

**COURSE CODE: E06-EDA-III**  
**COURSE TITLE: Education for Differently-abled-III**

**Unit-I**

**Inclusive Education**

**(a) CONCEPT OF INCLUSIVE EDUCATION AND MODELS OF IMPLEMENTATION.**

**Inclusive Education**

It is the implementation of the 'policy and process' that allows all children to participate in all programmes. 'Policy' means that disabled children should be accepted without any restrictions in all the educational programmes meant for other children. It denotes equality, and accepts every child with his own unique capabilities. This principle must be accepted by all the international, national and local programmes. The 'process' of inclusion denotes the ways in which the system makes itself welcoming to all. In terms of inclusion of disabled children, it means the shift in services from 'care of the disabled child' to his 'education and personal development'. Inclusive education goes one step further by defining these children as 'children with special needs' who need special attention, rather than children who are 'impaired' or 'handicapped'. Inclusive education is nothing but 'Making the programme for disabled children as an integral part of the general educational system rather than a system within general education'.

Inclusive education happens when children with and without disabilities participate and learn together in the same classes. Research shows that when a child with disabilities attends classes alongside peers who do not have disabilities, good things happen.

For a long time, children with disabilities were educated in separate classes or in separate schools. People got used to the idea that special education meant separate education. But we now know that when children are educated together, positive academic and social outcomes occur for all the children involved.

We also know that simply placing children with and without disabilities together does not produce positive outcomes. Inclusive education occurs when there is ongoing advocacy, planning, support and commitment.

These are the principles that guide quality inclusive education:

**All children belong.**

Inclusive education is based on the simple idea that every child and family is valued equally and deserves the same opportunities and experiences. Inclusive education is about children with disabilities – whether the disability is mild or severe, hidden or obvious – participating in

everyday activities, just like they would if their disability were not present. It's about building friendships, membership and having opportunities just like everyone else.

**All children learn in different ways.**

Inclusion is about providing the help children need to learn and participate in meaningful ways. Sometimes, help from friends or teachers works best. Other times, specially designed materials or technology can help. The key is to give only as much help as needed.

**It is every child's right to be included.**

Inclusive education is a child's right, not a privilege. The Individuals with Disabilities Education Act clearly states that all children with disabilities should be educated with non-disabled children their own age and have access to the general education curriculum.

Inclusive education means that all students attend and are welcomed by their neighbourhood 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.

Neighbourhood 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.

### **The Benefits of Inclusive Education**

Here are key findings about the benefits of inclusion for children and families:



**Families' visions of a typical life for their children can come true.**

All parents want their children to be accepted by their peers, have friends and lead "regular" lives. Inclusive settings can make this vision a reality for many children with disabilities.

**Children develop a positive understanding of themselves and others.**

When children attend classes that reflect the similarities and differences of people in the real world, they learn to appreciate diversity. Respect and understanding grow when children of differing abilities and cultures play and learn together.

□ **Friendships develop.**

Schools are important places for children to develop friendships and learn social skills. Children with and without disabilities learn with and from each other in inclusive classes.

□ **Children learn important academic skills.**

In inclusive classrooms, children with and without disabilities are expected to learn to read, write and do math. With higher expectations and good instruction children with disabilities learn academic skills.

□ **All children learn by being together.**

Because the philosophy of inclusive education is aimed at helping all children learn, everyone in the class benefits. Children learn at their own pace and style within a nurturing learning environment.

## **Conclusion**

**Inclusion** in education is an approach to educating students with special educational needs. Under the inclusion model, students with special needs spend most or all of their time with non-disabled students. Inclusion rejects the use of special schools or classrooms to separate students with disabilities from students without disabilities.

Implementation of these practices varies. Schools most frequently use the inclusion model for selected students with mild to moderate special needs. Fully inclusive schools, which are rare, do not separate "general education" and "special education" programs; instead, the school is restructured so that all students learn together.

Inclusive education differs from the 'integration' or 'mainstreaming' model of education, which tended to be concerned principally with disability and special educational needs, and learners changing or becoming 'ready for' or deserving of accommodation by the mainstream. By contrast, inclusion is about the child's right to participate and the school's duty to accept the child.

A premium is placed upon full participation by students with disabilities and upon respect for their social, civil, and educational rights. Feeling included is not limited to physical and cognitive disabilities, but also includes the full range of human diversity with respect to ability, language, culture, gender, age and of other forms of human differences. Richard Wilkinson and Kate Pickett wrote, "student performance and behaviour in educational tasks can be profoundly

affected by the way we feel, we are seen and judged by others. When we expect to be viewed as inferior, our abilities seem to diminish".

## **MODELS OF INCLUSIVE EDUCATION**

There are generally two models for inclusion: push in or full inclusion.

**"Push In"** has the special education teacher enter the classroom to provide instruction and support to children. The push in teacher will bring materials into the classroom. The teacher may work with the child on math during the math period, or perhaps reading during the literacy block. The push in teacher also often provides instructional support to the general education teacher, perhaps helping with differentiation of instruction.

**"Full Inclusion"** places a special education teacher as a full partner in a classroom with a general education teacher. The general education teacher is the teacher of record, and is responsible for the child, even though the child may have an IEP. There are strategies to help children with IEPs succeed, but there are also many challenges. No doubt not all teachers are well suited to partner in full inclusion, but skills for collaboration can be learned.

Differentiation is an incredibly important tool to help children with disabilities succeed in an inclusive classroom. Differentiation involves providing a range of activities and using a variety of strategies for children with different abilities, from learning disabled to gifted, to successfully learn in the same classroom.

A child receiving special education services may participate fully in the same program as the general education children with supports from the special education teacher, or may participate in a limited way, as they are able. In some rare occasions, a child may work exclusively on goals in their IEP in a general education classroom alongside typically developing peers. For inclusion to truly succeed, special educators and general educators need to work closely together and compromise. It definitely requires that teachers have training and support to overcome the challenges they must meet together.

### **Adaptive Learning Environments Model**

The Adaptive Learning Environments Model (ALEM) is an innovative educational program designed to meet the diverse social and academic needs of students in regular classes. A product of over 2 decades of research, development and school-based implementation in a variety of communities, the model serves as an alternative approach to educational reform for schools striving to be responsive to the learning needs of individual students with varying abilities, experiences, and socioeconomic backgrounds.

Underlying the model's design is the premise that students learn in different ways and at varying rates and require different amounts of instructional support. The Adaptive Learning Environments Model accommodates and builds upon these differences through adaptive instruction, in which a variety of instructional methods are adopted and tailored to the needs and the learning characteristics of individual students, and specific interventions are used to increase each student's ability to benefit from the learning environment.

### **Why Did It Get Started?**

The call for programs that work for the educational success of each student, including those with special needs and those who are considered to be academically at risk, has become a central issue in school reform programs. There have been significant advances in theory and practical knowledge of effective instruction, and growing evidence suggests a great variability in the ways that students acquire, organize, retain, and generate knowledge and skills. The Adaptive Learning Environments Model was designed to cull from the knowledge base on what makes teaching and learning more effective and efficient.

### **How Does It Work?**

The Adaptive Learning Environments Model's goal is to ensure achievement of basic academic skills and other valued educational outcomes, including students' positive self-perceptions of academic and social competence, sense of responsibility for their own education and the broader community and competencies for coping with the social and academic demands of schooling. In order to accomplish this, the model focuses on systematically integrating features that theory, research, and practice have shown to be instructionally effective and pedagogically meaningful.

Accordingly, implementation of the Adaptive Learning Environments Model is supported by three categories of program design dimensions: delivery of adaptive instruction in regular classroom settings; classroom management and program implementation; and school- and district-level interventions.

Effective implementation of the model requires teachers to use all forms of knowledge in implementing demonstrably effective classroom practices to accommodate students' diverse learning needs. Although adaptive instruction calls for individualized planning, teachers do not work with students on a one-on-one basis. Whole-class and small-group instruction and peer-based cooperative learning are incorporated when deemed particularly suited for achieving certain intended student outcomes or ways to improve instructional efficiency.

In the Adaptive Learning Environments classroom, individual differences are viewed as the norm rather than the exception. While differences in rates of progress are recognized by teachers,

parents, and the students themselves, the acquisition of basic academic skills and the development of social competence and self-esteem are expected of each student. Under the Adaptive Learning Environments Model program, specialist teachers (e.g., reading specialists funded under the Title I program or special education teachers) and other related services professionals (e.g., speech pathologists or school psychologists) work with regular classroom teachers in a coordinated system of instructional and related service delivery.

### **What Are The Costs?**

Implementation of the Adaptive Learning Environments Model does not require the purchase of specially designed curricula. In almost all cases, a school's current curricular resources can be modified and adapted for use in Adaptive Learning Environments classes. However, a careful analysis of a given school district's budget constraints is the first step in the needs assessment phase of designing an implementation plan. Cost figures vary with district budgets.

Districts interested in adopting the Adaptive Learning Environments Model as a core general education program need to allocate funds to cover the normal start-up costs of implementing an innovative program. Start-up costs tend to vary from district to district, depending on the nature of the district's curricular preparedness, training requirements, and ability to redeploy current resources.

### **How Is The Model Implemented In A School?**

The Adaptive Learning Environments Model is designed to provide instruction that is responsive to student needs and to provide school staff with ongoing professional development and school-based program implementation support to achieve student success. Implementation features the following design elements.

*Individualized Progress Plans* consist of two components. The first is a highly structured prescriptive component for basic skills mastery. In addition, an exploratory component provides learning opportunities that foster student self-direction and problem-solving ability while fostering social and personal development to enhance student learning success.

*A Diagnostic-Prescriptive Monitoring System* incorporates a standards-based curriculum and assessment system to ensure student mastery of subject-matter knowledge and learning skills.

*A Classroom Instruction-Management System* provides implementation support that focuses on student self-responsibility and teacher teaming in implementing a coordinated approach to instructional and related service delivery.

*A Data-Based Professional Development Program* provides ongoing training and technical assistance support that is targeted to meet the implementation support needs of the individual staff.

*A School-Based Restructuring Process* provides school and classroom organizational support and redeployment of school resources and staff expertise to achieve and sustain a high degree of program implementation.

An active *Family Involvement Program* is targeted to support student learning success.

When a high degree of implementation is achieved, a unique classroom scenario is created. Students can be found working in virtually every area of the classroom, engaging in a variety of learning activities, including participating in small-group instruction, receiving one-to-one tutoring, or engaging in peer-based collaborative activities. Teachers circulate among the students, instructing and providing corrective feedback.

Instruction is based on diagnostic test results and informal assessments by the teacher. Every student is expected to make steady progress in meeting the curricular standards. Learning tasks are broken down into incremental steps, providing frequent opportunities for evaluation.

### **What Is The Evidence That The Model Is Successful?**

In schools where the Adaptive Learning Environments Model components have been adopted, data are collected on degree of implementation, classroom processes, and student outcomes, such as student achievement and student attitudes about their schools and learning experience. Findings from over two decades of implementation of the model in a variety of school settings provide consistent evidence that effective implementation leads to positive changes in classroom process. These changes result in intended academic, attitudinal, and social competence outcomes.

In classrooms where a high degree of implementation is achieved, teachers tend to spend more time on instruction than on managing students and students tend to be highly task oriented.

Steady and productive interaction between teachers and students, and among students, replaces the passive learning mode typically found in conventional classrooms. Interactions among students, for the most part, focus on sharing ideas and working together on learning tasks. Distracted behavior on the part of individual students is minimal and does not seem to interfere with the work of others.

Standardized achievement test scores in reading and math indicate that implementation of the model consistently leads to student achievement that meets or exceeds expected gains. Achievement results from various sites over the years have compared favorably with comparison sites in terms of national test norms, as well as district and population norms. Significant differences have been found with special education students who are integrated in regular Adaptive Learning Environments classes.

## **(B) DIFFERENCE BETWEEN SPECIAL EDUCATION, INTEGRATED AND INCLUSIVE EDUCATION.**

### **Segregation**

Disabled people of all ages and/or those learners with 'Special Educational Needs' labels being placed in any form of segregated education setting. This tends to force disabled people to lead a separate life.

For example: separate special school or college, separate unit within school/college or separate segregated courses within mainstream education settings.

### **Integration**

Disabled people of all ages and/or those learners with 'Special Educational Needs' labels being placed in mainstream education settings with some adaptations and resources, but on condition that the disabled person and/or the learner with 'Special Educational Needs' labels can fit in with pre-existing structures, attitudes and an unaltered environment.

For example: the child is required to "fit in" to what already exists in the school.

### **Inclusion**

Disabled people of all ages and/or those learners with 'Special Educational Needs' labels being educated in mainstream education settings alongside their nondisabled peers, where there is a



commitment to removing all barriers to the full participation of everyone as equally valued and unique individuals.

For example: education for ALL

### **Inclusion**

Inclusive practice can be defined as attitudes, approaches and strategies that we take to ensure that no learners are excluded or isolated from the education on offer.

In other words, we all work to create a culture where *all* learners feel welcome, accepted, safe, valued and confident that they will get the right support to assist them to develop their talent and achieve their goals.

The fundamental principles of 'inclusion' are far deeper. Inclusion in education involves the process of:

- Increasing the participation of students with disabilities in, and reducing their exclusion from, curricula and communities of local schools;
- restructuring the cultures, policies and practices in schools so that they respond to the diversity of students' needs;
- accepting diversity as normal and as a rich source for all students;
- responding to the diverse needs of all students;
- accommodating both different styles and rates of learning;
- ensuring the quality of education to all students through appropriate curricula, support and teaching strategies;
- accepting that inclusion in education is one aspect of inclusion in society.

### **Key Features of Inclusive Education**

- Generally, inclusive education will be successful if these important features and practices are followed:
- Accepting unconditionally all children into regular classes and the life of the school.
- Providing as much support to children, teachers and classrooms as necessary to ensure that all children can participate in their schools and classes.
- Looking at all children at what they can do rather than what they cannot do.
- Teachers and parents have high expectations of all children.
- Developing education goals according to each child's abilities. This means that children do not need to have the same education goals in order to learn together in regular classes.

- Designing schools and classes in ways that help children learn and achieve to their fullest potential (for example, by developing class time tables for allowing more individual attention for all students).
- Having strong leadership for inclusion from school principals and other administrators.
- Having teachers who have knowledge about different ways of teaching so that children with various abilities and strengths can learn together.
- Having principals, teachers, parents and others work together to determine the most affective ways of providing a quality education in an inclusive environment.

### **Inclusive Education**

It is the implementation of the 'policy and process' that allows all children to participate in all programmes. 'Policy' means that disabled children should be accepted without any restrictions in

all the educational programmes meant for other children. It denotes equality, and accepts every

child with his own unique capabilities. This principle must be accepted by all the international,

national and local programmes. The 'process' of inclusion denotes the ways in which the system

makes itself welcoming to all. In terms of inclusion of disabled children, it means the shift in services

from 'care of the disabled child' to his 'education and personal development'. Inclusive education

goes one step further by defining these children as 'children with special needs' who need special

attention, rather than children who are 'impaired' or 'handicapped'. Inclusive education is nothing

but 'Making the programme for disabled children as an integral part of the general educational

system rather than a system within general education'.

### **Objectives of policies on inclusive education**

1. The governments have to give the highest policy and budgetary priority to improve their education systems to enable them to include all children regardless of individual differences or difficulties.
2. The governments have to adopt as a matter of law or policy the principle of inclusive education, enrolling all children in regular schools unless there are compelling reasons for doing otherwise.
3. The training programmes for the teachers have to include the education of disabled children.

4. All children have access to general education system, to expand the coverage to reach the unreached population.

#### **Need of Inclusive Education**

UNESCO (1994) states that 'All children learn together, whatever possible, regardless of any difficulties or differences they may have. Inclusive schools must recognise and respond to the diverse needs of their students, accommodating both different styles and rates of learning and ensuing quality education to all through appropriate curricula, organisational arrangements, teaching strategies, resource use and partnerships with their communities'. Inclusive education promotes child-to-child learning and participation of parents and community in planning and execution of services for children in general and disabled children in particular.

#### **ADVANTAGES OF INCLUSIVE EDUCATION FOR INDIVIDUAL AND SOCIETY.**

Inclusive education is about looking at the ways our schools, classrooms, programs and lessons are designed so that all children can participate and learn. Inclusion is also about finding different ways of teaching so that classrooms actively involve all children. It also means finding ways to develop friendships, relationships and mutual respect between all children, and between children and teachers in the school.

Inclusive education is not just for some children. Being included is not something that a child must be ready for. All children are at all times ready to attend regular schools and classrooms. Their participation is not something that must be earned.

Inclusive education is a way of thinking about how to be creative to make our schools a place where all children can participate. Creativity may mean teachers learning to teach in different ways or designing their lessons so that all children can be involved.

As a value, inclusive education reflects the expectation that we want all of our children to be appreciated and accepted throughout life.

#### **Benefits of Inclusive Education**

Over the years, the benefits of providing an inclusive education to all children have been shown. Inclusive education (when practiced well) is very important because:

- All children are able to be part of their community and develop a sense of belonging and become better prepared for life in the community as children and adults.
- It provides better opportunities for learning. Children with varying abilities are often better motivated when they learn in classes surrounded by other children.
- The expectations of all the children are higher. Successful inclusion attempts to develop an individual's strengths and gifts.
- It allows children to work on individual goals while being with other students their own age.
- It encourages the involvement of parents in the education of their children and the activities of their local schools.
- It fosters a culture of respect and belonging. It also provides the opportunity to learn about and accept individual differences.
- It provides all children with opportunities to develop friendships with one another. Friendships provide role models and opportunities for growth.
- **Families' visions of a typical life for their children can come true.**
- All parents want their children to be accepted by their peers, have friends and lead "regular" lives. Inclusive settings can make this vision a reality for many children with disabilities.
- **Children develop a positive understanding of themselves and others.**
- When children attend classes that reflect the similarities and differences of people in the real world, they learn to appreciate diversity. Respect and understanding grow when children of differing abilities and cultures play and learn together.
- **Friendships develop.**
- Schools are important places for children to develop friendships and learn social skills. Children with and without disabilities learn with and from each other in inclusive classes.
- **Children learn important academic skills.**
- In inclusive classrooms, children with and without disabilities are expected to learn to read, write and do math. With higher expectations and good instruction children with disabilities learn academic skills.
- **All children learn by being together.**
- Because the philosophy of inclusive education is aimed at helping all children learn, everyone in the class benefits. Children learn at their own pace and style within a nurturing learning environment.

**(C) CURRENT LAWS(RCI ACT, PWD ACT, NATIONAL TRUST ACT, RTE);**

RCI Act

## **Introduction**

The Rehabilitation Council of India was set up as a registered society in 1986 under the aegis of the

Ministry of Social Justice & Empowerment (then Ministry of Social Welfare) to standardize and maintain uniform standards of training of professionals. However, it was soon realised that the Society

could not ensure proper standardization and acceptance of the standards by other Organizations.

The Parliament enacted the Rehabilitation Council of India Act in 1992. The Rehabilitation Council of

India became a Statutory Body on 22nd June 1993.

The RCI Act was amended by the Parliament in 2000 to make it more broad based. The Act casts onerous responsibility on the Council. It also prescribes that any one delivering services to people

with disability, who does not possess qualifications recognised by RCI, could be prosecuted.

Thus

the Council has the twin responsibility of standardizing and regulating the training of professional

and personnel in the field of Rehabilitation and Special Education.

**National Institute for the Mentally Handicapped** established in the year 1984 at

Manovikasnagar,

Secunderabad (AP) is an Autonomous Body under the administrative control of Ministry of Social

Justice & Empowerment, Government of India and thus the institute is fast approaching towards its

silver jubilee to celebrate its dedicated services to persons with mental retardation in the national interest.

NIMH has three regional centers located at **New Delhi, Kolkata, & Mumbai**, NIMH Model Special

Education Center located at New Delhi. The institute endeavors to excel in building capacities to empower persons with mental retardation. Since the quality of life of every person with mental retardation is equal to other citizens in the country, in that they live independently to the maximum

extent possible and through constant professional endeavors, National Institute for the Mentally Handicapped empowers the persons with mental retardation to access the state of the art rehabilitation

intervention viz., educational, therapeutic, vocational, employment, leisure and social activities, sports,

cultural programmes and full participation. The objectives for which NIMH works are listed as under:-

**Rehabilitation Council of India**

RCI is a statutory body under the Ministry of Social Justice and Empowerment, which is the nodal

ministry for disability rehabilitation in the country. The major objectives of RCI are:

- Regulate human resource development in rehabilitation through out the country.
- Certify qualified personnel and professionals in the field of disabilities
- Ensure quality, standard and uniformity in the rehabilitation programmes offered throughout the country.

All HRD programmes including those for intellectual disabilities are regulated and monitored by RCI throughout the country. It also ensures that the the registered professionals are updated with recent developments in the field by organizing continuing rehabilitation education programmes and making participation mandatory for renewal of registration. So far, 16 categories of professionals

numbering 28,460 are registered by the Council, and 42 long term rehabilitation courses are standardized by the Council which is carried out in various organizations through out the country.

Among the courses six are exclusively in the area of mental retardation which include all disabilities

cover mental retardation also.

### **Objectives of RCI**

There are following objectives of RCI:

- To regulate the training policies and programmes in the field of rehabilitation of persons with disabilities.
- To bring about standardization of training courses for professionals dealing with persons with disabilities.
- To prescribe minimum standards of education and training of various categories of professionals/ personnel dealing with people with disabilities.
- To regulate these standards in all training institutions uniformly throughout the country.
- To recognize institutions/ organizations/ universities running master's degree/ bachelor's degree/ P.G.Diploma/ Diploma/ Certificate courses in the field of rehabilitation of persons with disabilities.

