



*Amar Jyoti*  
Charitable Trust

# Inclusion

The Amar Jyoti Way






# INCLUSION

## THE AMAR JYOTI WAY





“Too often we underestimate the power  
of a touch, a smile, a kind word, a  
listening ear, an honest compliment, or  
the smallest act of caring, all of which  
have the potential to turn a life around”

Leo F. Buscaglia



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## FOREWORD



For a truly humane, inclusive, progressive and sensitive society we need educational institutions which are all of these things. The effort that Umaji started in the year 1981 has come to bear fruit today. Her educational institution, Amar Jyoti, is a wonderful example of how educational institutions across our country should be. I urge people in this most noble field of education to come forward and be part of revolutionizing education in India, creating a better tomorrow, contributing to nation building.

This book is an effort on the part of Amar Jyoti to share what they have learnt over the years. I congratulate Umaji and the entire team at Amar Jyoti for the wonderful work that they have been doing and I thank them for their effort.

**Aamir Khan**







## PREFACE

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**F**or over 30 years, Amar Jyoti Charitable Trust has been propagating the mantra of convergence and inclusion in order to provide and enhance education, health and employment opportunities for children with disabilities.

Initially, these efforts were largely “voices in the wilderness”. Slowly, but surely, the doability of the concept of inclusion and convergence became obvious. The Amar Jyoti Schools in Delhi and Gwalior have become models of inclusive education. The Amar Jyoti model can now be replicated across India and in under-developed and developing nations across the globe.

To share our experiences in the area of inclusive education, we have brought out several publications (for details please visit our website [www.amarjyotirehab.org](http://www.amarjyotirehab.org)).

The publication, “Inclusion – the Amar Jyoti way”, stems from the overwhelming response to Aamir Khan’s highly popular weekly TV programme, “Satyamev Jayate” (episode on disability telecast on June 10, 2012). Soon after the programme was telecast, we received information requests from all over the country; from people wanting to have a recipe to replicate the concept. In order to provide a simple and practical approach, the Amar Jyoti team with the help of some experts, put together some pointers that can be followed/adapted by those who wish to embrace the Amar Jyoti pattern of inclusion.

For ease of reference, the information has been divided into five chapters. Chapter I introduces the concept of inclusion. The much needed holistic approach is described in Chapter-II. Chapter III explains the methodology for including children with different categories of disability. Chapter-IV provides information about teaching methodologies, aids and equipment. Links and Resources are included in Chapter-V.

We hope that this publication and our efforts will help serve the cause of Inclusion so that children with disabilities who have been denied access to education thus far will be able to exercise their fundamental right to education.

*Uma Tuli.*

**Dr. Uma Tuli**  
Founder and Managing Secretary

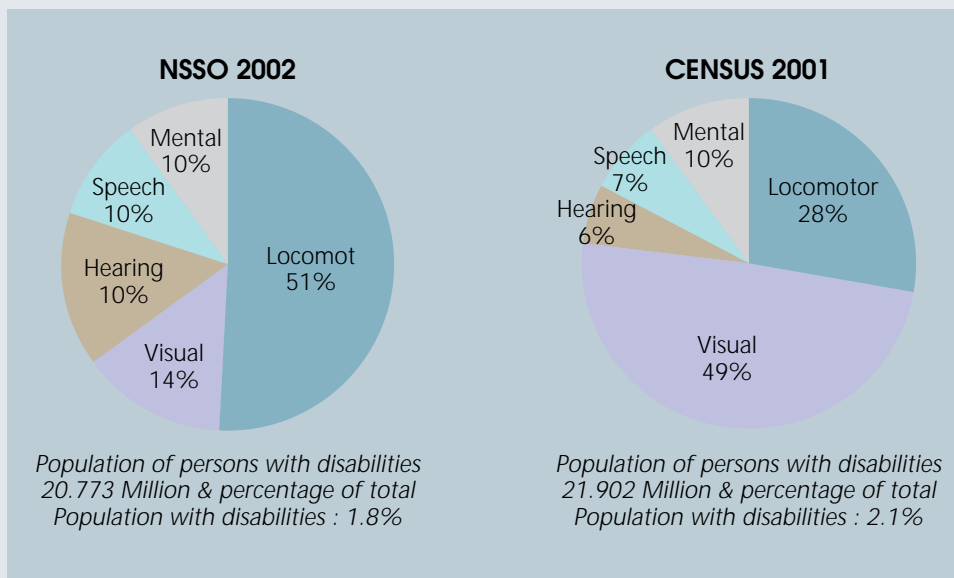




# INTRODUCTION

## THE REALITY

There are more than 200 million school-aged children in India and of these approximately 20 million (10 per cent) require special needs education (as per NSSO 2002 & Census 2001). While the national average of enrolment in schools is over 90 per cent, less than five per cent of children with disabilities are enrolled in schools. Moreover, about 40 per cent of these children are not able to complete the first five years of basic education, while another 20 percent leave school prior to the completion of three years of free and compulsory schooling as mandated by our Constitution. The following chart gives the estimated number of people with disabilities, as per NSSO 2002 & Census 2001.

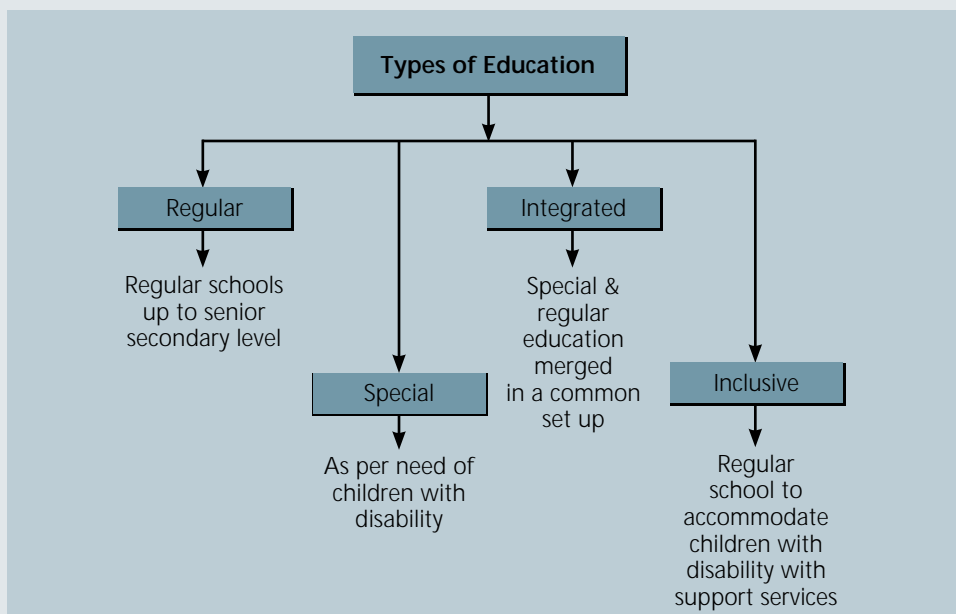


The discrepancy in the population statistics of different disabilities by the two organizations is on account of inconsistencies in the definition of these disabilities.

The Constitution of India enshrines that elementary education is a fundamental right of every child. This in itself includes children with disabilities. As Mahatma Gandhi said, "A society that has no vision for the education of children and youth and is not prepared for the same, is doomed to die." Thus, there is an urgent need to focus on the education of children with disabilities to supplement their different talents. The objective of making their education an integral part of our general education system is the core of inclusion.

## PLACEMENT OPTIONS

Different types of schooling options are available for children with disabilities. These can be classified into the following basic categories:



Several other schooling options are also available.

- Placement options under non-formal education like National Institute of Open schooling (NIOS) are available. However some children with severe disabilities need special schooling.
- Home based education where the child is enrolled in a school but is unable to attend school on a daily basis due to multiple reasons such as mobility / self help

related disabilities. In a few developed countries, families choose to educate the child from home but that is not so common in India.

Inclusive education is primarily about restructuring school culture, policy and practice so that it responds to the diversity of students in the locality. It sees individual differences not as problems to be fixed, but as opportunities to enrich learning and embrace change. Inclusive education is a dynamic and continuing process of facilitating the participation of all students, including those with disabilities. Inclusion enhances learning for both children with and without disability.

The primary goals of Inclusive Education are:

- To bring out the best in the child, without alienating him/her.
- To provide the child with a warm and enriched environment.
- To assist the child in developing basic skills to cope with day to day challenges.
- To develop skills that will enable the child to become self-reliant.
- To help the child develop a desirable attitude towards society.

The assimilation of Inclusive education centers around three key aspects – policies, practices and culture. Inclusion ensures the full participation of children with disabilities, while respecting their social, civil and education rights; thus enabling them to develop valuable life skills that are often left unexplored in less inclusive settings.

The legal framework for education of children with disabilities in the country is provided in the following Acts:

- The Mental Health Act, 1987
- Rehabilitation Council of India Act, 1992
- The Persons with Disabilities (Equal Opportunities, Protection of Right and Full participation) Act 1995.
- National Trust Act 1999
- United Nations Convention on the Rights of Persons with Disability (UNCRPD), 2006



Inclusion is also an integral part of the 'education for all' campaign (Sarva Shiksha Abhiyan). The Right of Children to Free and Compulsory Education Act (RTE 2009) provides free and compulsory elementary education to every child between the ages of 6 and 14. in the country. Sarva Shiksha Abhiyan framework also provides for zero rejection.

What's more, India has also ratified the UNCRPD and has committed to providing equal education opportunities to all persons including children as per Article 24 of the Convention. However, execution poses the real challenge. The sad reality remains that children with disabilities are still being rejected by many schools. The issue of access to education for children with disabilities in rural areas is yet to be sorted out by many government and non government agencies.

The conceptualization of Inclusive education wherein all children with and without disabilities become equal partners has been successfully implemented by Amar Jyoti Charitable Trust (AJCT) since 1981 when this concept was practically unheard of. What began as a humble initiative under a tree with just 30 students with and without disability in equal number, AJCT in Delhi today has an equal mix of 450 disabled and non-disabled students in an environment that blurs boundaries and removes barriers.

Initially AJCT had children with locomotor disabilities since at the time a large number of polio affected children did not have access to regular educational institutions. From a terrace for an office, dining chairs fitted with wheels and a rickshaw for transport to the current set up, AJCT has had a long and an exceptional journey. At the heart of Amar Jyoti's unique and refreshing way of intigeration is it's holistic approach to teaching. Its centre in Gwalior also provides similar services. The school has 250 children with and without disability who are doing well both in academics and co-curricular activites. In practice, one of the objectives of the school was to ensure that students gained admission to any of the regular schools when they left Amar Jyoti and that they remained confident in their abilities.







