

CREATING AN INCLUSIVE SCHOOL

UNIT-I: UNDERSTANDING INCLUSION IN EDUCATION

Inclusive education means that all students attend and are welcomed by their neighborhood schools in age-appropriate, regular classes and are supported to learn, contribute and participate in all aspects of the life of the school.

Inclusive education is about how we develop and design our schools, classrooms, programs and activities so that all students learn and participate together.

Neighborhood schools are the heart of our communities, and Inclusion BC believes they are essential for a quality inclusive education system. Therefore we believe it is important to support a public education system in B.C.

Importance of Inclusive education

All children benefit from inclusive education. It allows them to:

- Develop individual strengths and gifts, with high and appropriate expectations for each child.
- Work on individual goals while participating in the life of the classroom with other students their own age.
- Involve their parents in their education and in the activities of their local schools.
- Foster a school culture of respect and belonging. Inclusive education provides opportunities to learn about and accept individual differences, lessening the impact of harassment and bullying.
- Develop friendships with a wide variety of other children, each with their own individual needs and abilities.
- Positively affect both their school and community to appreciate diversity and inclusion on a broader level.

What does 'inclusion' really mean?

There seems to be a lot of confusion and misinformation about what inclusion actually means. Inclusive education involves the full inclusion of all children. No children are segregated.

Supports for inclusion are embedded within everyday practices. If aides are employed they circulate around the classroom, or spend time assisting the teacher and making adaptations to materials, rather than being off in a corner with one particular child.

There are no separate areas or curricula for children who experience disability. All children are supported to be involved in all aspects of learning.

At one school I visited in my research, a young boy with Down syndrome was learning a modified version of sign language, which supplemented his spoken language, with the rest of his class.

His teachers completed a one-day keyword sign workshop at the start of the year. His teacher introduced a unit on Auslan (Australian sign language) where all of the students learn about Auslan and learn new signs together each week.

Learning sign language in this way did not single him out. However, it did create the opportunity for him to share his knowledge with his peers and support their learning, while also supporting him in his communication.

This example provides only one snapshot of inclusion within a classroom experience, but it illustrates some key elements of inclusion in action. The child in this example participates in the classroom experiences with the other children in the class, but with supports and adaptations as needed (for him and his peers).

That each child has individual differences is not ignored. It is embraced and valued as what makes each person unique. The goal is not to make any child “normal”, but rather to grow and learn together.

The child who experiences disability could be sitting in the same classroom, separate to his peers, with an aide who may or may not be using sign language. However, this would not be inclusion – this would be exclusion.

Definition

Inclusive education is a pairing of philosophy and pedagogical practices that allow each student to feel respected, confident and safe so he or she can learn and develop to his or her full potential. It is based on a system of values and beliefs centered on the best interests of the student, which promotes social cohesion, belonging, and active participation in learning, a complete school experience, and positive interactions with peers and others in the school community. These values and beliefs will be shared by schools and communities. Inclusive education is put into practice within school communities that value diversity and nurture the well-being and quality of learning of each of their members. Inclusive education is carried out through a range of public and community programs and services available to all students. Inclusive education is the foundation for ensuring an inclusive New Brunswick society.

1. Overarching Principles the provision of inclusive public education is based on three complementary principles:

(1) Public education is universal - the provincial curriculum is provided equitably to all students and this is done in an inclusive, common learning environment shared among age-appropriate, neighborhood peers;

(2) Public education is individualized - the success of each student depends on the degree to which education is based on the student's best interests and responds to his or her strengths and needs; and

(3) Public education is flexible and responsive to change. Recognizing that every student can learn, the personnel of the New Brunswick public education system will provide a quality inclusive education to each student ensuring that: Student-centered 1.all actions pertaining to a student are guided by the best interest of the student as determined through competent examination of the available evidence;

2. All students are respected as individuals. Their strengths, abilities and diverse learning needs are recognized as their foundation for learning and their learning challenges are identified, understood and accommodated;

3. All students have the right to learn in a positive learning environment;

4. The common learning environment, including curriculum and instruction, is structured and adapted such that all students learn to their best potential;

5. Assessment of student learning is diverse, authentic, appropriate, relevant, and sufficiently frequent to inform precision teaching;

6. Skills, attitudes and knowledge required for the successful learning of all students are fostered in all personnel who work with students through ongoing professional development and adherence to professional standards;

7. All students are provided with a range of programs, services and resources, including transition planning, that meet their individual goals and needs, and contribute to their cognitive, social, psychological, and cultural development;

8. Partnerships with parents and community groups which capitalize on the expertise and resources of these groups are cultivated;

9. Systematic measures aimed at prevention, and early, timely assessment of need and evidence-based intervention are in place; and

10. Government departments collaborate to offer responsive and integrated services of professionals and paraprofessionals beginning pre-school. Curriculum and Assessments Educators and support personnel Services and community Partnerships Government-wide supports

IV. Equity The principle of universal design is the starting point for an inclusive public education system whereby the learning needs of the greatest number of students are met by maximizing the usability of programs, services, practices, and learning environments. When this measure alone is insufficient to meet the needs of an individual student or groups of students, accommodations are required. This is both an ethical and a legal requirement. However, it is a requirement that is always exercised within a concrete context. The New Brunswick public education system will ensure:

1. Compliance with the Canadian Charter of Rights and Freedoms and The New Brunswick Human Rights Act, which require reasonable accommodation of students' special needs unless they demonstrably give rise to undue hardship due to cost, risk to safety, or impact on others, particularly on other students.

2. Resolution in a timely manner when the needs of students conflict such that the opportunity for some or all students to meet their learning outcomes is jeopardized, or their safety is at risk. If necessary, provision will be made for mediation, advocacy, and/or the provision of external expertise to find solutions which respect the best interests of all students involved.

IV. Accommodation means changing learning conditions to meet student needs rather than requiring students to fit system needs. Based on analysis, student needs may be met through individual accommodation or, in some cases, through universal responses that meet the individual student's needs as well as those of other students. Every student has the right to expect that:

1. Accommodations will be considered and implemented as appropriate in a timely manner, when evidence demonstrates that the status quo is not in the best interest of the student;
2. He or she will participate fully in the common learning environment, meaning an environment that is designed for all students, is typical for the student's age and grade, and is shared with his/her neighborhood peers; and
3. His or her learning outcomes, instruction, assessment, interventions, accommodations, modifications, supports, adaptations, additional resources and learning environment will be designed to respect his or her learning style, needs and strengths. The following must be respected: a. the ultimate purpose of schools as places for academic learning and the development of social capital must be maintained; b. clear and precise learning outcomes are established by the school in ongoing consultation with parents. When it is determined that students require learning outcomes other than those prescribed by the provincial curriculum, parental consultation must be on an individual basis; c. there is a justifiable, rational connection between the program of learning, the established learning outcomes and the assessment of learning; d. the student's success in achieving each learning outcome is well documented; e. clear measures are in place to ensure all students are included in the social and extracurricular life of the school and exposed to a wide range of activities and people; f. curricular and other learning must take place in the most inclusive environment in which the learning outcomes can be achieved, meaning that: i. before a learning environment outside of the common learning environment can be considered, it must be clearly demonstrated that the learning outcomes could not be met in a more inclusive environment despite all reasonable efforts to provide support and accommodation, and monitored on an ongoing basis and participation in the common learning environment is reestablished when it meets the needs of the student and the other students; or ii. Temporary situations have been created outside of the common learning environment to better assist the student to meet his or her learning outcomes within the common learning environment, and iii. While, type of disability and medical diagnosis provide important information,

learning environments are never developed or assigned on the basis of disability or label.

V. Accountability

1. Inclusive school practices are synonymous with successful school practices, therefore indicators and targets for school success, including indicators for inclusive practices, must be clearly defined and evaluated provincially, by school districts and by schools, and areas for improvement identified and addressed.

2. Indicators of student learning and development must be created, evaluated, and publicly reported to ensure: a. New Brunswick students are achieving on par with other Canadian students; b. students in all school districts and schools have an equal opportunity to succeed; and c. students whose characteristics are associated with vulnerable groups or who require enrichment have an equal opportunity to succeed.

Role of School Teachers in Inclusive Education:

Curriculum Modification

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

Communication

It is important for inclusion teachers to advocate the needs of their special 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 make sure that she is aware of the specific learning needs of the special education students and the academic resources that are necessary for them to experience success in the inclusive classroom setting.

Classroom Environment

According to Teacher Vision, successful inclusion classrooms are those that are taught by teachers and school personnel who believe in the academic potential 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.

Managing Behavior

Although inclusive classrooms can promote positive peer interactions for special education students, behavioral issues can arise that may require a different disciplinary approach than that used with mainstream students. Teachers may need to consider a developmentally appropriate method for managing the behavior of their special-needs students. Common approaches often include a system that allows a student to self-regulate and manage his own behavior, coupled with a reward system that reinforces the student's positive behaviors.

Professional Development

Many inclusion teachers attend in-service training or professional 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.

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. This can happen both formally, such as a scheduled meeting, and informally, such as a work room conversation. Such collaboration may involve.

- 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.

Co-Teaching

Although co-teaching can occur between two classroom/subject teachers or other education professionals, co-teaching in this document refers 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.

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Pull-out instruction

Pull-out instruction refers to implementation of individualized programming for alternate programs, courses, and curriculum which occurs outside of the classroom. Instruction should be offered in the least restrictive, most inclusive environment respecting the dignity of the student. Where it has been determined 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.

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.

Importance of Inclusive Education

There have been efforts internationally to include children with disabilities in the educational mainstream. In order to achieve truly inclusive education, we need to think about and incorporate children with special needs into regular schools. Especially, because these kids face some sort of barriers to learning and participation in the classroom. As general education classrooms include more and more diverse students, teachers realize the value of accepting each student as unique. In effective inclusive programs, teachers adapt activities to include all students, even though their individual goals may be different. We have learned that inclusive education is a better way to help all students succeed. Researches show that most students learn and perform better when exposed to the richness of the general education curriculum. The growing body of research has shown that children do better academically when in inclusive settings and Inclusion provides opportunities to develop relationships. Some of the benefits include: friendships, social skills, personal principles, comfort level with people who have special needs, and caring classroom environments.