To recognize degree/diploma/certificate awarded by foreign universities/ institutions on **Notes** reciprocal basis.

- To promote research in Rehabilitation and Special Education.
- To maintain Central Rehabilitation Register for registration of professionals/ personnel.
- To collect information on a regular basis on education and training in the field of rehabilitation of people with disabilities from institutions in India and abroad.
- To encourage continuing education in the field of rehabilitation and special education by way of collaboration with organizations working in the field of disability.
- To recognize Vocational Rehabilitation Centres as manpower development centres
- To register vocational instructors and other personnel working in the Vocational Rehabilitation

Centres.

- To recognize the national institutes and apex institutions on disability as manpower development centres.
- To register personnel working in national institutes and apex institutions on disability under the Ministry of Social Justice & Empowerment.

### **RCI Act 1992 and Amendments 2000**

An act to provide for the constitution of the Rehabilitation Council of India for regulating the training of rehabilitation professionals and the maintenance of a Central Rehabilitation Register and for matters connected therewith or incidental thereto.

The Ministry of Social Justice & Empowerment has requested the RCI to submit a list of proposed amendments to the RCI, ACT,

Accordingly, RCI has organized regional meetings and suggestions have been collected. At the National Expert Meeting in Bhavanagar detailed discussions were held by each group.

Subsequently

a sub-committee was constituted and a meeting was held to harmonize all the suggestions received

and adds new ones to make the amendments more broad based and more contemporary in terms of

RCI's present and future expanded role in HRD.

### **Objectives**

- Human Resources Development
- Research and Development
- Development of models of care and rehabilitation.
- Documentation and dissemination.
- Consultancy services to voluntary organizations

### **Persons with Disabilities Act, 1995**

In 1992, India adopted the Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region. As a signatory of this proclamation, India's Ministry of Law, Justice and Company Affairs proposed an act to safe guard the rights of Persons with Disabilities (PWD). On the 1st of January 1996 the Government of India passed the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995. The following is an outline of the provisions in this law that pertains to children below the age of 18.

In this act disability is defined as blindness, low vision, leprosy-cured, hearing impairment, locomotor disability, mental retardation and mental illness. The act calls for the forming of two central committees and two state committees: The central coordination committee and the central executive committee; the state coordination committee and the state executive committee. The coordination committees are responsible for insuring the rights of the PWD by advising the correct bodies about changes that need to be made in policy and programmes with regard to the rights of PWDs. These committees are the central and state respectively focal points on disability matters. The respective executive committees are responsible for carrying out the decisions of the larger coordination committee.

The act calls for the government to take the necessary steps to ensure the prevention of disabilities. In accordance with this agenda, the government must screen all the children at least once a year to determine risk factors that lead to disability and attempt to protect the child from such factors. It is also necessary for the state to take measure to reduce risks to prenatal and post natal mothers and child.

According to chapter V, children with disabilities should be provided free education by the appropriate government. The government must take steps to integrate children with disabilities into regular schools, but also make space for special schools that cater expressly to the needs of these children. In addition to the basic education schools, government are also required to make non-formal education programmes for children with disabilities that help attain literacy, rejoin school, impart vocational training, and provide them with free books and educational material. Teachers need to be specially trained to educate and see to the needs of children with disabilities. The government must also set up schemes that provide children with disabilities grant and scholarships and also provide funds for making buildings disabled friendly. Educational institutions are also required to provide visually challenged students with aids who will write for them.

The government is also responsible for making the general environment non-discriminatory towards PWD by adapting and adding to railways, buses, road signals pavement slopes, warning signals, building ramps, Braille signs and auditory signals, etc. The act also provides for non-discrimination of PWD in employment that can be taken up by them, in government and non-government offices. Institutions that aid people with disabilities are required to be registered by the government and the government is also required to set up a number of institutions to cater to the needs of people with severe disabilities.

The act calls for the appointment of a chief commissioner who will hear complaints or pleas made with regard to the deprivation of rights of PWD. It is also the governments' economic responsibility to take care of any PWD who can not provide for themselves or does not have



family support system to do so through unemployment allowances. Under this act there are also penalties doled out to people without disabilities who use services meant for PWD.

In October 2007, India ratified the United Nations Convention for Rights of Persons with Disability. Since then advocates of PWD rights have been calling for an amendment of the PWD act so that it better aligns with the provisions of the convention.

### **The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999**

An Act to provide for the constitution of a body at the national level for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities and for matters connected therewith or incidental thereto.

Be it enacted by Parliament in the Fiftieth Year of the Republic of India as follows:

1. This Act may be called the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999
2. It extends to the whole of India except the State of Jammu and Kashmir.

### **Definitions**

In this Act, unless the context otherwise requires,-

1. "autism" means a condition of uneven skill development primarily affecting the communication and social abilities of a person, marked by repetitive and ritualistic behavior;
2. "Board" means Board of trustees constituted under section 3;
3. "cerebral palsy" means a group of non-progressive condition of a person characterized by abnormal motor control posture resulting from brain insult or injuries occurring in the pre-natal, perinatal or infant period of development;
4. "Chairperson" means the Chairperson of the Board appointed under clause (a) sub-section (4) of section 3;
5. "Chief Executive" Officer" means the Chief Executive Officer appointed under sub-section (1) of section 8;
6. "Member" means a Member of the Board and includes the Chairperson;

7. "Mental retardation" means a condition of arrested or incomplete development of mind of person, which is specially characterized by sub-normality of intelligence;

8. "Multiple disabilities" means a combination of two or more disabilities as defined in clause (i) of section 2 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995;

9. "Notification" means notification published in the Official Gazette;

10. "Persons" with disability" means a person suffering from any of the conditions relating to autism, cerebral palsy, mental retardation or a combination of any two or more of such conditions and includes a person suffering from severe multiple disability;

11. "Prescribed" means prescribed by rules made under this Act;

12. "Professional" means a person who is having special expertise in a field, which would promote the welfare of persons with disability;

13. "Registered organization" means an association of persons with disability or an association of parents of persons with disability or a voluntary, as the case may be, registered under section 12;

14. "Regulation" means the regulations made by the Board under this Act;

15. "Severe disability" means disability with eighty percent or more of one or more of multiple disabilities;

16. "Trust" means the National Trust for Welfare of Persons with Autism, Cerebral Palsy Mental Retardation and Multiple Disability constituted under sub section (1) of section 3.

### **RTE: Children with Disabilities**

*Why does the Act have special benefits for disabled children?*

Children with disabilities are among the most disadvantaged in terms of access to schooling and completion of elementary education. More than one-third of all out-of-school children are disabled. Most of them are from the poorest strata of Indian society. Disability is frequently both a cause and consequence of poverty.

Not only do these children suffer from a variety of physical and mental handicaps, they are also the victims of societal prejudice, including our schools. Some schools explicitly refuse admission or actively dissuade them from joining. The design of schools, and facilities such as toilets, do not keep their needs in view. Additional support by way of special teachers and learning materials are not provided. The school environment is indifferent to their learning and psychological needs, and consequently many discontinue schooling, or do not even enter school.

The RTE Act attempts to provide an enabling environment for disabled children to enter school, attend and complete elementary education.

*Who are the disabled children that can benefit from the Act?*

While the original RTE Act passed in April 1, 2010 specifically mentions children with disability, the Amendment passed in 2012 resulted in an expanded definition of children with disability and other enabling measures. This broader definition now includes:

- A child with disability is to be included in the Act's definition of children belonging to a 'disadvantaged group'.
- A child with 'disability' as defined in 1995 Persons with Disabilities Act
- A child with 'disability' and 'severe disability' as defined in National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999.

*Types of provisions of the Act and Maharashtra Rules for children with disabilities*

The Act and Maharashtra Rules have two types of provisions for disabled children:

1. Provisions that apply specifically to disabled children, or mainly to 'disadvantaged' groups of students and thus disabled children

2. Provisions that apply to all children, and thus disabled children

The following discussion focuses on the first category of provisions, and will include the second category where relevant.

*Enabling provisions of the Act and Maharashtra Rules to help disabled children with access to school*

- Every child of the age of six to fourteen years, shall have the right to free and compulsory education in a neighbourhood school till the completion of elementary. This includes disabled children.
- Free education means that no fees or donations can be charged in government schools, and includes textbooks, uniforms and writing materials, etc. The Maharashtra Rules specifically mention that children with disabilities shall be provided special learning and support materials.
- Compulsory education means that the State/Local Education Authorities are legally compelled to provide a neighbourhood school, and ensure compulsory admission, attendance and completion of 8 years of elementary education.
- The Maharashtra Rules define a neighbourhood school as one within 1 km walking distance for students in Classes 1-5, and 3 km for students in Classes 6-8. These distances can be relaxed if necessary.
- The Maharashtra Rules specifically mention that since children with disabilities are prevented access from schooling, the State Government or Local Authority should provide appropriate and safe transportation arrangements for disabled children to attend school and complete elementary education.
- The Maharashtra Rules also separately indicate that the State Government or Local Authority could provide free transportation, residential and other facilities.
- All children have a right to full-time elementary education in a recognised school with basic facilities and teachers.
- The government and Local Authority are to undertake school mapping to establish neighbourhood schools, and also conduct annual surveys to obtain information on all children living in the area, including out of school children and dropouts.

*Right of access and 25% reservation provision of the Act*

- The 2012 Amendment includes *children with disabilities* under the definition of *disadvantaged*. Under the 25% reservations requirement of the Act, disabled children will now be eligible for admission to private unaided and minority aided schools, as well as specified schools. They will receive free education including textbooks, and other facilities.

*Enabling provisions of the Act and Maharashtra Rules for school admissions and transfer of children with disabilities*

- While admitting children, including those with disabilities, no child or parent can be subject to tests, interviews or any screening procedure or should be required to pay capitation fees or donation of any kind. This includes disabled children.
- No child can be denied admissions due to lack of age-proof. Admission should be given until an appropriate document attesting proof of age is provided.
- No child can be denied admission. Children can be admitted even after the prescribed date of joining school.
- No child can be denied admissions to a school if the child is overage or has not attended school.
- Such older children are to be admitted in an age-appropriate class, and provided special training and additional ongoing academic support to bring them on par with the rest of the class.
- No student once admitted can be detained in a school or expelled till the completion of elementary education.
- If in a school there is no provision for completion of elementary education, children have a right to transfer to a government or government-aided school.
- Children have a right to transfer within or outside the state to a government or government-aided school.
- Delay in producing a transfer certificate cannot be grounds for delaying or refusing children admission to a school.

All the above 8 provisions for facilitating school admissions and transfers of students apply to children with disabilities.

*Enabling provisions of the Act and Maharashtra Rules for the academic support of disabled children*

The Act recommends that older children, who are out of school, should be admitted in an age-appropriate class in recognised schools, and provided special additional training. The Maharashtra Rules devote an entire section (Part II, Section 3) to such academic support for older children — often the case with disabled children – admitted in an age-appropriate class. The Maharashtra Rules state that this training is to be provided, in addition to the normal hours of classroom instruction. These special classes can be taught by teachers or specially appointed teachers in school, or outside in authorised bridge courses. The Maharashtra SCERT is responsible for developing age-appropriate learning materials and the planning of training programmes for teachers.

*RTE: Implications of Act provisions and Maharashtra Rules for the education of disabled children*

Disabled children, like migrant children and other disadvantaged groups of students, face similar access, admission, transfer and support problems. The Act and the Maharashtra Rules expect the State Government and Local Authority to address these issues. Children with disabilities have, in addition, specific problems, like travelling sometimes even short distances to school, for which they are to be provided special and safe transport. They are also to be provided with special materials free, can be admitted late into school and are expected to receive additional academic support.

The Act has clearly specified full-time schooling in recognised government schools for disabled children. Under the 2012 Amendment, the only exceptions are children with multiple or profound disabilities who have the right to opt for home-based education. Since disabled children are included in the definition of disadvantaged children in the 2012 Amendment, they are also eligible for admission to private and specified schools under the 25% reservation provision.

Translating the letter and spirit of the provisions of the Act would involve a radical change in the way schools function. School buildings and classrooms will have to go beyond merely providing ramps to help disabled children, but also include other features such as stair rails and accessible sanitation facilities. Incorporating children with varying disabilities in regular classrooms, and teaching them, will mean that teachers will have to enhance their range of teaching styles and methods. The ability of schools to respond to these challenges will not only depend on school leadership, but on the quality of academic and supplementary support provided by the State Government and Local Authorities.

National Policy for the Disabled (2006) and agreements supporting Inclusive Education (examples);

The Government of India formulated the National Policy for Persons with Disabilities in February 2006 which deals with Physical, Educational & Economic Rehabilitation of persons with disabilities. In addition the policy also focuses upon rehabilitation of women and children with disabilities, barrier free environment, social security, research etc.

The National Policy recognizes that Persons with Disabilities are valuable human resource for the country and seeks to create an environment that provides them equal opportunities, protection of their rights and full participation in society.

## Focus of the policy

The focus of the policy is on the following

1. **Prevention of Disabilities** - Since disability, in a large number of cases, is preventable, the policy lays a strong emphasis on prevention of disabilities. It calls for programme for prevention of diseases, which result in disability and the creation of awareness regarding measures to be taken for prevention of disabilities during the period of pregnancy and thereafter to be intensified and their coverage expanded.
2. **Rehabilitation Measures** - Rehabilitation measures can be classified into three distinct groups:
  1. Physical rehabilitation, which includes early detection and intervention, counseling & medical interventions and provision of aids & appliances. It will also include the development of rehabilitation professionals.
  2. Educational rehabilitation including vocational education and
  3. Economic rehabilitation for a dignified life in society.
3. **Women with disabilities** - Women with disabilities require protection against exploitation and abuse. Special programmes will be developed for education, employment and providing of other rehabilitation services to women with disabilities keeping in view their special needs. Special educational and vocation training facilities will be setup. Programmes will be undertaken to rehabilitate abandoned disabled women/ girls by encouraging their adoption in families, support to house them and impart them training for gainful employment skills. The Government will encourage the projects where representation of women with disabilities is ensured at least to the extent of twenty five percent of total beneficiaries.
4. **Children with Disabilities** - Children with disabilities are the most vulnerable group and need special attention. The Government would strive to:
  - o Ensure right to care, protection and security for children with disabilities;
  - o Ensure the right to development with dignity and equality creating an enabling environment where children can exercise their rights, enjoy equal opportunities and full participation in accordance with various statutes.
  - o Ensure inclusion and effective access to education, health, vocational training along with specialized rehabilitation services to children with disabilities.
  - o Ensure the right to development as well as recognition of special needs and of care, and protection of children with severe disabilities.
5. **Barrier-free environment** - Barrier-free environment enables people with disabilities to move about safely and freely, and use the facilities within the built environment. The goal of barrier free design is to provide an environment that supports the independent functioning of individuals so that they can participate without assistance, in every day

activities. Therefore, to the maximum extent possible, buildings / places / transportation systems for public use will be made barrier free.

6. **Issue of Disability Certificates** - The Government of India has notified guidelines for evaluation of the disabilities and procedure for certification. The Government will ensure that the persons with disabilities obtain the disability certificates without any difficulty in the shortest possible time by adoption of simple, transparent and client-friendly procedures.
7. **Social Security** - Disabled persons, their families and care givers incur substantial additional expenditure for facilitating activities of daily living, medical care, transportation, assistive devices, etc. Therefore, there is a need to provide them social security by various means. Central Government has been providing tax relief to persons with disabilities and their guardians. The State Governments / U.T. Administrations have been providing unemployment allowance or disability pension. The State Governments will be encouraged to develop a comprehensive social security policy for persons with disabilities.
8. **Promotion of Non-Governmental Organizations (NGOs)** - The National Policy recognizes the NGO sector as a very important institutional mechanism to provide affordable services to complement the endeavors of the Government. The NGO sector is a vibrant and growing one. It has played a significant role in the provisions of services for persons with disabilities. Some of the NGOs are also undertaking human resource development and research activities. Government has also been actively involving them in policy formulation, planning, implementation, monitoring and has been seeking their advice on various issues relating to persons with disabilities. Interaction with NGOs will be enhanced on various disability issues regarding planning, policy formulation and implementation. Networking, exchange of information and sharing of good practices amongst NGOs will be encouraged and facilitated. Steps will be taken to encourage and accord preference to NGOs working in the underserved and inaccessible areas. Reputed NGOs shall also be encouraged to take up projects in such areas.
9. **Collection of regular information on Persons with Disabilities** - There is a need for regular collection, compilation and analysis of data relating to socio-economic conditions of persons with disabilities. The National Sample Survey Organization has been collecting information on Socio-economic conditions of persons with disabilities on regular basis once in ten years since 1981. The Census has also started collection of information on persons with disabilities from the Census-2001. The National Sample Survey Organization will have to collect the information on persons with disabilities at least once in five years. The differences in the definitions adopted by the two agencies will be reconciled.
10. **Research** - For improving the quality of life of persons with disabilities, research will be supported on their socio-economic and cultural context, cause of disabilities, early childhood education methodologies, development of user-friendly aids and appliances



and all matters connected with disabilities which will significantly alter the quality of their life and civil society's ability to respond to their concerns. Wherever persons with disabilities are subjected to research interventions, their or their family member or caregiver's consent is mandatory.

11. **Sports, Recreation and Cultural life** - The contribution of sports for its therapeutic and community spirit is undeniable. Persons with disabilities have right to access sports, recreation and cultural facilities. The Government will take necessary steps to provide them opportunity for participation in various sports, recreation and cultural activities.

### **Responsibility for implementation**

- The Ministry of Social Justice & Empowerment will be the nodal Ministry to coordinate all matters relating to the implementation of the Policy.
- An inter-ministerial body to coordinate matters relating to implementation of National Policy will be formed. All stakeholders including prominent NGOs, Disabled Peoples Organizations, advocacy groups and family associations of parents / guardians, experts and professionals will also be represented on this body. Similar arrangements will be encouraged at the State and Districts levels. Panchayati Raj Institutions and Urban Local Bodies will be associated in the functioning of the District Disability Rehabilitation Centres' District Level Committees to coordinate the matters relating to the implementation of the policy.
- The Ministries of Home Affairs, Health & Family Welfare, Rural Development, Urban Development, Youth Affairs & Sports, Railways, Science & Technology, Statistics & Programme Implementation, Labour, Panchayati Raj and Departments of Elementary Education & Literacy, Secondary & Higher Education, Road Transport & Highways, Public Enterprises, Revenue, Women & Child Development, Information Technology and Personnel & Training will setup necessary mechanism for implementation of the policy. A five-year perspective Plan and annual plans setting targets and financial allocations will be prepared by each Ministry / Department. The annual report of these Ministries / Departments will indicate progress achieved during the year.
- The Chief Commissioner for Disabilities at Central level and State Commissioners at the State level shall play key role in implementation of National Policy, apart from their statutory responsibilities.
- Panchayati Raj Institutions will play a crucial role in the implementation of the National Policy to address local level issues and draw up suitable programmes, which will be integrated with the district and State plans. These institutions will include disability related components in their projects.
- Infrastructure created during the course of implementation will be required to be maintained and effectively used for a long period. The community should take a leading role in generating resources with in themselves or through mobilization from private

sector organizations to maintain the infrastructure and also to meet the running cost. This step will not only reduce the burden on state resources but will also create a greater sense of responsibility among the community and private entrepreneurs.

- Every five years a comprehensive review will be done on the implementation of the National Policy. A document indicating status of implementation and a roadmap for five years shall be prepared based on the deliberations in a national level convention. State Governments and Union Territory administrations will be urged to take steps for drawing up State Policy and develop action plan.

## **Unit-II**

### **Children with Diverse Needs**

#### **DEFINITION, CHARACTERISTICS AND EDUCATIONAL IMPLICATIONS FOR CHILDREN WITH HEARING IMPAIRMENTS,**

##### **Definition: Hearing Impairment**

Hearing impairment is a generic term including both deaf and hard of hearing which refers to persons

with any type or degree of hearing loss that causes difficulty working in a traditional way. It can affect the whole range or only part of the auditory spectrum which, for speech perception, the important

region is between 250 and 4000 Hz. The term deaf is used to describe people with profound hearing mild to sever hearing loss but who can benefit from amplification.

##### **Different Types of Hearing Impairment**

There are different types of hearing loss, depending on which part of the hearing pathway is affected.

A specialist will always try to localize where in the hearing pathway the problem lays, so as to be able to classify the hearing loss as belonging to one of the following groups. This is most important in

determining the appropriate treatment. There are following types of hearing impairment.

- Conductive hearing loss
- Sensorineural hearing loss
- Central hearing loss
- Functional hearing loss
- Mixed hearing loss

##### **Conductive Hearing Loss**

Conductive hearing loss is due to any condition that interferes with the transmission of sound through

the outer and middle ear to the inner ear. This type of hearing loss can be successfully treated in most cases.

In cases of conductive hearing loss, sound waves are not transmitted effectively to the inner ear because of some interference in:

- The external ear canal
- The mobility of the eardrum (problems with the mobility of the eardrum are often caused by accumulation of fluid in the eustachian tube, the tube that connects the middle ear to the back of the throat)
- The three tiny bones inside the middle ear
- The middle-ear cavity
- The openings into the inner ear
- The eustachian tube

Modern techniques make it possible to cure or at least improve the vast majority of cases involving

problems with the outer or middle ear. Even if people with conductive hearing loss are not improved

medically or surgically, they stand to benefit greatly from a hearing aid, because what they need most is amplification.