The success of Inclusion concept of Amar Jyoti has clearly demonstrated that, given the will and determination, innovative concepts could translate into meaningful policies and practices in the course of time.

The visible benefits of successful Inclusion are:

- Students learn to appreciate each other's unique strengths and abilities.
- Students are encouraged to help each other.
- Students with disabilities are able to foster friendships in a natural, supportive, and encouraging environment.
- Non-disabled students get a chance to develop positive attitudes towards people with differences.
- Self-esteem and a feeling of achievement surfaces automatically.
- Students imbibe desirable social behaviour best from each other.

Over the years, Amar Jyoti has grown by leaps and bounds and today it is one of the few unique schools not only in the country but across the world that caters to all types of disabilities. This journey has not been easy but it demonstrates that it is possible to provide holistic rehabilitative services to children with disabilities not only to include them in mainstream society but also to enable them to enjoy a life of equality and dignity.









# Inclusion – The



Amar Jyoti Charitable Trust started with a school under a tree & a workshop in a tent. The tree has grown & so has Amar Jyoti spread into multifarious activities

# Amar Jyoti Way

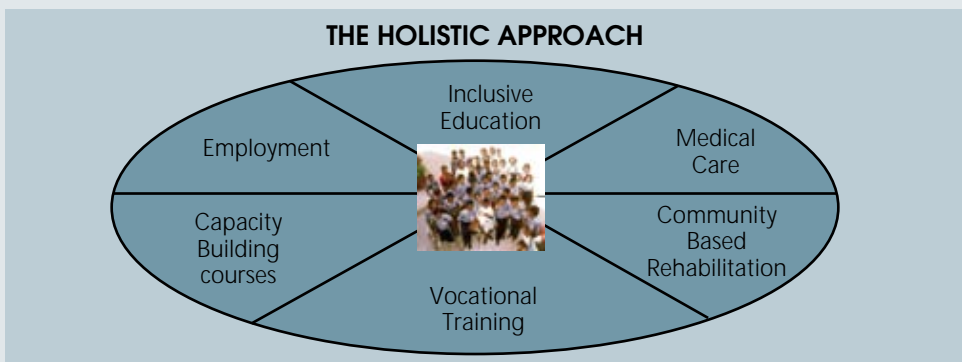


# INCLUSION THROUGH HOLISTIC APPROACH



**A**mar Jyoti has pioneered and has been promoting inclusion since 1981. With the ratio of almost 50: 50 of the disabled and the non-disabled, the school has been able to bring a better understanding of disability, while inculcating confidence amongst children with impairments. Getting down from the disabled friendly bus, the students rush to attend the assembly where Ilma & Chintu (with visual Impairment) Play cassio & tabla. The entire group of children with & without disability sings the prayer together. The exercises for movement therapy are also done together by the abled and the disabled including the wheel chair users. The news for the day is read in Braille and regular language alternatively. The prayer ends with the National anthem sung and performed even by the hearing impaired in sign language.

The inclusivity continues in the class rooms and vocational training units, sports & cultural activities, science, computer & English language labs. The tactile path, ramps, loop induction, Braille typewriters and slates make education accessible to all. Inclusion has to be planned and implemented in a very strategic manner. It can be effective only if we consider imparting inclusive education with a holistic approach:-





## HEAD OF THE SCHOOL:

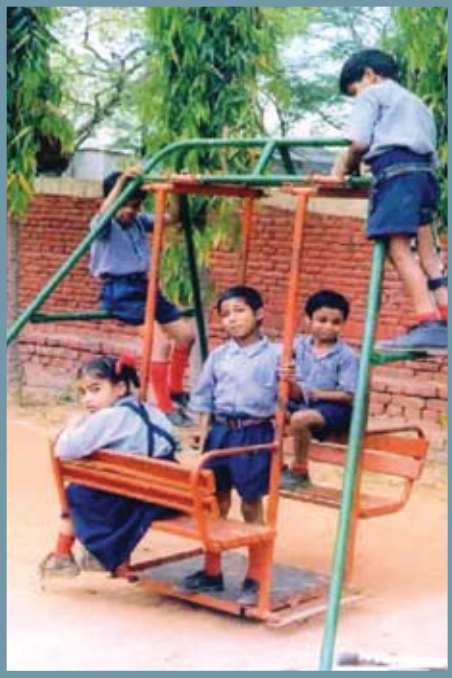
In such a set up, the role of the head of the school and special educators, parents, counselor are extremely significant.

Inclusion is effective only when we start eradicating the attitudinal barriers of the administrators, teachers, parents and community at large. As Prof. N. K. Jangira said "Integration is the process of bringing of the 'part' (i.e. children with disability) to the whole society."



The practices of providing **equal opportunities and full participation** for children with and without disability are not only implementable but can be replicated keeping the following in mind.

- The acceptance by the head of the school of the concept of Inclusion.
- The infrastructure with disabled friendly environment.
- The sensitisation and training of teachers of regular school.
- The curriculum and examination system to be modified as per requirement.
- Integrated sports and cultural activities for all round development.
- Vocational training as a part of the curriculum.
- The administration and management to appoint special educators and sensitize all teachers.



## CASE STUDY

Chintu, a student with visual impairment became a part of the Amar Jyoti family in 1995. The youngest of three siblings, Chintu lost his eye sight when he was three years old. As he came from a village he had no knowledge about Braille. He was also not very receptive towards any kind of training in Braille and mobility. Chintu was counselled and his formal training started with the use of Braille slate, tactile teaching aids like Cyloframe, Braille Typewriter & Tactile Globe, etc.



As he started interacting with regular students during assembly time, lunch break and cultural events, his interest in music especially in playing tabla was identified. Along with academics, we started giving him training in tabla playing and singing. Chintu has won various awards in inter-school events and will appear in National Institute of Open School (NIOS) examination for Class VIII next year. He is one of the most popular students of our school.



## ROLE OF COUNSELLORS

Counsellor provides consultation and counselling services for students with academic, social, emotional, behavioral or mental health concerns. Success in the classroom is the primary goal.

Secondary School Counsellors also provide educational planning and career counselling. This may involve consideration of alternative programme/school placement as part of the School Based Resource Team decision making process.

Counselling relationship between a counsellor and the student is confidential. If there is something that would be helpful to share, permission in writing from the student to

share confidential information should invariably be taken. Alternatively, the student should be encouraged to participate in the conference and share the information himself or herself.

**Other helpful strategies:**

- Appointing a scribe as per need.
- Allowing the student more time for assignments and tests.
- Providing a tape recorder to allow the student to tape and listen to the lessons outside class.
- Providing time for peer teaching/explaining of concepts.
- Making sure that lessons are presented in auditory, visual, kinesthetic styles to address the learning needs of all students.
- Create pod casts, and/or provide advanced organizers for students to organize learning.

## **SPECIAL EDUCATORS & TEACHERS**

A special educator is a multifarious personality , well versed in all aspects of teaching namely a resource teacher, a consultant and professional. Special educators undertake individual assessment and prepare an Individualized Educational Programme (IEP) for children with special needs for participation in both curricular and co-curricular activities. IEP outlines the goals for the child with special towards making him/her independent in Activities of Daily Living and also helps to grow to be a useful member of the society.

In an Inclusive set up a special educator also acts as a remedial teacher & mediator for collaborating with other multi-disciplinary team members. He/she remains in constant touch with parents & meets them regularly to update them on the child's IEP goals and thus monitors the progress of the child. He/she also gives information concerning facilities and services available for the care, treatment and future of the child and helps in training the child for activities of daily living.

## **PARENTS AS PARTNERS**

Parental attitudes influence the way they treat their children. Their style of treatment influences the attitude and behavior of children towards them and also towards other members of the family.

Several models of family oriented services have developed over the years. At Amar Jyoti, the following models are being used for early intervention and for eliciting parental participation and involvement.



- Centre-based group activities of Parent-Support Groups
- Parent-teacher meetings
- Group parent training programmes
- Parent-to-parent and parent-to-professional support.

Monthly Group Meetings are organized for parents of children with disabilities according to the needs of the group. Two Parent Support Groups have emerged out of these meetings. “Aradhana” for providing recreational and occupational experiences for intellectually challenged persons above the age of 18 Yrs and “Swalamban” for parents of younger children for awareness building about distribution of Disability certificates and availability of financial support and other concessions. Group-interactions involving parents, grand parents and siblings are also organized as and when needed. This support of extended family and community. Involvement of siblings in orientation programmes ensures a life long continuity of acceptance and support.

Another group of children emerged out of the referrals made to the Child Guidance Clinic with multiple disabilities like cerebral palsy, delayed development, partial hearing and visual impairments, perceptual problems along with motor and speech complications.

Early Intervention and Training Programmes for parents of this group are vital. Parents education and involvement starts from the stages of developing acceptance of disability, amelioration of conditions with medical, paramedical, special educational, recreational and vocational inputs and guiding the parents through family-support groups. This group takes the services of all the team members

The objectives of the Team are:

- To enhance developmental approach to learning
- To take into account all the areas of development, that is, cognitive, language, motor, social and self-help skills.
- To provide a method of recording existing skills and those learned in the intervention period.
- To provide guidance and suggestion for teaching new skills to parents.
- To involve parents in the education and curriculum planning of children with special needs.

The capacity building programmes and employment opportunities also make the whole education programme inclusive if the space permits as well as finances are available.



*A life-cycle approach of parental involvement for persons with disabilities*

With experience it has been observed that a combination of institutional and Community Based Rehabilitation helps in reaching out to more beneficiaries and qualitative services are given as a result of interactions with the parents, teacher and rehab professionals.

