the physically challenged, because they usually have normal functioning brains. It is only in their physical stature that problems are there and there are various and devices to aid their adjustment to environment. The teachers training curriculum too prepares the teachers for teaching special children in regular classrooms.

➤ *Types of physical disabilities:*

There are following types of physical disabilities:

- (i) *Impairment in mobility*- is a type of disability that includes people with dissimilar types of physical disabilities. This category of disability encircles upper limb disability, manual dexterity and disability in co-ordination with various organs of the body. Disability in mobility can other is a congenital or acquired with age problem. This issue could also be the consequence of some disease. People who have a broken skeletal structure also decline into this type of disability.
- (ii) *Spinal cord disability* is another consequence of spinal cord injuries which can sometimes lead even to lifelong disabilities. This kind of skeletal injury mostly occurs due to severe accidents. The spinal injury can be complete or incomplete. In an incomplete type of spinal injury, the messages conveyed by the spinal cord are not completely lost; whereas a complete injury results in a total malfunctioning of the sensory organs. In rarest of cases spinal cord impairment can be a birth defect though.
- (iii) *Brain Disability* is a disability that occurs in the brain due to a brain injury. The degree of the brain injury can range from mild, moderate and severe. There are broadly two types of brain injuries; Acquired Brain Injury (ABI) and Traumatic Brain Injury (TBI). Acquired Brain Injury is not a hereditary type of disability but is the degeneration that occurs after birth. The causes of such disabled cases of injury are many and are mainly because of external forces applied to the body parts.
- (iv) *Vision Disability* is diversified type of physical impairment. There are hundreds of thousands of people that greatly suffer from minor to different serious vision injuries. These types of injuries can also outcome into some severe diseases like blindness and ocular trauma, to name a few. Some of the general types of vision impairment includes scratched cornea, scratches on the sclera, diabetes related eye conditions, dry eyes and corneal graft.
- (v) *Hearing disability* is the category of physical impairment that includes people that are completely or partially deaf. People who are partly dumb can use hearing-aid to do away with the hearing problem. But this type of situation is worse if the deafness is complete.
- (vi) *Cognitive disability* is a kind of physical impairment present in people who are suffering from dyslexia and various other learning difficulties. People having dyslexia problem face difficulties in reading, writing and speaking.

➤ Characteristics of Physical disabilities:

There are numerous children who are born with physical disabilities. However, the disabilities do not have to border their life or natural talents if they are supported and incited correctly. Although physically handicapped children do have to through certain challenges, they are capable of fulfilling their dreams by learning how to adapt and synthesize to certain situations instead of giving up.

1. *Physical Characteristics* physically handicapped children are all challenged with physical limitations to some degree. Many physically handicapped children forbear from a lack of coordination, weak muscles, stiff muscles, or no muscle strength at all. Rehabilitation and physical therapy can greatly assist physically handicap children in lessening and even resolving the handicap over time. All of the usually equipment and safety measures should be taken in order to allow the child to be as mobile and independent as feasible.

2. *Emotional Characteristics* it is important for parents, family members, friends, and teachers to monitor a physically disabled child's emotional state. At times, physical Characteristics can lead to frustration, anger and sadness. The emotional appearance of the child is often directly impacted by the level of backing and encouragement that is accepted from the people around him. It is significant for physically disabled children to have people that they can talk to openly in order to discuss, understand, and vow emotional issues. In some event, it is beneficial for the child to see a therapist or enroll in a therapy program with animals or physical activities that improvement his confidence.

3. *Learning Characteristics* although some children with physical disabilities also have mental disabilities many children are mentally strong and just as capable as any other child. It is important that parents and teachers encourage physically handicapped children to excel in school and discover their individual talents and strengths. With the correct support and encouragement physically handicapped children can succeed in school and even surpass other classmates. Parents and teachers must recognize the gifts of the child and not limit them mentally because of physical disabilities.

➤ **Identification Identifications of Orthopedic Impaired Children:**

Identification of orthopedically children is very easy in comparison with other disabilities like partial sightedness and hearing impairment etc. There are some children who have problems of a mild degree which may be overlooked. For these cases, identification can be made with the help of the following checklist on behavioural manifestations. The orthopedic impaired children can be identified by putting the following questions:

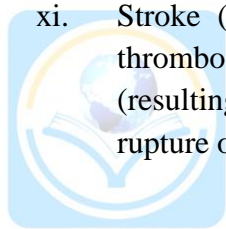
1. Poor motor control or coordination. The child is unable to coordinate two or more muscle groups for performing any task.
2. Walks awkwardly or with a limp.
3. Shows signs of pain during physical exercise.
4. Difficulty in picking holding and putting in some place.
5. Move in a shaky fashion.
6. Falls frequently.
7. These children have poor motor control and coordination.
8. These children show signs of pain during physical exercise.
9. Deformity in fingers, legs, hands, spine, neck.
10. Frequent pain in joints.
11. Jerking movement in walking.
12. Imputed limbs and
13. Difficulty in sitting, standing, walking.

➤ **Causes of Orthopedic Impairment :**

The causes of physically disabled are many and several. RH-incompatibility, intoxication, viral infection for the expectant mother also causes physical disability. Similarly, prolonged labor, lead poisoning, accidents may cause damage to the brain leading to neurological disorders. Polio, Burns and injuries are significant causes. Notes as per NSSO, 1991 of Indian society. The causative factors of handicaps are many. But a thorough knowledge of some main causative factors is necessary for planning a programme for them. The main factors are as follows:

- i. **Hereditary Cause:** This anomaly passes down from generation to generation because of some sort of disturbance in the working of inherent gene mechanism. However, may be noted that a particular condition may be hereditary and yet it may not manifest itself at birth or might not have appeared before the individual's immediate family.
- ii. **Congenital Causes:** Congenital defects are those that are present at birth. Common congenital defects include club foot, 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, maternal malnourishment etc.
- iii. **Acquired Causes:** Acquired defects include birth injury, accident, nutrition deficiency, defective bones or joints, viral infection, etc.
- iv. **Loss of Limbs or Digits (Amputation or Congenital):** This may be due to trauma (e.g., explosions, mangle in a machine, severance, burns) or surgery (due to cancer, peripheral arterial disease, diabetes). **Parkinson's Disease:** This is a progressive disease of older adults characterized by muscle rigidity, slowness of movements, and a unique type of tremor. There is no actual paralysis. The usual age of onset is 50 to 70, and the disease is relatively common-187 cases per 10,00,000.
- v. **Multiple Sclerosis (MS):** Multiple sclerosis is defined as a progressive disease of the central nervous system characterized by the destruction of the insulating material covering nerve fibers. The problems these individuals experience include poor muscle control, weakness and fatigue, difficulty in walking, talking, seeing, sensing or grasping objects, and intolerance of heat.
- vi. **ALS (Lou Gehrig's Disease):** ALS (Amyotrophic Lateral Sclerosis) is a fatal degenerative disease of the central nervous system characterized by slowly progressive paralysis of the voluntary muscles. The major symptom is progressive muscle weakness involving the limbs, trunk, breathing muscles, throat and tongue, leading to partial paralysis and severe speech difficulties.

- vii. Muscular Dystrophy (MD): Muscular dystrophy is a group of hereditary diseases causing progressive muscular weakness, loss of muscular control, contractions and difficulty in walking, breathing, reaching, and use of hands involving strength. Arthritis is defined as pain in joints, usually reducing range of motion and causing weakness. Rheumatoid arthritis is a chronic syndrome. Osteoarthritis is degenerative joint diseases.
- viii. Cerebral Palsy (CP): Cerebral palsy is defined as damage to the motor areas of the brain prior to brain maturity (most cases of CP occur before, during or shortly following birth). Few causes of cerebral palsy are high temperature, lack of oxygen, and injury to the head.
- ix. Spinal Cord Injury: Spinal cord injury can result in paralysis or paresis (weakening). The border of paralysis/paresis and the parts of the body affected are determined by how high or low on the spine the damage occurs and the type of damage to the cord.
- x. Head Injury (cerebral trauma): The term "head injury" is used to describe a wide array of injuries, including concussion, brain stem injury, closed head injury, cerebral hemorrhage, depressed skull fracture, foreign object (e.g., bullet), anoxia, and post-operative infections.
- xi. Stroke (cerebral vascular accident; CVA): The three main causes of stroke are: thrombosis (blood clot in a blood vessel block blood flow past that point), hemorrhage (resulting in bleeding into the brain tissue; associated with high blood pressure or rupture of an aneurysm).



Text with Technology

➤ **Prevention for Orthopaedical Handicapped Children:**

The involvement of the home, society and schools is very essential for the prevention of the orthopaedical handicapped children and to develop their self confidence to leave in society with necessary comforts. These aspects are discussed below:

1. Prevention at Home:

- i. The orthopaedically handicapped children should get special care at home by all the family members.
- ii. The parents should train the orthopaedically handicapped children to adjust to their handicap and to develop a whole some attitude towards themselves and towards those about them.
- iii. The parents should help the disabled children to develop a proper attitude towards their infirmity.
- iv. The deformity of the child should not be the centre of discussion.
- v. An undue amount of attention should not be drawn for the child's cripple condition.
- vi. The parents should keep in mind that the orthopaedically handicapped children are human beings and they have aspirations and desires as the average and gifted.

2. Prevention at social level:

- a. The orthopaedically handicapped children should get training to excel their social activities that are possible for them.
- b. They should not be discouraged or prohibited.
- c. They must develop as much self care and self-service as they can attain.
- d. The orthopaedically handicapped children should get the chance to carry out their own work by which their associates do not feel their presence among them unduly burdensome.
- e. The orthopaedically handicapped children are very sensitive about caring for their own needs. So unnecessary or awkward attempt should not be taken to offer them assistance which neither they require nor prefer.
- f. The orthopaedically handicapped children resent badly expressed pity or sympathy. So such type of behavior should not be shown to them which hamper their personal and social relationship.