### **Sensorineural Hearing Loss**

In sensorineural hearing loss, the damage lies in the inner ear, the acoustic nerve, or both. Most physicians call this condition "nerve deafness."

The hair cells in the large end of the cochlea respond to very high-pitched sounds, and those in the small end (and throughout much of the rest of the cochlea) respond to low-pitched sounds. These hair cells, and the nerve that connects them to the brain, are susceptible to damage from a variety of causes.

- The term "sensory" hearing loss is applied when the damage is in the inner ear. Common synonyms are "cochlear" or "inner-ear" hearing loss.
- "Neural" hearing loss is the correct term to use when the damage is in the acoustic nerve, anywhere between its fibers at the base of the hair cells and the relay stations in the brain (the auditory nuclei). Other common names for this type of loss are "nerve deafness" and "retrocochlear" hearing loss.

Sensorineural hearing loss is one of the most challenging problems in medicine. A large variety of

hearing impairments fall under this category. Although the chances for restoring a sensorineural hearing loss are slim, a small number of cases can be treated, and some people experience dramatic

improvements as a result. However, a great need for further research in this area still exists.

## **Central Hearing Loss**

In central hearing loss, the problem lies in the central nervous system, at some point within the brain.

Interpreting speech is a complex task. Some people can hear perfectly well but have trouble interpreting

or understanding what is being said. Although information about central hearing loss is accumulating,

it remains somewhat a mystery in otology (the medical specialty of ear medicine and surgery).

A condition called central auditory processing impairment frequently leads people to think they have hearing loss when their hearing is actually normal. Despite the fact that this problem is extremely

common and present in many highly successful people, it is actually classified as a learning disability.

Basically, the problem involves a person's inability to filter out competing auditory signals.

People

with central auditory processing impairments have difficulties that include:

- Problems "hearing" when there are several conversations going on
- Inability to read or study with the radio or television on
- Problems reading if someone turns on a vacuum cleaner or air conditioner near them
- Generally missing the first sentence from people talking to them if they are involved in an auditory attention task (such as watching television)

Although such people (and their families and friends) frequently suspect that they have a hearing loss, the function of the ears is usually normal, and routine hearing tests are normal. Naturally, people with this condition may also develop hearing loss from other causes, and this can make it even more difficult for them to function under everyday circumstances.

There is no good treatment for central auditory processing impairments other than educating the person, family, and friends, and trying to control the environment. This is especially important for

children, whose grades may go from F to A if they are provided with a silent place in which to do

their homework.

The test necessary to diagnose central hearing impairment must be designed to assess a person's ability to handle complex information. Most of the tests now available were not created specifically for this purpose. It requires a very experienced and almost intuitive judgment on the physician's part to make an accurate diagnosis.

## **Functional Hearing Loss**

Functional hearing loss involves a psychological or emotional problem, rather than physical damage

to the hearing pathway. Individuals with this type of hearing loss do not seem to hear or respond; yet, in reality, they have normal hearing.

The most important challenge for physicians is to classify this condition properly. It may be difficult

to determine the specific emotional cause, but if the classification is made accurately, the proper therapy can begin.

Too often, a functional hearing loss is not recognized, and individuals receive useless treatments for

prolonged periods. In turn, this process may aggravate the emotional element and cause the condition

to become more resistant to treatment.

### **Mixed Hearing Loss**

Frequently, a person experiences two or more types of hearing impairment, and this is called mixed

hearing loss. This term is used only when both conductive and sensorineural hearing losses are

## **10.6 Characteristics of Hearing Impaired Children**

Hearing impairment is a decrease in person's ability to hear. The most severe form of hearing impairment is deafness. The majority of these children have parents who can hear. Having a hearing

disability does not only affect a person's hearing but it can have a lasting impact on person's social

and language development, as well. Many people with hearing impairment suffer from social isolation

and mental impairments, such as depression.

**(i) Delayed Language Development:** A child who can hear typically learns language from a person

who speaks his native language. Hearing impaired children, on the other hand, typically have parents who can hear and who do not know sign language. Thus, children with hearing impairments are forced to learn sign language from people who usually do not know it well.

Moreover, it may take some time before the hearing deficit is discovered. This means that a child's language acquisition begins later in life. Not surprisingly, children with hearing impairments often have delayed language development, says the Pennsylvania State University.

For example, the vocabulary develops more slowly in children with hearing loss. They also have difficulty learning grammar. It typically takes longer for children with hearing impairments to learn to read and write, as well.

**(ii) Social Isolation:** According to Dr. G. K. Hebbar, hearing impaired children may suffer from social isolation. This might partly be due to their delayed language development. They also have difficulty picking up on auditory social cues. However, a child who feels like she is part of a deaf or hearing impaired culture is less likely to feel socially isolated. On the other hand, it is possible for a child who uses sign language as his almost exclusive method of communication to feel cut-off from his parents and other people who may not be very knowledgeable in using sign language.

**(iii) Depression:** According to the American Speech-Language-Hearing Association, hearing impairment does not necessarily mean that a child will develop psychological problems, but when it is combined with heredity and environmental factors, a child with a hearing deficit is at greater risk for developing, for example, depression. The American Psychiatric Association states that people with chronic illnesses have a 25 to 33 percent risk of becoming clinically depressed. Low self-esteem is also common among children with hearing impairments, according

to the American Speech-Language-Hearing Association. Teenagers especially do not want to be different from their peers, which is why they often develop low self-esteem as a result of a hearing impairment.

According to Deaf Education, hearing-impaired children tend to play more with adults than other children. This isolates them more from their peers.

### **Summary**

- Hearing impairment is a generic term including deaf and hard of hearing which refers to persons

with any type or degree of hearing loss.

- There are following types of hearing loss:

(a) Conductive hearing loss : (i) is due to interference with transmission of sound through the outer and middle ear to the inner ear.

(b) Sensor neural hearing loss : (ii) damage lies in inner ear, the acoustic nerve or both.

(c) Central hearing loss : (iii) problem lies in central nervous system.

(d) Functional hearing loss : (iv) involves psychological or emotion problem.

(e) Mixed hearing loss : (v) having two or more types of hearing impairment.

- Delayed language development, social isolation, depression are some common characteristics of hearing impaired children.

- Speech impairment is that affect the manner of speaking of individuals.

- There are following types of speech impairments:

(i) *Spasmodic Dysphonic*: Disorder where muscles of the larynx or voice box.

(ii) *Aphasia*: occurs due to damage to the communication centre in the brain.

(iii) *Stuttering*: impairment wherein the person repeats the first half of a word.

(iv) *Aparaxia*: due to injury to the brain.

- interruption in the flow or rhythm of speech such as stuttering (known as dysfluency);

- trouble forming sounds (called articulation or phonological impairments);

- difficulties with the pitch, volume, or quality of the voice;

- trouble using some speech sounds, such as saying "see" when they mean "ski."

- improper use of words and their meanings;

- inability to express ideas;

### **Causes**

All the causes of hearing impairment can be categorized under four classes: (a) Hereditary and Nonhereditary

(b) Congenital and Acquired (c) Pre-natal, Perinatal and Postnatal, and (d) Physiological and Psychological.

Sometimes hearing impairment is predetermined by the genetic structure of the individual. It may be

present at birth or develop latter in life. Some of these defects are acquired through disease, trauma

or accident. There is a hereditary they of degenerative disability. Again there is a hereditary type of

degenerative disability. Again there is a hereditary type of degenerative nerve deafness which may

be present at birth or develop latter in life. Overdose of strong drugs like streptomycin, quinine and

L.S.D. are associated with hearing impairment. So mothers are restricted to take these drugs impairment. So mothers are restricted to take these drugs during pregnancy. Maternal malnutrition

and unhealthy living conditions during pregnancy are some important causes also. Studies reveal that marriage among class blood relatives is another cause to produce hearing impaired children.

Medical practitioners say that brain fever, the improper growth of brain or auditory system and brain tumour and some of the neurological causes of hearing impairment. The perinatal causes

include full time delivery followed by anoxia problems, use of forceps in delivery, instrumental delivery, premature delivery followed immediately by jaundice and use of anaesthetic agents in delivery, Whooping cough, typhoid fever, encephalitis and mumps are significant post-natal causes

of hearing impairment. Besides all these factors, accidents, severe burns, toxic drugs, emotional depression and traumas also cause hearing defects. Abnormalities in the inner ear or the auditory nerve result in loss of hearing which is rarely amenable to surgery. Sometimes psychogenic deafness

is confused with malingering in which the individual pretends to be unable to hear. But Malingering

can be detected by special audiological tests.

**1. Causes Before Birth of H.I.:** There are certain causes which occure before birth

(a) Hereditary (b) Rubella

(b) Infectious Disease (d) Drugs and

(c) Malnutrition.

(a) **Hereditary:** 11 to 60 percent of sensory neural hearing impairments have a genetic cause (dominant gene-Alpert's syndrome) and recessive gene transmission-(Usher's syndrome) to the tune of 40% of deafness cases.

(b) **Rubella:** Maternal rubella, a German measles virus that has its most devastating effect on an unborn child during first three months of pregnancy is most important cause, It accounts for 27% of all the known cause of hearing loss.

(c) **Infectious Disease:** Early infectious diseases like mumps, influenza of the mother affects the infant's hearing. Certain other diseases of the mother e.g., diabetes, kidney disease liver diseases affect the baby's hearing capacity.

(d) **Drugs:** Some research has shown that overdose of strong drugs like streptomycin, quinine, thalichloride and L.S.D. are associated with hearing impairment and therefore expectant mothers should remain away from these.

(e) **Malnutrition:** Malnutrition is another such cause. In addition RH-incompatibility, **Notes** emotional trauma, brain fever, brain tumour and certain neurological factors do their part in affecting hearing capacity of the infant adversely.

**2. Causes During Birth of Hearing Impaired:** During birth there are certain factors which affect

hearing loss. Lack of oxygen use of forceps in delivery, instrumental delivery, premature delivery

followed immediately by jaundice, use of anaesthetic agents in delivery do cause hearing problems.

**3. Causes After birth of Hearing Impaired:** The causes which affect hearing loss after birth in children are measles, mumps, whooping cough, meningitis, typhoid fever, encephalitis, infections

in nasal cavities, Eustachian tube, middle ear infection, ear discharge etc. All these lead to hearing

loss. Ear discharge is more prominent among the causes.

Adequate awareness on the part of parents can prevent the hearing handicap, Early follow-up services for checking expectant mother's health and health of the new born can prevent hearing impairment and associated problems.

**4. Causes of Hearing Impaired:** Hearing loss may not necessarily be due to organic factors but to

psychological and psychiatric reasons. There has been differential focus. The psychological and psychiatric reasons. There has been differential focus. The otologist looks for medical and surgical

intervention, and audiologist suggests amplification and therapeutic management but for an educator or resource teacher emphasis on language development is crucial remedial step.

**5. Neurological of Hearing Impaired:** Besides organic causes which are responsible for hearing loss. The sensorineural hearing loss is associated with actual neurological transmission of sound. Such hearing loss results from damage to the sensory walls within cochlea or the auditory nerve both because of genetic and/or environmental factors.

#### **Problems of Hearing Impaired Children**

Hearing impairments can be viewed from an educational perspective but also from the large perspective of their effects on the child's overall adjustment. The problems and special needs of hearing

impaired children have been summarized in a tabular form.



The speech and hearing problems of deaf children needing special care varies according to category of hearing impairments.

### **Prevention of Hearing Impairment**

Hearing is an important sense for communication. A major part of all learning takes place through

hearing. Therefore, a reduction in a person's ability to hear can severely affect his/her life.

Hearing

loss can be caused by several factors- some which occur even prior to birth, and some which cause

hearing loss to set in later. Hearing loss may even be hereditary. But in several cases, hearing loss can

be prevented. Here are a few guidelines on how you can protect your hearing:

**(i) Do not use sharp objects to clean your ears:** Using pins, pencils, needles and other pointed objects to clean your ear can easily damage the wall of the ear canal, or even the ear drum. This would lead to hearing loss. Wax generally comes out of the ear naturally. If there is any impacted/

hard wax or excessive wax secretion, get your ears cleaned by an ENT doctor. **(ii) Do not insert**

**any objects into the ear canal:** Children may insert seeds, grains, pebbles, soil, **Notes**

etc, into the ear canal during play. In case of adults, insects are the most commonly found

foreign bodies. Get help from an ENT doctor immediately. Foreign bodies may block the ear

drum or damage the ear drum, causing a mild to moderate hearing loss. Do not pour water into

the ear, as it may cause infections.

**(iii) Do not neglect earaches or ear discharge:** Ear infections, if not treated, can cause hearing loss.

Consult ENT doctor immediately if there is any of the following symptoms:

- Ear pain
- Fluid in the ear
- Itching sensation
- Ringing in the ear

**(iv) Wear a helmet:** Avoid injuries to your head and ears. Road Traffic Accidents may damage hearing. Wear a helmet to protect yourself from road traffic accidents.

**(v) Avoid noise:** Be aware of sources of noise. Exposure to loud and excessive noise is one of the

most common causes of hearing loss. Protect your ears from the sounds of gunfire, firecrackers, very loud music, etc. If your job requires you to work in a noisy situation (saw-mills, road construction, printing works, factories, etc.), make sure you wear hearing protective devices such as ear muffs or ear plugs, in order to protect your hearing. Your audiologist will be able to help you select an appropriate hearing protective device.

**(vi) Do not take medicines indiscriminately:** If you have to take any of these drugs for a prolonged duration, have your hearing evaluated periodically. If you think your hearing is being affected, talk to doctor. Check if the dosage can be lowered, can take an alternate medicine.

**(vii) Discourage marriage between close relatives:** Consanguineous marriages, or marriages among blood relatives, increase the chances of children being born with hearing loss.

**(viii) Take good care of health during pregnancy:** Infections such as measles, mumps, syphilis, and rubella during pregnancy may damage the unborn child's hearing. Exposure to radiation / Xrays, drug intake during pregnancy, falls and injuries can also affect the child's hearing. Pregnant women should meet their doctors regularly for advice on diet, general health and vaccines. This is needed to protect the unborn child from all health problems, including hearing loss.

Rhinocompatibility

can also affect the child's hearing. This condition occurs if the mother's blood group is -ve and the child's blood group is +ve (for example, if the mother's blood group is B - and the child's blood group is B+).

**(ix) Prevent ear infection:** At the time of feeding mother should, hold him/her in a slanting position.

This can prevent the baby from having ear infections. Do not pour hot oil or any other liquids into the ear, as it may result in pain and ear discharge. If you swim or dive, use ear plugs to keep the water from entering your ears. Dirty water in the ear might cause infections, too.

While blowing your nose, do so gently and from both nostrils. Otherwise, fluids from the nose may be forced into the middle part of the ear, Thus causing infections.

**(x) Get immunizations done on time:** Diseases like mumps, measles, rubella, encephalitis, meningitis, typhoid, etc. may affect hearing. As far as possible, prevent these diseases and get children vaccinated on time. If you get these diseases, you must get advice from a qualified audiologist.

**(xi) Get your hearing checked periodically:** Keep in touch with your audiologist. Get your hearing

checked immediately if you find it difficult to hear, or if you feel one ear is better than the other. Also consult the audiologist in case of

- any discomfort,
- ringing in the ear
- dizziness
  - family history of hearing loss

ENT doctor immediately:

- Unclear speech and other sounds
- Difficulty understanding words, especially when there is background noise or in a crowd
- Asking others to speak more slowly, clearly and loudly

- High volume of the television or radio is required
- Not active in conversations
- Avoiding people
- Ringing sounds (tinnitus) in the ears

Even otherwise, get your hearing checked periodically, to ensure that your hearing sensitivity is normal.

### **Teaching Strategies for Hearing Impaired Children**

Certain general teaching techniques are to be practiced by the teachers of hearing impaired children.

1. Combined visual presentation with oral materials.
2. Use handouts for these children.
3. Use multisensory approach when necessary.
4. Focus on pupil's attention.
5. Teach the major portion of the lesson.
6. Make summary presentation.
7. Use transition sentences.
8. Use short and clear verbalisation.
9. Ask questions to check comprehension and
10. Explain things and repeat.

For accelerating language and oral communication skills among hearing impaired children language

experience training should be incorporated as a regular feature in the school emphasizing all the aspects of language competence, comprehension and skills of communication role playing, action,

illustration cards, pictures, drills, picture, word dictionaries, practice sheets, phonics, structural analysis are to be used. Several language training kits are available and can be profitably used.

Written comprehensions and expression can be enhanced by writing simple sentences on a topic and presenting them in a scrambled order and asking the hearing impaired child to rearrange the cards using semantic organization. They can be given matching exercise order in of exercises, questions

regarding what, when, where and how. Hanging of charts in the room also speed up the language acquisition.

For mathematical ability, training use of abacuses, plastic chip, coins and other small objects, value boxes, number lines, playing card, semiabstract materials facilitate learning. Hearing deficient children

are not poor in abstract and conceptual ability but because of language deficit their overall performance is retarded.

Speech therapy has been recommended for reinforcing speed and sound patterns. Close

communication with speech therapist will result in consistent and concentrated programmes. Use of hearing aids individually and group hearing aids in the classroom facilitate instruction and learning.

### **Role of Teacher for dealing Hearing Impaired Children**

Managing hearing impaired children: The regular teacher may at one time or another have hard-of-hearing

children in his class. He has an important role to play in managing such children in the class.

(1) There are behavioral characteristics or symptoms of hearing impairments which the regular classroom teacher should watch for. He should refer suspected cases or advise parents to consult with specialist doctors for medical treatment.

(2) The very presence of one or two hearing-impaired children in the class of 35 to 40 hearing students is likely to create a feeling of uneasiness in the minds of the class teacher. If he has no previous knowledge of such children and their handicap he will ask himself, "How will I teach them?" Certainly they create a problem for him. He should, therefore, attend short-term training or orientation course so that he will know the implications of their handicap, understand their educational needs, and make necessary adjustments so that such children feel at home and secure in the class.

(3) He should develop a positive attitude and show love and affection towards such children. The impact of the teacher's behaviour will be reflected in the behaviour of his peers.

(4) He should arrange seats for them in the front row of the room preferably on one side, so that they obtain a better view of both the teacher and the classmates.

(5) He should keep the auditory and visual distracters to a minimum. Although such distraction may not always be under the control of the teacher, excessive noises from under the control of the teachers, excessive noises from the hall, other rooms, and outside should be eliminated, especially when he is talking. It should be remembered that environmental noises are also a problem for the child with a hearing aid, since all noises are implied for him.

(6) To optimize the child's opportunities to speech-read, the teacher should try to maintain a distance

of about six feet between himself and the child, standing too close can be a hindrance because it prevents the child from being able to observe situations.

(7) If he notices any disorder or wrong use steps should be taken to rectify the defect and ensure correct use.

(8) The teacher should speak naturally and follow other processes of speech reading and auditory training.

(9) The teacher should attempt to standstill when talking, because excessive movement adds to the difficulty of speech reading.

(10) The teacher should be careful not to turn his back to the class and talk while writing on the black-board.

(11) New vocabulary should be introduced both orally and in writing.

(12) The teacher should encourage the child to ask questions when he is unsure of what is being told. When it is necessary. To repeat something the teacher should try to rephrase the instruction.

## **DEFINITION, CHARACTERISTICS AND EDUCATIONAL IMPLICATIONS FOR CHILDREN WITH VISUAL IMPAIRMENTS,**

### **Visually Impaired**

#### **Introduction**

Despite the availability of much WHO information on the magnitude and causes of blindness and strategies for their prevention, policy-makers and health providers in many countries are evidently

not fully aware of available eye-care interventions, their cost-effectiveness and their potential to prevent or treat the 80% of global blindness that is avoidable.

Students who are classified as visually impaired will fall into one of two classes. The first, and less

severe, class of visual impairments is low vision. Students who are classified as low vision use sight

to learn, but their disability interferes with functioning. The second class of visual impairments is blindness, and students who are blind use their touch and hearing to function each day. For any of

these students, routines and specific accommodations are very important in the classroom. We shall

prevention and teaching strategies of visual impairment.

#### **Prevention of Visually Impairment**

There are following prevention methods of visual impairment :

- Protect the eyes from excessive exposure to sun rays, intensive heat, X-rays and injuries.
- Educate families that night blindness is an early warning sign of xerophthalmia and can be treated by feeding vitamin A in oil by mouth.
- Take a good and nourishing diet rich in protein and vitamin, such as milk, papaya, mango, carrot, spinach, egg and fish.
- Obtain suitable glasses after getting the eyes tested.
- Power of glasses changes with the progress of cataract.
- Organize eye check up camps with the involvement of the local eye hospital or the local Ophthalmic Surgeons.
- Arrange for the eye check up of all these cases and provide suitable glasses or eye drops etc.

Country cooperation strategies reflect the agreed joint agenda between health ministries and WHO.

So far, the inclusion of blindness prevention in such documents has been minimal, despite seven resolutions of the Health Assembly relating to prevention of avoidable blindness and visual

impairment, the existence of WHO's major, long-standing international partnerships on prevention

of blindness, and major successes in reducing avoidable blindness, such as WHO's Onchocerciasis

Control Programme. Lack of adequate resources for preventing blindness at the country level is a major impediment. Additionally, faced with increasingly limited resources, donor and recipient countries often give higher priority to mortality related disease control programmes than to those dealing with problems of disability. Also, experienced staff to coordinate blindness-prevention activities at the regional and country levels are in short supply.