## THE ROLE OF REHABILITATION PROFESSIONALS

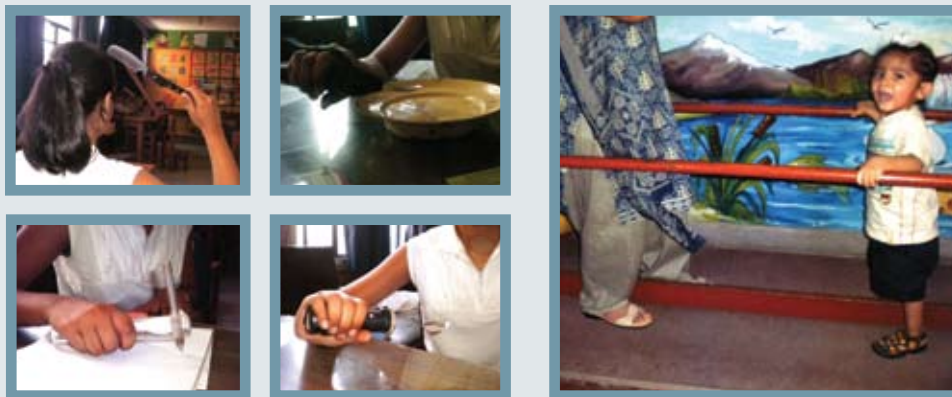
As far as academics are concerned, we already have detailed information in Chapter II of this publication. The presence of children with different categories of disabilities requires special attention by rehabilitation professionals. They play a significant role in their specific areas as described below :-

### OCCUPATIONAL THERAPISTS

The occupational therapist plays a pivotal role in Inclusive Education set up through therapeutic activities, environmental modification and educational approaches.

The Occupational therapists at Amar Jyoti, not only deal with the physical limitations but also work with children with mental, social, psychological and learning disabilities e.g. Autism, Attention Deficit Hyperactive Disorder(ADHD), Phobias, Behavioral disorders, Sensory Processing Disorders, Dyspraxia (difficulty in movement and planning) Dyslexia (difficulty in reading and writing), Dyscalculia, Dysgraphia (handwriting difficulties) etc. Occupational therapist decides the best adaptive aid or equipment for the students so that they could lead a normal life in school as well as in the home environment. For this they design adaptive equipments and train the individual for their use e.g. built up spoons, long handled comb, writing aids.

The Occupational Therapy department has taken initiative in educating the students about adaptive skills of daily living like self care, grooming, toileting etc. In addition



*Adaptive aids- Long-handled comb, angled spoon, writing device, and modified spoon*

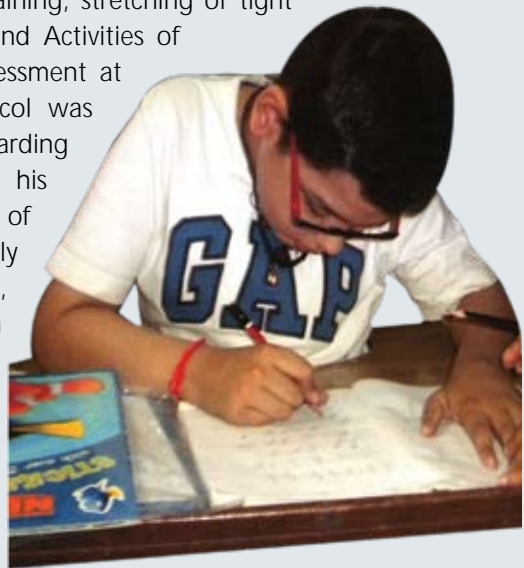
Occupational Therapists help in planning many therapeutic plays for students in which they can explore their capabilities in a more functional manner thus helping to inculcate confidence and self esteem in them. The basic goal in Amar Jyoti's Inclusive setup is to make the children with special needs a functional and productive part of the society irrespective of their limitations. Some of the essentials to build an Occupational Therapy setup are:

- Couch
- Therapy ball
- Hand function activities
- Peg board, therapeutic putty, sanding bar,
- Balance board
- Walker
- Sensory integration kit
- Parallel bar for gait training
- Corner chairs or cp chairs to enhance sitting
- Shoulder wheel and supinator-pronator board
- Different swings to develop sensory motor development
- Bolsters and wedges
- Ball pool and vibrators
- Visual stimulating activities like, optic lights, visual wheel, lighting balls, etc.
- Hand writing kit (consist of many pencil/pen grips, papers of different textures, patterns) etc.
- Occupational therapy process involves :
  - I. Screening of children with special needs via assembly audits, classroom audits and input from teachers.

- II. Assessment of physical & psychological abilities like fine & gross motor skills, sensory, cognition & perception(attention and learning areas) and vocational & prevocational.
- III. Setting: appropriate goals (long term and short term) for the children to make them functional and productive by using their residual capacities and minimizing their limitations.
- IV. Treatment, planning and implementation using various techniques and treatment protocols.

## CASE STUDY

Vishu is an 8-year-old boy diagnosed with severe quadriplegic cerebral palsy. He was born premature with low birth weight. He attended regular school till he was 5 years. He had to leave his regular school because of his inability to write and problem in focusing attention on academics. He was totally dependent on his mother for his activities of daily living. He started occupational therapy in 2009 in Amar Jyoti, where he was given a combination of therapies for his holistic development such as sensory integration, hand function training, stretching of tight musculature, pre-academic training and Activities of Daily Living training. Based on reassessment at fixed intervals his therapeutic protocol was regularly updated. Regular input regarding home programme was given to his mother. With the combined efforts of fellow professionals, Vishu is mostly independent for activities like feeding, wearing clothes and walking with minimal support in the house. Now he can write with minimum difficulty and can use gadgets like remote, laptop, mobile etc. With the help of therapeutic interventions Vishu has been integrated in class IV in Amar Jyoti School.



## PHYSIOTHERAPISTS

Physiotherapy services are an integral part of inclusive education, specially in improving physical movements and functions otherwise constrained by birth deformities, genetic diseases, long term effect of diseases such as cerebral palsy, polio, muscular dystrophy, stroke head injuries and many other types of trauma and medical disorders.

Physiotherapists at Amar Jyoti work on the principle that disability arising out of diseases and trauma has a potential to cause further physical problems due to compensations by unaffected parts of the body. A common example is that of wheel chair users who may have the potential to walk with the use of assistive devices but have not been able to realize and utilize this potential. Such population requires thorough evaluation & systematic management by Physiotherapists to enable them to walk with support. Many school children at Amar Jyoti who were on wheel chairs are now walking with special devices and are relatively independent.

Physiotherapists in an inclusive school play a critical role in the following:

- Assessment, treatment and management of children/adults with physical disabilities.
- Identification of appropriate equipment to enhance a child's functional abilities and appropriate referrals to prosthetic and orthotic department
- Liaison with specialists like orthopaedic and neuro-surgeons to coordinate corrective surgeries for school children whenever required including post corrective surgical rehabilitation.
- Communicating with parents, teachers and other professionals to ensure that common goals are being pursued for problems faced in the school/home setting
- Appropriate rehabilitation at the community level

The physiotherapists at Amar Jyoti start attending to children with disability from the time of assembly so that required services can be given during the school time every day.

## **SPEECH THERAPISTS**

As a part of the Rehabilitation Team the speech therapist also provides on-the-spot services during the school hours in an appropriate room with an audiometer, sound making toys, early auditory training aids like flash cards, toys etc.. The speech training is given on a regular basis as per need.



*Mohit Gupta, a student of KG class is a cerebral palsy child. He was a wheel chair user with poor sitting and standing balance when he was admitted to the Amar Jyoti school. By Physiotherapists intervention, he is now able to sit, stand and walk independently with an assistive device. There is a significant improvement in his self confidence and level of interaction with the peer group. He is just one of the many school children who have improved tremendously with regular Physiotherapy.*

Special emphasis is made on auditory training which is a must for every child after wearing the aids. The speech therapists attend the CBR camps also to identify the needs of children with hearing and speech impairments. The counselling of parents is done for schooling and usage of hearing aids.

In a school set up sound making toys for early auditory training, and teaching aids like flash cards, toys depending upon the need of the child are required.

## **PROSTHETIC AND ORTHOTIC EXPERTS**

The Prosthetic and Orthotic Unit is involved in providing care for children with Disabilities by providing appropriate artificial limbs, caliper, mobility aids to improve or restore their mobility and carry on activities of daily living. Physical disability restricts them to perform basic activities and confines them to home, hence school or other activities are out of their reach. Amar Jyoti reaches out to such people with disabilities who are less privileged and are not within the accessible range of Rehabilitation services through camps in rural areas. The mobility aids are provided free of cost to the persons with disabilities.

The training with mobility aids provides them ability to walk or run unassisted and makes them mobile to enable them to enjoy activities of their choice. Some children using assistive devices are passionate about dancing or cultural activities but get upset when they start feeling sharp pain in the legs during practice. They run to the department to get the correction done in the caliper or artificial limb and run back to rejoin the practice session, once again to dazzle on the dance floor.

They don't want to lose touch with those they have grown so close. They have other options for treatment close to their home but prefer to visit Amar Jyoti, where they are followed up well in to the adulthood thus helping them to chase their goals and dreams.

## **INCLUSIVE HEALTHCARE**

At Amar jyoti the word 'inclusive' holds good not only for educational purpose but also for other services including its 'Health care services',





Services are provided through its OPD Wing by rendering free consultations in different specialities like medical, surgical orthopaedic, eye, ENT, Paediatrics, speech therapy etc. and also through diagnostic services.

Every school should have services of a doctor/paramedical available in the school premises during the school hours to provide emergency care to the children in case if they need it. At Amar Jyoti, it makes more sense where by virtue of inclusive education a particular category may require such facilities more often. It also makes the students, their parents & other staff more re-assured of the safety of their wards during school hours. The atmosphere in the medical section is so friendly that even the students particularly those who are differently abled, feel so comfortable that they fearlessly walk into the department either for themselves or to escort their colleagues even for very minor/trivial problems or to have some tonic mixture.

These services are also available to all sections of people from the community irrespective of their socio-economic background.



## **SOCIAL WORKERS**

Social Worker creates awareness about the concept of Inclusion, conducts home visits of children with disabilities who have specific problems and also co-ordinates with different departments and NGOs for required services. The linkages with community people also help in enrolling children with disabilities as well as children from economically weaker sections for the services provided at Amar Jyoti centre.

## **VOCATIONAL TRAINING**

Education is not merely a medium of social change, but also a creative force with the capacity to reshape and remodel society in the desired way. To make it more meaningful it is important to introduce skill training as part of the educational

curriculum right from the primary level. At Amar Jyoti, skill training is imparted as an integral part of the curriculum for students. Vocational training is also imparted to members from the community. The following courses are being run at Amar Jyoti.

- Beauty Culture
- Computer Applications, Hardware & Networking
- Jewellery Making
- Art & Craft
- Repair of Electrical Appliances
- Tailoring
- Bakery



**These skill courses are further strengthened by the National Institute of Open Schooling (NIOS) and State Council of Vocational Training accreditation. This also helps boost their employment potential.**

These courses help in organizing Abilympics also. Amar Jyoti Charitable Trust initiated these competitions in Vocational Skills for persons with disability at District, State, National and International level. Now Amar Jyoti is the nodal agency of National Abilympic Association of India (NAAI). India has been performing extremely well at the International Abilympics for the fourth successive year.