The most important function of friendships is to make people feel cared for, loved, and safe. In an inclusive educational setting, low-achieving students are able to get extra help even though they did not qualify for special education. Classmates of students with disabilities also experience growth in social cognition, often can become more aware of the needs of others in inclusive classrooms. An interesting side effect is that these parents report that they also feel Students with disabilities can create long-lasting friendships that would not be otherwise possible, And these friendships can give them the skills to navigate social relationships later on in life.

Hearing impairment

You already know that hearing is one of the five senses that allows us to perceive sound. **Hearing impairment**, or hearing loss, occurs when you lose part or all of your ability to hear. Other terms that are used to refer to hearing impairment are deaf and hard of hearing.

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

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

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

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

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

Now, let's take a look at the types and causes of hearing impairment.

Types and Causes of Hearing Impairment

Conductive hearing loss is when a hearing impairment is due to problems in the outer ear, middle ear, ear canal, eardrum, or the **ossicles**, which are the tiny bones in the middle ear. When the sound is not being conducted properly through the ear, conductive hearing loss occurs. Most cases of conductive hearing loss can be corrected medically or surgically.

Causes of conductive hearing loss include:

- Fluid in the middle ear as a result of colds
- Otitis media, commonly referred to as ear infection
- Poor Eustachian tube function
- Perforated eardrum
- External otitis, commonly referred to as ear canal infection
- Allergies
- Earwax buildup
- Benign tumors or having a foreign body in the ear
- Structural abnormalities of the outer ear, ear canal, or middle ear

Sensor neural hearing loss (SNHL), also referred to as nerve hearing loss, occurs when there is damage to either the auditory nerve or the **cochlea**, which is the inner ear. The hearing loss in SNHL is permanent, although it may be possible to treat it with hearing aids.

Causes of SNHL include:

- Exposure to excessively loud noise
- Head trauma or sudden air pressure changes (e.g., during airplane descent)
- Illnesses, such as Meier's disease and meningitis
- Structural abnormality of the inner ear
- Tumors
- Aging
- Medication side effects (e.g., aspirin and Violin)
- Autoimmune inner ear disease
- Otosclerosis, the abnormal growth of the bone that is in the middle ear

When conductive hearing loss and SNHL occur at the same time, it is referred to as **mixed hearing loss**. Mixed hearing loss occurs when there is both damage to the outer or middle ear and damage to the inner ear.

Central hearing loss occurs when there are problems within the brain that interfere with the ability to interpret or understand sounds. This is the rarest type of hearing impairment and the hardest to treat.

Causes of central hearing loss include:

- Damage to brainstem structures
- Severe head trauma
- Damage to the auditory nerves or the pathways that lead to them
- Brain tumors

Functional hearing loss occurs when the functioning of the ears is normal, but the person is showing a reduced response or not responding at all to sounds. Because there are no functional hearing problems in individuals with functional hearing loss, it is the most difficult type of hearing loss to detect and the most often misdiagnosed. Functional hearing loss is caused by mental health problems, such as ADHD and depression.

Degree of hearing loss

Students with degrees of hearing loss with the special needs friendship of their children's experiences

- **Deaf/Deafness** refers to a person who has a profound hearing loss and uses sign language.
- **Hard of hearing** refers to a person with a hearing loss who relies on residual hearing to communicate through speaking and lip-reading.
- **Hearing impaired** is a general term used to describe any deviation from normal hearing, whether permanent or fluctuating, and ranging from mild hearing loss to profound deafness.
- **Residual hearing** refers to the hearing that remains after a person has experienced a hearing loss. It is suggested that greater the hearing loss, the lesser the residual hearing.

The level of severity of hearing loss, as used in this guideline, is defined as follows:

-10 to 15 dB HL	Normal Hearing
16-25 dB HL	Slight Hearing Loss
26-40 dB HL	Mild Hearing Loss
41-55 dB HL	Moderate Hearing Loss
56-70 dB HL	Moderate-Severe Hearing Loss
71-90 dB HL	Severe Hearing Loss
>90 dB HL	Profound Hearing Loss

(Average threshold level re for 0.5, 1 and 2 kHz, Clark (1981))

Configuration of hearing loss

There are four general configurations of hearing loss:

1. **Flat:** thresholds essentially equal across test frequencies.
2. **Sloping:** lower (better) thresholds in low-frequency regions and higher (poorer) thresholds in high-frequency regions.

3. **Rising:** higher (poorer) thresholds in low-frequency regions and lower (better) thresholds in higher-frequency regions.
4. **Trough-shaped** ("cookie-bite" or "U" shaped): greatest hearing loss in the mid-frequency range, with lower (better) thresholds in low- and high-frequency regions.

Parents can watch for signs that indicate a possible hearing loss in older children

A possible hearing loss is more difficult to identify in older children, whose speech skills are already developed.

Nevertheless, the following guidelines from the American Hearing Health Foundation can help parents detect a possible acquired hearing loss.

- Your child seems to hear fine some of the time and then not respond at other times
- Your child wants the TV volume louder than other members of the family
- Your child says "What?" more often
- Your child moves one ear forward when listening, or he complains that he can only hear out of his "good ear"
- Your child's grades fall or their teacher notes that they do not seem to hear or respond as well in the classroom as other children.
- Your child says that they didn't hear you. This may seem obvious, but many parents assume that their children are not paying attention when in fact there may be an unidentified hearing loss.
- It seems as though your child is just not paying attention.
- Your child starts to speak more loudly than previously.
- If your child looks at you intensely when you speak to them, as if concentrating, they may be depending more on visual cues for interpreting speech.
- You just have a feeling, but you can't put your finger on what your concern is. Don't let that stop you. Ask your doctor for a referral to ease your mind.

THE HISTORY OF INCLUSION

A century ago, most students with disabilities were uneducated. When they began receiving education, they attended separate schools and learned in separate classes.

Today, it is common to have students with disabilities learn beside other students in inclusive classrooms.

- **A Legal History of Inclusion**

Educators continue to debate and determine the best ways to teach students with disabilities. As more children with physical, intellectual, emotional, and other impairments learn alongside typical children, teachers continue to discover how to include these students in their classroom. Challenges, as well as benefits, of inclusion continue to emerge for educators, children with disabilities, and their non-disabled peers. However, nearly everyone agrees that education for students with disabilities has improved greatly. Taking a look at the legal history shows just how much progress has been made in educating students with disabilities in the United States, and how much more is needed.

The Beginning of Special Education

As recent as a hundred years ago, children with disabilities received little, if any, formal education. In the tradition of segregating students during the middle to late 19th century, special schools for those with disabilities continued to be created in the early 1900s. These schools claimed to educate children; however, they primarily served as residential facilities and institutions. Even in 1918, as states began creating a nationwide public school system, children with disabilities were usually excluded.

Between 1850 and 1950, special classes with people trained to care for individuals with disabilities began to develop as teachers noted differences among students. During these years, groups of parents of children with developmental disabilities started schools and programs. Although these developments were sporadic, they began to positively change ideas about teaching these children. Attitudes continued to change in the mid-1920s as educators began to see the value of education and community involvement for individuals with disabilities. Still, children continued being placed in institutions as many parents believed these facilities offered the only educational opportunity available to their child. Special education was typically only offered in large cities.

- **Improved Educational Opportunities**

While the Supreme Court ruled in 1954 that students could not be separated in schools because of race, the parents' movement worked to change the belief that individuals with disabilities could not be taught. The movement additionally improved conditions in state institutions, created educational and employment opportunities, and proposed legislation. In public schools, however, more than a million students were excluded and another 3.5 million did not receive appropriate services. As many laws specifically exclude children with certain disabilities, only one in five have the right to an education.

IDEA

Beginning with the Rehabilitation Act of 1973 and its amendments of 1986 and 1992, employment and educational rights of people with disabilities were guaranteed from institutions receiving federal funding. Then, with the passage of the Individuals with Disabilities Education Act (IDEA), all school districts were required to develop and provide a free, appropriate public education for all children. The first major legislation of its kind, IDEA required that education be provided in the least restrictive environment for each child, meaning that students with disabilities should be taught in neighborhood schools in general education classes.

The U.S. Court of Appeals ruling, with *Timothy v. Rochester School District*, established that all school districts have the responsibility for educating every child, including those with disabilities. The Americans with Disabilities Act of 1990 further protected school-aged children with disabilities outside of education in employment and access to public and private services.

Inclusion: Another Way to Educate

Although still rare in many school districts, real special education inclusion began in the 1990s when children with physical disabilities gained access to neighborhood schools. For children with developmental disabilities in 1993, though, separate classes remain the norm. The reauthorization of IDEA in 1997 guaranteed more than access to education for students with disabilities; it ensured the rights to a quality education and quality outcomes. Another reauthorization of IDEA occurred in 2004 to align it more closely with the general education No Child Left Behind Act of 2001, while retaining, expanding, and clarifying important elements of the 1997 law.

The onset of inclusion has resulted in over 90% of students with disabilities receiving education in typical schools and almost half were included in the general classroom 80% of the day during the 1999-2000 school year. An increasing number of students with disabilities are graduating from high school, with over half earning a diploma. Full inclusion is still years away, though, as millions with disabilities learn in special education classrooms.

Segregation of Inclusion

Our dancers sure worked up a sweat today; rehearsing our dances takes a full effort from every participant! We are in the “cleaning” stage of tidying up the routine which takes a lot of patience and practice, practice, practice! Great work everyone!

A brief discussion after class today brought me to reflect upon a topic that I haven't had much time to think about recently. What is best for individuals with special needs when looking at community programming? – is it a segregated specialized program just for them?... a program where they are integrated into a “regular” class?... or complete inclusion?...and what is the difference? This reflection today is based primarily on my own personal experiences and ideas; I haven't had a chance to check the research on the topic thoroughly. I briefly searched the research; most articles come from the education perspective, with less information available about community recreational programs for kids. I recall a discussion from my OT program from which I believe we came to the conclusion that...”it depends” (The most common solution that all OT students hear over and over again in the classroom – but that's our job really – there's no black or white when it comes to people – we need to sort through all of the gray area!).