Greater priority should be given to preventing blindness in health development plans and country cooperation strategies. Action is also needed to strengthen technical support and enhance the provision

of expert advice to Member States where blindness and visual impairment are a major health problem.

**(i) National eye health and prevention of blindness committees:** It is important to establish national committees and programmes for eye health and blindness prevention. Their role is to liaise with all key domestic and international partners, to share information and to coordinate such activities as implementing the national eye health and blindness-prevention plan. A functional national committee is a prerequisite for developing the national blindness prevention plan and its implementation, monitoring and periodic assessment. Some countries, particularly those with decentralized or federated management structures, have similar committees at subnational level.

However, not all national committees are functional and, unfortunately, in many cases such committees have not successfully initiated effective action. In some instances, selected individuals, often dedicated eye-care professionals, are relied on to provide leadership and serve as the driving force for blindness-prevention plans and programmes. The committees' membership is often not uniform, ranging from the ideal scenario, in which all key partners are represented (including the national health-care authorities), to a minimal group of dedicated eye-care professionals.

**(ii) National eye health and prevention of blindness plans:** Experience has shown that, in low and

middle-income countries, a comprehensive national plan containing targets and indicators that are clearly specified, time-linked and measurable leads to substantially improved provision of eye health-care services.

Most low- and middle-income countries (104 Member States by October 2008) have reported the development of national eye health and blindness-prevention plans, but reporting on and assessment of their implementation and impact have been insufficient. Some national plans do not include measurable targets, an implementation timeline and adequate tools for monitoring and evaluation. In some countries, the plans have only been partially implemented. In addition, because of lack of resources and leadership, some countries have made only slow or fragmented

progress and their plans for eye health and national prevention of blindness have not yielded tangible improvements in the provision of eye-care services. It is necessary to ensure that the implementation phase of national plans is well managed, and a standardized approach to monitoring and evaluation of national and subnational eye health and blindness-prevention plans must be taken.

**(iii) WHO's strategies for prevention of blindness and visual impairment and provision of technical support:**

WHO's strategy for the prevention of avoidable blindness and visual impairment is based on three core elements: disease control, human resource development, and infrastructure and technology. This approach has been promoted since 1999 by the global initiative "VISION 2020: the Right to Sight", which was established as a partnership between WHO and the International Agency for the Prevention of Blindness. The past decade has seen major progress in the development and implementation of WHO's approaches to controlling communicable causes of blindness and visual impairment. Achievements in controlling onchocerciasis and trachoma were based on implementation of WHO's strategies of community directed treatment with ivermectin and the SAFE strategy for trachoma control, and their **Notes** adoption by Member States and international partners. This unified approach facilitated preventive efforts aimed at millions of individuals at risk of visual loss, and convinced major donors that long-term commitment is required.

Subsequently, major shifts in the pattern of causes of blindness have been documented, with a declining trend for the communicable causes and a progressive increase in age-related chronic eye conditions. Public health interventions for some of the major conditions such as cataract and diabetic retinopathy have been systematically reviewed and respective WHO recommendations have been formulated. Strategies are needed to control other conditions such as glaucoma.

By October 2008, 150 Member States have held national or subnational VISION 2020 workshops

to introduce WHO's strategies for eye health. These workshops were the platform for sharing expertise about community eye health and facilitated the process of needs assessment and subsequent formulation of national and subnational blindness-prevention plans.

**(iv) Prevention of avoidable blindness and visual impairment as a global health issue:**

Reliable

epidemiological data and the availability of cost-effective interventions for the control of most of the major causes of avoidable blindness have demonstrated the importance of strengthening national initiatives in preserving eye health. In resolutions WHA56.26 and WHA59.25, the Health

Assembly recommended a unified approach to blindness-prevention activities, urging Member States to establish national committees, to set up national blindness-prevention plans, and to devise strong monitoring and evaluation mechanisms for their implementation. In addition, it has been recognized that advocacy for preventing visual loss needs to reach a wider audience, and that the importance of preserving eye health needs to be further promoted in the public

health domain and the community.

In some countries the impact of Health Assembly resolutions on allocation of new resources for development and implementation of blindness-prevention plans has fallen short of expectations. In most countries action is slow and progress in implementing adequate blindness-prevention activities is limited.

Plans and programmes on blindness prevention exist at global level and in some cases at regional level, but action is now required to provide support to Member States in applying international experience and scientific evidence in order to develop and implement their own blindnessprevention

measures. Further action is required to integrate the eye-health agenda and its impact on poverty alleviation in the overall development agenda.

**(v) International partnerships:** Over the past decade, major international partnerships have been

forged to assist WHO in providing support to Member States in their efforts to prevent blindness, such as “VISION 2020: the Right to Sight”. The partnerships have made substantial progress, mostly in combating infectious causes of blindness. They have also encouraged and supported long-term resource mobilization, including donation programmes (e.g. the Merck donation programme for ivermectin to control onchocerciasis, and distribution of azithromycin under a donation programme by Pfizer to control trachoma). Global partnerships have united and substantially strengthened the key international stakeholders in their action to prevent blindness, using WHO disease control strategies.

Coordination and timely evaluation of work undertaken by international partners is required so that their approaches are aligned with other activities in the area of blindness prevention. Despite some notable improvements in collecting data on blindness-prevention activities at the country and subnational levels, consolidated reporting remains limited. One reason is the weakness of many countries’ monitoring systems, another being the limited information sharing and exchange between countries and their international partners.

The action now required is to improve coordination and information exchange between all stakeholders. **(vi) Human resources and infrastructure:** Despite efforts to strengthen human resources for eye

health, a crucial shortage of eye-care personnel persists in many low-income countries. Many countries in the African Region, for instance, have less than one ophthalmologist per million inhabitants. In addition, the existing human resources are often concentrated in larger urban agglomerations, leaving the rural areas with a poor or nonexistent service. Furthermore, welltrained

personnel leave low-paid positions in many of the public and university health-care establishments, seeking work in the domestic private health-care sector or even work opportunities abroad. It is thus the poorest areas of low-income countries that are most seriously disadvantaged by a suboptimal workforce beset by shortages, low productivity and uneven distribution.



Although recent technological developments in eye care have resulted in advanced methods of diagnostics and treatment, the cost of properly equipping a secondary and/or tertiary eye-care centre is prohibitive for many low-income countries.

Urgent action is required within countries to train more eye-health personnel and redress the distribution of the available workforce between urban and rural areas.

By October 2008, 118 Member States had reported the establishment of a national committee.

### **Teaching Strategies for Visually Impaired Children**

The use of explicit rules is very important for managing a classroom where visually impaired students

are present. When presenting students with rules for the first time, make sure that they are clearly established and students are given a chance to discuss the rules and ask any questions that they may

have. It is also imperative to describe the classroom to visually impaired students so that they are well aware of where objects such as desks, computers, and work collection bins are located. It might

also be necessary to periodically review the rules and also reward students with such things as praise or free homework passes when they are observed adhering to them.

**(i) Teaching by Personal Interaction:** Personal interactions are important for effective teaching of

visually impaired students because it allows you as the teacher to learn the specific habits and capabilities of each student. The first step in creating meaningful personal interactions is to create a routine. Make students aware of the best times for talking and participating in group or individual discussions. It is also important to encourage visually impaired students to focus on things that they find **Notes**

interesting. This way, they will be excited to talk and interact with other students and adults.

Create as many opportunities as you can to give students the chance to discuss projects they are working on that they find interesting.

No matter what you are teaching or discussing in the classroom, make sure that you are including signs and nonverbal signals to strengthen any communication that you are having with your visually impaired students.

**(ii) Modifying the Learning Environment:** Classroom modification for students with visual impairments is vital for their success. When making modifications, try to remember that some students may need more intense modifications than other students. Whether the students are visually impaired or not, some modifications can be beneficial to all.

First and foremost, make your classroom safe. Make sure that you leave doors fully open or fully closed and eliminate any unnecessary clutter that could create dangerous obstacles. Do not leave boxes or trash cans in walking aisles or close to desks. Finally, do not leave the classroom without telling your students.

It is also important to supplement verbal instruction with large-print texts and handouts. By

creating and giving students large-print handouts, you are giving them access to instructions and readings that they can clearly and easily see. Writing in large print on a chalkboard or overhead can be helpful to some students, but not everyone, so make sure to evaluate the individual students in your room.

**(iii) Building a Strong Partnership With Parents:** It is equally as important to build a strong relationship with parents of visually impaired students as it is to build strong relationships with the students. Family members are some of the best allies that you can have as a teacher when situations, good or bad, arise with students. As with all students, relationships among teachers, parents and themselves are very important to success and having clearly defined learning and behavioral goals.

It is important to speak with students and parents to make sure that students are aware of their disabilities and the strengths and weaknesses that come with being visually impaired. If parents and students do not fully understand the disability, it will be hard for you as the teacher to effectively work with and instruct those students.

As a teacher, fostering a good relationship with the parents of a visually impaired student is imperative to student learning and communication. Parents can offer strategies for you to use and vice versa, so keep the lines of communication open.

**(iv) Teaching by Play and the Child with Visual Impairment**

- Make every attempt to keep the environment the way your child is used to having it. Toys and equipment should be kept out of the walking space and brought forward as your child is ready to play with them.
- Allow your child ample time to hold and manipulate materials. He or she may want to explore the entire toy before beginning to play.
- Use as many toys with auditory cues, vibrations and noises as possible.
- Do not hesitate to use the words "look" and "see."
- Enrich your child's world by using words to describe what he or she is doing, what is happening, and the smells and sounds around you.
- Introduce new ideas by talking about the ideas your child already knows and understands, for instance, clouds look like cotton feels.
- Feel comfortable touching your child and allowing your child to touch you.
- Encourage your child to explore and move around. Help your child to take part in large movement activities to give him a sense of his body in space. The following lists of toys was compiled based on the experiences of professionals and parents, or were found in various publications. This list is by no means complete. Your child's developmental age and the extent of visual impairment should be considered.

• **Musical and Noise Making Toys:** Rattles, See 'n Say, push-pull toys (boats, trucks, cars), music boxes, toy instruments (drums, tambourine, harmonica, etc.) tape recorder, record player

• **Toys With Feeling:** Mobiles, busy boxes, squeeze toys with sound and color, floating water toys, cuddly toys, balls of all kinds, figures like Stretch Armstrong that can be pulled and

twisted but will return to its original shape, Slinky

- **Fine Motor Toys:** Stacking disks, peg boards, beads to string, puzzles, form boards, shape sorting boards, busy gyms

- **Riding and Outdoor Toys:** Wagon, tricycle, rocking horse, slide and swing set, swimming pool,

- sand box

- **Imaginative and Creative Play Toys:** Cook sets, telephone, tool sets, dolls and puppets, activity

sets, flannel board with shapes, numbers and letters, magnetic sets

- **Books:** Many books are now available that feature textures and/or moving parts such as the classic *Pat the Bunny* by Dorothy Kunhardt. Talking story books have strings to pull or buttons to push so the child can listen to each page.

Adapted from articles by Kelly Marts, LEEP Network News, January 1993 and Libby McAleb, Children's Specialist with the Office for the Blind and Visually Impaired in Arkansas.

- **Bubble blowing:** Pop the bubbles with a pointed finger or by clapping hands. Add a few drops of glycerin to the mixture to make the bubbles stronger and more colorful.

- **Ball games:** For the young baby, roll the ball. Drawing faces on balls or balloons with a felt tip pen adds to the fun. For the older baby, place a ball in the foot of a pair of tights and hang up for the child to bat.

- Shine a flashlight on a wall in the dark and get someone else to catch your beam in theirs.

- Riding a tricycle: Include horns, bells, or anything that will make the tricycle more exciting and fun. Make a riding trail with brightly colored tape.

- Clear plastic tubing (found in hardware stores) can be used as a marble course.

- Visit the airport to watch the planes taking off and landing.

- Go to see a fireworks display or make shapes in the air with sparklers.

- Go to the park and feed the ducks. Fly a kite.

- Play with puppets. Play peek-a-boo. Watch a friend swing. Watch fish in a bowl.

- Line up toy cars and race them along the hallway.

- Use bright, bold colors in your child's world.

- Adapt toys and games by enhancing pictures and words with thick markers.

### **Summary**

- In the unit we have discussed about prevention and teaching strategies of visually impaired children.

- First prevention of visual impairment is to take vitamin A rich diet, pre birth and post birth of child is very critical in case of visual impairment.

- Great care for child from early childhood diseases, burns, and other accidents should be done by parents.

- Government also made policies for the prevention of visual impairment.

- National eye health and prevention of blindness committees plans whose strategies for prevention of blindness and visual impairment are implied for the prevention of avoidable

blindness and visual impairment.

- Teaching of visual impaired children is very complicated.
- Teaching by personal Interaction -personal interaction are important for effective teaching. The first step in this type of teaching is to create routine.
- Modifying the learning environment-some modifications are complication of visual impairment to be sued according to classroom should be safe leave doors fully open or fully closed for unnecessary clutter.
- There should be a strong relationship between teacher and parent, so that teacher could be able to know about every activity of impaired child after school.
- Playing with toys (specially auditory clues, vibrations) is important strategies, musical and noise making toys (Rattles seen say, push pull toys) (boats,, trucks, cars) are also should use for visually impaired children.
- Toys with feelings, five motor toys, books, bubble blowing ball games are also good options for  
teach the visual impaired children efficiently.

## **INTELLECTUALLY CHALLENGED,**

### **Introduction**

Mental retardation refers to sub average intellectual functioning which originates during the developmental period. Mental retardation is due to both heredity as well as environmental factors.

Mental retardation is remediable. Mental retardation is to be diagnosed and remediation can be given.

The children who cannot mentally function as well as most children we find in society. These children

are subnormal in intelligence and behaviour. This retardation is pervasive and is been in all societies

and cultures in varying proportions. Students will get comprehensive and clear idea about mentally

retarded children after reading the text presented here.

### **Meaning and Definition of Mentally Retarded Children**

There are some important definitions of mental retardation.

“Mental deficiency is characterized by inadequate intellectual functioning in adaptive, associative

and learning power, yet sufficient with I.Q. fifty (50) to become socially adequate and occupationally

competent with the help of special educational facilities.”

The most comprehensive definition given by the American Association on Mental Retardation.

The

definition a given is 1983 which is as follow :

“Mental Retardation refers to significantly sub-average general intellectual functioning, resulting in or associated with concurrent impairments in adaptive behaviour, and manifested during the developmental period.”

The children with mental deficiency lack in mental development and possess less I.Q. their I.Q. is

less than 75 but more than 50.

### ***Classification of Mental Retardation***

Children with mental retardation show no physical problem but may be slow in instructions.

Their

performance in class is affected by their delayed development. The observable behaviours that will

help the teacher in identifying such children are given in the checklist given below.

(1) Displays poor academic achievements constantly. (2) Relies too much on presentation of concrete

objects. (3) Has short attention span ? (4) Displays short term memory. (5) Has a poor self-image ? (6)

Lacks self confidence. (7) Has restricted communication ? (8) Seeks repetition and practices. (9) Does

not take any initiative in group activities ? (10) Often inattentive and distracted.

### **Types of Mentally Retarded Children**

There are different methods of classification of mental retardation. The medical classification is based

on the cause, the psychological classification on the level of intelligence, and the education classification

on the current level of intelligence, and the educational classification on the current level of functioning

of the mentally retarded person/child. The proportion of children who fall under the various categories

of mental retardation are depicted below.

(1) Mild Retarded (89%) (2) Moderate Retarded (67%)

(3) Severe Retarded (35%) (4) Profound Retarded (15%)

The classification of mentally retarded children has been given in the following table with reference

to Medical, Educational and Psychological.

### ***Clinical Classification of MR Children***

There are six categories of clinical type of MR children :

(1) Simple types (2) Mongolism (Down's Syndrome)

(3) Microcephaly (4) Hydrocephaly

(5) Traumatic Amentia (6) Cretinism (Thyroid Deficiency)

### **Environmental influence**

The various classifications provide an understanding of the level at which the mentally retarded person functions with respect to his education, appropriate behaviour and the degree of the independence. The characteristics of mentally retarded persons vary depending upon the level of retardation, country, age, culture etc. The terms currently used to describe the various degrees of

mental retardation are mild, moderate, severe and profound.

Generally 60 to 70 percent of mental defective display no distinguishing physical characteristics.

### **Characteristics of Mental Retardation**

Some authorities have described the characteristics according to the severity of retardation some other experts have mentioned the characteristics not according to the degree of disability but in terms of their educability. Thus the characteristics of mentally retarded children are classified in

two categories - (1) General characteristics and (2) Specified characteristics.

**(1) General Characteristics of Mentally Retarded Children:** The following are some important

features of mentally retarded children :

1. Mentally retarded child has low intelligence but his development is not adequate according to his mental level.
2. Mentally retarded children are of two types (a) Educable mentally retarded and (b) Trainable mentally retarded. I.Q. (55-70) trainable retarded. I.Q. (50-75) educable,
3. Mentally retarded child differs with regard to learning, emotions, adjustment and physical development from normal children.
4. Mentally retarded children have poor adjustment due to several reasons-lack of motivation, feeling of insecurity.
5. Identification is difficult of such has been. They lack in abstract understanding quickly, (v) Inability to decide, (vi) Lack of concentration, (vii) Short temper, (viii) Inability to remember, (ix) Lack of coordination, and (x) Delay in development.

Mentally Retarded children have many characteristics in common with the normal children.

**(2) Specific Characteristics of Mentally Retarded Children:** Some features of MR children are

classified into three categories:

- (a) Educable Mentally Retarded (EMR)
- (b) Trainable Mentally Retarded (TMAR) and
- (c) Custodial Mentally Retarded (CMR).

**(a) Educable Mentally Retarded (EMR) :** The EMR children have IQ 50 to 75. They have normal

appearance and remain unidentified until late teens. They function at an intellectual level generally limited to learning the most basic school subjects, skills such as reading, spelling,

writing and numerical calculation. They are expected to learn up to the seventh standard. They can communicate effectively in everyday conversation, enjoy friendship and group social activities. They can travel with ease in their home town or locality. During adulthood, they are able to live independently, marry or have children. They can hold are able to live independently, marry or have children. They can hold skilled or semi-skilled jobs. But at times they may need assistance in doing their job. They can be educated in regular classrooms.

**Trainable Mentally Retarded (TMR) :** The TMR children have IQ 25 to 50. They are expected to have physical or sensory impairments and many tend to look different in terms of facial features and physical characteristics. They function at a level where formal academic learning is quite limited. They can learn to feed, toilet and dress self adequately. They can carry on rudimentary conversation, and do simple house hold work. But they need training in self care activities, language development and rudimentary academic skills. They are usually placed in special classes or special schools.

**(c) Custodial Mentally Retarded (CMR) :** The CMR have IQ below 25. They are so much retarded in intellectual functioning and adaptive behaviour that they remain totally dependent on others for their existence. It is because of their severe retardation that they are institutionalised early in life. Their speech and toilet habits remain at a primitive level. Behaviour modification and environmental stimulation techniques are usually recommended for their training.

### **Identification of MR Children**

For the mentally retarded, assessment includes basically intelligence and adaptive behaviour along with developmental material supplied by parents, teachers, social workers and professionals. The two most widely used intelligence tests are the Stanford Binet, and the Weschler Intelligence Scale for Children. These individual tests along with functional assessment tests developed by the national

Institute for mentally handicapped can be used.

Adaptive behaviour is assessed using adaptive behaviour scales. In these scales, assessment is made

on the basis of maturational and developmental skills in the areas of communication, motor ability

and self-help in early childhood. In adolescence, social and vocational adjustments are emphasised.

*Educational assessment* of the mentally retarded needs to be more functional than verbal. School readiness measures developed by Muralidharan, the Harison reading readiness profile, and Furrel analysis of reading difficulty can be given to M.R. children as high as up to the sixth grade. The Illinois test of Psycholinguistic abilities form of adoption available in our country can be used for

diagnosis and related language processes. There are tests which can be profitably used; the Peabody

Picture Vocabulary Test (PPVT), Auditory discrimination test, verbal language development scale.

The crux of the issue lies in developing systematic testing methods, devising certain norms, modifying

them in terms of progress achieved, adapting them to the regional languages and variations.

### **The Psychometric Approach**

The approach so far has been the use of psychometric tests even though adaptive behaviour assessment

has formed a basic component in testing for screening, placing and making any intervention.

American

Association on Mental Deficiency (AAMD) adaptive behaviour scale, Vineland Social Maturity Scale

and a few others have been adapted in our country, there have been wide shortcomings in their use.

There are culturally a typical children, hyperactive children to whom such tests can be administered

with lots of difficulties. Their motivation and attitude are different. The apprehension of parents about testing because of bias of apprehension of stigma, use of tests for identification by pseudo professionals, Para-professionals as a measure of social welfare activities attached to such identification

have further posed problems.

### **Causes of Mental Retardation**

It has been mentioned that mental retardation is due to both type of factors- 1. Heredity-Endogenous

factors and 2. Environment exogenous factors.

**1. Heredity-Endogenous factors :** may be of the following types—

(a) **Development defects :** before birth, skull deformities and endocrine disorders.

(b) **Metabolic defects :** skin diseases, infantile juvenile.

(c) **Neuromotor defect :** motor skills defects, motor paralysis

(d) **Psychological disorder :** Sensory' defects, psychic defects.