**Shammi Kumar** with locomotor disability won a Gold Medal at the 5th International Abilympics and in the 2nd National Abilympics in Jewellery Making. He has helped in training a number of persons in this field and is at present running a successful business in Jewellery. Although he has a regular jewellery shop, yet he is spending most of his time in training school children with and without disability. It is a pleasure to see him moving independently on the motorised tricycle.

### **Mamta Vani - On the Path of Glory**

Mamta, an orthopedically challenged girl, is an old student of Amar Jyoti. She embraced all her challenges as opportunities and completed her graduation despite



her problems. She could successfully join a mainstream college only because of the inclusive education attained at Amar Jyoti. Today, Mamta Vani, is a stage singer, an anchor and a voice-over artist. She has done more than a 1000 Performances across various parts of India. Mamta also has several awards to her credit :-



- **National Women Excellence Nav Kiran Award 2010** from women international network and Yog Confederation of India.
- **National Excellence Award** from PARWAZ media group, and
- **Special Achievement Award Taare Zameen Par** from Sun Foundation.



Mamta has been anchoring several shows as a compere for Kalpana Chawla ki Udaan where she has earned the respect and commendation of peers and audience alike. Looking at her achievements, courage, determination and indomitable spirit, we can easily say that Disability does not equal Inability.

## **COMMUNITY BASED REHABILITATION**

Community Based Rehabilitation (CBR) is a strategy within the general community development for the rehabilitation, equalization of opportunities and social inclusion of all people including those with disabilities.

With the multiple approach of reaching out of providing educational, health care, agricultural, vocational training and self-employment, the CBR Project provides a good linkage between the community and institution based services. The identified children with disabilities, with initial pre school training, are integrated into Amar Jyoti school. The awareness about disabilities, the rights of the disabled, importance of health and hygiene and self reliance are dealt with effectively by the CBR Team.

The Multipronged Approach of Amar Jyoti Urban Slum Community-based Rehabilitation Project aims to:-

- Facilitate education at Amar Jyoti or other school as per need.
- Organize Parents-teacher meetings.
- Conduct Music, Dance, Painting, Art & Craft, Integrated Sports & Cultural activities.
- Work for assessment and Psychological tests.
- Hold Adult education classes
- Organize Need assessment, prevention and awareness programme & Medical camps,
- Provide aids & appliances
- Conduct First Aid Training

The CBR Team organizes training in the following skills

Stitching

Embroidery

Computer training

Art & Craft

Envelope making

Folder making



## PLACEMENT UNIT

The placement unit at Amar Jyoti networks with the corporate sector and other agencies for facilitating employment of those who register themselves at Amar Jyoti. The loan facility for self-employment is also facilitated through National Handicapped Finance & Development Corporation (NHFD). The unit also collaborates with Teach India Programme to promote and enable employment through job fair.

## SPORTS & CULTURAL ACTIVITIES

Children learn to play before they learn to read or write. Cultural activities and sports have a special role in developing children into young adults. Through these activities children develop intellectually, socially, emotionally and physically. Young children are natural explorers; they are never still, and seldom silent. They learn by trial and error as they play together. A child with a disability is no exception.

The philosophy of integrated sports has been promoted by Amar Jyoti to bring those with and without disabilities together, equalizing participation by thoughtful choice of events and proper monitoring by concerned professionals. Amar Jyoti emphasises on inclusivity in play ground and on the stage to bring about a feeling of achievement, attachment, admiration, appreciation, faith, inner peace, fun, confidence, and infection of others smiling.

Another platform for inclusion and interaction is the recently introduced concept of wheelchair basketball. Some of our children play basket ball on specially designed and, modified wheelchairs with members of other schools in Delhi. Through each passing year, the inclusion of both children with and without disability has strengthened and given ideas for further development programmes.

Amar Jyoti has organized 5 National Integrated Sports Meets. The inter-school Integrated sports competitions are also held regularly. Sports & cultural activities are a part of the school curriculum where sports, music and dance teachers have regular classes. The games are planned for each category of the disabled and the non-disabled to play together: for example in a relay race, we have one set of participants with disability and the other side the non-disabled. The other races like lemon & spoon race, balloon race, needle & thread race have same partnering system.

Our students in Gwalior have done extremely well in swimming also at State & National level. One student with orthopedic challenges made us proud by winning the prestigious Arjun Award.

By creating awareness about these activities, selecting venues as per needs, choosing events in which both able and disabled can participate, having special victory stand and mobilizing required amount of funds, we can have these activities as a regular part of the school programme. It helps in inducing meaning in the world of silence & brings rays of hope to those who live in darkness.





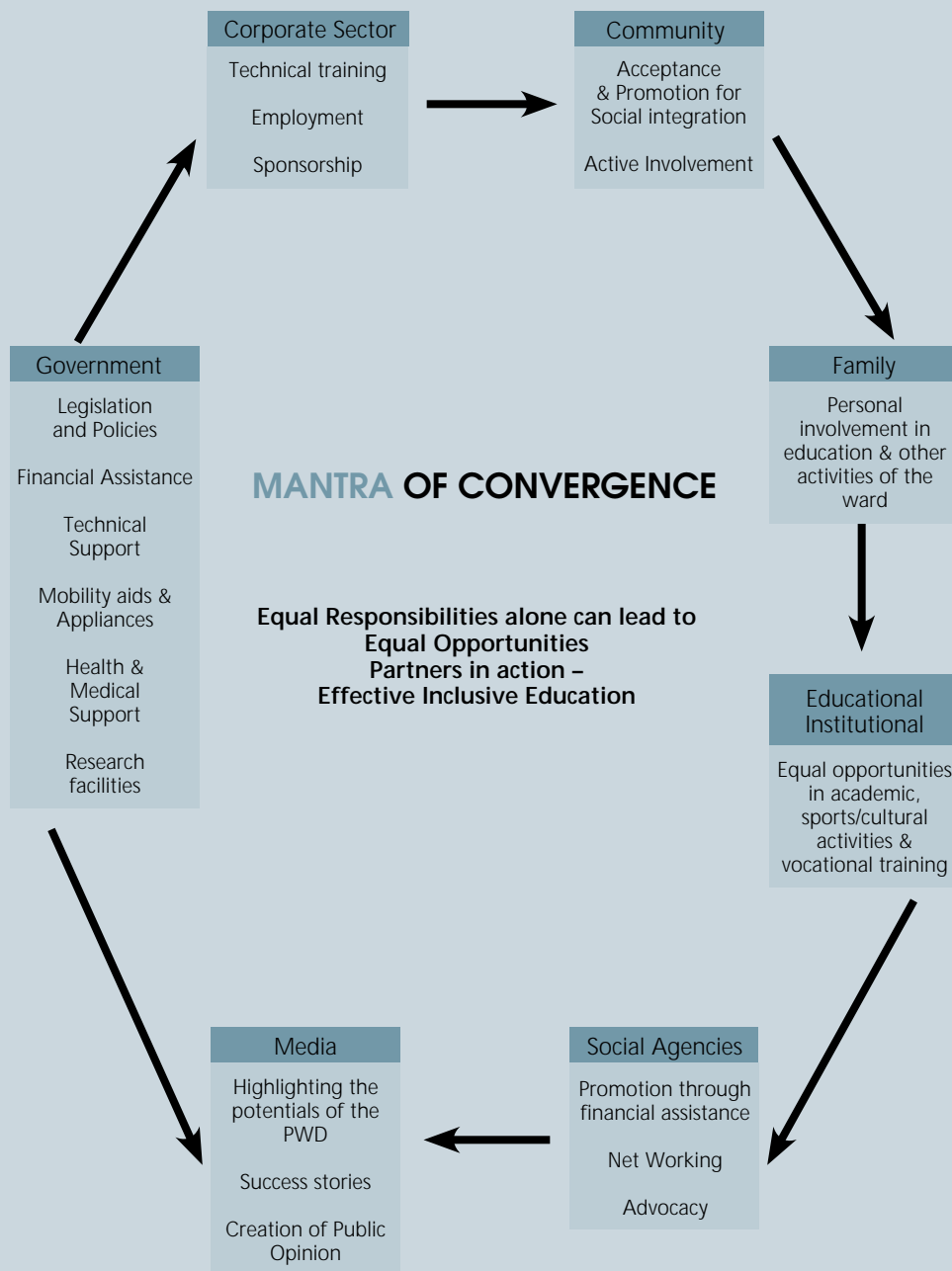
In collaboration with Foundations and philanthropists our school children have given soul stirring performances for House of Commons in UK, World Bank in Washington and other organisations in Houston, Florida, New Jersey and Seattle in USA. The Sringeri Foundation in Canada also hosted shows for sensitising the society at large.

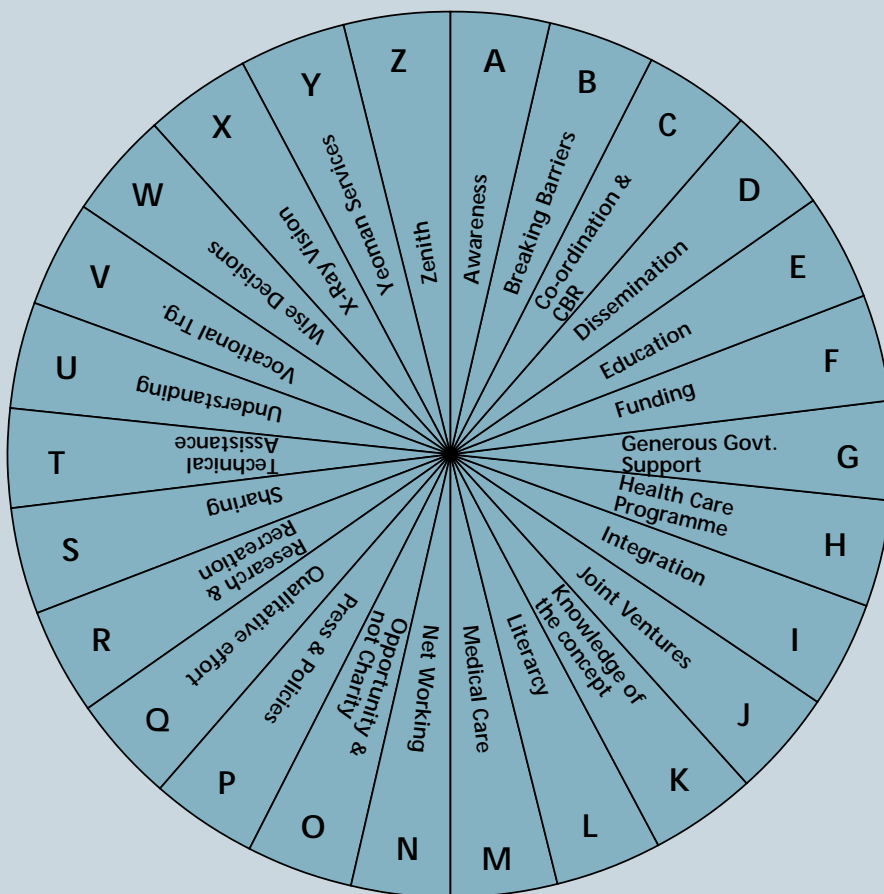
Similarly, teaching is also made interesting by participation of our children in cultural activities, dramatics, and performing arts like painting, puppetry and role play.