Segregation – this literally means “setting apart” – or separating individuals; to me it has somewhat of a negative connotation to it. However, we need to remember that sometimes it is best to provide opportunities that best fit an individual's needs and this may be most easily done through offering something new and different that is not being offered already. For example – looking at wheelchair sports – these sports “segregate” individuals with physical disabilities – but also provide a unique opportunity that would otherwise not be available. Segregation of players in wheelchairs and non-wheelchair users provides a more “fair” playing field with neither player having an advantage or disadvantage based on their means of mobility.

Integration – synonymous with “combining, blending, fusing” – means grouping all individuals together. Integration does not emphasize providing unique supports for each individual within the group – but rather treating the group as a whole. To me, this is a big challenge because every individual learns very differently, and everyone has unique experiences in terms of their own abilities.

Inclusion – from the disability rights perspective, inclusion means accommodating for all individual's needs without restrictions or limitations. In the education world (from my understanding), inclusive classes aim to include students with special needs in mainstream classrooms/programming without sacrificing the supports that they require. This idea sounds ideal, but how is this achieved?

When we started Dance Ability we offered a NEW class, open to children of ALL abilities. We tried not to specify that it was for “children of special needs” because really, it is open to anyone who wishes to take it! So this class was offered to everyone and anyone with the idea that they would be partnered up with a dance partner to provide support in adapting/modifying the class as needed. This worked quite well in our first year as we had a fantastic team of ten volunteers as well as a physiotherapist and myself running the class. In the larger picture, this class was designed to be “inclusive” for all students. It was not designed to be a “therapy”, but rather a dance class similar to any other class at our studio. Dancers also participated in photo day and recital, just like every other class.

We have continued with this model, and it has worked quite well. I do believe that the “segregated” class helps to provide the right environment and supports that the students benefit from. Many families have chosen to continue with Dance Ability because they have witnessed their child achieve more with the support of their volunteer dance buddy, and would sometimes rather them be in this environment than a “regular” dance class which might offer something very different. From what I have seen there is something “special” about Dance Ability. All of the students and families in the Dance Ability classes are connected on many levels – by their shared experiences of having a child with special needs, by their enthusiasm and appreciation towards this class, and by their child’s love for dance and their ability to share that love for dance with a special dance buddy! At the same time, these students are included and treated as any other student at the studio – these families have become very much a part of the Dance Elite community, many participating in our other events (Santa Clause Parade), and celebrating their birthdays at the studio also!

Although we will continue to offer our “Dance Ability” classes. Our goal is always to provide opportunities for students to learn dance and participate fully in their community. This year we have started to “integrate” some of our dance ability students into “regular” classes as well. This stemmed from small class sizes at the beginning of the year and the need to figure out a combination of ages that would work well. Three of our previous Dance Ability students are now in a “regular” ballet class with two other students of the same age. This class has been working really well, and I have two wonderful volunteers in the class to help out also. I have tried to think about what makes successful integration (and inclusion); based on my experiences this year, some of the things that have contributed to these students’ success in this classroom are:

- 1) Familiarity with the routine/environment – These students were already part of our studio and have taken dance ability classes to become familiar with class structure, the dance studio, our volunteers, etc.

- 2) Teaching style (based on familiarity of student’s abilities) – I was familiar with these students from their previous classes and knew how to teach to their strengths and abilities. It has helped me adapt my own teaching style for the class and to structure things in ways that all students will be capable of learning/achieving more. Using a positive approach, with patience and encouragement has worked very well. Having a positive relationship already established with these students has made a difference.

- 3) Adapt & Modify expectations – I have been able to use my background in O.T. to think about modifications and adaptations to the class structure, to the steps that are taught, the environment, approaches used, etc. However, I think that all teachers and coaches should be striving to adapt and modify their own approaches to meet the needs of their students. No two students (in any class) will ever learn the same choreography at the same pace; it’s about having patience, and working towards smaller goals to allow the student to be successful at their own pace. In my ballet class, when we do our “gallops” down the floor – some of the students are working on polka’s alternating feet

and direction, while some students are just starting to master their step-together pattern, and it is all acceptable because they are all putting forth their own best efforts.

4) Small class size – I am fortunate to have two volunteers with me, and with a group of five students I am able to get a good “feel” for the students and how they are interacting/experiencing the class. We are able to provide more thorough instruction and focus on working with each student. Classroom management is definitely made easier with a smaller group of students.

These are just a few of the things that come to mind. There are also many factors I consider when recommending which class would be most suitable for a student. I think the most important factor is always what the student and family wants. What are their goals and where are they going to be most happy?

I hope this reflection has brought some clarity to what the terms integration, inclusion, and segregation all mean ...or at least got you thinking about it. I would love to hear about other perspectives and ideas around this topic and what families/parents have to say with regard to their own experiences.

Inclusive Education Practice:

Inclusion is a dynamic process of participation of people within a net of relationships. This process legitimizes people’s interactions within social groups. Inclusion implies reciprocity. Thus, the perspective regarding special needs education is changing into a more democratic one; one that implies that special needs education is to be particularly of regular and universal public education.

Inclusive Education Framework The framework depicted in the figure below is proposed as a conceptual guide to thinking about the network of relationships and factors inherent to IE development. It may be used as a conceptual map for educational planning and evaluation in concert with instruments such as the Index for Inclusion. This framework builds on the framework for assessing quality in the EFA 2002 Monitoring Report (UNESCO), and was developed for all countries—North and South. The figure depicted here includes many of the same components in the EFA framework but contains value-added factors and insights from the literature on IE in the South.

An Input-process-outcome-context framework for Inclusive Education

INPUTS

- School
- Curriculum content
- Textbook & learning materials
- Teacher qualifications, training
- Morale & commitment
- Accessible facilities
- Parent/community support
- Braille/Sign Language support
- Action Plans & Needs Assessments
- Evaluation Plan School

PROCESS

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- School climate
- High expectations/respect
- Guiding Philosophy/Mission
- Participation/choice
- Positive teacher attitude
- Safe and supportive environment
- Flexible curriculum
- Incentives for participation
- Integrated whole-school system
- Collaborative support teams Students

Teaching/Learning

- Sufficient learning Time
- Active teaching methods
- Integrated systems for assessment & feedback
- Appropriate class size
- Adapted curriculum to meet individual needs
- Active student participation
- Appropriate supports
- Clear roles & responsibilities

Family/Community Characteristics

- Parental Attitudes/Training
- Household Income
- Economic conditions
- Cultural/religious factors
- Multi-sector coordination & collaboration

Achievement

- Literacy, Numeracy
- Good citizenship
- Personal development
- Positive attitude towards learning
- Self determination/advocacy
- Self-esteem Social & Independent Living Skills

Attainment

- Formal completion
- Diplomas/qualification
- Preparation for Adult Life

Standards

- Official learning objectives [desired outcomes]
- School-level objectives
- Impact on family & Comm.
- Supportive Govt. Policy

The proposed framework includes four domains of inputs, processes, outcomes, and contextual factors in an open-system. An open-system not only accounts for external factors influencing IE (e.g., policy, legislation, cultural and socio-economic conditions), but considers these 'external' factors as integral components of IE development as a whole. This open-system is a particular strength of IE in countries of the South. Specifically, in the IE literature for

countries of the North, whole-school approaches to IE were typical, rather than whole-community approaches. External factors were also not taken into account in the North to the same extent that they are in the South. Although the framework is used here as an organizing construct to review the literature on IE in the South, countries of the North could also benefit from this four-component open system. Inputs to Inclusive Education Demand issues provide arguably the predominant challenges to IE. To meet the demand for SNE, access, retention, and drop-out rates have plagued efforts in this area. Access issues are affected by factors at all levels of inputs: student, school, family/community and national. Probably most influential are socio-economic and cultural factors within the family: family economic survival needs (e.g., mothers' choices between sending children to school or having children work to generate income needed for family survival), traditional societal attitudes towards disability that may involve shame, guilt, under-expectations, and sheltering/patronization. These factors often combine with distance to school, mobility, school-building accessibility, discrimination, shortage of trained teachers and resource supports to address teachers' working conditions, and shortage of school places. Typical responses to access issues have been modifying buildings, knowledge dissemination and awareness campaigns, teacher and parent training on SNE. While these efforts have proven helpful, innovative responses go beyond mere information and training and physical access to outreach strategies targeted to specific groups. In Columbia, for example, the "Colombia Previewed en Familiar" sponsored literary contests for short stories of testimonials from children with disabilities and art contests for children to express IE through drawings. Several other strategies were formulated as part of a national advocacy campaign targeted at parents, including media dialogues on the rights of the child. Introduction of a Community Based Program in Guyana involved personal outreach to churches, mosques, and Hindu temples within a 15-mile radius, and all schools and health clinics in the region were contacted. Parents developed puppet shows to present in schools, and a Sunday newspaper column ran for 16 weeks. As a result, 3 to 5 times more people than were needed applied for training as volunteers in the program, and one-quarter of these were family members of children with disabilities. Finding, identifying and encouraging children to go to school has been another critical challenge. Programs that combine parent education and community awareness with child-find strategies have been most successful. In Guyana, volunteers in a local CBR program formed a Village Health Committee and conducted a joint survey of 4500 people in the village. The survey identified children needing

services, and parents conducting the survey helped to encourage parents to send their children for services. At Kabala primary school in Mike, Zambia, a Child-to-Child program conducted a community survey that identified 30 special education needs (SEN) children staying at home, and succeeded in gaining their access to Kabala. Ingested (2001) argues that surveys are “highly cherished tools by planners and politicians who usually see this type of information as mandatory” before initiating projects. However, surveys tend to be costly. For this reason, voices have been raised, especially from Disabled People’s Organizations (DPOs), to limit (or drip) the surveys and to “start to give help, on a small scale, to those in need and to expand help as needs arise.”