**2. Environment-Exogenous factors :** these may be of the following types—

(a) Developments after the birth of the child.

(b) Anti-measures used by mother in pregnancy.

(c) Post natal conditions-direct injury, disease etc.

(d) Process of Growth and development- 1. Developmental defects, 2. Metabolic defects. 3.

Neuromotor defects, and 4. Psychological disorder.

Kirk has enumerated the causes of retardation into three categories- (1) Organic or biological,

(2) Genetic or heredity and (3) Cultural or environmental factors. The empirical research studies



have yielded that three types of factors are responsible for the mental retardation of children. Mental Retardation occurs due to genetic and environmental factors which come into play at pre-natal, perinatal and postnatal stages of development.

### **(1) Heredity-Endo-genous Causes of MR**

One of the most visible conditions associated with mental retardation of Down's Syndrome. Down's Syndrome contains the non-sex determining chromosome. Chromosomal anomaly explains many forms of mental disorders. In non-dysjunction Down's Syndrome one pair of genes failed to separate at conception, resulting in an extra or 47th chromosome after forty-six known as Trisomy-21. The face of the child has palpebral fissures that are oblique and narrow laterally, speckled iris, flatness of the nose bridge, enlarged tongue, small ears, and short and broad neck. Other common anomalies are flattening of the occiput, broad hands with the little finger curved, short broad feet with a wide space between the first and second toes, pelvic anomalies, and congenital heart anomalies in almost 25 of patients. Intellectual development is impaired.

Whatever the IQ value, it seems safe to say that Trisomy-21 children will not be able to enjoy an independent life, even if some of them reach borderline intelligence. Mongolism or Down's Syndrome is due to the presence of three types of chromosomal anomalies. Three main cytogenetic forms are known : with 47 chromosome and a standard trisomy-21 (95% of all case): with normal mosaics, with 46 chromosomes/trisomy-21 (two three percent), and with translocations (two to three percent). Although it is not known that the causes are a close association between maternal age and trisomy 21 has been repeatedly demonstrated.

These children need extra care. Parental support is a vital need to ensure that infant stimulation programmes emphasizing self-help skills, language acquisition, feeding, toilet training, and positive socialization, are provided. Down's syndrome individuals are educable and should have exposure to their non-handicapped peers from their early years. In the past, professionals advised parents to place their Down's syndrome child in 24-hour institutional care based on the false assumption that the Down's syndrome individual would be severely or profoundly retarded. Custodial care is seldom warranted unless severe medical, psychological or social problems occur.

The greatest general development is found in Down's Syndrome individuals who are reared at home and well stimulated. Optimum programme occurs when facilities are positive and training begins early and comprehensive.

Translocation is common. It occurs because of faulty cell division in which one chromosome is attached to another. In Mosaicism, the cell receives an extra twenty first chromosomes, but there are few abnormalities in this form of Down's Syndrome.

### **(2) Environment-Exogenous Behaviours**

A combination of genetic and environmental factors is responsible for familial type of mental retardation. Early emotional deprivation and disturbed parent-child relationships are some of the potent factors associated with mental retardation of this type. Emotionally disturbed children are considered to be oversensitive to psychological stress and vitamin deficiency is likely to

causes oversusceptibility to infection.

### **Prevention for MR Children**

**Preventive measures of mental retardation:** The intelligence tests should be administered at the time of admission in the school. A check list may be given to the parents to know about his behaviours and activities. The parents should be educated in this context.

**Treatment of mental retardation:** The special educational programmes should be used for such students. These programmes have been discussed under heading of education of mentally retarded children.

There are two provisions remedial programme: (1) Prevention (2) Special Education

**(1) Prevention:** Generally compensatory education aims at preventing developmental defect that interfere with educational progress in the disadvantaged pre-school child. This project was proved

successful in USA. Mainly it demonstrates the effectiveness of early and comprehensive intervention in the prevention of cultural familial retardation. The above project aims at selecting children of

mentally retarded parents with an I.Q. of 70. This given the children some structured programme

of sensory and language stimulation that emphasises achievement motivation, problem-solving skills

and interpersonal relations, which is imparted to the children daily, and the mothers of these children

receive training in the understanding and managing the retarded children in their homes.

**(2) Special Education:** We know that a retardate learns at a slow pace. So structured curricular materials

and techniques are necessary for educating retarded children. From the 6th month till the onset of puberty, individual programmes from multidisciplinary points of view are devised and implement

for children. It given a healing touch to the children with the onset of puberty.

It is true that such kind of individual-based programmes are not found in India and neither does it appear possible in the near future. But an attempt can be made to work out programmes involving

small groups.

**(3) Parent Counselling :** In our society, the parents of mentally retarded children face some special

problems. They brother about their children's physical and emotional problems. Also social adjustments of these children place heavy demands in the society. As the children grow older.

Recently individual centred programmes have been tried out at the Institute of Defectology

in Moscow, USSR. At this centre, the retarded child is identified within six months after its birth.

### **Teaching Strategies**

The special methods which are generally adopted in teaching the educable mentally retarded are as follows:

**(1) Individualisation :** While we consider the special methods for educating the educable mentally

retarded, obviously the dominant theme which comes to mind is the “individualisation of education.” This term does not mean that the children receive individual instructions with small classes, but it implies that each child is allowed to proceed at his own pace of learning according to his own unique growth pattern. Of course, these children need opportunities for group participation, so that correct social attitudes may be developed.

**(2) Learning by Doing :** For educating the educable mentally retarded children, the implication of

the “principle of learning by doing” cannot be ignored. Here the basic principle of special education is that the children should learn by doing. Top priority is given to activity methods which lay emphasis on learning through experience. These children learn better through such materials which appeal most to their senses.

**(3) Need for Learning Readiness :** The concepts of maturation and willingness to learn should be

given due importance while introducing academic work to the mentally handicapped. These children have the ability to learn to read, but they should be prepared through appropriate readiness programmes. It is advisable to wait until the child is intellectually and psychologically

### **Notes**

ready to accept the challenge.

**(4) Graded Curriculum :** It is true that these children learn more slowly than average children. So

that necessity of careful gradation of these subjects becomes a must. Here the teachers face difficulties for gradation of students and for preparing the study materials for slow learners. No doubt it is a tough task for teachers, still, not impossible to accomplish.

**(5) Repetition :** Mentally handicapped children have a poor memory. For them, reaching method must provide for a considerable amount of repetition if learned material is to be retained.

However, there is no justification for learning. The children should understand the materials clearly before facing any retention test. The memory span of these children can be increased by making them interested and motivated. Research has shown that the memory span of these children increases, if the learning materials have meaningful associations.

**(6) Periods of Short Duration :** Mentally retarded children have limited power of concentration. For this reason, formal teaching periods should be kept fairly short. It is important to note as to how long a child can concentrate when the subject is stimulating.

**(7) Projects :** ‘Introduction of Projects’ or ‘Centres of Interest’ is a significant approach for teaching

mentally retarded children. Research is on to know how this can be done without serious disruption of the basic subject programme. The teachers should not introduce the topics around which centres of interest grow and develop. But it should arise naturally out of classroom situations where the manifestation of further information is clear. Here the point of origin may be a short story, a poem, a song, a film or a picture in a magazine or newspaper. Undue importance should not be given to the source, but the teacher must know how to present it through careful planning and guidance.

Generally the defect of the mentally handicapped child lies in the area of relational and abstract thought. So he faces difficulties in learning where the method of communication is largely verbal.

Locotionally Challenged,

Children with Autism,

Cerebral Palsy,

## **LEARNING DISABILITIES,**

### **Introduction**

In the years since 1963, many people have tried to define learning disabilities, but no one has yet developed a definition that is acceptable to everyone. The federal definition (U.S.A) of learning disabilities included in Public Law (94-142), the Education for All Handicapped Children Act of 1975, reads :

The term “children with *specific learning disabilities*” means “those children who have a disorder in

one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in a imperfect ability to listen, think, speak, read, write,

spell or do mathematical calculation. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural or

economic disadvantage”.

Since learning disabilities could span over a variety of abilities, ten areas, each representing a basic

psychological process, have been selected for the present study. A deficit in any of the area or areas

or a combination of any, would lead to a learning problem.

Some children who in most ways seem normal, have difficulty in learning or remembering. They have difficulty in educational performance copying writing, listening, understanding, number speech and communication. In the present chapter their problems are discussed with a view to providing an indepth knowledge of:

Learning disability refers to learning problems which manifest in an imperfect ability to listen, think, speak, read, write or do mathematical calculations which are not primarily due to visual impairment, hearing impairment, motor handicap, mental retardation environmental or economic disadvantages, but due to a disorder in the psychological process involved in understanding or in using language.

*Kirk* (1962) has defined : “Learning disability refers to a retardation disorder, or delayed development in one or more of the process of speech, language, reading, spelling, writing or arithmetic resulting from a possible cerebral dysfunction and/or emotional or behavioural disturbance and not from mental retardation, sensory deprivation, cultural or instructional factors.”

### **Meaning of Learning Disabled Children**

The concept of learning disability has brief and turbulent history. Some children are quite normal and yet at all times display learning problems. They write ‘deb’ for ‘bed’, was’ for’ ‘saw’ and cannot

concentrate if there is background noise. The National Advisory Committee on Handicapped Children

(USA) defined learning disability as follows (1986) :

“LD children exhibit disorder in one or more basic psychological process involved in understanding

and in using spoken or written languages. The disorders are manifested in listening, thinking, talking,

reading, writing, spelling, and arithmetic. They include conditions which are referred to as perceptual

problems, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia etc. They do not include learning problems which are primarily due to visual, hearing, or motor handicaps, mental

retardation, emotional disturbance, or the environmental disadvantage.”

There are a large number of children who have problems in learning specific subjects. Usually learning

problems may occur due to any one or a combination of the following factors :

(1) Low level of intelligence (2) Mental retardation

- (3) Visual impairment (4) Motor handicaps
- (5) Economic difficulties (6) Cultural disadvantage
- (7) Poor instruction.

Learning problems caused by the above mentioned factors are not considered to be learning disability.

For example, a mentally retarded child has learning problems in all the school subjects. The learning

problems of a mentally retarded child are not caused by learning disability but low level of intelligence.

Similarly learning problems of a blind child are due to his visual impairment and this is not learning disability.

### **Definitions of Learning Disability**

The definition of learning disability adopted by National Advisory Committee on Handicapped Children (USA, 1968) is given as under;

“Children with specific learning disabilities exhibit a disorder in one or more of the basic psychological

processes involved in understanding or using spoken or written language. These may be manifested

in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They include conditions which have been referred to as perceptual handicaps, dyslexia, development ashasia, etc.

They do not include learning problems which are due primarily to visual, learning, motor handicaps,

mental retardation, emotional disturbances, or environmental disadvantages.”

The National Joint Committee of Learning Disabilities gave the following definition of learning disability which is unanimously accepted at international level :

“*Learning disability* is a generic term that refers to a heterogeneous group of disorders manifested by

significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning

or mathematical abilities.

These disorders are intrinsic to the individual and presumed to be due to central nervous system dysfunction. Even though learning disability may occur concomitantly with other handicapping conditions (e.g., sensory impairment, mental retardation, social and emotional disturbance) or environmental influences (e.g., cultural differences, insufficient/inappropriate instruction, psychogenic factors) it is not the direct result of these condition or influences.” The two definitions are fairly similar. It is safe to assume that a learning disability may or may not be caused by central nervous system dysfunction. Many students with LD have a lower than average

IQ, many also have high IQ and sometimes reach the gifted range.

Originally children whose achievement was far below the capability were categorised under brain

injured children, suffering from neurophrenia, minima bran dysfunction. It was for the first time that *Kirk* in 1963 suggested the word “learning disabilities” to describe all the child’s behavioural

symptoms that arise from dysfunction of the central processing mechanisms. This term described a

group of children who had disorders in the development of language, speech, reading and associated

communication skills needed for social interaction. Children **with sensory** and/emotional handicap

are excluded from this category.

*The term learning disability* refers to conditions which were previously called brain injury, minimal

brain dysfunction, sensory aphasia (the loss of the power to understand spoken words, signs, gestures

or print), expressive aphasia (the loss of the ability to speak), alexia or word blindness (the loss of the

ability to read - a mild degree of alexia is called dyslexia), acalculia (the loss of arithmetical ability -

at a lower level it is called dyscalculia) - agraphia (the inability to learning to write - a mild degree of

agraphia is called dysgraphia).

### **Types of Learning Disability**

Learning disability may occur in various forms such as reading disability, writing disability, communication and comprehension disability, writing disability, communication and comprehension

disability, numerical disability, etc.

**(1) Reading Disability :** Children suffering from reading disability are unable to read. There are two forms of this disability. In a mild form the affected person has difficulty in reading, but in severe cases of the impairment there is a total loss of the ability to read. This is sometimes also known as ‘Word Blindness’. Children with the mild form of the disability are already in the general classroom. If identified early, proper help can be given and integration with their normal peers is also easier. The severely affected child will need intensive remedial exercises.

**(2) Writing Disability :** The affected children are not able to write spontaneously. There are two forms of this impairment - the mild and severe. Children affected by the mild form have difficulty

in learning to write legibly. They study in general schools. Their problems can be corrected if identified early and provided timely help. Those affected by the severe type of impairment can

copy writing without distortion but they cannot write spontaneously. They are identified by their inability to learn to write. The severely affected children need remedial exercises and are thus hard to integrate in the academic areas.

**Problems in Comprehending Communication :** Children with this disability have a problem in communication through writing, speaking, or reading. Those affected by the mild form of this impairment have difficulty in understanding both the spoken and written words. The child finds it difficult to understand even signs and gestures. These children can be integrated if corrective measures are given in time. Otherwise, linguistic problems of articulation and fluency may develop. The severely affected child is unable to understand speech and written material, nor can be learn to speak, read and write. He is unable to communicate even through signs and gestures. Such children are difficult cases for integration. They need intensive remedial exercises.

**(3) Problems of Numerical Ability :** The affected child has problems in calculations, even simple arithmetic, because of an inability' to manipulate number relationships. Numerical inability is again of two kinds - mild and severe. Numerical problems seem difficult even if they are very simple for a normal child to do. Children with the mild form of this disability may-already be studying in the general classroom. They are not easily identified at pre-primary levels. The disability becomes obvious when they start learning numbers and simple addition and subtraction. If identified at pre-primary levels. The disability becomes obvious when they start learning numbers and simple addition and subtraction. If identified early and with appropriate correction, they can study in the regular classes. If the problem is severe, the child will not be able to learn number symbols and their relationships. This is also termed as loss of arithmetic ability. The severe cases are difficult of integration and will require intensive remedial exercises.

### **Characteristics of LD Children**

There have been many attempts to categories the major characteristics of learning disabled children.

One of the earliest attempt was made by *Clements* (1966) through a Task force on LD. They observed

general characteristics based on the assumption that LD is a neurological impairment :

- Hyperactivity, • General coordination deficits,
- Disorders of attention, • Impulsivity, and
- Disorders in memory and thinking, • Specific learning disability, and
- Equivocal neurological signs.

### **Language and Speech of LD Children**

LD children have difficulty both in expressive and receptive language, and relatively more in case of

the former. They do show difficulty in comprehension of meaning and use of pronouns. They have



difficulties in understanding and using passive tense, negatives contractions and past tense, adjectives and using passive tense, negatives, contractions and past tense, adjectives and adverbs. They fail to maintain conversation and can not argue or ask appropriate questions. So far as written language is

concerned they do problems in handwriting, spelling and punctuation LD children have more of spelling errors than their non-learning disabled peers even when IQ were controlled.

- (1) They have poor receptive-auditory ability (poor understanding of spoken symbols, requests for repetition, echolalic confection of directions and commands).
- (2) They exhibit receptive- visual difficulty (subvocalise reading, read without understanding).
- (3) They have poor expressive-vocal ability (disorganised through, inadequate syntax, and dearth of ideas for expression).
- (4) They manifest expressive- motor difficulties (spelling disorders, drawing disorders, omission and reversal of letters, omission and reversal of letters, omission of whole words).

LD children do not have so much of phonological or articulation problems but do show problem in sentence formation i.e., syntax.

#### **Perceptual and Motor Ability of LD Children**

*Lerner* (1985) demonstrated that LD children display problems in spatial relations, visual discrimination, figure and ground discrimination, of similarities and differences, auditory sequencing

auditory blending and auditory memory. *Lerner* (1985) further stated that LD children do display haptic and movements as well as have defects in social perception.

They do show problems in gross and fine motor skills (balance, laterality, directionality) and body

and body image and image less. They can not copy a geometric figure i.e., have visual-motor disintegration.

- (1) They are unable to identify, discriminate and interpret sensation.
- (2) They have poor visual decoding (unable to reproduce geometric forms accurately, figure-ground configurations letter reversals).
- (3) They have poor auditory decoding (inability to recognise tunes, to differentiate between sounds).
- (4) They cannot identify familiar objects by touch alone (cutaneous misperception).
- (5) They have poor kinesthetic and vestibular perception (problems in coordination, movement, directionality, space orientation, and balance, difficulties in perception lead to difficulties in concept formation abstraction ability, cognitive ability, and language ability).

**Motor Activity** - These characteristics vary according to type of motor activity. These are described

below :

**Hyperactivity** - Constantly engaged in movement, unable to sit still, too much of talking in the class,

very much inattentive. (reverse of hyperactivity)-lethargic, quiet, passive.

**Incoordination** - Physical awkwardness, poor motor integration, poor activities in running, catching,

skipping and jumping; walking is rigid and stiff; poor performance in writing, drawing; frequent falls, stubbing, and clumsy behaviour.

**Preseveration** - Involuntary continuation of behaviour; this behaviour is witnessed in speaking, writing, drawing, pointing, and oral reading; incorrect spelling, repetition of error.

### **Social and Emotional Characteristics of LD. Children**

They are more anxious and withdrawn, have more problems in interacting with teacher and parents,

have behaviour problems and are less socially skilled. Many LD student had little insight into nature

of their problems and attributed these to luck. They show lower self-concept, more external locus of

control and lower level of aspiration than non LD peers.

(1) They are quiet and obedient but daydream and cannot read.

(2) They have frequent temper outbursts, sometimes for no apparent reason.

(3) They are nervous: attention is difficult to hold.

(4) They jump from one thing to another, and mind everyone's business but their own.

(5) They talk of self control but cannot work with other children.

(6) They are emotionally labile and unstable.

Emotional instability arises mainly due to prolonged dependency on the mother and lack of contact

with the outside world which generates frustrations.

The LD children constitute a heterogeneous group. Some LD children have reading problems and some others have writing problems. Some LD children have problems of comprehension whereas

others may have problems in telling the time, locating a place on the map. Thus, it is difficult to mention the characteristics which are noticed in all LD children. The most frequently mentioned characteristics of LD children include the following :

**(1) Ability Level :** The ability level of LD children varies from near average to average to above average.

**(2) Activity Level :** The LD children may be either hyperactive or hypoactive. If they are hyperactive

they show the following behaviours - constant motor activity, restless, tapping of finger or foot, jumping out of seat, skipping from task to task, etc. If they are hypoactive they fail to react or seem to do everything in slow motion.

**(3) Attention Problems :** The LD children have short attention span; they are easily distractible:

they are unable to concentrate on any task for a very long time. They often perseverate. Their attention becomes fixed upon a single task which is repeated over and over; this may be motor or verbal activity.

**(4) Motor Problems :** The LD children are generally clumsy or awkward with poor, fine and gross motor co-ordination. They demonstrate poor tactile discrimination, excessive need to touch, poor writing and drawing performance.

**(5) Visual Perceptual Problems :** The LD children are unable to distinguish between visual stimuli

(visual discrimination) : They are unable to perceive a figure against a background (visual figureground).

They are unable to fill in missing parts when only part of a word or object is seen

(visual closure); they are also unable to remember and revisualise images or sequences very well (visual memory).

**(6) Auditory Perceptual Problems :** The LD children are unable to distinguish between sounds (auditory discrimination) they are unable to obtain meaning from the spoken word and/or environmental sounds (auditory comprehension). They are unable to attend to important auditory stimuli by pushing all other auditory stimuli into the background (auditory figureground).

They are unable to fill in missing sounds when only parts of the word are heard

(auditory closure); they are also unable to remember auditory stimuli or sequences very well (auditory memory).

**(7) Language Problems :** The LD children demonstrate delayed or slow development of speech articulation, and an inability to organise words to form phrases, clauses, or sentences.

**(8) Social Emotional Behaviour Problems :** The LD children are impulsive in nature. They fail to

think about consequences of their behaviour. At times they exhibit explosive behaviour. They display rage reactions or throw tantrums when crossed. They lack social competence. Their social competence is often below the average for their age and ability. They are unable to adjust to changes. They exhibit rapid mood variation, even from hour.

**(9) Orientation Problems :** The LD children process poorly developed concept of space, and distorted body image. They have difficulty in judging distance and size and in discriminating figure from ground, parts from the whole and left from right. They are disoriented in time and experience trouble relating to concepts like before and after, now and then, and today and tomorrow.

**(10) Work Habits :** The LD children organise work poorly. They work slowly, and frequently confuse

directions or rush through work carelessly.

**(11) Academic Disabilities :** The LD children have problems in reading, arithmetic, writing, spelling,

telling time and even locating places on the map.

In general LD children possess these characteristics. But not all LD children demonstrate these characteristics. Some LD children may have one or more such characteristics.