3. Prevention in school:

- i. While the orthopedically children get their education in a regular school or special classes arranged in the school there must be certain adjustments in the physical plant.
- ii. Attention should be given to provide special types of furniture's to the orthopedically handicapped children like special chairs and table to suit to individual children, foot rests, and book stands etc.
- iii. There should be provision for the younger disabled children in their pre-school stage to equip them with manipulative material such as games and devices that develop their eye hand coordination, peg boards for boards take apart toys, colored blocks puzzles etc.
- iv. The handicapped children should be made to feel that they are to adjust not so much to the devices, gadgets or ancillary services to make things easier for them in the schools or in the institution but to learn to cope with the outside world and be ready to face it in the best manner possible.
- v. The school counselors, school psychologists and the resource teacher should be aware of the case history and the causes of the problems of the orthopaedically handicapped children.
- vi. There should be an occupation center for the handicapped for the occupation therapy and to learn some crater vocation.
- vii. The services of a physiotherapist or speech therapist should be arranged for the disabled children to provide varied teaching learning experiences.



4. Prevention in Indian Labor Law:

- i. One cannot be discriminate in the same type of work due to his disability.
- ii. If a person met accident in his/her working place and will not perform his/her work, he/she may be replaced to other type of the work in the same institute, which is suitable to his/her conditions.
- iii. One cannot be terminated or suspend by the job due to his/her disabled conditions.
- iv. There are 3% reservations in the jobs in all the factories and workplaces.
- v. The workers who become disabled during the course of employment are entitled to compensation as per the workmen's compensation Act, 1930 and are entitled to treatment under the Employees State Insurance Act, 1948.
- vi. Every person including the disabled person has his/her life and liberty guaranteed under Article 21 of the constitution.
- vii. There can be no traffic in human beings, including the disabled and beggar and other forms of forced labor are prohibited and the same is punishable in accordance with law- Article 23. viii) Article 24 prohibits employment of children, including the disabled, below the age of 14 years to work in any factors or mine or to be engaged in any other hazardous employment.
- viii. Article 25 guarantees to every citizen, including the disabled, the right to freedom of religion. He/she has the freedom of conscience to practice and propagate his/her religion subject to proper order, morality and health.
- ix. No disabled person can be compelled to pay any taxes for the promotion and maintenance of any particular elision or religious group.
- x. No disabled person will be deprived of the right to the language, script or culture, which he/she has or to which he/she belongs.
- xi. There are some other provisions made in the Indian constitution to support the persons with disabilities in a healthy and positive way like Income Tax Act, Property and Land Act, Law of Civil Procedure Code, Criminal Procedure Code, Service Rules etc.

➤ **Educational Programmers of Orthopedically Handicapped Children:**

The placement of the orthopedically handicapped children should be done in the normal classes in order to solve their problems. For a better adjustment, their disability, needs and capacities should be considered duly and arrangements must be done in the following ways.

- a. The method adopted for the normal children in teaching learning process should be followed for the orthopedically handicapped children. But as they are heterogeneous in their nature, they have to be given more individualized attention.
- b. Though the aims and objectives of the disabled children satisfy their goals a like the normal children in the same type of curriculum still, their educational needs should be realized on the point of view of their impairments or the handicaps of milder or of severe nature, as well as of the special type of handicap.
- c. The orthopedically handicapped in some severe cases may get pre-school education in nursery schools to be trained or educated or cured of their deformities.
- d. Some of them may attend hospital classes or some may later on, even attend day classes in ordinary schools after their physical handicap has been attended to or treated and they have been provided with necessary equipment or facilities in the case of polio children.
- e. The teacher should be specially trained to educated the various type of handicapped children and understand their physical and psychological problems.
- f. The orthopedically handicapped children may be placed in common schools by which they can be benefited to join in mainstreaming.



10.2.6 Multiple Disabilities:

In this a person may have combination of hearing and visual impairments simultaneously, causing severe communication / developmental / educational problems. Children with multiple disabilities may learn best visually and by doing. However as multiple-disability is a combination of two or more disabilities, their learning styles will be determined by their nature and severity of disability condition and combinations.

Students with multiple disabilities face a variety of personal challenges in their attempt to benefit from their environment. Complicating this effort are the many barriers (planned and accidental) which force educators to seek extraordinary solutions to essentially simple problems. This paper will focus on the educational needs of students with multiple disabilities in inclusive environments within the context of rural America. An effort will be made to examine the foundations of best practices within the inclusion movement, and to address the issues facing rural communities as they struggle to empower students with multiple disabilities while enabling their families to continue to educate their children at home. Facing the challenges of including students with severe multiple disabilities in rural settings is daunting to say the least. A review of the literature along with practical solutions from the field will be provided.

According to the Individuals with Disabilities Education Act's (IDEA), multiple disabilities mention to ...concomitant [simultaneous] impairments (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in a inclusive education program solely for one of the significant. The term does not include deaf-blindness.

➤ **Characteristics:**

- a. Poor short / long term memory
- b. Problem processing information
- c. Inability to organize / problem solving responses
- d. Communication is affected
- e. May have speech characterized by substitution, omissions
- f. Lacks high level thinking and comprehension skills
- g. Temper tantrums
- h. Trouble in abstract thinking
- i. Problems in carrying out ADL / self - care skills
- j. Difficulty in mobility
- k. Poor in learning (education is affected)
- l. Interaction with people is limited
- m. Usually dependent on others
- n. Tendency to withdraw from society
- o. May become fearful, angry and upset in the face of forced or unexpected changes
- p. May execute self-injurious behaviour
- q. Displays immature behaviour not at par with their chronological age
- r. Exhibit impulsive behaviour
- s. Medical problems may accompany severe disabilities (include seizures, sensory loss, hydrocephalus, sclerosis)
- t. Physically clumsy and awkward
- u. Difficulty participating in games involving motor-skills
- v. Experience fine-motor deficits Forgets skills through disuse
- w. Trouble generalizing skills from one situation to another
- x. Poor in problem-solving skills
- y. Poor test taker due to limiting factors of disabilities
- z. May have difficulty locating sound direction

➤ **Problems and Challenges:**

- i. Challenge in mobility like walking, standing or bending.
- ii. Communication difficulties in child's ability to effectively communicate with teachers, support staff and peers.
- iii. Poor thinking and focusing ability.
- iv. Cognitive impairment.
- v. Challenge in identifying suitable instructional setting to match intelligence level.
- vi. Challenge to function in the classroom.
- vii. Problem in providing appropriate assessment and compensating instructional strategies for visual or hearing impairments.
- viii. Deficits in motor development.
- ix. Sensory impairments.
- x. May have difficulty attaining skills and memorizing / transferring learnt skills from routine to life situations.

➤ **Teaching Strategies**

Determining an appropriate educational program for a student with multiple disabilities can be a daunting task due to the variety of pervasive supports needed by these students.

- a) The planning process should be a multidisciplinary process, including parents, teachers, physical therapists, assistive technology teachers, and any number of additional support staff.
- b) Of course, at the center of the planning process should be the student, and the strengths and desires of the student should guide the entire process.
- c) One area of support that can be particularly effective for all involved is peer tutoring. Peer tutoring has been proven to have positive results for students with multiple disabilities in a number of separate research studies.
- d) However, charge must be taken that the tutoring is not a one-way relationship, but is mutual.
- e) The student with multiple disabilities should also be able to provide something to the tutoring process, even if it is a simple social behavior. Some training on both sides will be necessary to make this a fruitful support system.

Unit -10: Inclusive Education

Sub Unit-10.3. [Planning and Management of Inclusive Classrooms]

Topic-10.3.0

10.3.1 Planning and Management of Inclusive Classrooms:

‘Every student can learn, just not on the same day, or the same way’ – George Evans

Classroom management starts months before you or your students move into the classroom. Experienced teachers end each year troubleshooting their classroom management strategies from the previous school year. While not a comprehensive guide, here are seven tips that can commit classroom management a little less challenging and assistance you fulfill your goal of rearing all students safe, engaged, learning and on task. Classroom management is the path you arrange your class. You must think about every angle of the lesson, routines, procedures, a multitude of interactions and the discipline in the classroom. The more you think it out beforehand, the easier it will be when at times unplanned happens—which it constantly does, since you’re dealing with so many several personalities.

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10.3.1.1 Infrastructure:

Facilities and infrastructures play an important role in serving special needs students in inclusive school because they give accessibility for special needs students. Facilities and infrastructures provided by the school should be aligned to the needs of the students. For example students with visual impairment may need guide blocks and specific signs to indicate rooms and other facilities; students with hearing impairment need some visual signs, students with physical disabilities need ramps and spacious room in order to make them move freely. Students with attention deficit disorder may need less distraction and students with autism may need well organized classroom.


- i. According to Loreman, Deppeler, & Harvey (2005), several things to consider related to facilities and infrastructures in inclusive school are:
 - a. Ramps where there are steps
 - b. Width and positioning of door and doorways, opening and closing speed
 - c. Arrangement of furniture
 - d. Classroom clutter such as games, bags, rugs, toys, sporting equipment
 - e. Table, bench and shelf height
 - f. Lighting
 - g. Unobscured lines of vision
 - h. Distraction
 - i. Access to sinks and other specialized classroom equipment
 - j. Access to drinking fountains
 - k. Access to other areas of the school such as other building, sporting fields, playground

1. The visibility of hazards
 - ❖ Classroom physical setting seating arrangement may affect students learning and behavior (Miller, 2002). There are various ways in organizing students seating such as traditional seating, homogeneous cluster, heterogeneous cluster, circular, semi circular, split half, and individual learning space. Mohr (1995 as cited in Loreman, Deppeler, & Harvey, 2005) point out various aspects related to seating arrangement for special needs students:
 - a) Provide preferential seating
 - b) Seat near “study buddy”
 - c) Seat near a good role model
 - d) Place away from distraction
 - e) Use study carrels or quite areas
 - f) Match work area to learning styles
 - g) Keep desk free from extraneous materials
 - h) Ensure barrier-free access
 - i) Provide adequate space for movement
 - j) Allow flexible grouping arrangement

10.3.1.2 Human Resource:

School teams spend precious time building the foundations of inclusive programs for students with disabilities. Gingerly thought goes into scheduling co-taught classes, creating equitable classroom rosters, training co-teaching partners, developing collaborative relationships, and providing appropriate confirmation for students with disabilities (Walther-Thomas, Korinek, McLaughlin, & Williams, 2000).