Student characteristics are another critical input consideration. Most countries of the South have concentrated their IE efforts on moderately and severely disabled children in four categories: physical/mobility impairments, blindness, deafness and cognitive impairments. This focus is understandable for several reasons:

- (a) These children have easily identifiable characteristics;
- (b) Providing services is politically high-profile;
- (c) They are the most disadvantaged and marginalized. However, the vast majority of children with disabilities have mild impairments. These children most likely constitute a significant percentage of drop-outs and grade-level repeaters. The Mozambique Federation of Disabled Peoples Organization (FAMOD), for example, asserts that the majority of out-of-school students in Mozambique is either disabled or has learning difficulties that require special education. Reports from Vietnam indicate that many students with mild disabilities tend to drop out due to “lack of attention.” These students are also more likely to engage in illegal activities and socially deviant behavior than their moderate/severely impaired peers. A number of countries in the South report growing numbers of these children; e.g., street children (many of whom have impairments), but also orphans of HIV/AIDS parents, or children who suffer from various forms of abuse and neglect. SEN needs to systematically attend to these groups of children. Several innovative programs are opening up to include a broad range of SEN students. For example, in India, Spastics Society Schools have redefined their mission and desegregated their schools—opening up admission to ‘slum’ children, and children most disadvantaged in terms of ethnic, linguistic, and gender barriers. Successful strategies for addressing student characteristics have considered economic needs of students as well, including government stipends for subsidized school fees and costs of school uniforms. Flexible curriculum

approaches are also being adopted that allow children to be at home at times they are needed for household chores (and/or to work in order to generate family income).

Attitudes constitute a third critical challenge in terms of inputs to IE. Traditional approaches focus on teacher attitudes in classrooms. However, successful IE programs are finding that one of the “root problems” in terms of access is lack of political will based on attitudes of government officials. Training programs are beginning to target these groups prior to implementing programs. For example, a study funded by Economic and Social Commission of Asia and the Pacific (ESCAP) trained disabled people to organize national training workshops for government officials in Malaysia. The impetus for the training arose from the realization that even though legislation on accessibility and building codes/standards existed, they were not being implemented. These experiences in Malaysia led to a recommendation for specific disability training targeted at “people who make and implement decisions, people in local government, and particularly technical personnel with responsibility for designing the built environment [e.g., schools].” In terms of attitudes within local communities, Evoke suggests that “community elders and churches can play a vital role in drive towards radical change in attitudes” and that they must participate in policy development as well as practical implementation. The literature on IE often cites parental attitudes as significant barriers to disabled children’s attendance and participation in school. The work of SAMADHAN (an NGO in India) focuses on parent-professional partnerships. The underlying principle of their work is that acceptance is a pre-requisite to involvement. Beginning at the pre-primary level, counselors reach out to families and provide emotional support. “In many societies the myths and superstitions which surround the birth of a child with disabilities still exist. It is essential to explode such myths, especially when the mother is cited as the cause for the child’s disability.” Many programs in the literature cite parent involvement as critical, but typically provide ‘awareness’ training in group workshops, and not the kind of individual emotional support provided by SAMADHAN (and/or at the critical infant stages of a child’s disability). Conditions of teachers’ work are yet a fourth critical input in IE programs. Most implementation efforts focus on teaching teachers effective instructional strategies and ignore the conditions within which teachers must carry these out. Many projects reported in the literature also did not meet goals due to teacher/staff turnover and transfers. EFA Monitoring Report 2002 reports that donor agencies, which countries of the

South rely on for teacher training, are reluctant to pay for the recurring costs of teacher salaries. However, teacher salaries account for the large majority of school budgets, and countries cannot afford to pay teachers a living wage. Other conditions of teachers' work reported to have a significant impact on their ability to deliver effective instruction: class ratios, classroom physical layout, administrative support and supervision, incentives for participation, and release time for preparation and evaluation. The Teacher Development Initiative in India noted that: "The most serious barrier to the project has been the attitude of administrators who have insufficient time and patience to learn about and understand its [the program's] objectives. Further, positive attitudes toward IE have been directly linked to teacher supports. Experience with teacher training in Uganda also pointed to the need to clearly define teachers' roles, not just provide specific skills. Finally, upgrading teachers' skills is a developmental process that goes beyond workshops and other in-service training activities. Teachers need time to develop confidence and coping strategies and to do this in the context of continuous support in the classroom.

Disability Discrimination Act [DDA]

In 1995 the Disability Discrimination Act was introduced by the Conservative government to protect and promote the rights of disabled people and to make it unlawful to discriminate against them. The DDA enshrines the rights of those in society who have disabilities in areas such as disability employment opportunities, education and training, transport and access to buildings etc. It also encourages the public sector to promote equality of opportunity and inclusion for disabled people. The Act was produced after much consultation and feed back from disability rights groups and ensures they are treated equally by employers as well as service providers in the provision of goods and services,

Disability Discrimination Act 1995

The Act gives guidance on issues that affect disabled people in their daily activities like looking for employment opportunities, and attempts to deal with [disability jobs](#) inequality. For instance it become unlawful for any

employer to discriminate against a disabled person by treating them less favorably than non-disabled candidates when they apply for employment. It also deals with the issue of reasonable adjustment, this is where service providers, i.e. restaurants have to take active steps to remove barriers that may hinder those who are disabled. Another example of this would be where a local authority employer would have to provide ramps so wheelchair users could gain access to their building.

The law is flexible and takes into consideration the fact that small medium enterprises may not be able to afford or practically implement changes to their businesses. To help iron out potential disputes and to give advice and guidance The Disability Rights Commission's Codes of Practice is a service that will look at cases to see if a company or organization may be being penalized unfairly. For instance a shop that is asked to provide a lift for wheelchair users could claim that by doing so it would have a effect on other people trying to enter its premises.

Sadbhavna

The DDA would describe a disabled person as someone having a physical or mental disability or impairment that has a serious effect on their day to day activities and quality of life.

Disability Discrimination Act 2005

Ten years after it was introduced the Act was amended with the Disability Discrimination Act 2005 with the aim of ending disability-related harassment. The legislation was extended and the core additions that were included covered public transport for disabled people, as well as access to premises and private clubs. It reaffirmed its commitment to end ignorance, thoughtlessness and prejudice that affected the lives of certain disadvantaged people.

In 2006 the government introduced the Disability Equality Duty, specifically aimed at the public sector. It encourages local authorities, hospitals and schools and colleges etc to publish a report to explain their progress on promoting equality and also what action they are taking in practical steps to meet the needs of disabled people. Currently the Equality and Human Rights Commission is responsible for the Disability Equality Duty.

The Disability Rights Commission was a UK organization that was independent and was established to look after the interests of disabled people. In 2007 it was closed down and its duties were taken over by the Equality and Human Rights Commission.

The Office for Disability Issues is a department that tries to co-ordinate the efforts of the public service, local authority policymakers and also government departments to promote inclusion and equality for all. They have a target of 2025 of making Britain

RASHTRIYA MADHYAMIK SHIKSHA ABHIYAN(RMSA)

INTRODUCTION

Secondary Education is a crucial stage in the educational hierarchy as it prepares the students for higher education and also for the world of work. Classes IX and X constitute the secondary stage, whereas classes XI and XII are designated as the higher secondary stage. The normal age group of the children in secondary classes is 14-16 whereas it is 16-18 for higher secondary classes. The rigor of the secondary and higher secondary stage, enables Indian students to compete successfully for education and for jobs globally. Therefore, it is absolutely essential to strengthen this stage by providing greater access and also by improving quality in a significant way.

The population of the age group 14-18 was 8.55 crore in 2001 as per census data. The estimated population of this age group as on 1.3.2005 was 9.48 crore, which is likely to increase to 9.69 crore as on 1.3.2007 i.e., at the beginning of the 11th Five Year Plan. This is likely to stabilize at around 9.70 crore in 2011. The Gross Enrolment Ratio for classes IX-XII in 2005-06 was 40.49%. The figure for classes IX and X was 52.26 % whereas that for classes XI and XII was 28.54%

With the liberalization and globalization of the Indian economy, the rapid changes witnessed in scientific and technological world and the general need to improve the quality of life and to reduce poverty, it is essential that school leavers acquire a higher level of knowledge and skills than what they are provided in the 8 years of elementary education, particularly when the average earning of a secondary school certificate holder is significantly higher than that of a person who has studied only up to class VIII. It is also necessary that besides general education up to secondary level, opportunities for improvement of vocational knowledge and skill should be provided at the higher secondary level to enable some students to be employable.

Since universalisation of elementary education has become a Constitutional mandate, it is absolutely essential to push this vision forward to move towards Universalisation of secondary education, which has already been achieved in a large number of developed countries and several developing countries. Paras 5.13 – 5.15 of the National Policy on Education (NPE), 1986 (as modified in 1992) deal with Secondary Education. Para 5.13 of the NPE, inter- alia, stated that “Access to Secondary Education will be widened with emphasis on enrolment of girls, SCs and STs, particularly in science, commerce and vocational streams..... Vocationalization through specialized institutions or through the re-fashioning of secondary education will, at this stage, provide valuable manpower for economic growth”.

Hon’ble Prime Minister in his Independence Day Speech, 2007 has inter-alia stated that, “We are setting out a goal of universalizing secondary education. This is clearly the next step after universalizing elementary education. While the goal is laudable much work needs to be done before we are in a position to launch the Scheme for Universalisation of Access for Secondary Education (SUCCESS). Its details need to be quickly spelt out and discussed with States so that we are fully ready to launch it from 2008-09. We must not underestimate the complexity of this task as the principles for universalizing elementary education cannot be easily transferred to secondary education. The physical, financial, pedagogical and human resource needs are quite different. We also need to recognize the role currently being played by the private sector and policy design must factor this in. Detailed strategies and plans would need to be worked out rapidly for each state. Special attention would need to be paid to Districts with SC/ST/OBC/Minority concentration. The recommendations of the Sachar Committee need to be seriously considered while planning for this programme”.