It is said, "Strength does not come from physical capacity. It comes from an indomitable will." So, let us induce this indomitable will in every child with a disability and light an eternal flame to help them realize that each one can be a useful and productive member of the family and society. Integrated sports and cultural activities can be one effective measure in achieving this goal and mission of providing equal opportunities for all.









## REHABILITATION CHAKRA





# INCLUSION OF CHILDREN WITH DIFFERENT DISABILITIES

## LOCOMOTOR /ORTHOPAEDICALLY CHALLENGED

**'Locomotor (physical) Disability refers to a person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal and/or nervous system.'**

The locomotor disability population at AJCT initially comprised of children with poliomyelitis and congenital deformities. Subsequently, children with Cerebral Palsy, Muscular Dystrophy and other Developmental disabilities were added on the rolls.

The attraction to study here is an accessible school environment. The school building, which is completely disabled friendly with adequate ramps, hand rails, modified toilets, washrooms and classrooms with wide open doors encourage easy maneuverability of wheelchair users. In addition, children enjoy their travel to school in the disabled friendly school bus.

After early detection, children with locomotor disabilities, need medical intervention, and in some cases even corrective surgery to facilitate



independent living. With the help of mobility aids, they are easily integrated in all school activities ranging from academics to sports, cultural etc. Having an orthosis & prosthetic workshop on site immensely helps the children to get their broken calipers or crutches repaired immediately while improving their gait, balance, and posture.

Further, therapeutic interventions like physiotherapy for achieving gross motor skills, occupational therapy for fine motor skills and activities of daily living, speech and language therapy gives disabled children full independence in addition to building their self esteem.

A holistic approach is followed in teaching children with locomotor disability. Children start studying together from Nursery till they complete class 8th so that the caring and sharing and emotional bonding starts from the very beginning. They play together, shout, laugh and cry together, sing and dance together which is the very essence of inclusive education.

The curriculum is flexible and need-based and the approach is child centered. Children follow the curriculum as per the guidelines of the Central Board of Secondary Education (CBSE). Some of the children with locomotor disability who have difficulty in following the CBSE curriculum till class 8th, have the option to complete their education from the National Institute of Open Schooling (NIOS). They are taught using regular methods through prescribed books, smart boards, on computers, classroom interactions, peer tutoring and cooperative learning. Some of the children do require modifications and adaptations like a cutout table tray and C.P. chairs.

Along with academic enhancement, vocational training is also a critical part of the curriculum. Vocational training has opened many avenues for children and young adults with locomotor disability. The introduction of Abilympics (vocational skills and abilities contest for persons with disabilities) by Amar Jyoti in India has helped discover and nurture vocational skills of the disabled.

An Individualized Education Programme is prepared based on their functional ability and followed on a regular basis. Adaptations and relaxations in curriculum are especially made for children with cerebral palsy, muscular dystrophy and other locomotor disabilities.

The special educators and teachers use innovative methods and strategies to teach different subjects with a variety of learning material, computer software, exposure trips, educational videos and through sharing of real life experiences. Assistive devices

for activities of daily living, devices for writing and modified software are specially introduced by the therapists and teachers to make them work independently.

Furthermore, the school library also helps generate curiosity and interest among students. They are also encouraged to contribute articles to the school publication 'Badte Kadam'. Adapted sports activities that suit the strengths and limitations of each child are also an essential part of the curriculum.



Movement therapy is another shining example of integration, where school children with other disabilities are involved and experience innovative recreational activities.

Children with orthopaedic challenges can easily be included with the provision of mobility aids, adaptations in furniture and a barrier-free environment.

### **Case Study of Laxmi**

Today one can see Laxmi (Polio sticken) zooming through busy Pahargunj on her motorized three wheeler - her crutches resting by her side in her motor rickshaw.

Looking at this zooming beauty (she is beautiful!) no one can say that she was afflicted by killer "Polio" in her childhood. She came to Amar Jyoti as a toddler – barely able to stand on her own. The school took her under its wings. She started receiving necessary therapies like physiotherapy, occupational therapy; and from the orthotic workshop she got calipers and crutches which enabled her to stand and gradually walk comfortably. She was also able to negotiate the stairs to her first floor room in her house.

This mobility made her so confident that she excelled not only in academics (she has completed senior secondary from NIOS), but in cultural activities also (she is an expert dancer).



She received watch repair training from HMT and was absorbed at their Amar Jyoti unit, where she worked for many years.

Laxmi also received Beauty Culture training at Amar Jyoti. She must have found it more satisfying, because she now runs a beauty parlour at her home in Paharganj. What a transition from a crawling toddler to a successful beautician!

## HEARING IMPAIRMENT

Inclusion of children with hearing impairment involves an assortment of services including interpreters, note takers, teacher aides, special teachers, consultants, audiologist, speech therapist, psychologist and social worker. These professionals are made available within the regular classroom in the least restrictive environment (LRE) or in the premises. Hearing is an important sensory channel that permits the detection, discrimination, recognition and comprehension of auditory stimuli. It helps to acquire spoken language thus facilitating the exchange of thoughts, feelings and ideas. The sensitivity of hearing or threshold of hearing is the minimum intensity level of sound where a person responds 50 to 75% of the time. The threshold of hearing of a person more than 25 dB is considered to have abnormal hearing. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 defines hearing disability in terms of pure tone average of 60 dB or more in the



better ear at conversational frequencies. Understanding the severity of hearing loss makes a teacher to plan an educational programme in better way.

A child with hearing impairment is identified when he/she:

- has problems paying attention in the school.
- finds it difficult to understand speech if presented behind him.
- answers questions irrelevantly.
- requires repetitions of speech for following instruction.
- displays poor vocabulary and grammar, voice problems and mispronunciation.
- does not mix easily with other children of his age.
- uses too many gestures.

Using various audiological tests the audiologist confirms the type, degree and configuration of hearing loss and helps to decide about the appropriate class. As a preparation for inclusion, training is imparted in total communication (sign language, speech reading and visual aids) and language.

As the communication skill improves, the child is included in regular class, where the teacher has constant consultation with the special educator and parents to update the individualized educational plans. In class the teacher ensures the adequate functioning of the Hearing aid and the position of the child with respect to the teacher so that face to face and eye contact is maintained. Students are taught in simple short sentences, at slow pace, with natural gestural expressions and avoid multiple instructions in a sentence. Teaching is aided with flash cards, puppets, pictures, software (ExtraMarks) and audio visual aids. Adapted texts, objects, naturally occurring events and concrete materials are used to explain the concepts. Language papers are made optional and alternative methods of evaluations are followed.

Children with poor verbal communication skills are encouraged to participate in curricular and co curricular activities. For example, they sing the National Anthem in Sign language. Art & Craft, Vocational Training, Sports and cultural activities are planned together to develop confidence and self esteem. Besides these Peer Tutoring is also provided. Demonstration sessions are conducted for the parents to maintain the continuity of lessons at home.

Children with hearing impairment can study successfully in an inclusive set up. If such a set up is not available, they can approach National Institute of Open Schooling (NIOS). NIOS has special examination scheme with some concessions for the children with disability. In the past ten years, as an accredited centre of NIOS, Amar Jyoti has



facilitated approximately 45 hearing impaired students to appear for the exams of class X and about 30 for Class XII. All of them cleared their papers.

**DIVANSHU'S CASE STUDY:** Divanshu (child with hearing impairment) was on cloud nine when he got an award from Mrs. Sheila Dixit, Hon'ble Chief Minister of Delhi. His painting had been adjudged the best in a painting competition.

Divanshu had come to Amar Jyoti at the age of 11. As a shy, well-mannered child attracting everyone with his infectious smile, he was quick in picking up class instructions. His teachers were as quick in noticing his aptitude for painting. Even as a child he had an eye for colours. With effective speech therapy and classroom interventions, he started progressing quickly. The results were

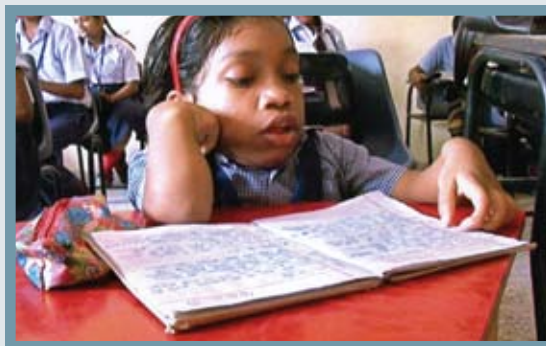
amazing, not only did he excel in academics; he also got a bronze medal in the Regional Abilympics in Delhi, 2010. Divanshu secured admission in the prestigious Delhi college of Arts. He is now in the fourth year, his name stands prominently in the merit list. What is still more striking is his paintings have started fetching a handsome price!



## INTELLECTUAL DISABILITY

According to Persons with Disabilities Act, 1995, mental retardation means a condition of arrested or incomplete development of mind of a person which is specially characterized by sub-normality of intelligence.

Intellectual disability is a condition that arises from damage to the central nervous system in the brain. The cause can be biological, environmental, genetic, infection, health of the mother, nutritional, chromosomal abnormalities, metabolism disorder during prenatal, natal and postnatal period.





### **Identification of Intellectual Disability**

At Amar Jyoti, children with Intellectual Disability are first referred to the Child Guidance Centre for functional assessment.

After this identification, he/she is referred to a clinical psychologist and other professionals for assessment of the level of disability such as mild, moderate, severe and profound. After the assessment, intervention begins with the help of professionals and parents. A home-based programme is provided to the children who have a severe / profound level of intellectual disability.