This article takes tips for inclusive practices that will support general education teachers in meeting the educational needs of their students with disabilities.

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- i. Interactive Teaching - Teachers alternate roles of presenting, reviewing, and monitoring instruction.
 - ii. Alternative Teaching - One person teaches, retouches, or enriches a concept for a small group, while the other monitors or teaches the remaining students.
 - iii. Parallel Teaching - Students are divided into mixed-ability groups, and each co-teaching partner teaches the same material to one of the groups.
 - iv. Station Teaching - Small groups of students rotate to various stations for instruction, review, and/or practice.
 - v. Create a structured classroom. This may include designating separate areas for group and individual work and centers for reading or art, as well as creating a daily class schedule.
 - vi. Display classroom rules.
 - vii. Post the daily schedule incorporating color.
 - viii. Provide opportunities for purposeful movement.
 - ix. Develop classroom cues for settling down to work, getting out materials, and quieting down.
 - x. Plan for transition times (between subjects or tasks, before and after lunch, changing classes).
 - xi. Help students organize their materials by using checklists, folders, and containers to keep materials organized in desks.
 - xii. Visually monitor student activity.

10.3.1.3 Instructional Practices:

Strong leadership is critical and school place leaders play a central role in making inclusive practices a reality in their schools. Principals and other individuals in leadership roles must have adequate knowledge of what inclusive practices entail and how to mobilize staff so those culture are effectively implemented. Advancing inclusive practices in a school is not just an occurrence of what the school leader thinks about inclusive practices, but how she/he actually equipment those thoughts. The principal not only must confide that ‘all students can learn,’ but must demonstrate this credit in everyday actions.

- ❖ *Identify Implementation dimension-* It is significant to outline what effective inclusive practices look like. Identifying indicators of effective exercise will provide staff with an explicit model of excellence and also serve as a monitoring tool to gauge success of implementation. A tool such as an Implementation Matrix (IM) or Identifiers of Practice will help ensure that all staff members have a clear understanding of what effective practices outlook like and provide staff with a way to content implementation progress.
- ❖ *Monitor Implementation and Provide Support -*Monitoring the process is critical to ensuring effective implementation of inclusive practices. However, in addition to monitoring implementation progress, the effectiveness of implementation correlative to student performance also must be quantity. Data must be collected in order to determine if maximum result are being achieved as a result of implementing inclusive practices. There are numerous ways to view effectiveness that include both quantitative and qualitative measures.
- ❖ *Celebrate Successes-* Celebrating successes, even small ones, is an essential part of effective implementation of inclusive practices. Laudation staff for gain action plan goals will force their commitment to the entire plan. Now and then, just providing positive feedback to staff is a celebration.
- ❖ *Determine Current Practices-* It is important to ascertain what currently is in place at your school. In order to move forward, you need a starting point. Data collected at this point will serve as your baseline on which to measure success during the school year.

- ❖ *Establish an Inclusive Practices Leadership Team*- an Inclusive Practices Leadership Team addresses the overall implementation of inclusive practices across the entire school. The team should be made up of the individuals within the school who function as leaders. The team does not have to be a new team; an existing leadership team may simply take on the function of an Inclusive Practices Leadership Team. This team should identify a set of principles and beliefs that will govern a school-wide inclusive focus. Principles and beliefs should include:

All students can learn (even if neither in the same way nor within the same timelines);

- All students have a right to quality instructional programs that help them progress;
- All students belong to all staff (all staff taking ownership for all students); and
- Everyone (administrators, teachers, predictors, support staff, cafeteria staff, custodians,
- Focuses on supporting all students in all school environments

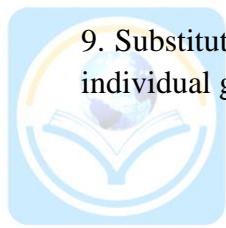
- ❖ *Develop and Action Plan for Change* -Most educators say they envision an education system that fully meets the needs of all students and one that helps all students achieve maximum success. For many educators, this is often an unrealized vision because there is no set of clear goals or specific actions that will actualize the vision. One thing that separates the schools that actualize this vision from those that don't is action planning. The Leadership should collaborate to develop an action plan that addresses both long-term and short-term goals.

10.3.2 Curriculum and Curricular Adaptations for Diverse Learners

- I. Examine the Demands and Evaluation Criteria of the Task Will the student need adapted curricular goals?
 - Adjust performance standards
 - adjust pacing
 - same content but less complex
 - similar content with functional/direct
 - applications adjust the evaluation criteria or system
 - (grading) adjust management techniques
- II. Examine the Materials for Learning Will different materials be needed to ensure participation?
 - same content but variation in size, number,
 - format additional or different materials/devices
 - materials that allow a different mode of input
 - materials that allow a different mode of output
 - materials that reduce the level of abstraction of
 - Information
- III. There are eight types of adaptations in the research by Scott et al. (1998). These adaptations are summarized below:
 1. Modifying instruction. These cover classroom demonstrations, adjusting lesson pace, and multiple instructional modalities.
 2. Modifying assignments. This includes providing models, shortening assignments, and lowering difficulty levels.
 3. Teaching learning strategies. This includes teaching study skills, testtaking skills, and learning strategies.
 4. Altering instructional materials. This includes providing alternate materials, taping books, and reformatting worksheets.
 5. Varying instructional grouping. This includes peer tutoring and cooperative groups.
 6. Enhancing behavior. This includes praise, behavior contracts, and token economies.
 7. Altering curriculum. This includes lowering difficulty of the content.
 8. Facilitating progress monitoring. This includes reading tests orally, providing study guides, retaking tests, and modifying grading criteria.

IV. Deschenes et al. (1994) provide a model that includes nine types of adaptations. These types of adaptations are summarized below:

1. Size: Adapt the amount of items that the student is expected to complete.
2. Time: accommodate the time allowed for learning, persuasive completion or assessment.
3. Level of Support: Increase the amount of individualized assistance for the student.
4. Input: Adapt the method of instructional delivery.
5. Difficulty: Accommodate the problem or skill levels, or the rules on how the student can do the work.
6. Output: Adapt how the student can replay to the instruction.
7. Participation: Adapt the balance to which the student is involved in the task.
8. Alternate goals: Adapt the goals or objectives, while behave the same materials.
9. Substitute Curriculum: Provide various instruction and materials to meet the student's individual goals.



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10.3.3 Assistive and Adaptive Technology for Diverse Learners:

AT for kids with LD is defined as any device, piece of equipment or system that helps dispense, work around or restore for an individual's specific learning deficits. Over the past decade, a number of studies have demonstrated the ability of AT for individuals with LD. AT doesn't prescribe or eliminates learning difficulties, but it can help your child attain her dynamic because it allows her to capitalize on her force and bypass areas of difficulty. For example, a student who struggles with reading but who has good listening skills capacity benefit from listening to audio books.

- *Assistive technology* (AT) is assistive, adaptive, and rehabilitative devices for people with disabilities or the elderly population. People who have disabilities hourly have various performing activities of daily living (ADLs) independently, or even with assistance. ADLs are self-care activities that include toileting, mobility (ambulation), eating, bathing, dressing, grooming, and personal device care. Assistive technology can uplift the effects of disabilities that limit the ability to perform ADLs. Assistive technology promotes greater independence by enabling people to perform tasks they were formerly incapable to accomplish, or had eminent difficulty accomplishing, by providing enhancements to, or changing process of interacting with, the technology needed to accomplish similar tasks. And a greater chance to "reduce institutional costs without significantly increasing household expenses."

10.3.3.1 Product (Aids and appliances):

The term assistive technology has general been applied to computer hardware and software and electronic devices. However, many AT tools are now available on the Internet. AT tools that support kids with LD include:

i. Abbreviation expanders-

Used with word processing, these software programs assume a user to create, store, and re-use abbreviations for frequently-used words or saying. This can save the user keystrokes and confirm proper spelling of words and saying he has coded as abbreviations.

ii. Alternative keyboards-

These programmable keyboards have special overlays that customize the outlook and function of a standard keyboard. Students who has LD or have unease typing may benefit from customization that minimize input choices, groups keys by color/location, and adds graphics to aid comprehension.

iii. Audio books and publications

Recorded books allow users to listen to text and are available in a university of formats, such as audiocassettes, CDs, and MP3 downloads. Special playback units allow of users to and search and bookmark pages and chapters. Subscription services offer wide electronic library collections.

iv. Electronic math work sheets

Electronic math worksheets are software programs that can help a user organize, align, and work through math problems on a computer screen. Numbers that appear onscreen can also be read aloud via a speech synthesizer. This may be helpful to people who have trouble aligning math problems with pencil and paper.

v. Freeform database software

Used in synchronism with word processing or other software, this tool allows the user to create and store electronic notes by jotting down relevant information of any length and on any topic. He can later retrieve the information by typing any snatch of the original note.

vi. Graphic organizers and outlining-

Graphic organizers and outlining programs help users who have unease organizing and outlining information as they begin a writing project. This type of program lets a user dump information in an unstructured manner and later helps him organize the information into appropriate type and order.