The Tenth Plan Mid-Term Appraisal (MTA) document of the Planning Commission has also, inter alia, recommended as follows: “In order to plan for a major expansion of secondary education in the event of achievement of full or near full retention under SSA, setting up of a new Mission for Secondary Education, on the lines of SSA, should be considered.”

Central Advisory Board of Education (CABE) is the highest deliberative and advisory forum on Education in the country with Education Ministers of all States and eminent educationists as its Members. It was re-constituted and activated in mid-2004 after a gap of several years. After deliberations in the first meeting of the

re-constituted CABE, held in August, 2005, seven Committees of CABE were constituted in September, 2005, two of which were particularly relevant for Secondary Education.

Besides the Committee on Universalisation of Secondary Education, CABE had also, at the same time, set up another Committee on “Girls’ Education & Common School System” under the Chairmanship of Chief Minister, Assam. Report of this Committee was also presented in June, 2005. The Committee has recommended, inter alia, that:

“..... making good quality education available to all students in all schools at affordable fees is a primary commitment of the Common School System”,

State should invest in public schools system with standards, norms, building, etc., with the same standards as that of Kendriya Vidyalayas.

Reports of both the above CABE Committees were discussed and generally endorsed in the meeting of CABE held on July 14-15, 2005

STATUS OF SECONDARY EDUCATION:

The following statistics give an overview of the present status of Secondary and Higher Secondary Education in the country (as on 30.9.2005),

1. No. of secondary Schools (IX-X) 1,06,084
2. No. of Hr. secondary schools (XI-XII) 53,619
3. No. of Students at secondary level (IX-X) 2.50 crore
4. No. of Students at Hr. secondary level (XI-XII) 1.34 crore
5. Population of 14-16 age group (as on 30.9.2004) 4.78 crore
6. Population of 16-18 age group (as on 30.9.2004) 4.91 crore
7. Pupil Teacher Ratio (IX-X) 33

8. Pupil Teacher Ratio (XI-XII) 34

VISION

The vision for secondary education is to make good quality education available, accessible and affordable to all young persons in the age group of 14-18 years. With this vision in mind, the following is to be achieved:

To provide a secondary school within a reasonable distance of any habitation, which should be 5 kilometer for secondary schools and 7 -10 kilometers for higher secondary schools.

Ensure universal access of secondary education by 2017 (GER of 100%), and

Universal retention by 2020,

Providing access to secondary education with special references to economically weaker sections of the society, the educationally backward, the girls and the disabled children residing in rural areas and other marginalized categories like SC, ST, OBC and Educationally Backward Minorities (EBM). 1.

Goal and Objectives

In order to meet the challenge of Universalisation of Secondary Education (USE), there is a need for a paradigm shift in the conceptual design of secondary education. The guiding principles in this regard are; Universal Access, Equality and Social Justice, Relevance and Development and Curricular and Structural Aspects. Universalisation of Secondary Education gives opportunity, to move towards equity. The concept of 'common school' will be encouraged. If these values are to be established in the system, all types of schools, including unaided private schools will also contribute towards Universalisation of Secondary Education (USE) by ensuring adequate enrolments for the children from under privileged society and the children Below Poverty Line (BPL) families

The above goal translates into the following main objectives;

- To ensure that all secondary schools have physical facilities, staffs and supplies at least according to the prescribed standards through financial support in case of Government/ Local Body and Government aided schools, and appropriate regulatory mechanism in the case of other schools.

- To improve access to secondary schooling to all young person's according to norms – through proximate location (say, Secondary Schools within 5 kms, and Higher Secondary Schools within 7-10 kms) / efficient and safe transport arrangements/residential facilities, depending on local circumstances including open schooling. However in hilly and difficult areas, these norms can be relaxed. Preferably residential schools may be set up in such areas.
- To ensure that no child is deprived of secondary education of satisfactory quality due to gender, socio-economic, disability and other barriers.
- To improve quality of secondary education resulting in enhanced intellectual, social and cultural learning.
- To ensure that all students pursuing secondary education receive education of good quality
- Achievement of the above objectives would also, inter-alia, signify substantial progress in the direction of the Common School System.

PLANNING, APPRAISAL, AND FUND FLOWS UNDER RASHTRIYA MADHYAMIK SHIKSHA ABHIYAN

Preparatory Activities

The scheme assigns due importance to the preparatory activities as these have been conceived as a necessary condition for quality implementation of the programmers. The states are expected to put in place certain basic reforms as a precondition for receiving central assistance under the Scheme. Many of the State Governments have constituted a high level Task Force to work out comprehensive policies, plan and programmers' for their states. All other states are expected to constitute the Task Force without further delay.

Strengthening of the offices of the District Education Officer and Block level Education Officer has to be undertaken in the preparatory phase in order to adequately equip them to handle the larger tasks during programmed implementation. Setting up of an effective information system is most important activity besides procurement of essential office equipment and computers along with necessary software. An assessment of the additional manpower needs has also to be made during this period.

Undertaking detailed mapping of Secondary Schooling Provisions, course mapping and streamlining the Secondary Education database has special significance for Universalization of access to and improvement of quality at this stage right from the preparatory stage. Some of the urgent activities include identifying deficiencies

in existing secondary schools/ Higher Secondary schools, identifying potential upper primary schools for up gradation, identifying underserved areas to establish new schools, streamlining for non-government schools, developing state specific norms for physical facilities etc.

In order to initiate a comprehensive school mapping exercise at Secondary and Higher secondary level, it is necessary to develop a reliable data base, i.e., creation of Secondary Education Management Information System (SEMIS) with disaggregated data at the State, District, Block and School Levels. Keeping in mind the objective of the scheme that access to a secondary school will be provided to every one for a Secondary school within 5 Km and a higher secondary school within 7-10 Km of every habitation. The preparation of educational plans for micro planning is also the greatest challenge of the preparatory phase. It is, therefore, essential to develop the capacity of the state and district level officers engaged in the planning and administration of secondary education in the states in this regard and to prepare base line data.

The Micro planning exercise will include a number of studies on the Baseline assessment in a district, in order to reflect the current situation with regard to learning achievements, transition rates, retention, access, gender, equity, social equity, physical infrastructure, etc. that have to be undertaken as preparatory activities. Effort should be made to involve regional research institutions in this process. The reports must be diagnostic and should be able to feed into the planning process. Besides these locally relevant studies, baseline achievement would also be carried out in all districts by the NCERT. Several available studies that are State specific may also be utilized to determine the base-line status in a State.

Another important mapping exercise has to be done with respect to courses at the Secondary and Higher secondary level. The availability of the facilities for science subjects, e.g., Physics, Chemistry, Biology, Mathematics and Computer Courses and all subjects in other academic courses (Commerce and Humanities courses) will also be assessed in all the schools located in rural and urban areas.

National University of Educational Planning and Research (NUEPA) will act as a nodal agency for the SEMIS. The NUEPA and State Governments would undertake the necessary exercises right from the preparatory stage.

De-centralization of school education with adequate delegation of powers to local bodies, school management committees' etc. should be undertaken on priority basis. Appropriate involvement of Panchayati Raj and Municipal Bodies, Teachers, Parents and other stakeholders in the management of Secondary Education, through bodies like School Management Committees and Parent – Teacher Associations would make these bodies more meaningful, transparent, effective and efficient.

Identification of a team at District level would also have to be undertaken during the preparatory phase. Efforts to identify teachers for their appointment as District Programme Coordinators should also be taken up during this period. These identified District Programme Coordinators could then facilitate the planning process. Local level non-governmental Organisation must also be associated in the planning activities. The management needs in a particular district would also have to be assessed by the State level Implementation Society, to determine the kind of additional support required to operationalize the team at District level. Efforts to make an objective assessment of manpower needs and the restructured command system for the secondary and higher secondary education administration would have to be a priority. The National and State level Mission will facilitate this process of manpower planning for programme implementation through objective assessment by expert teams.

Reforms in educational administration & de-centralization:-

Besides, other reforms in educational administration including modernization / e-governance and delegation / de-centralization should be undertaken for effective, efficient and better programme implementation.

Tasks like adopting a rational policy of teacher recruitment, deployment, training, remuneration and career advancement should be undertaken. This will facilitate assessment of additional teacher requirements as also a convergent planning process that appreciates the presence of private schools. Improvement of pre-service and in service training of teachers with emphasis on use of ICT must be undertaken so as to ensure better quality education for all.

Curriculum renewal and formulation has a special place among the diverse responsibilities envisaged for national and state level bodies working in the field of education. Approved by Central Advisory Board of Education, National Curriculum Framework-2005 has been brought out by NCERT through a wide-

ranging process of deliberations and consultations. Existing curriculum and textual materials will be reviewed and modified to meet the needs of quality improvement by the states.

NCERT has already approved/ released Rs. 10 lakh to the State Governments to form Core Groups and undertake the curriculum reform process.

There is an urgent need for reform of the prevailing examination system to reduce stress on children and also to enhance its quality. The State Examination Boards, who are generally financially self-sufficient, should undertake this task on priority. The progress will be monitored regularly.

Building public opinion:- An important requirement for planning of universal access to Secondary Education is environment building and generating public opinion in favour of Universalisation of secondary education. Also, secondary education can supply good teachers for the primary stage.

Opening of Bank Accounts:- Opening of Bank Accounts of School Management and Development Committee (SMDC) will also be monitored as a preparatory activity so that effective decentralization can be brought about. The financial norms clearly state that a number of interventions have to be carried out by the SMDC.

Preparatory activities at district level:-

In order to ensure an effective preparatory phase, up to Rs. 25.00 Lakh will be provided for such activities, based on the actual requirement in a particular district. Besides provision for training and orientation Principals, teachers, community leaders and Education Department functionaries, the preparatory phase provides for the following:

- Office equipment as per needs,
- Cultural Activities and other extension activities for community mobilization,
- Computer hardware and software for effective SEMIS as the district level,
- School-level planning and school based activities, Rs. 1000/- per school.
- Collection of initial data relating to availability of school infrastructure and course mapping
- A set of base line studies etc.