### **Identification of Learning Disabled Children**

Individuals are assessed usually as learning disabled after they start having problems in school. variety of tests are administered even after certain tell-tale signs. The three indicators of LD have to

be identified : The following questions can be put to the learning disabled children :

1. Has difficulty in telling the time, remembering the order of days, months and seasons and mathematical tables.
2. Finds it difficult to organize his work and is often late in submitting his class-work.
3. Seems dull and slow in responding to others.
4. Cannot correctly recall oral instructions when asked to repeat them.
5. Does not seem to listen to or understand instructions given at home or in the classroom (asks for repetition).
6. Shows excessive inconsistency in the quality of performance; from time to time; seems to be bright in many ways, but still does poorly in school.  
Gets easily distracted even by a slight disturbance.
8. Confuses between left and right.
9. Gets so excited that he cannot sit still in the classroom even for a short period.
10. While reading, misses outlines or reads them twice.
11. Finds difficulty in synthesising a word after spelling its component letters : Example : says b/e/g but cannot say beg, or may say bed instead.
12. Makes wild guesses at words whether they make sense or not (for example, 'huge' for 'hurt', 'turned' for 'trainer').
13. Reads word backwards (for example 'no' for 'on', 'saw' for 'was').
14. Puts letters in the wrong order (reading 'felt' as 'left', 'act' as 'cat')
15. Shortens words ('sunly' for 'suddenly', 'member' for 'remember').
16. Misreads words which look similar ('help' for 'held', 'houls' for 'horse').
17. Has difficulty in recollecting words automatically and correct sentences.
18. Misreads number ('e' as '9', '3' as '8') writes letters in the wrong order (time for 'item').
19. Mirror writes (ram for mar).
20. Reverse letter ('b' as 'd', 'p' as 'q').
21. Mirror writes (6 as '9', 'q' as 'p').
22. Omits letters ('limp' as 'lip', 'went' as 'wet').
23. Adds letters ('want' as 'what', 'what' as 'whart').
24. Does not write the appropriate letters when given the sound.
25. Does not pick out letter of the alphabet when the name of the letter is called out.
26. Does not match the letters when asked to.
27. Difficulty in academic subjects. Sometimes the student is deficient in only one subject or a

combination of subjects.

The National Council of Educational Research and Training, New Delhi has developed ‘Functional

Assessment Guide’ for use by teachers. After identification and assessment, LD children should be

placed in an appropriate environment for their education and training. Mildly handicapped children

can be placed in regular classroom with provision of resource room help. Severely handicapped children cannot profit from regular classroom instruction. They may be educated and trained by competent professionals in special class settings.

After identifying LD children by using the check list mentioned above the teacher should see that such children are assessed properly. Such assessment may be medical and psychological. In most cases experts such as doctors and psychologists are not available for medical and psychological assessment of LD children. In rural areas particularly, trained professionals are not available. In such

cases the teacher can conduct functional assessment. Based on functional assessment the teacher can

plan and provide specialised service and help in the school.

### **Etiology of LD Children (Causes)**

The causes of learning disability could be organised under organic, environmental and genetic.

**(1) Organic Causes :** LD arises because of Minimal Brain Dysfunction (MBD). The dysfunction occurs in central nervous system which consists of the brain and the spinal cord. The malfunctioning is not due to damage, but due to dysfunction which is only minimal. Minimal brain dysfunction arises due to (a) cerebral hemorrhage, cerebral disease because of high fever, head injury, (b) intrauterine environment premature birth, anoxia, physical trauma, (c) constitutional-genetic-neurochemical dysfunction. It must be noted that all brain dysfunctions are not associated with learning disability and all types of learning disability do not arise due to brain dysfunction.

Any factor that can cause neurological damage can cause learning problems.

**(2) Genetic Causes :** Learning problems and hyperactivity run in families. Nearly 20% of hyperactive

children had one parent hyperactive. Children with Turner’s syndrome have higher incidence of learning disabilities.

**(3) Environmental Causes :** Maternal factors known to have a negative effect include the use of drugs, the consumption of alcohol and contraction of rubella. Complications during pregnancy such as anoxia (loss of Oxygen), birth injury causing brain damage, and children who received neonatal intensive care subsequently become LD. Learning disability may be caused due to insufficient early experience and stimulation. It is also caused by poor or inadequate instruction.

### **Problems of Learning Disabled Children**

These children are like other children in intellectual functioning. They are not mentally retarded, nor

do they have visual or hearing problems. But they have problems in spelling, reading, writing, arithmetic listening and comprehension because of difficulties in their psychological process, particularly in perception. The problem may be due to cerebral dysfunction/emotional/behavioural

disturbance, but it is not due to mental retardation, sensory deprivation or cultural instructional practices. They can be categorized into mildly and severely learning disabled.

The *mild learning disabled* can be educated in regular schools. Such children are to be found in regular

schools. They are, however, difficult to identify at the initial stages. They face problems in learning

basic academic skills. The problem may occur in one or more area of learning skill but of a relatively

mild degree. The child can be helped if identified early and given proper training and practice. Since

their problem is mild in nature these children can be integrated for higher classes in general schools

with some adaptation and adjustment in the curriculum.

The *severe learning disabled* include those who manifest an inability to master basic academic skills

(reading, writing etc.). Their problem may be due to brain dysfunction or environmental deprivation.

It is difficult to integrate such children in general schools.

Children with learning disability differ in their behavioural characteristics. But all of them have a

severe discrepancy between achievement and intellectual ability. This is the basic problem that they

face. But there may also be secondary problems like emotional, and social maladjustment associated

with the basic skills. A description of these problems has been given below :

**(1) Attention Disorders of LD :** Attentional problems are shown to affect student's test taking abilities because attend to inappropriate distracters.

(1) They cannot sustain attention for the required amount of time.

(2) They are unable to attend to the relevant and ignore the irrelevant. They may be attracted to every stimulus that surrounds him.

(3) They can be diverted easily from one topic to another.

(4) They put excessive attention to unimportant details while disregarding the essentials (attends to the page number than to the printed matter or the picture on the page).

**(2) Memory Problem of LD :** Many LD children are passive learners and do not use strategies

(rehearsal, mnemonics). These children are poor task planners and organisers. They display certain characteristics as regards remembering.

(1) Disorder of memory involve difficulty in the assimilation, storage, and retrieval of information,

and may be associated with visual auditory, or other learning processes.

(2) The LD children have difficulties in reproducing rhythm patterns, sequence of digits, words, or phrases.

(3) They have difficulty in revisualising letters, words or forms.

(4) Both the short-term and the long-term memory of the LD child are poor.

(5) They fail to see the relationship between his present and past experience.

**(3) Reading Problem of LD :** Nearly 85 to 90 percent of learning disabled children have reading problems and therefore, have poor academic achievement. These include micpronunciation, skipping, adding or substituting words as well as problem in memory, reversing letters or words and blending sounds together. They display both oral reading and comprehension problems.

In case of learning disabled children one finds visual and auditory spellers. The visual spellers write right letters in wrong orders-WTARE-Water. The auditory spellers try to sound outwards: Posishun-Position. There are also omission errors or substitution errors. These defects continue to adolescence and are responsible for learning deficits.

**(4) Reading Disability :** Children suffering from reading disability are unable to read. There are two forms of this disability. In a mild form, the affected person has difficulty in reading, but in severe cases of the impairments, there is a total loss of the ability to read. This is sometimes also known as 'Word Blindness'. Children with the mild form of the disability are already in the general classroom. If identified early, proper help can be given and integration with their normal peers is also easier. The severely affected child will need intensive remedial exercises.

**(5) Writing Disability :** The affected children are not able to write spontaneously. There are two forms of this impairment-the mild and severe. Children affected by the mild form have difficulty in learning to write legibly. They study in general schools. Their problem can be corrected if identified early and provided timely help. Those affected by the severe type of impairment can copy writing without distortion but they cannot write spontaneously. They are identified by their inability to learn to write. The severely affected child need remedial exercises and are thus hard to integrate in the academic areas.

**(6) Problem in Comprehending Communication :** Children with this disability have a problem in

communication through writing, speaking or reading. Those affected by the mild form of this impairment have difficulty in understanding both the spoken and written words. The child finds it difficult to understand even signs and gestures. These children can be integrated if corrective measures are given in time. Otherwise, linguistic problems of articulation and fluency may develop.

The severely affected child is unable to understand speech and written material, nor can he learn

to speak, read and write. He is unable to communicate even through signs and gestures. Such children are difficult cases for integration. They need intensive remedial exercises.

**(7) Problems of Numerical Ability :** The affected child has problems in calculations, even simple arithmetic, because of an inability to manipulate number relationships, Numerical inability is again of two kinds-mild and severe. Numerical problems seem difficult even if they are very simple for a normal child to do. Children with the mild form of this disability may already be disabled when they start learning numbers and simple addition and subtraction. If identified early and with appropriate correction, they can study in the regular classes. If the problem is severe, the child will not be able to learn number symbols and their relationships. This is also termed as loss of arithmetic ability. The severe cases are difficult for integration and will require intensive remedial exercises.

There are some specific problems of learning disabled children which are as follows:

(i) Eye-Hand-Co-ordination (EHC), (2) Figure Ground Perception (FG). (3) Figure Constancy (FC), (4) Position in Space (PS). (5) Spatial Relations (SR). and (6) Auditory Perception (AP). Last four areas represent the aspect of cognitive functioning, viz; (7) Memory (M), (8) Cognitive Abilities (CA). (9) Receptive Language (RL) and (10) Expressive language (EL).

### **Remediation of LD Children**

The children with learning disability are benefited mostly from remedial instruction. Remedial instruction is nothing but good teaching with two definite and specific objectives, such as :

Eliminating ineffective habits and reteaching skills which have been incorrectly learned. This refers to remediation of defects.

Teaching for the first time those habits, skills and behaviours which have never been learned but should have been learned by the child to acquire academic skills. This refers to developmental teaching or development of increased competencies.

*Remedial instruction* required proper diagnosis of a child's abilities and disabilities in specific school

subjects, identifying skills and process which require remediation, and then providing him just good

teaching in areas of his weakness through systematic planning, individualised instruction, tutoring

in one-to-one or small group situation, evaluating his progress periodically and if necessary reteaching,

encouraging intensive drill, practice or repetition and modifying the programme and adopting alternate materials and methods, using work-books, supplementary materials and multisensory approach, most LD children improve their performance dramatically after exposure to remedial



instruction in resource rooms which seemed difficult in regular classroom settings. Remedial instruction in the resource room can vary from one hour even day to a half-day's programme regularly depending upon deficiencies and the amount of training required. It is to be emphasized that the sooner the remedial instruction starts in the elementary school the easier for the child to compensate his deficiencies and the better for his later progress in upper classes.

### **Summary**

- Identification of learning disabled children is a major aspect in providing education to these children.
- They show symptoms like difficulty in telling time remembering the order of days, months and seasons and mathematical tables, incorrectly recall oral instructions shows excessive inconsistency in the quality of performance etc.
- After identifying LD children teacher should see that children are assessed properly by expert (doctor's psychologist).
- **There are some causes of LD children:**
  - (i) Organic causes: LD arises because of minimal brain dysfunction (MBD). The dysfunction occurs in central nervous system which consists of the brain and the spinal cord.
  - (ii) Genetic Causes: Children with Turner's syndrome have higher incidence of learning disabilities.
  - (iii) Environmental causes: Complications during pregnancy such as anoxia (loss of oxygen, birth injury causing brain damage.

### **Treatment Approaches of LD Children (Prevention of Learning Disabilities)**

There are two approaches for the *care and treatment* of LD children. These are : Medical-Neurological approach and Psycho-Educational approach.

**(1) Medical-Neurological Approach :** The medical-neurological approach views the LD child as a patient afflicted with minimal brain dysfunction (MBD). Such a child should be treated just like any other individual afflicted with disease or injury. The most common symptom associated with MBD is hyperactivity. Thus quite logically, medication associated with MBD is hyperactivity. Thus quite logically, medication of some type would be sought to alleviate the child's symptoms. The most widely prescribed drugs to alleviate the symptoms of hyperactivity are psychostimulants.

Psychostimulants may bring about improvements in the behaviour of the LD child, but their effect on improving the learning of such children is not clearly established by research findings.

Psychostimulant

drugs can have a positive effect on a child's classroom behaviour, in reducing his activity level and

making him more manageable and teachable but we cannot always count on them to remediate the

child's learning problems. In addition to psychostimulant drugs mega-vitamin therapy and diet management are inconclusive. What is needed therefore is a behaviouristic approach or a psychoeducational

approach which relies on the teacher's effectiveness in working with such children, motivating them and providing appropriate instruction to them.

**(2) Psycho-Educational Approach :** The psycho-educational approach views the LD children not as a

patient but as learner waiting to be taught. From the psycho-educational perspectives, the LD children

are to be identified early, assessed medically and psychologically to arrive at a correct diagnosis of their difficulties and weaknesses and provided with appropriate instruction and training in regular

schools, resource rooms, special classes or special schools depending upon their degree of disability.

There are various approaches for the education and training of LD, Children. All these approaches fall under five categories such as :

(1) Process training approach

(2) Multisensory approach

(3) Environmental approach

(4) Cognitive training approach

(5) Other special approach

**(1) Process Training Approach :** Process training is based on the contention that learning academic

subjects requires understanding the underlying psychological processes. Learning disabled children have a disorder in the psychological processes which underly in understanding or using speech, in reading, writing, arithmetic, etc. Thus it may be of value to train the LD child in the psychological process which underly various academic subjects.

**(2) Multisensory Approach :** Multisensory approach is based on the assumption that the child will

be more likely to learn if more than one of his sense is involved in the learning experiences. One such method is called the VAKT method (V stands for visual A stands for auditory, K stands for kinesthetic and T stand for tactual). For example, the teacher asks the child to tell a story. The teacher writes down the words of the child to tell a story. The teacher writes down the words of

the story on the blackboard. These words serve as material as the child learns to read. In learning the words, the child first sees the word (visual). He hears the teacher say the word (auditory). He says the word (auditory). Finally the child traces the word (kinesthetic and tactual).

**(3) Environmental Approach :** learning disabled children are usually destructible and hyperactive.

For such children an environmental approach is sometimes recommended by some educators. Environmental approach emphasises reducing the irrelevant stimuli in the classroom environment which might distract the child's attention from the learning task. The classroom environment may be modified in the following ways as far as possible and as per necessity to make it free from unnecessary distraction :

1. Sound-proofing of walls and ceilings.
2. Carpeting
3. Opaque windows
4. Enclosed book cases and cupboards
5. Limited use of bulletin boards
6. Use of cubicles, three-sided work areas
7. Removing the pictures, calendars and other hanging objects from the walls.
8. Ensuring a noise-free and in other ways a distraction-free environment outside the classroom.
9. Enhancing the intensity of the teaching materials in terms of colour, size, and vividness.

**(4) Cognitive Training Approach :** Many learning disabled children exhibit deficient problemsolving

skills. They are likely to act impulsively rather than reflectively. responding quickly without considering the various alternatives. In order to reduce their impulsivity and to increase their reflectivity two techniques are found successful:

- (a) Cognitive modelling : and
- (b) Self-instructional training.

**(a) Cognitive Modelling :** Cognitive modelling is sometimes known as metacognition, meta memory and cognitive behaviour modification strategy. This approach is directed towards providing LD children with an awareness of how people learn or remember. In cognitive modelling the LD child is exposed to models (adults or peers) who tend to be more reflective so that he can imitate the model and learn the appropriate strategy. Through this technique the LD child is taught how to slow himself down before he reads a word or given an answer, looks carefully at all cues and possibilities, considers his response carefully, and then responds. In remembering, he is taught to group information into small bits or clusters, rehearses these by saying them over and over to himself and even use mnemonic devices to aid in memory storage, many LD children improve dramatically when they are simply made aware of the most effective way to learn and remember.

**(b) Self-instruction Training :** Modelling can also be combined with self-instructional training. In self-instructional training the impulsive child is encouraged to learn to develop verbal control of his behaviour. The following is an example :

(i) The teacher (adult model) performs a task (solving an arithmetic problem) while talking out to himself loudly.

(ii) The child performs the same task under the direction of the teacher.

(iii) The child whispers the instruction to himself as he goes through the task, and finally.

(iv) The child performs the task while guiding his performance via private speech.

Through self-instructional training the LD child is helped to monitor his own performance in learning situation—to be aware of his own approach to cognitive tasks.

**(5) Other Special Approaches and Techniques :** The LD children have characteristics which are

unique to them. Although they are not visually impaired they have difficulty in visual perception. They have difficulty in visual reception, visual discrimination, and visual memory. Similarly although they are not auditorily handicapped they have difficulty in auditory awareness, auditory discrimination, and auditory memory. They have problems in attention and retention. These difficulties hinder their acquisition of language, their ability to read and write, listening skills, etc. Hence, special training in these areas is very useful for LD children. The resource teacher can provide such training to the LD children in the resource room. The following approaches and activities are useful for LD children.

**(i) Listening Exercise :** The LD children have problems of distractibility which hinder their acquisition of listening skills and hence their ability to follow direction. Listening exercise for such children are often helpful. One exercise involves having someone who is out of sight produce various sounds for the children to identify, such as when the group goes for a walk, the children can be instructed to listen for common sound, including a car running, a train chugging, or a bird singing. To improve comprehension of spoken words in children with listening problems, the teacher can give direction orally, beginning with short and simple ones and increasing the difficulty as the child progresses ('stand up, turn around, and then sit down'). Riddles can also be used to develop listening power and comprehension.

**(ii) Discrimination Learning :** The LD children have difficulties in discriminating one letter from

another, one word from another and one number from another. Discrimination learning can be encouraged among such children for the above purpose. In discrimination learning children must be trained to attend to the similarities and difference between two letters, words, or **Notes** numbers (e.g., *b, d, p, q*; 6, 9; 3, 8; hat, bat etc.) and then to make the correct response. In teaching such children letters, words, or numbers, these are to be written in the beginning in large sizes in crayon on news print paper. The children can trace the letters with their index fingers, while saying the letters, words, or numbers aloud. Visual and auditory attention is thus heightened in relation to these letters, words, or numbers. In order to improve their retention ability repetition or overlearning may be encouraged.

**(iii) Visual Reception Training :** Visual reception can be encouraged by having children identify

common objects by name and tell both their proper use and to whom each object belongs.

They can be asked to stand in front of a mirror each day in the resource room and comment on what they see. Children can be given pictures to interpret in terms objects seen, colours, sizes, motion, and other details.

**(iv) Visual Memory Training :** Visual memory can be developed by having children close their eyes and describe their clothing, a bulletin board in the room, or other children.

**(v) Spatial Training :** Spatial training can be introduced by having children find the top, bottom, sides, and back of an object. The concepts of up, down, over, under, in, bigger, heavier, etc. can be demonstrated.

**(vi) Auditory Awareness Training :** Auditory awareness can be encouraged by having children remember various types of sounds heard during walk. The children can identify the source of each sound and give it an appropriate label. The teacher can hold a wrist watch to a child's ear at varying distances and train the child to listen and to raise a hand when the ticking is no longer audible. Directions can be whispered to the child at varying distances from each ear. Quiet periods can be held during which children are asked to listen to various sounds.

**(vii) Auditory Discrimination Exercise :** Auditory discrimination exercises can include hiding a

ticking clock and asking a child to point to the direction of the clock. The teacher can tap several times on the desk and have the children listen, count to themselves and report the number of taps. While blind folded, a child can identify a classmate by his voice.

**(viii) Auditory Memory and Sequencing Training :** Auditory memory and sequencing can be developed by asking children to repeat directions, phone numbers, and clapping patterns.

They can listen to nursery rhymes and songs and pick out details they will be asked to repeat afterwards. The teacher can tell simple jokes and have the children repeat them.

A LD child believed to have reading problems because of difficulties in visual perception will be trained in visual perception.

### **Educational Provisions**

The educational provisions for learning disabled children primarily consists of three types:

(1) **Day school:** where the learning disabled children receive specialised schooling using special teachers essentially on the same curriculum but with greater care and pace. This is a segregated setting.

(2) **Special class in a Regular School:** where LD children are given special instruction in a self contained classroom by special teacher as well as regular classroom teacher do assist in teaching subject matters. These children receive instruction on academic in these classes but for social activities etc. They are with general students.

(3) Their number is large, and they do not pose organic problems or problems of low IQ. these children are integrated in the regular classroom with resources room facilities (mainstreaming/ integration).

### **Teaching Strategies for LD Children**

The following teaching strategies are used for LD children:

1. Asal, 2. Phonics, 3. Linguistic, 4. Language Experiences. 5. Programmed Instruction. 6. Multisensory, and 7. Rebus picture.

The details are given in the following paras :

### **1. Asal Teaching**

It has the following advantages and limitations details with LD children :

**Advantage:** (1) Comprehensive. (2) Controlled vocabulary. (3) Sequential introduction of skills. (4) Reinforcement of skills. (5) Diagnostic and evaluative material usually provided.

**Limitations:** (1) Limited flexibility in teaching style. (2) Individualized instruction not encouraged. (3) Lack of depth of material necessary for skill mastery. (4) Lack of provision for processing deficits. (5) No choice of analytic or synthetic phonics instruction. (6) Subjects to repetition of the same stories and methods resulting from failure.

### **2. Phonics Teaching**

It has the following advantages and limitations details with LD children :

**Advantage:** Effective decoding techniques for pupils with good auditory abilities.

**Limitations:** (1) Not effective for pupils with auditory deficits. (2) May be taught in isolation. (3) Comprehension neglected. (4) Invariance in English language may cause confusion.