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vii. Optical character recognition

This technology adduces a user to scan printed material into a computer or handheld unit. The scanned text is then read noisily via a speech synthesis/screen reading system. Optical Character Recognition (OCR) is obtainable as stand-alone units, computer software, and as portable, pocket-sized devices.

viii. Personal FM listening systems

A personal FM listening system transmits a speaker's voice directly to the user's ear. This may help the listener focus on what the speaker is saying. The unit consists of a wireless transmitter (with microphone) worn by the speaker and a receiver (with earphone) worn by the listener.

ix. Portable word processors-

A portable word processor is lightweight device that is easy to transport (e.g., from classroom to home)

x. Speech synthesizers/screen readers

These systems can view and read aloud text on a computer screen, including text that has been typed by the user, scanned in from printed pages (e.g., books, letters), or text appearing on the Internet.

xi. Talking calculators

A talking calculator has a built-in speech adjusted that reads aloud each number, symbol, or operation key a user presses; it also vocalizes the answer to the issue.

xii. Talking spell checkers and electronic dictionaries

Talking spell checkers and electronic dictionaries can help a poor speller select or identify adequate words and correct spelling errors during the system of writing and proofreading.

xiii. Variable-speed tape recorders

Tape recorders/players allow a user to listen to pre-recorded text or to capture spoken information (e.g., a classroom lecture) and play it back later.

xiv. Word-prediction programs

Word prediction software can help a user during word processing by "predicting" a word the user absolves to type.

Assistive technology Tools of Diverse Learners-

- Mobility aids, such as wheelchairs, scooters, walkers, canes, crutches, prosthetic devices, and orthotic devices.
- Hearing aids to help people hear or hear more clearly.
- Cognitive aids, including computer or electrical assistive devices, to help people with memory, attention, or other challenges in their thinking skills.
- Computer software and hardware, such as voice recognition programs, screen readers, and screen enlargement applications, to help people with mobility and sensory impairments use computers and mobile devices.
- Tools such as automatic page turners, book holders, and adapted pencil grips to help learners with disabilities participate in educational activities.
- Closed captioning to allow people with hearing problems to watch movies, television programs, and other digital media.
- Physical modifications in the built environment, including ramps, grab bars, and wider doorways to enable access to buildings, businesses, and workplaces.
- Lightweight, high-performance mobility devices that enable persons with disabilities to play sports and be physically active.
- Adaptive switches and utensils to allow those with limited motor skills to eat, play games, and accomplish other activities.
- Devices and features of devices to help perform tasks such as cooking, dressing, and grooming; specialized handles and grips, devices that extend reach, and lights on telephones and doorbells are a few examples.



10.3.3.2 Process (Individualized Education plan & Remedial Teaching):

Individual education planning (IEP) is the process whereby teachers, support personnel, and parents work together as a team to meet the needs of individual students who require a range of supports. The team develops outcomes or goals based on a student's current needs and skills, and writes the plan for the school year in the student's IEP. The written plan is called an IEP.

➤ *The basic component:*

- The Individual Education Program (IEP) is the basic component of special education programs for children with learning disorders and other types of disabilities. It is made up of individual parts that act as a road map, establishing where your child is, where you want her to go, and how she will get there.
- **Current Skill Level of the Student:** IEP teams typically use formal assessments to determine the child's functioning and establish a baseline of performance. The team may also use anecdotal information and progress data from the student's classroom teachers to further describe their skills.
- **Annual Goals for the Student**

The IEP fungus contains information about a child's aims, which need to be updated at least once a year. Goal statements inelastic what a student is prospective to learn in the coming year, including academic skills and any episodic functional skills.

For students who participate in functional skills programs and who take more assessments, the IEP must also contain measurable short-term objectives. These will be used to measure their progress at reaching the annual goals.

- *Progress Tracking of the Student*

The IEP must contain an explanation of how progress unto goals and objectives will be measured. It should also narrate how that information will be reported to parents. This gives parents a vivid idea of how their student's advancements will be evaluated. It also worship as reassurance that you will receive the progress reports so you can sustaidn a role in their

- *Special Education Services for the Student*

The IEP must include a description of the student's special education program which has been designed to litigation his particular needs. This provides niceties regarding specially designed instruction and any respecting services the student will receive to help him convention his educational goals.

- *Duration of Services for the Student*

The IEP must cover a projected beginning and end date of any services the IEP team mentions. This includes details on the frequency of the services and where they will be delivered. The desire is to ensure that everyone understands accurately when and where your student's individual program will take place.

- *Participation in Mainstream Classrooms for the Student*

This canto ensures that children are educated in the least determinate environment to the greatest extent that is appropriate. When preparing it, the IEP team must weigh if and how the child will participate in general education programs with children in mainstream classrooms. The IEP must specially the amount of time a student will participate in these classes. It will also narrate the rationale for that decision.

- *Testing Adaptations for the Student*

The IEP must describe what types of testing accommodations will be used for the student. It should also narrate why they are necessary. If a student will participate in additional assessments, the rationale for that decision must be included in the IEP.

- *Statement of Transition for the Student-*

No later than a child's 16th birthday, an IEP must include measurable goals for the student's expected postsecondary program. It will also cover a narrate of the services needed for the student to reach those goals. Transitional goals and services navel on instruction and support services needed to help the student move from the school environment and into a job, vocational program, or other program designed to flourish independent living.

- *A Word From Very well*

If an IEP is required for your child, be sure that you understand all of its niceties. Ask questions of the IEP team and look for those updates on your student's progress. By concerning yourself in their education, you can help maximize the results of this program.

➤ *Components of an IEP:*

- student identification and background information current levels of performance that reflect team
- consensus on the student's abilities and needs
- student-specific outcomes or goals
- performance objectives
- teaching methods, materials, and strategies
- the names of team members who will implement the IEP, and the setting(s)
- where it will be implemented
- plans and timelines for evaluation and review stages

➤ *Stages of Developing an IEP*

Developing an IEP involves the following four stages:

- gathering and sharing information
- setting direction
- developing and writing the IEP
- implementing and reviewing the IEP



10.3.4 Parent-Professional Partnership:

A Parent-Professional Partnership is a collaborative relationship between the parent of a child with a disability and a professional who is engaged with helping that child. Educators are the professionals most frequently idea of when referencing a Parent-Professional Partnership. However, any professional who provides a direct or indirect service to the child with the disability or to the child's family, or who is involved in the policies affecting the child, can be a section of this collaborative partnership. In addition to educators, other professionals with whom a parent may form a partnership include policy makers, trainers, and therapists.

Parents, families, educators, and communities—there's no better partnership to assure that all students pre-K to high school have the support and resources they need to succeed in school and in life.”—NEA President Dennis Van Roekel

10.3.4.1 Role of Parents:

Parental involvement and community participation in the total scheme of inclusive education is important. The involvement of families and local communities is essential in achieving quality education for all. Most of the parents want their children to be welcomed into the real world and be given respect and resources which they need and deserve as is given to non-disabled children. Families and community groups can take an active role in promoting inclusive education by helping and co-operating the school authorities in making or providing necessary arrangements and accommodations for the education of special peers. When families get involved in their children's education, the students achieve more, stay in school longer and engage in school more completely (Henderson and Mapp, 2002).

- Parents should bear major force in helping children overcome adversity. Parents should bear following points in mind to be among the facilitators of inclusive education:
- i) Timely identification of disability of the child.
 - ii) Parents should not get disturbed by the responsibilities of looking after them. Parents should understand the meaning of “Inclusion”.
 - iii) Parents are responsible to generate income and provide financial support for child’s living costs and related payments.
 - iv) Parents have affectionate responsibility to show and share love, care, emotional feelings and companionship with their children. Parents should not adopt over-protection approach towards the child.
 - v) Parents ensures for providing congenial environment to them at home. The educational and vocational responsibility to assist and support schooling, career selection and preparation.
 - vi) Parents should accept the limitations of their child.
 - vii) Parents may not feel shy in developing relationship with teachers and other related professionals.
 - viii) Preparing their children for meeting the societal expectations of their prospective roles.
 - ix) Parents should determine the strengths and needs of their ward Parents should spend quality time with them.
 - x) Parents should involve in the academic development of their children. Parents should help them in inculcating positive attitudes towards learning.
 - xi) Parents should try to provide stress free environment at home.
 - xii) Parents should posse certain basic qualities that have a positive influence on their ward’s ability to learn and to adjust in school programmed.
 - xiii) Parents should help their children for inculcating positive attitudes towards learning.
 - xiv) Parents need to enjoy and be excited about what their children are learning day by day.
 - xv) Parents need to be involved their understanding of school’s philosophy.
 - xvi) Parents should frequently contact with class teachers, resource teachers and therapists to know exactly what is going on in the classrooms and in therapy sessions.
 - xvii) Parents should discuss with the teacher what needs to be changed in order to improve their child’s learning in problematic area.
 - xviii) Parents should share specific information such as medical reports, child’s early development, recent behavioral changes and observations noticed at home with professional.
 - xix) Parents need to have positive and attitude towards thinking, learning and challenges.



- xx) Parents should work in collaboration with teachers, therapists, clinicians and school authorities.
- xxi) Parents should play an integral role in assisting their child's learning. Parents should help their children understand diversities, to respect the different points of view they will come across and to develop a sense of responsibility towards their family values.
- xxii) Parents should not be obsessively close to their child. Fostering feelings of self-esteem in the child.
- xxiii) Parents should maintain ongoing communication with child's teachers or specialists.
- xxiv) Parents should not listen to anyone saying derogatory about the child. Parents should not be apologetic for the child, nor be ashamed of him.
- xxv) Parents should promote self-discipline in their ward.
- xxvi) Parents should attend meetings, conferences and other training programmers along with the child if possible.
- xxvii) Parents should take an active role in their child's individual education Plan (IEP) Parent needs to avoid the comparison of the performance special child with other siblings.
- xxviii) Parents should help children to develop a feeling of responsibility and sense of making a contribution to the family and world.
- xxix) Parents should provide opportunities for their child to make choices and decisions and promote self-discipline.