Fund for preparatory activities, as mentioned above, will be released from the amount earmarked for management, monitoring, evaluation and research (MMER) activities.

The preparatory phase is need-based and there is a lot of variation in the demand from districts. During the preparatory phase, States will also make an assessment of manpower needs at the state level. A State component plan will also have to be prepared, highlighting these needs. Assessment of manpower needs would require serious efforts at restructuring of education administration, wherever it has not been attempted so far. State level Resource Groups are expected to facilitate programmed implementation.

The teams of resource persons sent by State or National level mission will monitor the preparatory phase. Support for planning activities will be provided by District/State/National level resource institutions. The districts can ask for resource support for carrying out planning activities and NCERT/NUEPA/ SCERT/ SIEMAT would provide the capacity building support as per requirement. Besides this, the National and the State Mission will have to effective monitoring and operational support group to facilitate capacity building at all levels and to meet specific need of districts.

The preparatory activities are expected to initiate a process of institutional development and capacity building for professional management of Secondary education sector at the local level. The focus has to be on capacity building through training, rigorous planning processes, data collection and its analyses. It is expected that the preparatory phase will take anywhere from four to eight months.

PLANNING PROCESS

The starting point for planning activities has to be the creation of a Core Group of governmental and non-governmental persons at the District level, entrusted with the task of implementing RMSA. The State level Implementation Society has to exercise utmost caution and care in ensuring that the core team at the District level is carefully selected and is committed to task of Universalization of Secondary Education. Besides Education Department functionaries, these teams could comprise of faculty members of SCERTs, NGO representatives, representatives of Teachers' Unions, representatives of Women's Groups, representatives of Self Help Groups, retired and serving National and State Award winning, Teachers, local literary figures, Panchayati Raj/ Autonomous Council representatives, etc. The starting point of the planning process should be an orientation of the District level Core Group. Like the selection of School Management Committee, the selection of Core Group also will be Process based.

These core teams should then undertake an extensive visit of the district, covering every habitation/village/urban slum and the process of micro planning should be initiated. This would involve intensive interaction with each household to ascertain the educational status and the educational need. The requirements have to be discussed at the local level before they are finalized. The broad financial and physical norms regarding school infrastructure, teachers and teaching materials will have to be basis of the planning exercise.

Requirement of incentives like scholarship, uniforms, shoes, textbooks, note books etc. will have to be worked out on the basis of State norms. These would be part of the RMSA but the funding would be mainly from the State Plan. The school level educational plans will be consolidated and appraised by the District level Plan. Due care would require to be taken to ensure that the demand for teachers, classrooms etc. are as per the broad norm for RMSA. Efforts will be taken to identify the upper primary schools for up-gradation into Secondary and Higher Schools first, identification of existing Secondary Schools or Higher Secondary Schools for strengthening or opening of additional classroom. Opening of new schools should be the last priority. It should be done only in un-served areas.

The District Programmed Coordinator (DPC) must also work out its information needs and steps to develop formats for household and school surveys should also be taken. This would require capacity support from National/ State level institutions. The local context must reflect in all such activities.

The School has to play a critical role in the planning process The Head Master/ Principal and his/her team have to function like the local resource team for planning. The School Management Committee of every identified secondary or upper primary school will prepare a school level Perspective Plan and Annual Plan. In the un-served areas new schools are required to be established. In case of such schools, the school plan will be prepared by the DPC with the help of District Core Group.

Orthopedic Impairment

The definition of an, "Orthopedic Impairment," is one that includes impairments caused by congenital anomalies such as absence of a member, clubfoot, impairments caused by disease such as bone tuberculosis, poliomyelitis, or impairments for other causes to include amputations, fractures, cerebral palsy, burns, or fractures.

Defining Orthopedic Impairment

The definition of an, 'Orthopedic Impairment,' is one that includes impairments caused by congenital anomalies such as absence of a member, clubfoot, impairments caused by disease such as bone tuberculosis, poliomyelitis, or impairments for other causes to include amputations, fractures, [cerebral palsy](#), burns, or fractures, for example:

A neuromotor impairment is one that has caused damage to or is considered to be an, 'abnormality,' of the child's [spinal cord](#), [brain](#), or nervous system. Neuromotor impairments are ones that are acquired either at or prior to the birth of the child and many times result in complex motor issues that may affect a number of their body systems. Neuromotor impairments may include ones such as limited limb movement, a loss of appropriate alignment of the child's spine, or loss of urinary control. Two of the most common forms of neuromotor impairments include [spina bifida](#) and cerebral palsy.

Cerebral Palsy is a general term that refers to a number of non-progressive disorders which affect voluntary movement and posture that are caused by malfunctions or damages to a [person's brain](#) and occur prior to or during birth, or within the first few years of the person's life. People with cerebral palsy experience involuntary, and/or uncoordinated movements. Four of the more common forms of cerebral palsy include Athetoid, Spastic, Ataxic, and Mixed. Cerebral palsy may also be classified according to the person's limbs that are affected. These classifications include:

- Diplegia - legs affected more than arms
- [Hemiplegia](#) - left or right side
- [Quadriplegia](#) - all four limbs

Spina Bifida is a form of developmental disability involving a person's spinal column. Spina bifida is characterized by an opening in the spinal column, often in combination with paralysis of portions of the person's body. The disability may or may not involve some level of affect on the person's intellectual function. Forms of spina bifida can include occulta or cystica; occulta is a milder form of spina bifida while cystica is more serious.

Degenerative diseases are comprised of a number of diseases which affect a person's motor development. The more common degenerative disease found among school-age persons is muscular dystrophy, a group of inherited diseases that are characterized by progressive muscle weakness due to degeneration of the person's muscle fibers.

Children may also experience Musculoskeletal disorders which are comprised of a number of conditions that may result in varying levels of physical limitations. Examples of musculoskeletal disabilities include limb deficiencies and juvenile rheumatoid arthritis. The particular impact a disability will have on a child's learning is dependent upon the disability and its severity, as well as individual factors. Children with the same diagnosis can have quite different abilities where learning is concerned.

Individuals with Disabilities Education Act (IDEA)

The [Individuals with Disabilities Education Act](#) (IDEA) states that an orthopedic impairment is a severe impairment that adversely affects a child's educational performance. Use of the term, 'orthopedic impairment,' in conjunctions with IDEA includes impairments due to effects of congenital anomalies such as absence of a member or [clubfoot](#), impairments caused by the effects of a disease, and impairments due to other causes such as amputations, cerebral palsy, burns, or fractures. While IDEA uses the term, 'orthopedic impairments,' children who experience physical disabilities can also have neuromotor impairments such as skeletal system, joint, muscle, or limb disabilities and qualify for IDEA. Neurological and [orthopedic disabilities](#) are two distinct forms of disabilities, but they both cause similar limitations in movement, and there is a close relationship between them.

Children might either be born with or acquire problems with their joints, bones or muscles. Orthopedic problems can be the result of diseases, deformities, surgeries or injuries. Orthopedic issues that a child faces may be ones from birth such as osteogenesis imperfect, cerebral palsy, spina bifida, [muscular dystrophy](#), or joint deformities. Surgery or injury can result in loss of bone or muscle tissue, or include the amputation of a limb. Broken bones and burns may also lead to damage to either muscles or bones. Orthopedic problems vary - children may experience trouble using their hands, arms, or legs. Some of these children will make use of assistive devices and technologies in order to function as independently as they can.

The United States Department of Education reports that there were five million, nine-hundred and seventy-one thousand, four-hundred and ninety-five students receiving special education services during the 2003 through 2004 school year. Of these students, about one point one percent received special education services based on a classification of orthopedic impairments. A number of students who have orthopedic impairments do not experience learning, cognitive, language, perceptual, or sensory

difficulties. Students with neuromotor impairments do have a higher incidence of [other disabilities](#), particularly if there is brain involvement.

Students with Orthopedic Impairments and Assistive Devices

Where the majority of students with orthopedic impairments are concerned it is a matter of focusing on needed accommodations in the academic environment. As with many students with disabilities, classroom accommodations for students with orthopedic impairments vary depending on the individual and their particular needs. Because the majority of students with orthopedic impairments do not experience cognitive disabilities as well, an educator should collaborate with the student in relation to their curriculum as much as possible or needed.

For a student with orthopedic disabilities to access a generalized curriculum, an educator might be required to meet the following accommodations:

- Seating arrangements to develop useful posture and movements
- Instruction that is focused on development of gross and fine motor skills
- Ensuring suitable augmentative communication and other assistive devices
- Adequate awareness of the student's medical condition and its affect on the student

Due to the unique nature of orthopedic impairments, additional specialists might need to become involved in the development and implementation of appropriate educational programming for the student.

There are various specialists that may become involved, such as:

- Physical Therapists
- Additional Therapists
- Occupational Therapists
- Speech-Language Pathologists
- Adapted Physical Education Teachers

Because there are varying levels of orthopedic impairments, a number of types of assistive technologies might be used. The assistive technologies used need to address the needs of the student so that they are able to access the educational curriculum, as it would be with any other student with a disability. Technologies that may apply specifically to students with orthopedic disabilities may include:

- [Screen reading software](#)
- [Speech recognition software](#)
- Augmentative and alternative communication devices

- Academic software packages for students with disabilities

Students with orthopedic disabilities may also use devices for both mobility and positioning. The assistive devices they use are focused on assisting them to participate in educational activities.