### **3. Linguistics Teaching**

It has the following advantages and limitations details with LD children :

**Advantage:** (1) Control for irregular spelling in initial stages. (2) Gradual introduction of phones.

(3) Extensive repetition.

**Limitations:** (1) Little emphasis on comprehension in initial stages. (2) Vocabulary controlled for regular elements and does not utilize spoken language of pupil.

### **Language Experience Teaching Notes**

It has the following advantages and limitations details with LD children :

**Advantage:** (1) Motivates with personal stories. (2) Uses pupil's oral language. (3) Can incorporate specific skill development. (4) Can include language art skills. (5) Good for pupils with good visual-motor abilities.

**Limitations:** (1) May be limited by pupils' language level. (2) Lacks structured systematic approach to skill development.

### **5. Programmed Instruction Teaching**

It has the following advantages and limitations details with LD children :

**Advantage:** (1) Small, sequential steps. (2) Immediate feedback. (3) May be boring because of.

**Limitations:** (1) Lacks direct instruction. (2) May be confusing format constancy.

### **6. Multisensory Teaching**

It has the following advantages and limitations details with LD children :

**Advantage:** (1) Uses more than one sensory input to get message to the brain. (2) Can use an analytic approach or a synthetic approach.

**Limitations:** Lack of sequential skill development in some programmes. (2) Sensory overload

experienced by some pupils.

### **7. Rebus Picture Teaching**

It has the following advantages and limitations details with LD children :

**Advantage:** (1) Use a rebus (picture) instead of a word to simplify initial stages of reading. (2) Well structured materials. (3) Provides for transition to traditional print materials.

**Limitations:** Format appearing immature for older pupils.

## **SLOW LEARNERS**

Students with below average cognitive abilities whom we cannot term as disabled are called slow learners. They struggle to cope with the traditional academic demands of the regular classroom. Actually slow learners are normal students but the problem is that they are simply not interested in studying under traditionally accepted system of education. Slow learners should not be confused with students in need of special education or reluctant learners who are non-cooperative. A student may fail to excel in some classes or in some subjects but it does not imply that he or she is a slow learner. The teachers and guardians may resort to some of the teaching aids available to special education students that may enhance interest of slow learners and help them get involved in the learning process. Every child is special. As every child is different, there is every possibility of improvement, sooner or later. The source of energy is lying within them but the only thing is to stretch the hand of confidence towards them which will solve their problem and improve their quality. Several students in a class fall under this category, but most parents or guardians prefer to remain in mute mode, which worsens the situation. The objective of my paper is to understand the characteristics of a slow learner and the role of teachers and guardians to improve them in achieving new heights. Children learn at different rates, and, according to some published research, children learn only when they are ready. Other research gives importance to intrinsic rewards, differentiated curriculum, and motivation by personalizing lessons. However, the bottom line for most educators is that some children are slow to learn, but don't have a learning deficiency. Perhaps the greatest challenge to an educator is a child who is a slow learner. These children do not fall into the category of special education, they do well outside the classroom, and show no evidence of having a medical problem. They simply do not do well in school or a particular subject. Slow Learners may have problems not only with math and reading but also with coordination such as penmanship, sports, or dressing. Often they are quiet and shy, and they have trouble making friends. They may have a poor self confidence. They have trouble with abstract thinking such as in social studies or doing math word problems. They often have a short attention span. All of these problems cause them to have a poor self esteem. In the days before formal schooling, these students would carry on productive lives working at tasks that did not require extensive reading, writing or math. However, nowadays the emphasis is less on occupational learning and more on academic preparation. Thus, to provide them the best possible opportunities in a changing world there is a growing need to

help remediate these children. There are basically two commonalities emerge with slow learners. First, they need more or extra time to complete tasks. This means parents or guardians must be willing to augment what happens at school regardless of the fact how fruitless it might appear. Secondly, the child must be offered appropriate incentives. Depending on the child, the best incentives are family projects or activities, such as building a model or attending a concert or game. The incentives should require delayed gratification, so the child learns patience. The next area which is very important is proper nutrition, like children need good breakfast. Research suggests a quality breakfast and proper sleep are the two best ways to improve student performance. Finally, a teacher or parent must seek lessons and other resources that make it easier to differentiate the curriculum and make learning more vital and relevant. To this end, special education sites on the Internet have some great ideas. Although slow learners do not qualify for special education classes, the concepts teachers use with special education students are ideal for helping a slow learner once the student's weaknesses have been diagnosed. Having a slow learning child is not unusual, about 10 percent are slow learners in a classroom.

### **Definition:**

According to experts, children who for various reason, fall behind in their school work and require special teaching are called (educationally subnormal) E.S.N.

“Slow learners are children who are doing poorly in school, yet are not eligible for special education; their intelligence test scores are too high for consideration as a child with mental retardation” (Mercer, 1996)(MacMillan, Gresham, Bocian, & Lambros, 1998).

- Although slow learners may have special educational needs, they do not fit neatly into the special education system (MacMillan, Gresham, Bocian, & Lambros, 1998).

### **Characteristics of slow learners**

In general, slow learning students may exhibit some or all of these characteristics, depending on their age and degree of problems acquiring knowledge at school. • First, slow learners are recurrently immature in their relations with others and do poorly in school. • Secondly, they cannot do multifaceted or complex problems and work very slowly. • They lose track of time and cannot convey what they have learned from one task to another well. • They do not easily master skills that are academic in nature, such as the times tables or spelling rules. • Perhaps the most exasperating trait is their inability to have long-term goals. They live in the present, and so have considerable problems with time management perhaps due to a short attention span and poor concentration skills.

### **To identify the causes of slow learning**



Showing the sign of slow learner doesn't mean that the child is slow learner, there are other factors that could cause the process of slow learning;

### **Emotional growth**

Feelings about one self and the developing of these feeling positive or negative is called emotional growth, Emotional and social development are often link together because they are relevant. In the initial stages child learn the Feelings of trust, fear, and love later on as he grow he develop the feeling of friendship, pride, and relationship which also guide toward social-emotional development of the child.. if the child is ignore in this stage and proper care is not provided to them, they build negative emotion and they ovoid trust initially parents and later on other people, they isolated them self from the outer world. Furthermore, a neglected child, feel him self rejected, and unsecured, it affect the developing skills of the child to socialize with others children.

In this stage the changes are very rapid in child and every change bring new change in the behaviour of the child and each change brings about new skills. Child develop multi skills in this stage, the most important one is positive feelings about self and trust building with others

### **Environment**

Children react to their environment in early stages and he learns from the environment in which they grow. Create a safe environment for them and reduce the stress on your child and remove the things which are physical threats to the children e.g.: abusive behaviour and unsafe toys etc

With whom the child is spending his time, what is their intellectual level. And how they treat the child, when children have a secure Environment, it flourishes their abilities in positive direction. Studies show those children who have better environment show better confidence in life and in education

### **Growth and opportunities of Learning**

Opportunities of learning is very necessary for the development of children cognitive abilities, Parents should provide rich learning environment to their children and open new windows of learning opportunities for them. They need simple playable activities and games to develop their brains, Show them new things and arrange new activities for them to enhance their thinking skill.

### **Absenteeism**

Absenteeism from the school is another factor which can effect the ability of learning of a child, when a child is often absent from the class, he could catch with other student in school, he need

extra home work with the help of parents to cover his short coming other wise he lose his self confidence in class, due to which he isolate himself from his class fellows and he became a slow learner.

### **Defective Vision**

Defective vision is another possible cause of slow learning, it affect child's growth and development and the ability to function in society. It also lead to effect self-esteem and confidence of the child which could lead to depression if not treated in early stages and child left behind in the class.

### **Resource Problem**

Without proper Resources parent could not afford to provide better opportunities of learning to their children due to which the child lose his self-esteem. Availabilities of good books and other learning material which is necessary for the learning process of the child.

### **Illiterate Parents**

Another problem in some cases are illiterate parent, those parents who are mentally backward and also have no education, effect the education of the child. Initial six years are very important and crucial period of child life, in this stage development of brain take place. Careful treatment is required to develop his skills, which help him in the later age in school and college

### **Untrained Teacher**

Untrained teacher is another reason, without proper training a teacher could not understand the psychology of the child and his problems, what the possibilities are and why the child is not learning. A train teacher could understand the problem and eradicate it.

### **Class Size**

Over crowded class is another problem which affects the learning process and lead to the product of slow learner. Slandered class size should from twenty to thirty students per class, but student exceed in the class teacher could not give attention to every student and nor he could evaluate every student due to that reason some student left behind.

### **Busy parent or no time for children**

When parents have no time for their children and they are busy in their job it also leads a child to loneliness and isolated. He could not share his problems with his parents. The problem is much

severed in case children age three to six years, because in this age they need full attention of the parents. It is the age of their development. They learn many things from parents.

### **Violence in School**

Violence in schools is another factor which causes slow learning in students. Violence affect the learning abilities of the students, Exposure to violence is psychologically toxic. This exposure may lead to emotional problems and aggression, it also effect cognitive, psychological and learning process

### **Family Size**

Family size also play a major role in the development of the child, in a small family a child will get attention of the parents and enough resources will be available to him. In case of large family size, children face many problems which effect there abilities e.g. emotional problem, resource problem etc.

### **Health Problem**

Poor Health is also a hurdle in the growth and development of a child, which lead to the process of slow learning.

### **Deprived Culture**

Evidence show that deprived cultured and Background may also cause the process of slow learning

### **Inadequate Teaching Staff**

Lack of teachers in school is also a cause of slow learning, due to shortage of teacher in schools, the student left behind from other students in competition

### **Poor Leadership**

Poor Leadership on behalf of teacher and head teacher as well as on the part of parents

### **Teaching Method**

Teaching method is the most important factor in slow learning; a train teacher can understand the problem of the student and remove that problem by a better teaching style, which suite to the student need and mind. A good teacher will always use different methods in class so every

student understand and learn. On the other hand those teachers who use one method of teaching create slow learner in the class because every student learn in different style and method.

### **Course**

Students are subjected to inappropriate textbooks, and teaching material. Course should be design with easy to difficult approach so students understand what teachers are teaching them. Inappropriate course material would increase the number of slow learner in the class

### **Transfer of Teachers**

Frequent transfer of teachers leaves no room for the development of mutual understanding and respect for each other. The moment they start to understand each other, the teacher is transferred. Once this process is repeated a few times with a student, the student closes himself to teachers in future.

### **Fear Complex**

To camouflage their inability teachers grow a fence of fear around them selves. They resort to indiscriminate punishments resultantly some of the students run away from schools and the rest become docile with no interest in education but to spend time aimlessly.

### **Psychological Problems**

Students due to high expectations of their families and absence of guidance for both the parents and students experience a lot of psychological stress, which has a retarding effect on their educational development

### **Medium of Instruction**

Medium of instruction is also a big problem for some students. Therefore it is necessary to use mother tongue for the education so student understand it and they do not lose their precious time on language learning.

### **Communication Problem**

Communication gaps between students, teachers and parents. Due to this gap neither the teachers nor the parents come to understand the students, resultantly they enforce upon them their wishes. This enforcement develops a rebellious or a docile nature in the students, which retard the positive abilities.

## Deprived cultured

Evidence show that deprived cultured background may also cause the problem

### Proven ideas to help slow learners

- High school opens the door to vocational training where they often excel. Work study programs give them a purpose for going to school.
- Work with your school's M-Team (Management Team) to develop an IEP (Individual Educational Plan) for the child.
- Do not spend the entire time making the child's study. Don't nag. Let them have a life outside of school with activities they enjoy.
- A Slow Learner might repeat one grade level for academic or social reasons. Repeating more than one grade is a disaster for their self esteem.
- Some schools will place these children in a "slow track" where the work is easier. However, the other students may make fun of them. And the concepts in math and social studies may still be too difficult for them.
- The least desirable alternative is a non-graded program where the child works at their own pace and is graded for their effort.
- Another way is to use their IQ to compute a passing grade. For example if passing is 70% and their IQ is 80 then a passing grade would be  $.8 \times 70 = 56\%$ .
- The child deserves pre-vocational training in social skills and independent living. These children should be taught life-related courses like shopping, managing money, and job preparation.
- Look at their problem areas and focus on them with extra tutorial help. This could be during the last period of the day or after school. Allow by-pass strategies such as calculators, or let them do oral or visual reports.
- Provide a quiet place to work, where the child can be easily observed and motivated.
- Keep homework sessions short.
- Provide activity times before and during homework.
- Add a variety of tasks to the learning even if not assigned, such as painting a picture of a reading assignment.
- Allow for success.
- Ask questions about the assignment while the child is working.
- Go over the homework before bed and before school.
- Read to the child.
- Some researcher use "Three Transfer" form of learning, in which the student must take information and do three things with it beside reading

## LINGUISTIC MINORITIES

### A minority necessarily implies two aspects:

- *An objective aspect* : the group must have a non dominant position in the country. This is generally shown by numeric inferiority.
- *A subjective aspect*: members of a group must have a willingness to belong to the minority and to preserve its specific characteristics.

A population is designated as a minority when it has a numeric inferiority and when it possesses its own identity. This notion may be used in several areas, for example: a linguistic minority, a

religious minority, a political minority... A minority group seeks, in principle, to preserve and cultivate its differences and interests. Minority children are therefore children from a minority population.

The notion of “minority” is logically opposed to that of “majority”. It is one of the most important obstacles that minority groups must face. In effect, they are subject to a pressure, sometimes unconscious, from majority groups and become vulnerable and easily discriminated against. A child, already weak from its status, is doubly affected. On one hand, their elementary needs are not assured, and on the other hand, the isolation inherent in the minority groups they belong to reinforces these discriminations.

Thus, the opinion and situation of minority children remain marginalised and are not sufficiently taken into account. Their particularities are ignored, the respect and preservation of which are in grave danger. Because of this, it is necessary that minority children benefit from special protection and particular attention on a legal level.

**What is the situation of minority children?**

The rights of minority children are very often violated, notably by acts of discrimination, racism, and non recognition. The enjoyment and exercise of their fundamental rights face numerous barriers. They are, for example, underprivileged regarding their access to education by administrative difficulties regarding registration. Basic care as well as birth registrations are very often lacking in minority communities.

In some regions of the world, minority children must also fight to survive. Their cultural difference incites those who don't understand to commit inhuman and cruel acts. The most extreme forms are notably apartheid and genocides. These types of crimes are so very tragic and constitute attacks on the most fundamental right of all children: the right to life.

Consequently, these children must fight their entire lives to have their rights respected, their opinions heard, and their protection assured.

The rights granted to minorities, and notably to their children, don't constitute a particular advantage, but only the possibility for them to live respecting their customs. It involves reciprocal rights, taking into account the obligation of minorities to respect national rights.

Unfortunately, because of their numerical inferiority, these people struggle to make their rights respected. For this reason a number of legal instruments have been implemented with the goal of guaranteeing a protection that is effective and uncontested.

## **GIFTED CHILDREN**

### **Introduction**

If a child shows the best of any one of ability is known as gifted child. The giftedness refers to mental ability of a child. Parent often wonders if their child is gifted when they see evidence of advanced abilities. They can begin to get a sense of their child's giftedness by looking at lists of characterizes a child not have to have all of the traits to be gifted. A high I.Q. score is often a good indication that child is gifted. In this unit there is discussion about identification problems of gifted children.

### **Meaning and Definition of Gifted Children**

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

Some of the important definitions of 'giftedness' have been stated as follows:

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

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

**According to Havighurst:** "The talented or gifted child is one who shows constantly remarkable performance or outstanding behaviour in any worthwhile endeavour".

**According to Terman and Vitty:** The gifted children that Terman and Witty studied is, "Superior in physical development, educational achievement, intelligent and social personality".

**According to Simption and Lucking:** "The gifted children are those who possess a superior central nervous system characterized by the potential to perform tasks requiring a comparatively high degree of intellectual obstruction of creative imagination of both, are called gifted child".

**According to Lucito:** "The gifted are those children whose potential, intellectual powers and abilities

are at such as high ideational level in both productive and evaluative thinking that it can be reasonably assumed that they could be further problem solvers, innovators and evaluators of the culture if adequate educational experiences are provided to them."

The psychologists have identified gifted children on the basis of I.Q. J.P. Guilford in his theory of 'Structure of Intellect' has given 120 abilities.

### **Types of Gifted Children**

In 1988, after some years of research work, George Betts and Maureen Neihart identified 6 personality types of gifted and talented children.

The classification is based on behaviour, feeling, and special needs of the gifted children. They should

be observed, understood and addressed by the parents, in order for the child to develop smoothly and reach his or her full potential.

(i) **Successful Gifted Child Personality Type:** These children are usually successful academically, and identified as gifted at school. They are high achievers and perfectionists who seek for other people's approval. The problem, however, is that with time they often get bored and devote minimum effort to achieving. At home these gifted children need independence and freedom of choice, as well as time for personal interests, and risk taking experiences.

(ii) **Challenging Gifted Child Personality Type:** This personality type includes very creative, but often frustrated or bored, gifted children. They question the systems around them and are often rebellious because their abilities are unrecognized. Impatient, direct, and competitive, such children have low self-esteem. They need acceptance, understanding, and advocacy from, the parents. Family activities and positive examples of behavior are what the family should provide for such gifted children.

(iii) **Underground Gifted Children Personality Type:** Many of such children are never identified as

gifted since they are usually quiet and insecure. They often hide their talents, resist challenges, and drop out of gifted school programs because of their shyness. These gifted children should be supported at home, and be given freedom to choose and to spend time with their friends of the same age. Ideally, parents should provide them with gifted role models of life-long learning.

(iv) **Dropout Gifted Child Personality Type:** These gifted children are angry and depressed because

the school system does not recognize their abilities, and does not address their special educational

needs. That is why they resist the system by refusing to complete school assignments or to attend school. Being considered average or below average, they have poor self-esteem, are defensive and self abusive. Professional counseling is recommended for such children.

(v) **Double-labeled Gifted Child Personality Type:** This type of gifted child is often unrecognized because these children have a physical, emotional or learning disability. Adults fail to notice giftedness due to being focused on the areas where the child is less able. Parents of such children



should provide them with recognition of their abilities, risk-taking opportunities, advocacy, and family activities to challenge the child. Family counseling may also be a good option.

(vi) Autonomous Gifted Child Personality Type: These are self-confident and independent children

that are successful academically, motivated, goal-oriented, and responsible. At home, such gifted children need family support, advocacy, family activities and opportunities related to their interests. They should be allowed to have friends of all ages, and have no time or space restrictions. Each subtype of giftedness can be strongly pronounced in one personality. At the same time, combinations are possible since the subtypes are not mutually exclusive. So, a gifted or talented child

may possess the characteristics of more than one type of giftedness.

The personality type may change with time as the child grows and develops. Therefore, the parents

should be attentive to their gifted children in order to provide timely support and advocacy.

Autonomous and successful personality types of a gifted child are usually easy to recognize and deal

with. The achievements of these children cannot be unnoticed. Challenging, underground, doublelabeled

and dropout personalities of gifted children require special attention. They should be

recognized as early as possible for the parents to know what measures should be taken to address all

the special needs of such children.

### **Characteristics of Gifted Children**

In the above definitions of 'giftedness', psychologists have enumerated the following general characteristics-

1. The giftedness is super extreme on the normal distribution of any trait e.g. social, mental and aptitude.
2. A gifted child is one who shows remarkable and outstanding performance in any worthwhile task.
3. He possesses a superior central nervous system high degree of intellectual, creative and imagination.
4. A gifted child makes outstanding contribution to the welfare, quality of living and our society.
5. Gifted child possesses high ideational level in productive and evaluative thinking.
6. He is problem solver, innovators and evaluators of cultural and educational experiences.

These characteristics may be classified into the following three categories (1) intellectual characteristics,

(2) personality characteristics, and (3) social characteristics.

#### **(a) Positive Characteristics of Gifted Children**

They possess positive qualities some are as follows:

**(1) Intellectual Characteristics:** The following are intellectual characteristics:

1. Have extensive rapidity in learning and comprehension,
  2. Quick and clear self-expressions,
  3. Good in abstract thinking and good insight,
- Good imagination power-use original ideas,
5. Better understanding and comprehensive power,
  6. Keen and accurate observation power-can note minute details,
  7. Rich Vocabulary,
  8. Good common sense and good general knowledge,
  9. Generally better in science and Arithmetic,
  10. Possess broad span of attention,
  11. May be good in one or more than specific ability like music, art, science etc.,
  12. Varied and wide interests, and
  13. I.Q. above 125 (according to Davidson and Goddard), 1'30+ (according to Hollingworth), and 140+ (according to Terman).

**(2) Personality Characteristics:** The following are specific personality characteristics of gifted children:

1. Have better ability to adjust, organize, analyse and synthesize things,
2. Sometimes show emotional-unstability also,
3. Better planning capacity,
4. Have lack of recognition of their potentialities,
5. Feel boredom in classroom,
6. May participate actively in discussion,
7. More fond of questioning,
8. May be popular,
9. General superior personality,
10. Superior character,
11. More humorous, cheerful and generous,
12. Have friends of higher age and of class,
13. Sincere and dutiful,
14. High achievers in class,
15. Possesses high character, and
16. Possesses good physical health.