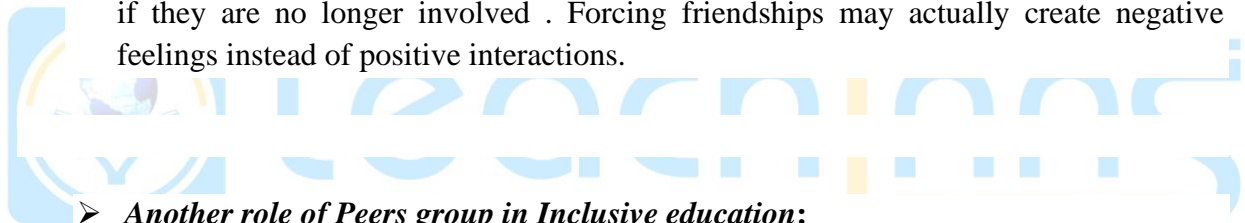
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10.3.4.2 Role of Peers:

Friendships are important for everyone at all stages of life. Including children with special needs in a child care classroom with typically developing children can be beneficial to developing friendships among children with different strengths and abilities. In an inclusion classroom, the child with a special need has the opportunity to interact with typically incentive children and form genuine friendships with them. At the same time, the other children have chances to interact with people whose abilities vary and to learn that disabilities are simply a part of life. Peers can provide important support for a child with special needs, both by providing practical help and by forming friendships.

- a) Organize the play area. Small, cozy spaces, such as a reading corner, encourage closeness. Toys, materials, and playground equipment that quest two children promote working simultaneously and communication.
- b) Have multiples of some toys. Providing children with multiple versions of similar toys and materials encourages friends to perform the same action at the same time.

- c) Encourage playfulness. Within reason, allow noisy, silly, and active play among children. Some children with special needs have been relatively isolated and have never had the opportunity to know the closeness created by shared laughter.
- d) Set up play situations. Assign children who have shown an interest in each other or in similar activities to a small group. Set up an interesting activity near both children, and encourage them to engage in it.
- e) Allow children time alone together, both in the classroom and by encouraging parents to arrange play dates.
- f) Reinforce positive behavior. Encourage all children who are playing well together.
- g) Be an appropriate role model. Join the children in play at key moments. You might step in and play a supporting role in order to keep the interaction going, or take a second to explain a child's actions that the friend might not understand.
- h) Give the child with a special need a leadership role. Encourage that child to make a suggestion, lead a part of an activity, or allot popular materials. Peers may be more likely to see that child as an interesting playmate if the child has a guidance role.
- i) Never force friendships between children of any age or ability. Do not insist that children who are not interested play together, or force children to continue an action if they are no longer involved. Forcing friendships may actually create negative feelings instead of positive interactions.



➤ ***Another role of Peers group in Inclusive education:***

- Friendships
- Increased social initiations, relationships and networks
- Peer role models for academic, social and behavior skills
- Increased achievement of IEP goals
- Greater access to general curriculum
- Enhanced skill acquisition and generalization
- Increased inclusion in future environments
- Greater opportunities for interactions
- Higher expectations
- Increased school staff collaboration
- Increased parent participation
- Families are more integrated into community

10.3.4.3 Role of Professionals:

Special education professionals are also responsible for creating an individualized education plan (IEP) for each of their students. An IEP is a document specifying documented medical issues, accommodations, and educational goals for each disabled student. A typical IEP might inform all education professionals working with a r special student that the student has tolerable autism, needs additional testing time in an isolated area, as well as isolated downtime during the day, and that the student's goal is to limit self-isolated sessions to five per day. IEPs assist all educational professionals who work with the student with accommodating the student's needs.

Additionally, special education professionals must follow ethical guidelines set by the Council for Exceptional Children for the treatment of their students. These guidelines include:

- Setting challenging but realistic expectations that allow students to strive for their best
- Encouraging integration of students with disabilities into mainstream activities whenever possible
- Remaining professional at all times when working with children with exceptional educational needs
- Working well in teams to meet the broad needs of students with disabilities
- Working closely with families to achieve the best educational outcome for students
- Ensuring a safe environment for students
- Using research and instructional data to develop educational plans (IEPs) for students
- Following all laws and rules, both federal and local
- Continuing to learn and grow through professional development in order to benefit students by using the most current methods of education.

10.3.4.4 Role of Teachers:

An inclusion classroom, students with disabilities and other special needs are taught alongside non-disabled students, instead of being segregated in a special education classroom. To help meet students' needs, a special education teacher may work alongside a ordinary education teacher in an inclusion classroom. The role of a special education teacher in such a disposition varies according to the needs of separate students and how well the two teachers work together.

i) Curriculum Modification

Most teachers who teach in an inclusive classroom temper their curricula to conference the needs of their special education students. Curriculum alternation can include the provision of an audio-taped text, shortened assignments and summarized chapters of the textbook as well as tools such as graphic promoter and color-coded chapters to enhance a student's level of comprehension.

ii) Communication

It is important for inclusion teachers to advocate the needs of their education students by ensuring that resources such as peer tutoring, instructional assistants, team teaching and staff development opportunities are available along with consistent policies that assess the individual student's progress. Teachers also should communicate regularly with the principal to commit sure that she is aware of the specific learning needs of the special education students and the academic resources that are essential for them to experience success in the inclusive classroom setting.

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iii) Classroom Environment

According to Teacher goal, successful inclusion classrooms are those that are taught by teachers and school personnel who believe in the academic dynamic of their special needs children. It is also important for teachers to create safe classroom environment that allows special-needs children to learn alongside their peers while experiencing positive socialization.

iv) Managing Behavior

Although inclusive classrooms can honor positive peer interactions for education students, behavioral problem can grow that may require a different disciplinary approach than that used with mainstream students. Teachers may need to weigh a developmentally appropriate p for managing the behavior of their special-needs students.

v) Professional Development

Many inclusion teachers attend in-service training or development sessions to hone their skills in curriculum modification, instructional techniques and collaborative teaching strategies that allow special education teachers, specialists and mainstream teachers to team teach.

vi) Collaboration

Collaboration is the process of merging the knowledge, experience and skills of all partners to meet common goals. Although collaboration occurs among all educational partners, this section focuses on collaboration between instructional resource teachers and classroom/subject teachers.

- Problem solving around program planning, choice of instructional strategies, interpretation of assessment data to inform instruction.
- Participation on service delivery teams, program planning teams.
- Preparation and/or follow up regarding parent-teacher conferences.
- Sharing resources.
- Common planning such as grade level or department meetings.

vii) Co-Teaching

Although co-teaching can arrive between two classroom/subject teachers or other education professionals, co-teaching in this document mention to a classroom/subject teacher and an instructional resource teacher:

- Working collaboratively in the same physical space
- Collaborating on the delivery, assessment and evaluation of outcomes
- Devoting time for planning, reflection and /or problem solving
- Instructing a heterogeneous class.

viii) *Pull-out instruction*

Pull-out instruction notice to implementation of individualized programming for more programs, courses, and curriculum which ensure outside of the classroom. Instruction should be offered in the least restrictive, greater portion inclusive environment respecting the dignity of the student. Where it has been destined by the program planning team that outcome(s) designed for an individual cannot be optimally met in the classroom setting, pull-out instruction may be required.

- For a student to receive instruction in an alternate learning setting (pull-out instruction) the following criteria must be met:

The program planning team has determined that optimal learning for specified IEP outcomes cannot occur in the classroom. This decision will be based on a review of the following:

- individual student strengths and needs
- dignity of the student
- effectiveness of changes made to the environment (e.g., grouping, lighting, seating arrangement, differentiation in content, process, and product)
- success achieved in the classroom as a result of implemented accommodations
- personnel available in the classroom setting
- The purpose, timelines, intended outcomes and evaluation plan for the intervention is stated.
- Alternate programs or courses contain a plan for ongoing review of the student's placement outside of the general classroom

10.3.4.5 Role of School:

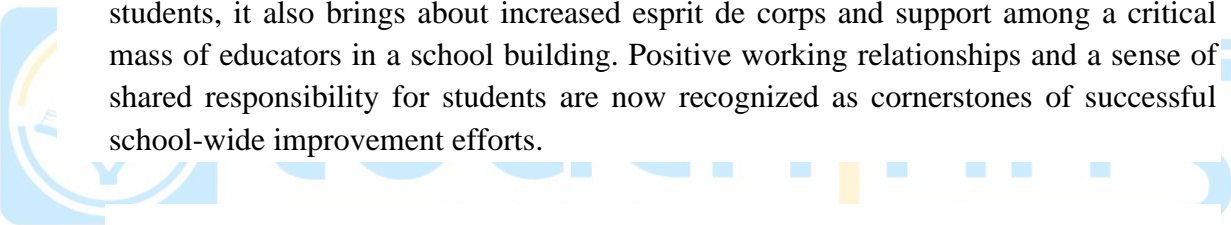
Inclusive school communities are educational settings in which students with disabilities have opportunities to engage and receive support in all scene of school life abreast peers who do not have disabilities. In an inclusive system, special educators, specialized instructional clench personnel, general educators, and other education personnel work together to address the needs of students with disabilities. By collaborating, these educators excellent support the learning and participation of all students. Furthermore, research demonstrates that a learning community is better, larger, and more effective when students with disabilities are full participants.