The devices these students use may include:

- Canes
- Crutches
- [Wheelchairs](#)
- Specialized exercise equipment

Causes of orthopedic impairment

1. AN ASSIGNMENT ON CAUSES OF ORTHOPEDIC IMPAIRMENT.
2. Under federal law an orthopedic impairment means a severe bodily impairment that adversely affects a child's education. Physical impairment means certain type of dysfunction and disturbance in the body resulting into its malfunctioning.
 - Introduction:- & performance . An orthopedic impairment involves the skeletal system, bones, joints and limitation of associated muscles.
3. All orthopedic impairment fall in the definition or category of physical impairment, the reverse is not true .□ Also known as Physical Disability. It is a significant physical limitation that impairs the ability to move or to complete motor activities.
 - Meaning :-
4. Orthopedic children suffer from impairments of their muscles, skeletal or nervous system that may interfere with their natural functioning.
5. Tier□ Definition:- & Samuel□ Tier(1991), " An orthopedic impairment is an impairment that interferes with the normal functioning of bones , muscles or joints". & Romaine stated- "The child may be considered handicapped, if his physical condition prevents full participation in childhood activities of a social, recreational, educational and vocational nature".
6. Characteristics: - Average or above average intelligence. Have shorter attention span. Dependent on adults. High anxiety, frustration. Inaccurate coordination of limbs. Deformity. Paralysis. Jerky movements. Difficulty in walking , grasping
7. Causes: - Hereditary factors. Congenital factors. Environmental factors.
8. Hereditary factors:-
9. Dislocation of hip. Clubfoot. Marfan syndrome. Achondroplasia. Ontogenesis imperfect. Spin bifida. Cleft palate. Cleft lip . Cerebral palsy.
10. Development of poor muscle & curvature of spine . MARFAN SYNDROME :-
11. A deformed foot which is twisted so that sole cannot be placed on ground. CLUBFOOT :-
12. Children have brittle bone and are prone to fracture. Also known as 'Libertine Syndrome'.□ Ontogenesis imperfect:-
13. Spin bifida:- Also known as ' Split Spine' . It occurs when mother lacks foliate or folic acid during pregnancy.

14. Cerebral palsy: - Cerebral:- the presence of a causative lesion or damage to the brain . Palsy:-consequences of such lesion in terms of loss or impairment in motor functioning .
15. Causes of lack of amniotic fluid in the womb of the mother , breech presentation (at delivery baby born with its hips) & family history of the condition . Dislocation of hip :-
16. Caused by gene mutation. Shown to be associated with advanced paternal age. Gene mutation affects bone formation. Achondroplasia:
17. Congenital defects may cause missing bones, webbed fingers, cleft lips etc . □ A congenital disorder may be the result of genetic abnormalities, the intrauterine environment , errors of morphogenesis , Infection or a chromosomal abnormality . □ This condition occurs at birth or before birth or develops during 1st month of life, regardless of causation . □ Congenital defects :-
18. Infections. Lack of child immunization. Various diseases. Doses of drugs . Rubella . German measles. Microcephalia . Hydrocephalic. Cataract
19. Polio :- Also called infantile paralysis , is an acute , infectious disease spread from person to person . Virus enters the central nervous system & cause motor problem.
20. Environmental factors: - Are those which affect an individual externally or are not related to genetic level. Pre – natal environmental factors. Para-natal environmental factors. Post-natal environmental factors.
21. Smoking □ exposure to radioactive rays. □ Drug addiction of mother. □ Malnourished mother. □ Brain damage, brain fever . □ Viral infection for the expectant mother. □ Toxemia. □ Intoxication. □ Rh-incompatibility. □ Oxygen deprivation. □ 1) Pre-natal environmental factors:- & tobacco products .
22. Fetal Alcohol Syndrome: - FAS or fetal alcohol syndrome is a pattern of physical & mental defects that can form in a Fetus because of high level of consumption of alcohol during pregnancy.
23. During pregnancy can have serious implications for the child resulting into severe orthopedic impairment? STD's & AIDS :-
24. Accidental □ Improper use of forceps or Anesthesia. □ Oxygen deprivation. □ Unhygienic conditions. □ Infection with chronic disease. □ Caesarian cases. □ 2) Post –natal environmental factors: - Prolonged labor . □ TB of joints, Sinus, certain fever after birth. □ Incidental factors .
25. Poverty □ 3) Para – natal environmental factors: - Accidental □ Child abuse . □ Socio-economic conditions. Polio, burns □ Lead poisoning. □ Incidental factors . & Hypoxia . □ Inhalation of heavy metals. □ Intoxication. □ Lack of vitamin D or calcium. □ Spinal injury. □ Vein blocking . □ Malnutrition. □ Injuries.
26. Spinal cord injury occurs when a traumatic event results in damage of spinal cord or severs the nerves that rely signals up & down the spinal cord. Accidental & incidental factors :-
27. POVERTY □ Neurological damage. □ Sensory impairment . □ Disabilities. □ Muscular damage. □ Skeletal deformity. □ Facial disfigurement. □ These can result in :- □ Beaten , burned, sexually molested , neglected by parents □ CHILD ABUSE :- □ & Unhealthy living :- are damaging to the normal growth □ Illiteracy .

- Child marriage: - child mothers can deliver pre-mature babies. □LOW SOCIO-ECONOMIC CONDITIONS:- & development which results in physical deformities .
- 28. MULTIPLE SCLEROSIS: - MS is a disease in which our immune system attacks the protective sheath (myelin) that covers the nerves. Effect of infection & diseases :-
- 29. Greek word Arturo- Joints, Inflammation- Arthritides . Is a joint disorder that involves inflammation of one or more joints ARTHRITIS :-
- 30. Orthopedic impaired children are those who suffers from defects, deformities
- 31. Conclusion: - disturbances related to muscles, joints & skeletal system . These impairment can occur because of various causes. But it is possible to treat these impairments but they can't be cured. Caution is must if we want to avoid these impairments.

Learning Disabilities

Learning disabilities, or learning disorders, are an umbrella term for a wide variety of learning problems. A learning disability is not a problem with intelligence or motivation. Kids with learning disabilities aren't lazy or dumb. In fact, most are just as smart as everyone else. Their brains are simply wired differently. This difference affects how they receive and process information.

Simply put, children and adults with learning disabilities see, hear, and understand things differently. This can lead to trouble with learning new information and skills, and putting them to use. The most common types of learning disabilities involve problems with reading, writing, math, reasoning, listening, and speaking.

Children with learning disabilities can, and do, succeed

It can be tough to face the possibility that your child has a learning disorder. No parents want to see their children suffer. You may wonder what it could mean for your child's future, or worry about how your kid will make it through school. Perhaps you're concerned that by calling attention to your child's learning problems he or she might be labeled "slow" or assigned to a less challenging class.

But the important thing to remember is that most kids with learning disabilities are just as smart as everyone else. They just need to be taught in ways that are tailored to their unique learning styles. By learning more about learning disabilities in general, and your child's learning difficulties in particular, you can help pave the way for success at school and beyond.

Learning disabilities look very different from one child to another. One child may struggle with reading and spelling, while another loves books but can't understand math. Still another child may have difficulty understanding what others are saying or communicating out loud. The problems are very different, but they are all learning disorders.

It's not always easy to identify learning disabilities. Because of the wide variations, there is no single symptom or profile that you can look to as proof of a problem. However,

some warning signs are more common than others at different ages. If you're aware of what they are, you'll be able to catch a learning disorder early and quickly take steps to get your child help.

The following checklist lists some common red flags for learning disorders. Remember that children who don't have learning disabilities may still experience some of these difficulties at various times. The time for concern is when there is a consistent unevenness in your child's ability to master certain skills.

Signs and symptoms of learning disabilities: Preschool age

- Problems pronouncing words
- Trouble finding the right word
- Difficulty rhyming
- Trouble learning the alphabet, numbers, colors, shapes, days of the week
- Difficulty following directions or learning routines
- Difficulty controlling crayons, pencils, and scissors, or coloring within the lines
- Trouble with buttons, zippers, snaps, learning to tie shoes

Signs and symptoms of learning disabilities: Ages 5-9

- Trouble learning the connection between letters and sounds
- Unable to blend sounds to make words
- Confuses basic words when reading
- Slow to learn new skills
- Consistently misspells words and makes frequent errors
- Trouble learning basic math concepts
- Difficulty telling time and remembering sequences

Signs and symptoms of learning disabilities: Ages 10-13

- Difficulty with reading comprehension or math skills
- Trouble with open-ended test questions and word problems
- Dislikes reading and writing; avoids reading aloud
- Poor handwriting

- Poor organizational skills (bedroom, homework, desk is messy and disorganized)
- Trouble following classroom discussions and expressing thoughts aloud
- Spells the same word differently in a single document

Problems with reading, writing, and math

Learning disabilities are often grouped by school-area skill set. If your child is in school, the types of learning disorders that are most conspicuous usually revolve around reading, writing, or math.

Learning disabilities in reading (dyslexia)

There are two types of learning disabilities in reading. Basic reading problems occur when there is difficulty understanding the relationship between sounds, letters and words. Reading comprehension problems occur when there is an inability to grasp the meaning of words, phrases, and paragraphs.

Signs of reading difficulty include problems with:

- letter and word recognition
- understanding words and ideas
- reading speed and fluency
- general vocabulary skills

Learning disabilities in math (dyscalculia)

Learning disabilities in math vary greatly depending on the child's other strengths and weaknesses. A child's ability to do math will be affected differently by a language learning disability, or a visual disorder or a difficulty with sequencing, memory or organization.

A child with a math-based learning disorder may struggle with memorization and organization of numbers, operation signs, and number "facts" (like $5+5=10$ or $5 \times 5=25$). Children with math learning disorders might also have trouble with counting principles (such as counting by twos or counting by fives) or have difficulty telling time.

Learning disabilities in writing (dysgraphia)

Learning disabilities in writing can involve the physical act of writing or the mental activity of comprehending and synthesizing information. Basic writing disorder refers to physical difficulty forming words and letters. Expressive writing disability indicates a struggle to organize thoughts on paper.

Symptoms of a written language learning disability revolve around the act of writing. They include problems with:

- neatness and consistency of writing
- accurately copying letters and words
- spelling consistency
- writing organization and coherence

Other types of learning disabilities and disorders

Reading, writing, and math aren't the only skills impacted by learning disorders. Other types of learning disabilities involve difficulties with motor skills (movement and coordination), understanding spoken language, distinguishing between sounds, and interpreting visual information.