As per the classification and admission criteria, the child is placed in the inclusive classroom or integrated/special classroom. If necessary she/he is referred to other schools closer home that provide similar services for children with intellectual disability.

### **Barriers to Inclusion for Children with Intellectual Disability**

The positive attitude of the Amar Jyoti Parivar accepts all these challenges and tries to work on these. The in-service training is also provided to the teachers for their professional growth.

Proper programme planning and, implementation, useful strategies, suitable teaching aids according to skill, a teacher's positive attitude, and the collaboration of professional team members make it successful.

### **Strategies for Successful Inclusion**

**Individualized Educational Plan:** It is prepared on the basis of observation and functional assessment. It is implemented by the regular class teacher in collaboration with special education personnel as per the need of the child. Parents are involved in this programme to enable them to follow it at home as well.

**Functional Oriented curriculum:** A comprehensive curriculum is followed, which includes curricular and co-curricular activities: academic quizzes, dance drama, music, sports and yoga. Functional academic skills such as reading, writing, arithmetic are taught with more practical examples. In reading skill, the teachers use flash cards, reading strips, and picture books etc.

**Concrete material & teaching aids:** Due to the limited intellectual capacity, children with intellectual disability take longer to learn new skills. Therefore, we provide concrete material (real objects) to enable better understanding of the concepts. More practical knowledge is given using puppets/masks. Flash cards, charts with pictures, writing strips, models and computer CDs.

**Teaching strategies:** Multisensory approach, Montessori Method, Project method, Play way techniques are used both in inclusive class rooms as well as integrated/special groups by the teachers.

**The occupational therapist** concentrates on daily living activities such as self care activities, hand motor skills, cognition and perceptual training and makes the child independent in day to day activities. He/she also suggests classroom adaptations according to the needs such as writing adaptations (modified pencil), reading adaptations (reading frame, clip boards), and modified furniture.

**Physiotherapist** works upon the associated problem of movement such as muscle power, muscle tone.

**Speech therapist** provides services to the children in individual therapy and guides the teacher to follow the same in class rooms.

**Behaviour Modification programme:** The children with intellectual disability manifest deficit behaviour and undesirable behavior sometimes. After assessment, a management plan is prepared and implemented for the needy children.

Children with a moderate level of intellectual disability are trained in day to day life activities and functional academics as per their intellectual capacity. They are also trained in vocational skill such as packing, sorting, jewellery making etc.

The children who exhibit a severe and profound level of intellectual disability can be trained in basic skills with the help of adaptations, in addition to home-based programmes.

## Adaptations for Children with Intellectual Disability

**Toileting skill:** Use a hose pipe if a child can't hold the mug for potty wash; use old stool cut from the centre and adjust on the seat if child cannot sit, and to ease the removal of clothes use elastic instead of hooks or button.

**Dressing Skill:** Attach label on the vest for identification of right side; use Velcro instead of buttons; use elastic instead of hook button; use front open under garments and T-shirt instead of a shirt

**Bathing Skill:** Use hose pipe instead of a mug, Put a ring both sides of the towel to help clean the back.

**Eating Skill:** Use adapted spoon; use double handle mug for drinking water; use thali instead of a plate.

## Case Study

Shivam, a Down syndrome child was referred to Amar Jyoti for early assessment and Intervention at the age of six months. As a result of assessment followed by intervention, he showed a lot of improvement in his developmental milestones.

At the age of three, he attended a Play school for two years. After that, he was again referred to Amar Jyoti School for assessment and his IQ was found to be 70-75. This level of IQ comes in the category of mild, moving towards borderline. He was initially taken in a special section. Efforts were made by the teachers, special educators and professionals for academic intervention and he showed a significant improvement in his cognitive development. His prevocational training was started at the age of fourteen. He has successfully completed eighth grade through NIOS. Now he is 16 years old and is being prepared for independent living skills.



*Pre-vocational and vocational training for independent living skills at Amar Jyoti*

## VISUAL IMPAIRMENT

“Blindness” refers to a condition where a person suffers from any of the following conditions, namely:-

- total absence of sight; or
- visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses; or
- limitation of the field of vision subtending an angle of 20 degrees or worse.

“A person with low vision is one who has impairment of visual functioning even after treatment and/ or standard refractive correction and has a visual acuity of less than 6/18 to light perception or a visual field of less than 10 degrees” .

### Identifying Children with Visual Impairment

Certain characteristics of children having visual difficulty are as follows:

- Holds book/copy too close or too far.
- Thrusts head forward to see distant objects.
- Blinks continually when reading or writing.
- Tilts head to see well.
- Covers one eye.
- Rubs eye frequently.
- Swollen, red-rimmed eyelids.
- Is sensitive to light.
- Has frequent headaches.
- Frowns when looking at printed material
- Has poor hand-eye coordination

### Possible Remedies

Infrastructural:

- Tactile path / tactile paving (Photograph)
- Signs ( point out the class, water area, toilets, library, office, canteen, sports room, and bus stops with Braille labels placed outside each entry )
- Contrasted signs on the ground.
- Illumination in Classrooms and corridors.





- Highlighted stairs for children with low vision.
- Textural wall for trailing.
- Assistive devices like Braille frame, Stylus, Taylor frame, Adapted Geometry kit, Talking Books, Talking Calculators, Abacus, Line Detector, Magnifying Sheet/ Glasses, Computer software's, White- Cane etc.
- Need large storage space for keeping their Brailier, Taylor Frame etc.

### **Curricular Adaptations**

Curricular adaptations like duplication of printed material of text book in Braille or large print is deemed necessary. Where necessary content material is modified as per the specific requirement of the child like tactile material, embossed worksheets etc. Content which cannot be modified is substituted with appropriate content.

### **Assessment**

Before admission, the child is assessed for his/her functional skills. Academic level of the child is assessed according to his/her age group. Assessment of mobility (independent travelling), gross, fine motor skills and knowledge of Braille reading / writing skills depending on the age is also carried out. Consultation with parents also provides useful inputs.

### **Intervention**

Once the children are diagnosed with visual impairment the Special Educator provides orientation in mobility and Braille training in Special section so that these children can be integrated into a regular class.

- Initially the main focus of OTs and special educators is on making the child independent in activities of daily living. Special educator along with parents plan "home training programme".
- Orientation and mobility training is given to the child following "keep to the left- rule" to make him/her independent and safe in moving from one place to the other.
- Training in the use of white- cane is given to children who are totally blind to locate obstacles along the route and provide information about the surroundings for independent travelling.
- Braille training (reading and writing) and Braille books are given to those who are totally blind and those who cannot read and write in print.
- Large print books, talking calculators, magnifying devices like magnifying sheet and glass, computer software- Jawa, talking books etc are provided as per specific needs.
- OT provides sensory training and helps in enhancing the other senses such as

tactile, auditory and proprioception to improve learning from the environment and one's own body. It is given to the child so that he/she can adequately gather information from the environment. Special efforts are made to nurture and promote musical skills- vocal and instrumental.

- Children are encouraged to participate in dancing and cultural activities.
- Sports activities are the integral part of our curriculum. Children are motivated to participate in various sports activities like-cricket, informal games like hide and seek, musical chairs, integrated sports activities like- bowling, three legged race and recreational sports.
- Children with Low vision are seated in the front row in class for better view of the black board.
- Children who are totally blind are seated in second and third row so that they can listen to the teacher uninterrupted.
- Peer group acceptance starting at an early age also helps in making inclusion effective.
- During examination, a printed question paper is translated into Braille. Children's Braille answer sheets are translated into print by the special educator.
- There is an option of oral testing for children who cannot read and write in Braille.
- Library is equipped with reading material in Braille, Multi- Media, TV, Tactile Globe, etc.

### **Case Study OF Ilma**

Ilma is a totally blind child. She was enrolled in Amar Jyoti in 2006 in the preparatory section. She was trained in orientation and mobility, reading and writing in Braille, use of Taylor Frame, Brailier, Abacus and differentiation of various sounds, texture and smell etc. Ilma was trained with the help of her mother in activities related to daily living at home under the guidance of our special educator. She used to face a few problems in walking and hand functions for which she was referred to OT & PT. They worked on her functional mobility (walking) and hand function (writing, reaching out, holding and releasing objects of different shapes and sizes, fine and gross motor skills).



Now she is able to walk around in Amar Jyoti independently with the help of a white – cane. Ilma is partially integrated in the regular class 6th where she reads her Braille –book, writes her class-work and home-work in Braille which is interpreted by the special educator. She attends English Language Lab and Computer Lab using Jawa Software for enhancing her communication skills and computer skills. Ilma is trained in playing the Casio. She has won various awards in playing the instrument in different competitions.

## LEARNING DISABILITY

“ Learning Disability is a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written which may manifest itself in an imperfect ability to listen, read, think, speak, write, spell or do mathematical calculations.”

Learning disability is not due to any other sensory disability or disadvantage. The child shows discrepancy between cognitive ability indicated by the Intelligence Quotient score and achievement expected from him in the class room.

At Amar Jyoti, detailed assessment of the child is carried out by a team involving:

- Psychological assessment Intelligence Quotient, Emotional Quotient and Developmental Quotient
- Educational assessment reading, writing, arithmetic skills and language comprehension
- Behavioral assessment and classroom observation.

A child is labeled having learning disability when there is a discrepancy between the ability indicated by the IQ level and achievement of the child in classroom performance. The child may be average or above average in cognitive abilities. Based on the assessment, it is decided whether he/she should be placed in a resource room class, a mainstream class with certain modifications or an inclusive classroom.

The educational provisions for learning disabled children are one or more of the following three types:

- Where the learning disabled children receive specialized schooling using special teachers essentially on the same curriculum as regular school but with greater care and reduced pace. This is a segregated setting.
- Special class in a regular school where learning disabled children are given special

instruction in a self centered classroom by special educators as well as regular classroom teachers who assist in teaching the concerned subject. These children receive supplemented academic instruction but for social activities. they are with general children.

- If the number is large and they do not pose organic problems, these children are integrated in a regular classroom with resource room facilities.

### **Management of Learning Disability**

It is a circular process of identification; assessment; planning; implementation by mixing and matching strategies; evaluation and monitoring. The key to management of learning disability is to appreciate, accept and celebrate diversity of learning styles in the classroom. OT also plays significant role in enhancing cognitive and perceptual learning such as concepts of colour, shape & size, depth etc. In addition it works upon auditory processing learning (improving listening & processing the information into appropriate concept of reading& writing).