- i. **Support of Civil Rights:** Like all students, those with disabilities have the right to attend regular schools and general education classes. Inclusion is a civil rights issue. In a democratic society, every person is to be afforded equal opportunities; segregated settings and marginalization from mainstreamed American experiences symbolize society's rejection of a segment of the population. Participation in inclusive schools and communities provides students with and without disabilities the experience of a society that values and includes all its citizens.



- ii. **Integration in Community Life:** A primary goal of K-12 education is successful integration of individuals with disabilities into postsecondary education, community living, and competitive employment. Inclusive practices are predictive of better post-school outcomes in adulthood. Segregated and homogenous educational settings do not lead to integrated, heterogeneous community life. Many people in our society have misconceptions about persons with disabilities. The best way to overcome these misconceptions is to bring people with and without disabilities together in shared activities. Inclusive schools provide the opportunity for all students to develop the attitudes, values, and skills needed to live and work alongside others in a diverse society.
- iii. **A Sense of Belonging and Acceptance of Differences:** Belonging is a human need for all people. However, the practice of sorting, tracking, and separating students is still institutionalized in much of public education. This is especially the case for students with the most significant cognitive disabilities, in spite of IDEA's legal presumption that an education in the general education classroom is preferable for all students. An education in more restrictive environments (less time with nondisabled peers) should only occur under the law if the student cannot be satisfactorily educated in the general education classroom even with supplementary aids and services. An inclusive approach to education challenges practices of separating students and their underlying assumptions.

- iv. **Varied Learning Opportunities:** Inclusive educational settings offer many varied opportunities to grow socially and academically. There are a wide range of curricular opportunities in general education that cannot be replicated in a separate system of special education. This is important because both IDEA and the Every Student Succeeds Act (ESSA) require that all students, including students with disabilities who take alternate assessments (i.e., those with the most significant cognitive disabilities), should be included in and make progress in the general education curriculum for the grade in which they are enrolled.
- v. **Use of Best Practices in Instruction:** With an increasingly wide range of abilities, interests, and backgrounds in the general student population, educators are beginning to design curricula and provide instruction, materials, and assessments that meet the needs of the widest range of learners from the outset. By working together, educational team members can creatively design grade-level instruction to better meet the needs of all students. Universal Design for Learning (UDL) is a framework that can be used proactively to help guide practices so that instruction and assessments are presented in ways that permit the widest range of students to access information.
- vi. **An Individualized Education in a Supportive Context:** Students with disabilities may require an educational program that is individualized for most of the school day. This is done by first identifying the priority learning objectives for an individual student with disabilities that will help the student make progress in the general curriculum and using these as goals in the student's Individualized Education Program (IEP). Then it is critically important to carefully determine the times, places, and activities in which the IEP goals can be addressed in the general education environment alongside their peers without disabilities. In this way, the IEP for a student with disabilities meshes with the instructional goals of peers while still meeting individual educational needs.
- vii. **Relationships with Peers:** Inclusive learning environments provide students with and without disabilities many opportunities to establish relationships with their peers. Such relationships form the beginnings of friendships that are a source of fun and enjoyment, and an essential source of emotional support during challenging times. When considering what contributes most to one's quality of life, "friends" often appears toward the top of the list. Therefore, the opportunity to connect with a diverse group of peers is an important outcome of inclusion for all students.

- viii. **Increased Instructional Support for all Students:** In inclusive schools, resources—especially instructional personnel—can be leveraged to create more effective and efficient learning opportunities for all students. When students with disabilities are educated in general education classes, special educators and specialized instructional support personnel provide support in those settings. This results in general education teachers and students having additional expertise more available. For example, additional personnel can result in smaller instructional groups during language arts and math, which allows for more frequent and individualized interactions between teachers and students. In addition, general educators have often remarked that their instructional repertoire has expanded as a result of team-teaching with special educators. In this way, special educators and general educators support each other in meeting the educational needs of all children.
- ix. **Team Building Improves Schools:** A cornerstone of effective special education has always been collaborative teamwork. An inclusive approach to service provision requires an even greater amount of collaboration among an even greater number of education professionals. Teamwork not only results in improved instruction for students, it also brings about increased esprit de corps and support among a critical mass of educators in a school building. Positive working relationships and a sense of shared responsibility for students are now recognized as cornerstones of successful school-wide improvement efforts.
- 
- x. **Parental Involvement:** When children with disabilities are included in their local schools, their parents can participate to a greater extent in that school and in the community where the school is located. Parents of included students can be a part of a support network of parents of other children with disabilities, as well as parents of children without disabilities. Such support is more difficult to access when a child's school is a long distance from home or when families do not feel welcome.

Unit -10: Inclusive Education

Sub Unit-10.3. [Planning and Management of Inclusive Classrooms]

Topic-10.3.0

10.4.1 Barriers and Facilitators in Inclusive Education:

The teachers who were interviewed seemed much more willing to identify the barriers to success that they had with students with disabilities than they were the facilitators of success. During the course of the interviews, conversation tended to focus more on the challenges inherent with incorporating students with disabilities in the general education classroom than on what contributed to successful situations. When discussing aspects that contributed to success, I often had to refocus the interview to the question at hand. This was not the case when I asked teachers to identify the barriers to successfully incorporating students with disabilities in the general education classroom.

➤ Barriers in Inclusive Education:

The barriers that emerged from the interviews can be grouped into structural barriers and barriers specific to the individual students. The structural barriers that emerged were as follows: a lack of training in special education techniques, class size, insufficient time to individualize instruction, and a lack of accountability. Barriers specific to individual students included inappropriate placement, a lack of support for the student, and a learned helplessness on the part of the student.

- a. Lack of Training:
- b. Class Size
- c. Insufficient Time
- d. Lack of Accountability
- e. Inappropriate Placement
- f. Lack of Support for the Student
- g. Learned Helplessness
- h. Lack of awareness and positive attitude of the society and social environment.
- i. Low levels of parent involvement.
- j. Orthodox methods of assessment and evaluation of learner outcomes.
- k. Lack of appropriate and adequate infrastructure.
- l. Insufficient and inappropriate curriculum and learning material.
- m. Lack of respect for individual differences.
- n. Less emphasize on policy makers and officials improvement.

- o. Policies planning regarding inclusive education.
- p. Teaching staff's exclusionary attitude towards inclusion.

➤ ***Few measures for implementing Inclusive Education***

Inclusive education assistance the disabled child to develop knowledge of pride in their work because they in reality fill like they accomplished something. We know that Albert Einstein was learning disabled but still managed to become the picked mind of the 20th century. Educating children with disabilities abreast their non-disabled peers is considered one of the better ways to provide education to the population in India (Shah, 2005, Shah et al., 2014). The Government of India needs to bridge the omission in their education system to build a strong system of inclusive education in the country. So, there are following measures for better implementation of Inclusive Education in India.

- The Right to Education (RTE) must apply to all citizens of India. State and central
- Governments as well as all the other social actors should recognize the importance of a broadened concept of inclusive education that addresses the diverse needs of all learners.
- A policy of inclusion needs to be implemented in all schools and throughout Indian education system (NCF, 2005). Schools need to become centers that prepare children for life and ensure that all children, especially the differently baled children from marginalized sections, and children in difficult circumstances get the maximum advantage of this critical area of education.
- The preparation of teachers for rural special education programmes should be planned differently, as the aim of these programmes would be to integrate disabled persons in their own environment and community.
- As a system, inclusive education should be flexible. Its elasticity must be reflected in the methods and materials used to give these children the mass possible view to the regular curriculum.
- A school-based support team should develop strategies for the whole school to meet the needs of learners with special educational needs.

- The school has the primary responsibility for helping children learn alongside their typically developing peers. An inclusive school must enable education structures, systems and methodologies to fit the needs of all children, particularly those who face the greatest barriers to achieving their right to education.
- Parents have a right to be connected in all decision-making concerning their child. They should be observed as partners in the education system . Where there is such co-operation, parents have been found to be very significant resources for the teachers and the schools.
- Bringing special children into mainstream requires adjustments that schools need to make in advance. Architecturally, there should be ramps and wheelchair access constructed in service areas such as toilets.
- Student-oriented components, such as medical and educational assessment, books and stationery, uniforms, transport allowance, reader allowance and stipend for girls, support services, assistive devices, boarding the lodging facility, therapeutic services, teaching- learning materials, etc bargain according to need of the students.
- Differently baled children should be treated equally as the normal children and instead of looking them in compassion their talents and abilities should be recognized for their self-respect and blessing of the society.
- Necessary school supplies such as audio learning or textbooks in Braille should be made available. Suitable modification to examination system may be required, so as to eliminate pure mathematical and logical assessments.
- Teachers'' attitudes towards inclusive education could be formed and developed in the context of an educational system which can provide some specific conditions in order to have a good practice in this field.
- Families with children without disabilities should develop relationships with families with children with disabilities and be able to make a contribution.
- In-service training programmes of two to three weeks' duration for general educators and special educators in all the disabilities and in specific areas of disability should arrange to effectively teach children with disabilities.

- Those schools that are committed to taking in children with special needs, then teachers must attend workshops in order to be adjusted to the child's needs.
- Periodic evaluation of the training programmes and constant updating to meet the challenges of changing trends in special education should be part of the planning of teacher preparation.
- Inclusion should not be the sole responsibility of the specific class teacher. Everybody should be involved and take responsibility. Training for teachers should be sustained and ongoing. It should most importantly focus on attitudinal change.
- The reform of the curriculum should be formed in parallel with a accurate training for teachers regarding their knowledge of inclusion and its principles. The curriculum for each of the above programmes should be carefully developed by an expert group which includes practicing special teachers.