Learning disabilities in motor skills (dyspraxia)

Motor difficulty refers to problems with movement and coordination whether it is with fine motor skills (cutting, writing) or gross motor skills (running, jumping). A motor disability is sometimes referred to as an "output" activity meaning that it relates to the output of information from the brain. In order to run, jump, write or cut something, the brain must be able to communicate with the necessary limbs to complete the action.

Signs that your child might have a motor coordination disability include problems with physical abilities that require hand-eye coordination, like holding a pencil or buttoning a shirt.

Learning disabilities in language (aphasia/dysphasia)

Language and communication learning disabilities involve the ability to understand or produce spoken language. Language is also considered an output activity because it requires organizing thoughts in the brain and calling upon the right words to verbally explain something or communicate with someone else.

Signs of a language-based learning disorder involve problems with verbal language skills, such as the ability to retell a story and the fluency of speech, as well as the ability to understand the meaning of words, parts of speech, directions, etc.

Auditory and visual processing problems: the importance of the ears and eyes

The eyes and the ears are the primary means of delivering information to the brain, a process sometimes called "input." If either the eyes or the ears aren't working properly, learning can suffer.

Auditory processing disorder – Professionals may refer to the ability to hear well as "auditory processing skills" or "receptive language." The ability to hear things correctly greatly impacts the ability to read, write and spell. An inability to distinguish subtle

differences in sound, or hearing sounds at the wrong speed make it difficult to sound out words and understand the basic concepts of reading and writing.

Visual processing disorder – Problems in visual perception include missing subtle differences in shapes, reversing letters or numbers, skipping words, skipping lines, misperceiving depth or distance, or having problems with eye–hand coordination. Professionals may refer to the work of the eyes as “visual processing.” Visual perception can affect gross and fine motor skills, reading comprehension, and math.

Common types of learning disabilities

Dyslexia – Difficulty with reading

- Problems reading, writing, spelling, speaking

Dyscalculia – Difficulty with math

- Problems doing math problems, understanding time, using money

Dysgraphia – Difficulty with writing

- Problems with handwriting, spelling, organizing ideas

Dyspraxia (Sensory Integration Disorder) – Difficulty with fine motor skills

- Problems with hand-eye coordination, balance, manual dexterity

Dysphasia/Aphasia – Difficulty with language

- Problems understanding spoken language, poor reading comprehension

Auditory Processing Disorder – Difficulty hearing differences between sounds

- Problems with reading, comprehension, language

Visual Processing Disorder – Difficulty interpreting visual information

- Problems with reading, math, maps, charts, symbols, pictures

Other disorders that make learning difficult

Difficulty in school doesn't always stem from a learning disability. Anxiety, depression, stressful events, emotional trauma, and other conditions affecting concentration make learning more of a challenge. In addition, ADHD and autism sometimes co-occur or are confused with learning disabilities.

ADHD – [Attention deficit hyperactivity disorder \(ADHD\)](#), while not considered a learning disability, can certainly disrupt learning. Children with ADHD often have problems sitting still, staying focused, following instructions, staying organized, and completing homework.

Autism – Difficulty mastering certain academic skills can stem from pervasive developmental disorders such as autism and Asperger's syndrome. Children

with [autism spectrum disorders](#) may have trouble communicating, reading body language, learning basic skills, making friends, and making eye contact.

Hope for learning disabilities: The brain can change

How does understanding the brain help a learning disorder?

Using a telephone analogy, faulty wiring in the brain disrupts normal lines of communication and makes it difficult to process information easily. If service was down in a certain area of the city, the phone company might fix the problem by re-wiring the connections.

Similarly, under the right learning conditions, the brain has the ability to reorganize itself by forming new neural connections. These new connections facilitate skills like reading and writing that were difficult using the old connections.

Science has made great strides in understanding the inner workings of the brain, and one important discovery that brings new hope for learning disabilities and disorders is called *neuroplasticity*. Neuroplasticity refers to the brain's natural, lifelong ability to change. Throughout life, the brain is able to form new connections and generate new brain cells in response to experience and learning.

This knowledge has led to groundbreaking new treatments for learning disabilities that take advantage of the brain's ability to change. Innovative programs, such as the Arrowsmith program, use strategic brain exercises to identify and strengthen weak cognitive areas. For example, for children who have difficulty distinguishing between different sounds in a word, there are new computer-based learning programs that slow down the sounds so that children can understand them and gradually increase their speed of comprehension.

These discoveries about neuroplasticity provide hope to all students with learning disorders, and further research may lead to additional new treatments that target the actual causes of learning disabilities, rather than simply offering coping strategies to compensate for weaknesses.

Diagnosis and testing for learning disabilities and disorders

As you've already learned, diagnosing a learning disability isn't always easy. Don't assume you know what your child's problem is, even if the symptoms seem clear. It's important to have your child tested and evaluated by a qualified professional.

That said, you should trust your instincts. If you think something is wrong, listen to your gut. If you feel that a teacher or doctor is minimizing your concerns, seek a second opinion. Don't let anyone tell you to "wait and see" or "don't worry about it" if you see your child struggling. Regardless of whether or not your child's problems are due to a learning disability, intervention is needed. You can't go wrong by looking into the issue and taking action.

Keep in mind that finding someone who can help may take some time and effort. Even experts mix up learning disabilities with ADHD and other behavioral problems sometimes. You may have to look around a bit or try more than one professional.

In the meantime, try to be patient, and remember that you won't always get clear answers. Try not to get too caught up in trying to determine the label for your child's disorder. Leave that to the professionals. Focus instead on steps you can take to support your child and address his or her symptoms in practical ways.

The diagnosis and testing process for learning disabilities

Diagnosing a learning disability is a process. It involves testing, history taking, and observation by a trained specialist. Finding a reputable referral is important. Start with your child's school, and if they are unable to help you, ask your insurance company, doctor, or friends and family who have dealt successfully with learning disabilities.

Types of specialists who may be able to test for and diagnose learning disabilities include:

1. Clinical psychologists
2. School psychologists
3. Child psychiatrists
4. Educational psychologists
5. Developmental psychologists
6. Neuropsychologist
7. Psychometrics
8. Occupational therapist (tests sensory disorders that can lead to learning problems)
9. Speech and language therapist

Sometimes several professionals coordinate services as a team to obtain an accurate diagnosis. They may ask for input from your child's teachers. Recommendations can then be made for special education services or speech-language therapy within the school system.

A nonpublic school that specializes in treating learning disabilities might be a good alternative if the public school is not working out. For a list of nonpublic schools in your area go to the website for your state's Department of Education.

Integration, sequencing and abstraction: Technical terms for how the brain works

A professional learning disorders specialist might refer to the importance of "integration" to learning. Integration refers to the understanding of information that has been delivered to the brain, and it includes three steps: sequencing, which means putting

information in the right order; abstraction, which is making sense of the information; and organization, which refers to the brain's ability to use the information to form complete thoughts.

Each of the three steps is important and your child may have a weakness in one area or another that causes learning difficulty. For example, in math, sequencing (the ability to put things in order) is important for learning to count or do multiplication (as well as learn the alphabet or the months of the year). Similarly, abstraction and organization are important parts of numerous educational skills and abilities. If a certain brain activity isn't happening correctly, it will create a roadblock to learning.

Getting help for children with learning disabilities

When it comes to learning disabilities, it's not always easy to know what to do and where to find help. Turning to specialists who can pinpoint and diagnose the problem is, of course, important. You will also want to work with your child's school to make accommodations for your child and get specialized academic help. But don't overlook your own role. You know your child better than anyone else, so take the lead in looking into your options, learning about new treatments and services, and overseeing your child's education.

Learn the specifics about your child's learning disability. Read and learn about your child's type of learning disability. Find out how the disability affects the learning process and what cognitive skills are involved. It's easier to evaluate learning techniques if you understand how the learning disability affects your child.

Research treatments, services, and new theories. Along with knowing about the type of learning disability your child has, educate yourself about the most effective treatment options available. This can help you advocate for your child at school and pursue treatment at home.

Pursue treatment and services at home. Even if the school doesn't have the resources to treat your child's learning disability optimally, you can pursue these options on your own at home or with a therapist or tutor.

Nurture your child's strengths. Even though children with learning disabilities struggle in one area of learning, they may excel in another. Pay attention to your child's interests and passions. Helping children with learning disorders develop their passions and strengths will probably help them with the areas of difficulty as well.

Social and emotional skills: How you can help

Learning disabilities can be extremely frustrating for children. Imagine having trouble with a skill all of your friends are tackling with ease, worrying about embarrassing yourself in front of the class, or struggling to express yourself. Things can be doubly frustrating for exceptionally bright children with learning disabilities—a scenario that's not uncommon.

Kids with learning disabilities may have trouble expressing their feelings, calming themselves down, and reading nonverbal cues from others. This can lead to difficulty in

the classroom and with their peers. The good news is that, as a parent, you can have a huge impact in these areas. Social and emotional skills are the most consistent indicators of success for all children—and that includes kids with learning disorders. They outweigh everything else, including academic skills, in predicting lifelong achievement and happiness.

Learning disabilities, and their accompanying academic challenges, can lead to low self-esteem, isolation, and behavior problems, but they don't have to. You can counter these things by creating a strong support system for children with learning disabilities and helping them learn to express themselves, deal with frustration, and work through challenges. By focusing on your child's growth as a person, and not just on academic achievements, you'll help him or her learn good emotional habits that set the stage for success throughout life.

Finding support while helping a child with learning disabilities

All children can be both exhilarating and exhausting, but it may seem that your child with a learning disability is especially so. You may experience some frustration trying to work with your child, and it can seem like an uphill battle when you don't have the information you need. After you learn what their specific learning disability is and how it is affecting their behavior, you will be able to start addressing the challenges in school and at home. If you can, be sure to reach out to other parents who are addressing similar challenges as they can be great sources of knowledge and emotional support.