Individual Educational Plan for the areas of specific difficulties is kept as the prime need of the child. Curriculum modifications, flexibility of mode of evaluation are considered for meaningful implementation of individual help.

NIOS and CBSE have approved concessions like allowing the use of computers and extra time for examinations, if the child has a certificate from a professional psychologist. Computer assisted strategies alleviate the stress to a great extent and help lead a fulfilling life. It is important to select a vocation according to the strengths of the child and to see that reading and writing are not the dominant skills required for that work.

The ultimate objective is to prepare a child with learning disability for independent living skills to become a useful member of the society.

### **Case Study**

Rohan, (11 yrs ), a fifth grader with an IQ of 112, faced problems in reading, writing and mathematics. A progressive deterioration was noticed and he was referred for educational assessment to Child Guidance Clinic. He was assessed on a standardized test (Aston Index) to diagnose the difficulties in spelling, reading, recall memory, visual and



auditory perception. He performed below his age level (3yrs behind) and avoided word problems in Maths. Individualized sessions were conducted and strategically planned techniques of reading, spelling and numeracy were used.

The rapport established by the Remedial teacher, mothers' punctuality in bringing him for therapy sessions, and sitting through the session for implementation at house in a conducive and non-threatening environment, brought substantial reduction in the time taken for the task and spelling errors. His motivation to recall and phonetic knowledge has improved and he now displays more interest in the games designed for his learning sessions.

## **MULTIPLE DISABILITIES**

Multiple Disability is a combination of two or more disabling conditions that have a combined effect on the communication, mobility & performance of day to day tasks by the child. Along with Multiple Disability such children exhibit sensory losses and behavior and/or social problems. The combination of difficulties and degrees of severity is different in each child. Children with Multiple Disability have visual, hearing, learning problems, communication, postural or mobility problems.

Early identification and early intervention of children with multiple disability is very important. These children are identified at birth or in early stages of life. Through early intervention these children can have a greater learning experience.

The initial functional assessment of children with multiple disability at Amar Jyoti helps teachers understand the strengths and limitations of the child. Assessment involves gathering of information in order to determine needs & and set priorities and goals. On the basis of functional assessment, the current level of the child becomes the basis of any further mode of action. The multidisciplinary approach helps the teachers to develop an Individualized Education Programme..

The curriculum content followed is the same as for regular education: Need based adaptation, modification or alternative lessons, materials and activities are modified to meet individual needs. In addition to the academic curriculum, functional and remedial skills are also taught.

Individuals with motor difficulties are given orientation / mobility training using appropriate assistive devices. Mobility aids including orthotic devices depending on the specific needs are provided. Adaptations such as CP Chairs or corner stools etc are made available, whenever necessary.



- Manipulative games or play enhance the child's ability to co-ordinate their hand-eye movement which enables the child to control toys and other objects. The environment is modified to provide opportunities to develop social skills.

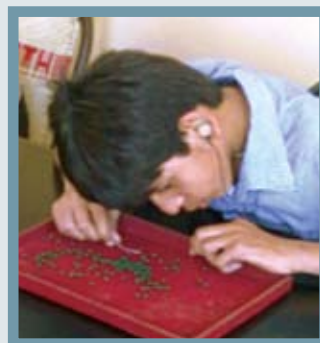
Parents play a crucial role in the success of any training programme of children with Multiple Disability. They act as a source of valuable information about their child's behaviour, interests, likes and dislikes, temperament, abilities etc. Their involvement is of great help in planning and implementing training programmes for the child.

### Case Study

Akshat is a 15-year-old boy studying in the multiple disability section at Amar Jyoti. He is moderate MR and has a deficit speech and cerebral palsy. He has been coming to Amar Jyoti since January, 2008.

When he joined Amar Jyoti he was not able to communicate his needs even through gestures or sign language. He didn't have the concept of self identification of parents, colours, numbers. He also had poor hand-eye co-ordination.

With the help of a multi-sensory approach and multidisciplinary team effort, he can now identify some fruits, domestic articles like table, chair, bag, bathroom and is an enthusiastic basket-ball player.



Occupational Therapy, Speech Therapy & Special Educator's motivation have helped in his overall development. Today, he is totally independent, and is currently receiving vocational training in the jewellery unit and can make a necklace using three or four different colour beads in a symmetrical order. He is also the proud recipient of the best student award in vocational training.

## MENTAL ILLNESS

Mental Illness is a condition that results in the disruption of a person's thinking, feeling, mood and ability to relate to others, caused by social, psychological, biochemical, genetic or other factors such as infection or head injury. Mental illnesses that occur commonly include Anxiety Disorder, Depressive Disorder, Bipolar Disorder, Schizophrenia, and Substance use Disorder. Broadly, all these disorders can be grouped under two broad categories of mental illness that are Psychoses and Neuroses. Both the categories differ in severity and intensity of symptoms. Psychotic symptoms refer to the deviation of the person from reality, whereas neurotic symptoms affect person's

emotional stability. All these disorders can affect any person at any stage of life. Several environmental, biogenic, social and genetic factors contribute significantly in the development of these disorders. Common symptoms related to Neurosis that may be noticed at a school-going age are Phobias, Obsessive - Compulsive Disorder and Depression.

Some of the causes are:

- **Childhood trauma** - Psychic trauma in infancy or early childhood.
- **Parental deprivation** - Separation from the parent(s) and placement in an institution.
- **Dysfunctional family structure**
- **Genetic** - Due to genetic chemical imbalances.
- It can also be triggered by some unfavorable event leading to a loss of self esteem.

Many people feel frightened to disclose their symptoms of mental illness and often try to explain as bad time or stress and avoid seeking medical help. If treated early and with appropriate medication and psychosocial interventions, many people recover fully.

### **Barriers to Inclusion**

- Physical limitations due to mental illness
- Decreased functionality
- Environmental and Classroom barrier
- Stigma related to mental illness
- Side effects of medication
- Lack of awareness about signs and symptoms of mental illness
- Faulty attitude

### **Possible Remedies**

- Early identification and treatment is of vital importance; by getting people the treatment they need, as early as possible, recovery is accelerated and the brain is protected from further harm related to the course of illness.
- The best treatments for serious mental illnesses today are highly effective; between 70 and 90 per cent of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatment and support.

## Classroom Strategies

- Problems among students can range from poor scholastic performance, repeated failures, increasing dropouts, oppositional behavior, substance abuse, absenteeism leading to depression. Sometimes physical symptoms like stomach ache have psychosomatic origins.
- A trained class teacher can identify if a student is showing some symptoms. Individual sessions with a teacher or school counsellor can help the child to create personal awareness about his biological and internal changes, which are creating an identity crisis leading to loss of self esteem.
- These problems need to be handled at an earlier stage or else they can assume serious dimensions. The New Education Policy of the Government. of India now focuses on the all-round development with these factors in mind.
- Several cases of depression are seen in schools. Depression can be Reactive, manifesting as a reaction to some event like failure or reprimand. These kinds of problems are being handled by psychologist in the child guidance centre. Group discussion sessions in the classroom also help in preparing the child for independent living and provide the relevant coping skills.
- Endogenous depression is caused by chemical imbalances and can be treated by drugs and counselling. Psychogenic depression has to be treated by a Psychiatrist. These types of cases are referred to specialist outside AJCT.

**Note:** Mental illness is not contagious and does not spread from one person to another and psycho analytic counseling and applied behavior analysis along with required drug therapy can improve the functionality of the person.

## AUTISM

Autism is a heterogeneous group of neuro behavioural syndromes. The degree may vary from mild to very severe and hence it is known as Autism Spectrum Disorder. The skills of a child with autism do not develop age appropriately. The disability manifests in three main areas: verbal and non verbal communication, social interactions and imagination which lead to restricted leisure / play activities.

The child with autism has strong likes and dislikes and resists changes in routine. They have fixations; in repetitive, stereotyped behavior. Only children with mild autism are able to benefit from Inclusive Education after a short exposure to school readiness skills by the developmental therapists/special educators; moderate and severe category children have to go to a special school since they require more individual attention.

In Amar Jyoti, multiple services are provided to children with autism after an assessment by a clinician, occupational therapist or a trained special educator. The

final assessment is also based on parental interviews as well as observing the play behavior of the child and scanning through various criteria of assessment.

**Play therapy** is used as a tool for enhancing social and communication skills.

**Occupational therapy:** Occupational Therapists provide extensive sensory integration therapy for children with autism. Sensory issues are the major concern in autism and the Occupational Therapist provides a “Sensory Diet” according to the need of the child. They also cater to behavioural issues which are due to an imbalance in the sensory output.

Some children demonstrate extra ordinary strengths in certain areas. They generally have difficulties in abstract thinking, social cognition, communication, and attention.

Children are given behavioral expectation information i.e., direction for how to enter a room and begin appropriate activity.

General Strategies used for dealing with children with autism are :

- Pictorial representations of social stories, depicting a social situation are used.
- Oral instructions are broken into small steps since most children with autism are visual learners.
- Depending upon the particular interest of the child, he /she is encouraged to learn through music , drama, art or computers.









## HOW AND WHERE TO BEGIN

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Inclusion begins with a vision, a will to do something for society at large coupled by a strong determination to work towards equal opportunity and full participation of people with disabilities.

The project of an inclusive educational set up has to be looked at with a holistic approach. The basic requirements are:-

- A clear vision.
- Create a team of dedicated professionals/volunteers
- Register as a Trust or a Society.
- Have strategic planning to prepare the Memorandum of Association.
- Ensure that funds are mobilized as per different milestones in the vision. It can be in phases. When the work shows quality and transparency, funds always follow.
- Land or building premises for setting up school can be obtained through a donation, at a concessional rate from the Government or can be rented.
- The infrastructure has to be barrier-free to enable children with different disabilities to move independently.
- The staff should be well trained to assess and manage persons with different disabilities.
- Join hands with like-minded people and professionals who are willing to share their expertise and time.

The entire project has to be undertaken by a team which begins with lots of challenges like attitudinal barriers, non-acceptance and reluctance of the parents, paucity of funds, lack of awareness in the communities, absence of required infrastructure etc. Each member of the team wins over the challenges by believing in Amar Jyoti's slogan "Mushkil hai par Mumkin hai" (difficult but possible). Availability of a barrier-free accommodation is the first and necessary condition for setting up an inclusive school.