➤ ***Facilitators in Inclusive Education:***

- Pursuing the dreams and goals of the individual
- Improving social skills
- Being comfortable in social environments
- Developing conversational skills
- Having a positive mindset
- Staying physically active
- Building relationships
- Help in meeting new people
- Create natural circles of support
- Creating a community circle
- Creating business links
- Help with budgeting
- Having positive body language
- Employment of support staff
- Pursuing personal interests

10.4.2 Current Status of Inclusive Education in India: India is one of the few countries world over where the education of children with special needs doesn't fall within the purview of human resource development ministry. It is commonly the fared of the omnibus ministry of social justice and empowerment, the ultimate focus of which is rehabilitation, not education. Even, till today it does not have education as part of its agenda and the problems of education of children with disabilities other imperceptible, hidden from the public domain, a private issue for families and NGOs to deal with. It's time that governmental agencies as well as mainstream institutions woke up to the reality that segregation of children with challenging needs is morally unjustifiable and a infraction of human rights. Indeed there is no other path to provide education to 36 million disabled children. Seventy-eight percent of Indian population lives in rural areas excepting provision for special schools. Therefore, inclusive schools have to address the needs of all children in every community and the central and state governments have to train their teachers to manage inclusive classrooms.

- Transport facilities to the students with disabilities or alternative financial incentives to parents or guardians to enable their students with disabilities to attend schools;
- The removal of architectural barriers from schools, colleges or other institutions imparting vocational and professional training;
- The supply of books, uniforms and other materials to students with disabilities attending school;
- The grant of scholarship to students with disabilities;
- Setting up of appropriate fore for the redressed of grievances of parents regarding the placement of their students with disabilities;
- Suitable modification in the examination system to eliminate purely mathematical questions for the benefit of blind students and students with low vision;
- Restructuring of curriculum for the benefit of students with disabilities; h) Restructuring the curriculum for benefit of students with hearing impairment to facilitate them to take only one language as part of their curriculum.
- To complement and supplement IEDC and Sarva Shiksha Abhiyan programmes in the movement from integration to inclusion.
- Enrolment and retention of all children with disabilities in the mainstream education system. Free and compulsory education from 0 to 14 under draft Bill/free education 0 to 18 yrs under PWD Act.
- Providing need based educational and other support in mainstream schools to children in order to develop their learning and abilities, through appropriate curricula, organizational arrangements, teaching strategies, resource and partnership with their communities.

- Support higher and vocational education through proper implementation of the existing reservation quota in all educational institutions and creation of barrier free learning environments.
- Disability focused research and interventions in universities and educational institutions.
- Review implementation of existing programmes, provisions to identify factors leading to success or failure of the drive towards enrollment and retention of children with disabilities in mainstream educational settings. Address administrative issues arising out of review.
- Generating awareness in the general community, activists and persons working in the field of education and more specifically among parents and children that the disabled have full rights to appropriate education in mainstream schools and that it is the liability of those involved in administration at every level including schools to confirm that they have access to education.
- Ensure enrollment and intervention for all children with special needs in the age group 0-6 years in Early Childhood Care and Education Programs.
- Facilitate free and compulsory elementary education for children with special needs in the age group 6-14 (extendable to 18 yrs.) in mainstream education settings currently under the Sarva Shiksha Abhiyan (SSA). (SSA is a governmental program shared by both union and state governments for achieving ‘universal elementary education in India’ by 2010) .
- Facilities for transition of young persons with disability wishing to pursue secondary education. Ensuring physical access of children and youth with disabilities in schools and educational institutions by enforcing the necessity for provisions of universal design in buildings and provide support in transportation.
- Development of national norms for Inclusive Education, to set standards of implementation, training, monitoring and evaluation for the program.
- Provide inputs in all pre-service and in-service training for mainstream and special education teachers to enable them to work with children with disability in an inclusive education system.
- Appropriate Resource Services support through appointment of special educators, rehab professionals, provision of resource rooms, etc to support mainstream schoolteachers in the classrooms.
- Put in place an effective communication and delivery system for specific delivery of TLM, aids and appliances, hardware/software.
- Participation in sports, co-curricular activities, to promote all round ability development.

- Ensuring physical access for young persons with disabilities (18 plus age group) in all colleges and educational institutions by enforcing the requirement for provisions of universal design in buildings and provide support in transportation.

10.4.3 Ethical Issues of Inclusive Education in India:

Ethics are about right and wrong, good and bad. Fundamentally, ethical issues are those issues where people struggle to figure out the right thing to do. In special education, the warfare to determine what is right and wrong is tricky, as inclusive educators often need to symmetry the needs and wants of many different educational stakeholders from teachers and administrators to parents and, most significant, students.

1. *Diagnosis*-According to Marilyn Friend, author of "Special Education: Contemporary Perspectives for School Professionals," diagnosis is an imperfect science. Many parts can contribute to a medical diagnosis in collation to the medical professional's input, including squeeze from parents or schools, problems related to diagnostic trends, or simply the diagnostic action of different doctors.

2. *Inclusion versus Exclusion*-major to most special education programs, according to Marilyn Friend, is the debate about whether students with severe disabilities should accept specialized and isolate instruction or whether they should take assistance in the same classroom as their peers. As the Council for Exceptional Children show, inclusion's purpose is to provide "meaningful and inclusive participation."

3. *Fairness*-Friend recognizes that in terms of education, fairness can mean two drastically different things. "Fairness" either spring that each student is treated exactly the same, or it means that each student is act exactly as they need to be treated. In the former definition, it would be thought "fair" to deny students with disabilities special services. In the latter definition, it would be considered "fair" to refuse students without disabilities special services.

4. *Reliance*-Following the 2004 expansion of the Individuals with Disabilities Education Act (IDEA), students were eligible for educational accommodations until they graduated from public high school. Many colleges and universities, as well as work sites, provide similar accommodations under the Americans with Disabilities Act (ADA). But consequent to Peter and Pamela Wright, many special education programs dread that the accommodations under ADA are less expensive than those under IDEA.

10.4.3 Research Trends of Inclusive Education in India:

In India, the following trends and practices are central towards attainment of the goals of inclusive education for children, with special needs-

- Assistive Devices and technologies
- Teaching and learning the gives all students equal opportunity to learn
- The objectives selected for evaluation are in continuity to access learning and behavioral outcomes
- Adapted physical education can benefit from training including improving their performances
- Co-curricular adaptation in inclusive education.
- Adapted teachers to emphasize their own method of teaching.
- ICT in inclusive education.
- Collaborative and cooperative teaching in special education.
- Vocational and training in inclusive education.

Previous Year Question

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Paper-III

1. According to Rehabilitation Council of India, teacher-pupil ration in teaching for the visually impaired children in a integrated education programme is
 A. 1: 10 B. 1: 8
 C. 1: 6 D. 1: 1

2. In List-I the name of the National and International Acts, Declarations are given and in List-II year regarding the Declarations and Acts are given. Match the List-I with List-II in correct order:

List-I

List-II

(a) International Year of the Disable People
(IYDP)

(i) 1990

(b) World Conference on Education for All
(EFA)

(ii) 1995

(c) Pupil with Disabilities Act
(PWD)

(iii) 1981

(d) Rehabilitation Council of India Act
(RCI)

(iv) 1986

Codes:

- | | (a) | (b) | (c) | (d) |
|-----|-------|-------|-------|------|
| (1) | (ii) | (i) | (iii) | (v) |
| (2) | (iii) | (ii) | (vi) | (i) |
| (3) | (iv) | (i) | (iii) | (ii) |
| (4) | (i) | (iii) | (iv) | (ii) |

3. "There are three preventive activities, received from public regarding mentally retarded children." Which of the following is incorrect one?
- A. Providing necessary advertisement through National Institute for Mentally Retarded Children.
 - B. Dissemination of available knowledge on ecology of mentally retarded through public etc.
 - C. To bring together the parents and the interested person or public to mobilize their efforts to channelize funds and family.
 - D. Strengthening National level organizations to coordinate and disseminate the efforts.
4. The children with disabilities studying along with normal children in a least restrictive environment programme assisted by a resource teacher is known as
- A. Special School Programme
 - B. Integrated Education Programme
 - C. Inclusive Education Programme
 - D. None of the above
5. Legal Blindness is defined as
- A. 20/180 visual acuity in the better eye after best correction
 - B. 20/70 visual acuity in the better eye after best correction
 - C. 20/200 visual acuity in the better eye after best correction
 - D. 20/100 visual acuity in the better eye after best correction
6. Apex body for the hearing impaired in India is
- A. Teacher training centre of little flower convent
 - B. Rehabilitation Council of India
 - C. The All India Institute of Speech and Hearing
 - D. Ali Yavar Jung National Institute for the Hearing Handicapped
7. The most important challenge in Rehabilitation intervention programme is
- A. Maintaining the full mobility or range of movement of the joints.
 - B. Improving the muscle power in the affected limbs.
 - C. Restoring the function of the affected limbs by appropriate training.
 - D. Providing splints or calipers if needed.

8. Match the following List-I with List-II in correct order:

List-I

- (a) Weakness of one half of body
- (b) Weakness of one limb
- (c) weakness of all four limbs including trunk
- (d) Weakness of both lower limbs

List-II

- (i) Monopolegia
- (ii) Paraplegia
- (iii) Quadriple
- (iv) Diabetic

Codes:

- | | | | | |
|-----|-------|-------|-------|------|
| | (a) | (b) | (c) | (d) |
| (1) | (ii) | (i) | (iii) | (v) |
| (2) | (iii) | (i) | (vi) | (ii) |
| (3) | (i) | (ii) | (iii) | (v) |
| (4) | (iv) | (iii) | (i) | (ii) |



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Answer & Reference Table

SL.NO.	QUESTION NO.	ANSWER	REFERENCE NO.
1.	59.	B	10.1.1
2.	60.	C	10.1.4
3.	61.	A	10.1.2./10.3.4
4.	62.	B	10.1.1
5.	63.	C	10.1.2
6.	64.	D	10.1.2
7.	65.	A	10.1.4
8.	66.	B	10.1.2



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D	0	9	1	4
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Paper-III

1. Sign language is a

- (A) proper language
- (B) proper script
- (C) dialect
- (D) language without grammar

2. Education intervention for hearing impaired children involve

- (A) Language development (B) Curriculum adaptation
- (C) Concept development (D) All the above

3. Oralism is

- (A) Oral speech
- (B) Multisensory cueing
- (C) Oral mode of auditory training
- (D) ability to talk comfortably

4. When an individual with multiple cognitive disabilities has extraordinary proficiency in one isolated skill, this is known as? Text with Technology

- (A) Reunman syndrome (C) Intellectual Isolation
- (B) Asperger Ability (D) Savant syndrome

Answer & Reference Table

SL.NO.	QUESTION NO.	ANSWER	REFERENCE NO.
1.	66.	A	10.1.1
2.	67.	D	10.1.2
3.	68.	C	10.1.2
4.	69.	D	10.2.3



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J	0	9	1	5
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Paper-III

1. Who established the first school to educate the mentally retarded children?

- A) Terman
- B) Sguin
- C) Gardner
- D) Binet

2. Ability of a child to perceive a total picture or object when actually a part is displayed/shown is called:

- A) Form constancy
- B) Visual closure
- C) Visual scanning
- D) Binet

3. At which decibel level, exposure for a prolonged period of time is risky for human hearing ability?

- A) 85
- B) 45
- C) 70
- D) 60

4. Which one of the following statements is correct?

- A) A gifted child may be creative also
- B) Creativity implies giftedness
- C) Giftedness and creativity are related concepts
- D) Creativity has nothing to do with giftedness

5. Read the following statements carefully:

Assertion (A): Delinquency is intimately connected with juvenile stage.

Reason (R): Delinquency is caused by genetic factors only.

Choose the correct answer

- A) Both (A) and (B) are correct
- B) Both (A) and (B) are incorrect
- C) (A) is correct but (R) is not correct
- D) (A) is incorrect but (R) is correct



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Answer & Reference Table

SL.NO.	QUESTION NO.	ANSWER	REFERENCE NO.
1.	66.	B	10.1.2
2.	67.	B	10.1.2
3.	68.	A	10.1.2
4.	69.	A	10.1.2
5.	70.	B	10.1.2



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Paper-III

- (B) (2) 55 - 69 decibels
(C) (3) 70 - 85 decibels
(D) (4) 90 or more decibels
4. Which one of the following is not a characteristic of children with disability?

5. The causes of juvenile delinquency include:

- a) Poor home environment
- b) Company of antisocial groups
- c) Genetic disorder
- d) Poverty

Codes:

(1) (a) and (d)

(2) (b) and (c)

(3) (a) and (c)

(4) (a) and (b)



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Answer & Reference Table

SL.NO.	QUESTION NO.	ANSWER	REFERENCE NO.
1.	66.	A	10.1.2
2.	67.	A	10.1.2
3.	68.	A	10.1.2
4.	69.	C	10.1.1
5.	70.	D	10.1.2



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J	0	9	1	6
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Paper-III

1. Match the items of Set-I (names of organizations) with their functions/relations given in Set-II. Answer by choosing the correct code:

Set – I

Set – II

(a) NIVH

(i) Statutory Body for Teacher Education

(b) RCI

(ii) Vested with function of organizing refresher courses for University and College Teachers.

(c) NCTE
needs.

(iii) Statutory Body for Teacher Education for children with special

(d) HRDC

(iv) Provides education to visually challenged children. (v) National
Commission for Teacher Education.

Codes:



(a) (b) (c) (d) Text with Technology

(1) (iv) (iii) (v) (vi)

(2) (iv) (ii) (vi) (v)

(3) (ii) (iv) (i) (vi)

(4) (iv) (iii) (i) (ii)

2. Which of the following interventions for the gifted is most appropriate?

(A) Enrichment while in a regular class.

(B) Separation from other children into special schools for the gifted.

(C) Subgrouping of the children.

(D) Acceleration through double promotion.

3. Which of the following is not an element of inclusive education?

Regard for diversity

- (A) Special class placement
- (B) Zero rejection
- (C) Collaboration

4. In which of the following areas do deaf children tend to show relative inferiority as compared to hearing children?

Language development

- A) Socio-emotional development
- B) Personal and Social adjustment
- C) Academic progress



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Answer & Reference Table

SL.NO.	QUESTION NO.	ANSWER	REFERENCE NO.
1.	66.	A	10.1.4
2.	67.	B	10.1.2
3.	68.	B	10.1.1
4.	69.	D	10.1.2



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D	0	9	1	6
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Paper-III

1. Which of the following interventions for the gifted is most appropriate?

- A) Enrichment while in a regular class.
- B) Separation from other children into special schools for the gifted.
- C) Subgrouping of the children.
- D) Acceleration through double promotion.

2. Which of the following is not an element of inclusive education?

- A) Regard for diversity
- B) Special class placement
- C) Zero rejection
- D) Collaboration

3. In which of the following areas do deaf children tend to show relative inferiority as compared to hearing children?

- (A) Language development
- (B) Socio-emotional development
- (C) Personal and Social adjustment
- (D) Academic progress

4. Muscular dystrophy is a

- (A) Neuromuscular diseases presenting as a weakening of the muscle.
- (B) Degenerative neuromuscular disease.
- (C) Neural tube defect caused by failure of spinal column.
- (D) Traumatic brain injury.

Answer & Reference Table

SL.NO.	QUESTION NO.	ANSWER	REFERENCE NO.
1.	67.	C	10.1.2
2.	68.	B	10.1.1
3.	69.	D	10.1.2
4.	70.	A	10.1.2



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J	0	9	1	7
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Paper-III

1. Which of the following is not an element of Inclusive education?

- (1) Regard for diversity (2) Zero rejection
(3) Collaboration (4) Special class placements

2. Multiple sclerosis is a

- (A) Degenerative neuromuscular disease and is not infectious.
(B) Neuromuscular disease presenting as a weakening of the muscles.
(C) Neural tube defect caused by failure of spinal column to properly seal around the spinal cord.
(D) Brain injury caused by severe trauma to the head that results in lasting physical and cognitive impairments.

3. Autosomal disorders are those

- (A) Resulting from a defect with 23rd pair of chromosomes and involves a pinched Xchromosome.
(B) Resulting from a defect in the 22nd pairs of chromosomes that are not related to gender.
(C) Resulting from a defect due to chronic genetic disorder.
(D) Resulting from an inherited metabolic disorder.

Answer & Reference Table

SL.NO.	QUESTION NO.	ANSWER	REFERENCE NO.
1.	66.	C	10.1.2
2.	67.	B	10.2.5
3.	68.	D	10.1.2



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J	0	9	1	8
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Paper-II

1. One of the causes of visual impairment has been observed to be deficiency of

- (1) Vitamin A
- (2) Vitamin B
- (3) Vitamin C
- (4) Vitamin D

2. Which of the following features seem to be least relevant in the context of students with learning disabilities?

- (5) Problems in impulse control
- (6) Problems related to short or long-term memory
- (7) Problems related to sustaining attention
- (8) Problems related to punctuality in attending the class



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3. In the two lists given below, List I consists of terms defining impairments or deviations, while List II indicates the resultant conditions. Match the two lists and choose the correct answer from the code given below.

Set-I

Set-II

(Term defining impairment and deviation) (Resultant conditions)

a) Mental Retardation

i) Inability to write coherently

b) Disgraphia

ii) Indulgence in antisocial acts which are punishable in nature

c) Deafness

iii) Fragile X syndrome

d) Delinquency

iv) German measles

v) Degenerative neuromuscular disease

Codes:



(a) (b) (c) (d)

(1) (v) (i) (iii) (ii)

(2) (i) (iii) (vi) (ii)

(3) (iii) (i) (iv) (ii)

(4) (iv) (v) (iii) (i)

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4. In the two lists given below, List I consists of terms used in the context of visual impairment, while List II provides description of these terms. Match the two lists and choose the correct answer from the code given below.

- | | |
|--------------------------------|--|
| (a) Normal visual acuity | (i) Refers to a person with acuity below 20/200 |
| (b) Low vision | (ii) Related to damage or dysfunction of parts of the brain responsible for visual functioning |
| (c) Blind in legal terms | (iii) Measured by how accurately a person can see a |
| (d) Cortical visual impairment | (iv) Refers to a person having visual acuity between 20/70 and 20/200 in the better eye after correction |
| | (v) Hereditary disorder, causing degeneration of retina |

Codes:

- | | | | | |
|-----|-------|------|-------|------|
| (1) | (a) | (b) | (c) | (d) |
| (2) | (iii) | (iv) | (i) | (ii) |
| (3) | (vi) | (ii) | (i) | (v) |
| (4) | (i) | (iv) | (iii) | (v) |

5. Which of the following sets indicates the three major types of cerebral palsy?

- (1) Congenital anomaly, Seizures and Meninges
- (2) Spastic, Athetoid and Ataxic
- (3) Congenital anomaly, Seizures and Ataxic
- (4) Congenital anomaly, Seizures and Athetoid

6. Which of the following statements is least appropriate for Inclusion?

- (5) All students receive education in their neighborhoods school
- (6) Placements are age and grade appropriate
- (7) Special education supports exist within the general education class
- (8) Specialists and special teachers work as separate groups



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Answer & Reference Table

SL.NO.	QUESTION NO.	ANSWER	REFERENCE NO.
1.	89.	C	10.1.2
2.	90.	A	10.3.2
3.	91	D	10.1.2-10.3.4
4.	92	A	10.1.2
5.	93	A	10.1.2
6.	94	C	10.1.1