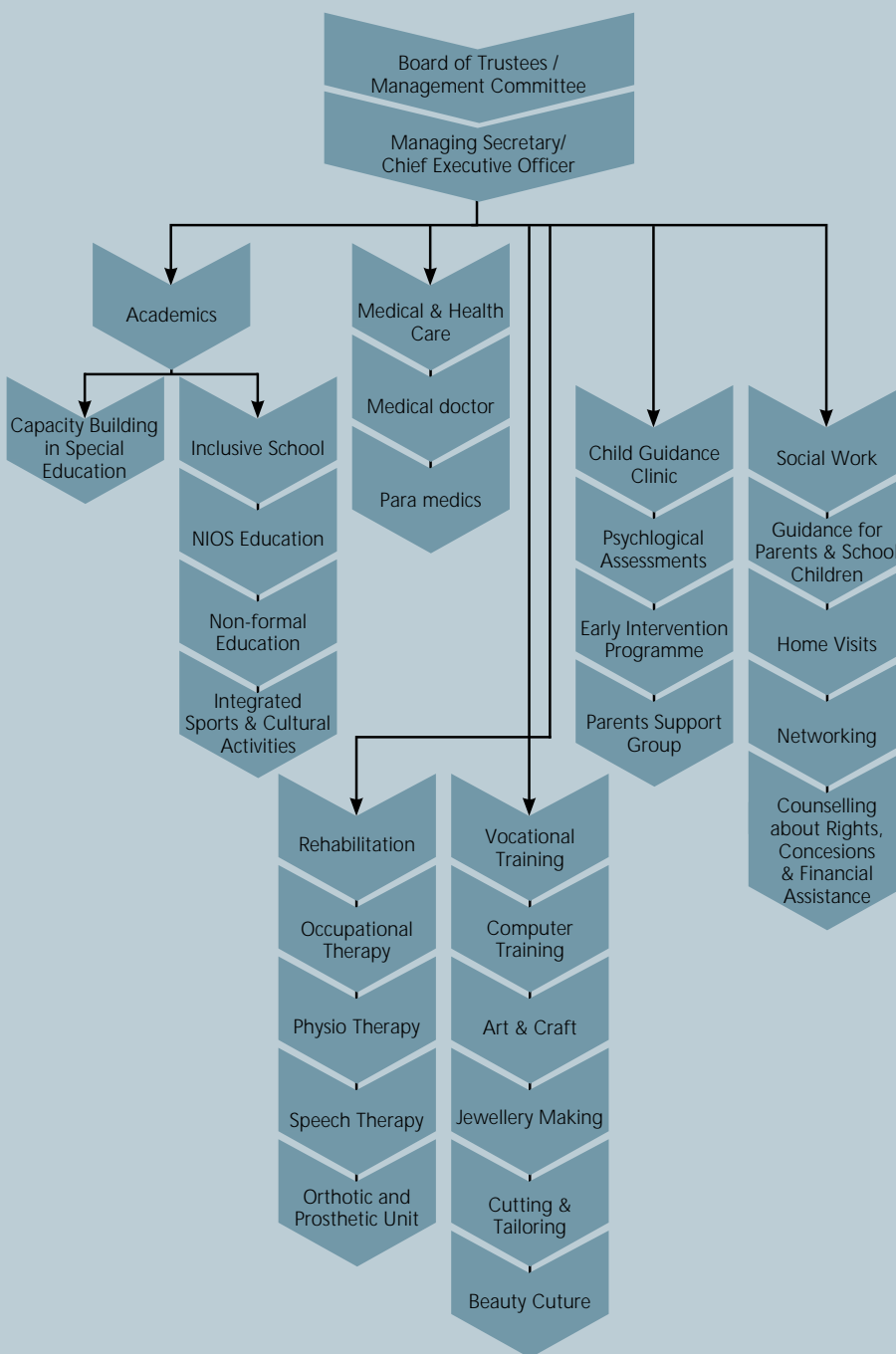
An illustrative chart for such a set up is shown in Figure-I.

### **The Way Forward**

The initial years may prove trying since difficulties & problems will arise & progress may be slow & gradual. One should not let doubt creep in this period. It is important to maintain self belief & faith in one's capabilities. The strength of such set up is a dedicated and committed management and its team. This expansion of facilities can be undertaken in phases preferably by starting with one or two types of disabilities depending on the number of such children with disabilities living in the neighbourhood. Other important points to be kept in mind are :

- It is advisable for school administration to encourage admission of children including those with disability at an early age, from nursery onwards so that they understand and accept each other.
- Mainstreaming becomes easy after the children have studied together till the middle school level in an Inclusive set-up.
- Whenever necessary children with disability should be given orientation and appropriate training like Braille reading, total communication, mobility training etc. before integration into a regular class.
- The students with intellectual disability should be trained in individual subjects before they can be included in regular classrooms.
- The orthopedically challenged should be given required assistive devices and other support services for inclusion.
- Provide an inclusive environment with suitable provision for sports and cultural activities.

**Figure 1: Basics of starting an Inclusive set-up**



- A very essential component of inclusive education is sensitizing the community at large towards the needs of the children with disabilities. For example, they should be guided to push the wheelchair in a proper way, help children using walkers and guide the visually impaired using sticks. This also helps in creating awareness and sensitivity towards the disabled.
- Involve & reassure parents about the advantages of a diverse classroom and change their mindset to emphasise that children with & without disabilities can co-exist.
- Establish linkages and networking with NGOs working in the same/similar field
- Organise adaptive furniture as per the needs.
- Include vocational training programme as part of the curriculum.
- Provide approved concessions during examination for children with disabilities.
- Regular workshops should be conducted to enhance the teaching strategies of the educators.

Inclusive education requires constant raising of funds. One has to look at it like a rainbow. The commandments for chasing the rainbow of funds are :

- Prepare realistic project proposals. Build in appropriate monitoring mechanism.
- Establish credibility.
- Approach only one donor for one project.
- Document and exhibit success.
- Pursue with perseverance.
- Mobilization has to be synthesis between the needs of the project and the manpower available.
- Sustainability should be the prime concern while mobilizing the resources.

There can be several ways of raising funds such as organizing charity events like a cricket match, cultural evening, sending appeals for sponsorship, contacting corporate houses for CSR contribution, etc.

At times, a specific project, like sports meet, cultural show, competition in academic activity, seminar, provision of uniform and mid-daymeals are sponsored individually or by a group of people. For specific projects, Grants-in-Aid Schemes are also available from the Government of India/ State Governments. For Amar Jyoti it has been a story of a hurricane and a lamp. Timely and untiring efforts by the dedicated team helped in nurturing the flame. Moreover, patience and faith also helped in continuing with the mission.

**The indomitable spirit to strive, to seek, to find and never to yield is the Mantra for success.**



# TEACHING LEARNING MATERIAL

- English alphabet and numbers
- Hindi alphabet
- Regional language- alphabet and numbers
- Assorted shapes and colours
- Clock-time
- Blocks, construction and pattern formation
- Building Blocks and Build A Tower
- Single piece lift out puzzle (Fruits, Vegetables, Animals, Birds, Means of Transport, Flowers, Clothes)
- Inset Tray Puzzle
- Size and seriation and raised puzzle
- Parts of body and life cycle
- Double layer 7 pairing puzzle
- Eye hand coordinator –Lacing
- Jigsaw Puzzle
- Community helper and dressing frames
- Wooden Story –Telling Mask
- Puppets and Theatres
- Montessori equipments









## LINKS & RESOURCES

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### **Courses conducted at Amar Jyoti Charitable Trust**

Details of the courses are available at [www.amarjyotirehab.org](http://www.amarjyotirehab.org)

### **Training Institutes**

List of training institutes conducting courses in special education all over India are available on official website of RCI (Rehabilitation Council of India).

**[www.rehabcouncil.net.in](http://www.rehabcouncil.net.in)**

### **National Institutes**

**IPH** – Pandit Deendayal Upadhyaya Institute for the Physically Handicapped  
New Delhi

**Official website:** <http://www.iphnewdelhi.in>

**NIRTAR** – National Institute for Rehabilitation Training and Research,  
Bhubaneswar

**Official website:** [www.nirtar.nic.in](http://www.nirtar.nic.in); **Email:** [nirtar@ori.nic.in](mailto:nirtar@ori.nic.in), [dirnirtar@ori.nic.in](mailto:dirnirtar@ori.nic.in) -

**NIVH** – National Institute for the Visually Handicapped, Dehradun

**Official website :** <http://www.nivh.org.in>; **Email:** [nivh@sancharnet.in](mailto:nivh@sancharnet.in)

**NIOH** – National Institute for the Orthopaedically Handicapped, Kolkata

**Official website:** [www.nioh.org](http://www.nioh.org); **E-mail:** [nioh@cal.vsnl.net.in](mailto:nioh@cal.vsnl.net.in)

**AYJNIHH**- Ali Yavar Jung National Institute for the Hearing Handicapped, Mumbai

**Official website:** [www.ayjnihh.nic.in](http://www.ayjnihh.nic.in) ; **Email:** [director@giasbm01.vsnl.net.in](mailto:director@giasbm01.vsnl.net.in), [ayjnihhmumb@gmail.com](mailto:ayjnihhmumb@gmail.com)

**NIMH** – National Institute for the Mentally Handicapped, Secunderabad  
**Official website:** <http://www.nimhindia.org>; **Email:** [nimh@hyd.ap.nic.in](mailto:nimh@hyd.ap.nic.in)

**NIEPMD** – National Institute for the Empowerment of Multiple Disabled, Chennai  
**Official website:** [www.niepmd.nic.in](http://www.niepmd.nic.in); **Email:** [niepmd@gmail.com](mailto:niepmd@gmail.com)

**IGNOU** – Indira Gandhi National Open University  
**Broadcast at IGNOU-** Interactive Radio Counseling (IRC Interactive Radio Counseling (IRC)  
**Official website:** [www.ignou.ac.in/ignou/aboutignou/broadcast](http://www.ignou.ac.in/ignou/aboutignou/broadcast)

**NIOS** – National Institute of Open Schooling  
**Official website:** [www.nios.ac.in/](http://www.nios.ac.in/)

**ALIMCO** – Artificial Limbs Manufacturing Corporation of India  
**Official website:** [www.artlimbs.com](http://www.artlimbs.com); **Email:** [alimco\\_hq@vsnel.net](mailto:alimco_hq@vsnel.net)

**CCPD** – Chief Commissioner for Persons with Disabilities  
**Official website:** [www.ccdisabilities.nic.in](http://www.ccdisabilities.nic.in)





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