**(3) Social Characteristics:** The following are the specific social characteristics of children:

1. They are socially well mature,
2. They are popular in his group,
3. They are responsible in performing their duties or assigned work,
4. They have quality of leadership,
5. They have capacity to be socially useful and intermingle to others,
6. They are humours and honest or great trust worthiness,

7. They are democratic and less autocratic, and

8. They possess high moral qualities

### **(c) Negative Characteristic of Gifted Children Notes**

They possess some negative qualities which are as follows:

1. May be restless, inattentive and disturbing.

2. May be coned isolated and neglected, if their potentialities are not paid due to attention.

3. Become lazy if they find the school curriculum unchallenging to them, and does not take interest

in school academic activities.

4. May be indifferent to class-work when not interested.

5. May become outspoken, and sensitive temperament.

6. Shows egoistic and jealous behavior,

7. Is generally careless and poor in spellings and handwriting, and

8. May not like the school curriculum which is for normal's.

### **Identification of Gifted Children**

The identification of gifted children had been discussed in two aspects:

(1) need of identification and (2) Basis of identifying gifted children.

### **Need of Identification of Gifted Children**

**Sammual A Krik** has rightly stated that several gifted children remain undeveloped and their potentialities are not properly utilized by the society because they have not been identified in schools.

There is no provision for them for special education. They are taught along normal children in schools.

The curriculum has been designed in view of needs of average students. There is need to identify such children. Two methods are commonly used.

1. Informal method or observation method is used by teachers and parents, and

2. Formal or Testing method is used by teachers guides and councelligence tests are employed for this purpose.

### **Basis of Identifying Gifted Children**

The following qualities and behaviours are the basis for identifying gifted children-A gifted child-

1. Learns rapidly and easily.

2. Uses a lot of common sense and parctical knowledge.

3. Thinks clearly and recognizees complex relationships and comprehends meaning easily.

4. Good memory, makes less use of rote drill, better under.

5. Better general knowledge.

6. Good in language.

7. Can read books that are one to two yeras in advance of the rest of the class.

8. Performs difficult mental tasks.

9. Has more curiosity.
10. Possesses wide range of interests.
11. Is keen observer and good vocabulary.
12. Is quick in reaction and language proficiency.
13. Uses original but unusual methods or ideas.
14. Has high intelligence.
15. Has better concentration and attention.
16. Interest in and liking for books.

### **Causes**

It is widely agreed that both genetics (mutation) and environment (nurture) play a role in determining giftedness, but their relative importance is debated. Current thinking suggests that the importance of the gene is greater, though without appropriate nourishment, the gifted child's potential can often remain unfulfilled. Researchers suggest that all of us are born with certain predispositions to learning in which our brains are wired in slightly different ways that makes connections between neurons more dense.

### **Problems of Gifted Children Notes**

The gifted children have their own problems which are related to their adjustment in different areas-

1. Problem of adjustment in family
2. Adjustment in school
3. Adjustment in society
4. Mental adjustment
5. Teaching methods and unsuitable curriculum
6. In case their giftedness is not recognized they may become perverted intelligent. They may show hostile attitude and feel themselves as rejected unwanted and isolated. They may develop inferiority complex and insecurity.
7. If the classroom work is easy for them they may not take interest, and therefore may feel boredom in class. They may become truant or may use daydreaming or fantasy for the work of higher level.
8. If they do not get proper guidance they may develop the tendency of negativism and bad reactions to authority.
9. Because of varied interest they find themselves in great difficulty in choosing right type of school subjects, and vocations in future life.
10. If these children do not get good friends of their level, their social development is blocked.
11. If they get over attention of parents and teachers, may develop boastful and conceited attitude and tendencies.

## **Educational Provisions for Gifted Children**

Gifted children that they possess different mental, social and emotional characteristics.

Therefore, it

is essential to have advanced curriculum, method of teaching, school problems and qualified trained

teachers. Our present system and programmes of education is highly structured schedule, basically

it has been designed for normal students. The following may be objectives. Methods approaches, curriculum and qualities of teachers for gifted children.

### **Objectives of Education**

The following may be objectives in addition to the objectives formulated for normal children:

1. To further increase the range of their knowledge, skill and understanding.
2. To develop an alertness, initiative and creative power.
3. To develop an attitude of critical thinking.
4. To develop power to work independently and independent thinking.
5. To develop leadership and social efficiency.
6. To accelerate the process of problem solving.
7. To enhance the capacity of adjustment in home, school and society with normal children.

### **Teaching Strategies**

Three main strategies which may be used for gifted children: (1) Acceleration strategies, (2) Enrichment

strategies and (3) Special group strategies

**(1) Acceleration strategies:** It is an old strategies for gifted education.

The term 'acceleration' refers to the school process of educational programmes-early entrance into

school, skipping entire grades, doing more work per year (perhaps 3 year's work in two years or doing advanced work for advanced standing).

**(2) Ability Grouping:** has two types of classes

(i) Special classes, and (ii) Special coping grades schools.

Acceleration is defined as progress through an educational programme at a faster rate of a age younger

than convention discses.

**Evaluation:** (1) It is not possible to find out separate time for these students. (2) This is costly affair

(3) Causes wrong Psychology or impressions on others, or feel jealous (4) Underemocratic (5)

Intellectual aristocracy. Therefore, it is not psychological method, but open education system can be

introduced for levels to meet the demands of gifted children.

**(3) Enrichment Strategies:** The enrichment of curriculum must be both qualitative and quantitative.

Quality refers the depth while quantity enrichment means breadth of the content or work.

1. The programme for gifted child should represent an extension of general educational objectives.
2. The educational programmes generate a stimulating learning environment both in school and outside the school.
3. The programme should place a special emphasis on creative ability, insight and social responsibilities.
4. The educational programme should promote basic fundamental skills knowledge, appreciation and creativity etc.

### **(1) Special Teaching Methods Notes**

The following methods of teaching are used of gifted children:

1. *Individual enrichment*-Arrange enrichment activity which the gifted student can carry out by himself at his desk
2. *Group oriented method*-Development enrichment spontaneously out of the units and committee work of the whole class.
3. Variety of teaching methods can be used. Give reference material, thoughtful questions and home assignment of higher difficulty, which are appropriate for fitted students should be used.
4. Establishing the higher goals for gifted pupil.
5. Stimulating individual research.
6. Assigning the project to use potential of the child e.g. home projects in agriculture-which provide more rich experience.
7. Special project for gifted students.
8. Establishing objectives and selecting appropriate techniques.
9. To provide the awareness to the gifted students about the plans and programmes and their potentialities. and
10. Flexibility in teaching units.

**(2) Special Group Approach:** Under this approach is has been suggested that there should be special schools for gifted students. There should be separate provision in the schools by forming groups of gifted students. The groups may be formed on the following units:

1. There should be special group in general classes in primary or elementary school.
2. There should be separate provision related to the subjects-English language, mathematics, science and social studies at junior and secondary schools.
3. There should be provision for special curriculum at higher secondary schools.
4. There should be honours courses at college and university level. Separate plan and procedure for special group.

Make realistic appraisal of each one's capability then use this appraisal for homogenous grouping.

This will narrow down the range of ability and achievement in each group as compared to the class as a whole.

(1) Group leader-assign every student one problem provide occasions for independent reading, reference work, Interviews in community etc., gifted students can be appointed as a leader of the group. So that he has time to exercise leadership ability and imagination. In this way they can gain experience in organizing individuals to work together in dealing with human relations problems and in accepting responsibility for group action.

(2) Arrange to broaden the gifted group's activity into a total class project by the use of round table discussions, displays, field trips and assemblies. With some modification these activities become a learning activity for the entire class, and they also become interested in pursuing similar activities themselves.

(3) These large, flexible units lend themselves to varied teaching techniques-individualized instruction, work in small groups and total class groups.

(4) Project method may be used for special group. Some challenging tasks may be assigned to such group.

### **General Method and Techniques for Gifted Children**

Some of general methods and techniques which are very useful in the studies of gifted children are

given below :

1. The positive reinforcement or praise and encouragement devices are effective but challenge and criticism devices are much more effective to reinforce their behaviour. For example "We do not expect such behaviour student like you".
2. The repetition in teaching is boring to them. They do not take interest in the unnecessary interpretation and repetition of content in classroom teaching.
3. Teacher should probe into the depth of the content to develop some insight into it.
4. There should be the provision and facilities of library, reading, laboratories and field work.
5. In class room teaching difficult questions are put for providing challenge them.

## **Unit-III**

### **Resources, Curricular and Other Changes**

#### **(a) CONCEPT AND NEED FOR CURRICULAR ADAPTATIONS FOR CHILDREN WITH DIVERSE NEEDS**

Inclusive education means education of all students, where all students are equal participants in the learning process. Provision of inclusive education involving students with disabilities is based on the belief that those with disabilities should not have to depend on specialised services alone, to benefit from educational resources, activities and practices that are otherwise available to all. Inclusivity is maintained when all members of a group are able to participate in its activities, which means, provisions made are considerate of all members and not just those from specific groups or, with special abilities, disabilities, and/or needs. As members of a group or a community, all have equal rights to participate; the practices and services must thus be inclusive of all. This right is also upheld by the Indian Constitution, which assures all Indians the right of Equality of Status and Opportunity. Thus, while it is the responsibility of the society and community to involve and treat all its members as equals, the Indian Constitution also guarantees provision of equal access to opportunities. The Right to Education (RTE) Act (2009), which makes elementary education a fundamental right of every child, is of great significance to the government as well as private schools. Our schools and classrooms need to reflect this social, constitutional and legal right of every child to be included in the educational processes and practices – our classrooms, now more so than before, need to be ready to include students from different backgrounds, with differing needs and abilities. The classroom offers a dynamic, productive space where ideas, values, information, knowledge are shared and conveyed. Organisation of the class and interactions amongst its fundamental components i.e., the students, teacher and curriculum-transactions, create potential for the group to move from a state of not knowing to one of knowing. With the recognition of education's impact on development, education and its aspects are now under sharp focus. There are several indicators<sup>1</sup> pointing out that our schools need significant improvements to develop the quality and effective reach of education to children attending the nation's extensive schooling system<sup>2</sup>. In recent years, these increasing concerns have brought significant attention from educators, policy-makers, researchers and economists, to schools and classrooms in India. Constitutional provisions and legal mandates such as the RTE, Persons With Disability (PWD) Act<sup>3</sup> are policy measures to make improvements in India's education system, accessed by over 125,059,229 students (DISE 2013) including 25.96 lakh CWSN enrolled in schools, 0.52 lakh enrolled in EGS/AIE centers and another



1.38 lakh provided support through home-based education (Progress of Inclusive Education in SSA in 2009-10, MHRD). Educational initiatives introduced to classrooms such as Continuous and Comprehensive Evaluation, inclusive education and evaluative interventions such as NCERT learning indicators are also amongst the initiatives taken to improve teaching-learning in our classrooms. In light of the introduction of these educational innovations, the attention drawn and the urgency to make classrooms better call for revisiting and revising practices, including (1) planning, (2) methods of instruction and (3) assessments, that the classrooms have been following so far. Developing new insights into accustomed practices may seem demanding on time and energy, at times even seeming difficult to put into practice. It would help to look upon these as opportunities to advance teaching, perhaps better the teaching-learning experiences in the classrooms. The purpose of this handbook is to help make the transition to the expected changes easier for teachers. It presents suggestions, tips, ideas and strategies towards helping the teacher make classrooms and instructions inclusive. These are gathered from research, from experiences, and information collected after a series of workshops organised by the Department of Education of Groups with Special Needs (DEGSN), with regular and special education teachers. As mentioned earlier, by inclusive is meant including all children in the classrooms . Thus, while the handbook will address including classroom students from the perspective of a CWSN, it is developed to make classrooms inclusive for all students in the classroom. In the following sections, first an overview of terms and definitions associated with special and inclusive education is presented. This is followed by an explanation of the organisation and contents of the handbook.

#### **(b) ROLE OF TECHNOLOGY FOR MEETING DIVERSE NEEDS OF LEARNERS**

One of the most amazing developments in education over the past ten years is the way that technology has created a revolution in possibilities for disabled learners. For years, differently-abled students have struggled with their assignments or been shut out of different classes or

subjects because schools had accessibility or instructional problems. The result has been that disabled students have long been subject to inadequate and unequal educational opportunities.

But the rapid development and application of computer-based technology, however, has created a sea change in available options for disabled students, ending the isolation and limited opportunities disabled students have long faced. Computer programs have been designed to make it easier for disabled students to access material, communicate their ideas and work, and participate in educational experiences.

For example, while Braille reading and writing techniques have helped blind or visually-impaired students continue their education since the nineteenth century, new assistive computer technologies (AT) that include mobility, hearing, and visual aids make Braille, as revolutionary as it was, pale in comparison. There are technologies for every category of disability:

- **Speech-Recognition software:** Students dealing with blindness/visual impairment, or with physical limitations that prevent them from typing on a keyboard, can use text-to-speech devices (mobile and otherwise) to compose their assignments. When using these programs, students speak into a microphone, which then translates their words into typed documents. The most well-known of the software programs that perform this task is Dragon Naturally Speaking, which also recognizes voice commands such as “insert exclamation point.”
- **Text-to-Speech software:** This kind of assistive technology helps students with visual impairments by allowing them to listen to the text that appears on a computer screen. This is a huge improvement over Braille because once the program is installed on the computer, it can read anything on the screen, no matter what format it is in (e.g. .pdf or website) with no waiting for a Braille translation. This enables students to participate in online activities, use email and text, and have immediate access to course materials. There are many free versions of this software available online, such as Natural Readers.
- **Visual Aids:** This broad category of assistive technology includes screen magnification software that enlarges portions of the screen where the reader directs the mouse; screen reader

software that translates screen text to Braille, text-to-speech programs; audio texts. All of these can be used by students of many different kinds of visual disabilities.

- **Audio Aids:** Another broad category of assistive technology, these student aids include sound amplification tools; alerting devices that use flashing lights or icons on the computer screen rather than sounds to signal users; close-captioning for videos; TTY (TDD) also known as Telecommunication for the Deaf; phones enabled with Voice Carry-Over (VCO) technologies that allow students with hearing difficulties to communicate over the phone with their own voice.
- **Physical Aids:** For students with physical mobility, stability, motor coordination, and range of motion challenges, several technologies are available to assist them in completing their schoolwork, including audio books for students who cannot physically handle books; keyboard adapters such as keyguards to prevent mistyping from tremors or loss of control; voice recognition software for students who cannot type.

### **Online education also helps disabled students**

Though disabled students should never be barred from any learning environment, like all students, some do function better in an environment with limited distractions and more accessibility than might be available in many classrooms or on very large campuses.

That's where online education can be very helpful. For example, the ability to take classes in a single environment, such as a home office, guarantees that disabled students will have all of their assistive technologies available in one place.

Another benefit of online education is that students with behavioral disabilities, who have difficulty concentrating amid the normal distractions of a classroom, or emotional challenges that prevent them from maintaining appropriate classroom behaviors, can create environments in which their ability to focus will not be compromised.

assistive technology tools

**Abbreviation expanders**

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

**Alternative keyboards**

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

**Audio books and publications**

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

**Electronic math work sheets**

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

**Freeform database software**

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

**Graphic organizers and outlining**

Graphic organizers and outlining programs help users who have trouble organizing and outlining information as they begin a writing project. This type of program lets a user "dump" information

in an unstructured manner and later helps him organize the information into appropriate categories and order.

### **Information/data managers**

This type of tool helps a person plan, organize, store, and retrieve his calendar, task list, contact data, and other information in electronic form. Personal data managers may be portable, hand-held devices, computer software, or a combination of those tools working together by "sharing" data.

### **Optical character recognition**

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

### **Personal FM listening systems**

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

### **Portable word processors**

A portable word processor is lightweight device that is easy to transport (e.g., from classroom to home). It can be helpful to kids who may have trouble writing by hand and prefer to use a keyboard. Word processing allows the user to edit and correct his written work more efficiently than doing so by hand.

### **Proofreading programs**

Students who struggle with writing (e.g., spelling, grammar, punctuation, word usage, and sentence structure) may benefit from software programs (included in many word processing systems) that scan word processing documents and alert the user to possible errors.

### **Speech-recognition programs**

A speech recognition program works in conjunction with a word processor. The user "dictates" into a microphone, and his spoken words appear on the computer screen as text. This can help a user whose oral language ability is better than his writing skills.

### **Speech synthesizers/screen readers**

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

### **Talking calculators**

A talking calculator has a built-in speech synthesizer that reads aloud each number, symbol, or operation key a user presses; it also vocalizes the answer to the problem. This auditory feedback may help him check the accuracy of the keys he presses and verify the answer before he transfers it to paper.

### **Talking spell checkers and electronic dictionaries**

Talking spell checkers and electronic dictionaries can help a poor speller select or identify appropriate words and correct spelling errors during the process of writing and proofreading. Talking devices "read aloud" and display the selected words onscreen, so the user can see and hear the words.

### **Variable-speed tape recorders**

Tape recorders/players allow a user to listen to pre-recorded text or to capture spoken information (e.g., a classroom lecture) and play it back later. Variable speed control (VSC) tape recorders speed up or slow down the playback rate without distorting the "speaker's" voice.

### **Word-prediction programs**

Word prediction software can help a user during word processing by "predicting" a word the user intends to type. Predictions are based on spelling, syntax, and frequent/recent use. This prompts kids who struggle with writing to use proper spelling, grammar, and word choices, with fewer keystrokes.

**(b) CHANGING ATTITUDE OF SIGNIFICANT OTHERS AND SOCIETY IN GENERAL**

Community-Based Rehabilitation is essentially meant to ensure that disabled people, wherever they are, are not discriminated against or deprived. For many people in the world now it is still a big problem to get help for their disability. City institutions are far away and cost too much. The idea of CBR is that disabled people should have the right to a good life. The help should be available to them, at a low cost. It should be offered to them and their family in a way that suits their usual way of living, whether in a village, a town or a city. They should have education like everybody else. They should be able to take up jobs and earn their living. They should be able to take a full part in all the activities of their village, or town or city. The idea of CBR is that, even if people learn very slowly, or have problems seeing or hearing, or find it hard to move about, they should still be respected for being men and women, girls and boys. Nobody should be looked down on, or treated badly just because they have a disability. Houses, shops and schools should be built in such a way that everyone can easily go in and out and make use of them. Information should be given to people in a way they understand, not only in writing, which is hard for people who cannot read or have problems seeing it. Information should be given in spoken forms as well, so that everyone has a fair chance to use it. To do all this would mean a lot of changes. But they would be good changes, because everyone could live a better life, helping each other and respecting one another.

**Different ways to CBR**

Most people agree that disabled people should have a better life. But people have different ideas about how it should be done. Around the world, people live in many different ways, and have different beliefs about what people should do. So, people use the CBR in many different ways. Some people think the government should take money away from the city institutions, and use it to pay for more people with healing and counselling skills in villages. Some people want specialists to go out from the city and travel round the villages, giving everyone a chance to see them. Some people want to send village healers to the city for training, so that they could go back to the village with a lot more knowledge and skills.

### **Role of Government in Rehabilitation of Exceptional Children**

The Government of India offers special concessions to the disabled in the following areas:

- 1. Travel:** The Ministry of Railways offers a discount of 75% on fare for all classes, and 50% on season tickets to a person with disability on production of a valid Certificate of Disability. Concession is also allowed for an escort accompanying a disabled person. Those with visual impairment and locomotor disability are eligible for 50% discount on airfare if they travel by Indian Airlines.
- 2. Communication:** Blind literature and packages are exempt from postage and postal fees under prescribed conditions. Persons with visual and locomotor disability get preferential allotment for running STD/PCO telephone facilities.
- 3. Customs concessions:** Import of special learning and mobility aids for personal use of persons with disability are exempt from customs duty. **Income tax concessions:** The parent or guardian of a disabled person is entitled to a deduction up to Rs 40,000 in tax on income. Deduction is also permissible to an individual or family



member with respect to expenditure incurred on medical treatment of a disabled person. The limit of this deduction is Rs 41,000. Deduction from total income of a disabled person has been raised to Rs 40,000.

**5. Bank loans and subsidy:** Persons with physical disabilities and institutions working for such persons can avail of loans from public sector banks at differential rates of interest. Under the Integrated Rural Development Programme, the physically disabled receive subsidy up to Rs 6,000.

### **Implementing machinery**

Various agencies have been established to spearhead, maintain and encourage rehabilitation efforts.

The National Institutes provide direct services (e.g. assessment, early intervention, training etc.), conduct human resource development programmes, engage in research activities independently and

in collaboration with voluntary agencies, and produce resource material and equipment relevant to

Indian needs. Each National Institute has regional centres in different parts of India.

Under the provisions of the Persons with Disability Act (1995), the government has appointed a Chief Commissioner of Disabilities at the Centre, and a Commissioner of Disabilities in each state,

who are responsible for implementing the Act. At the state level, the Ministry of Social Justice & Empowerment implements its policies by funding and monitoring rehabilitation efforts of government

and non-government agencies.

The University Grants Commission (UGC), the apex government funding agency for monitoring higher education, has sanctioned the setting up of Disability Units in universities to promote opportunities for higher education for persons with disabilities. Established under the UGC scheme

of Higher Education for Persons with Special Needs (HEPSN), the Disability Units are expected to

ensure that the physical and educational environments in affiliated colleges and departments of the university are conducive to students with disabilities pursuing higher education. Additionally, the Units would ensure that persons with visual, hearing and physical impairments are employed in the university under the 3% job reservation scheme.

**(e) ADAPTATIONS IN INSTRUCTIONAL OBJECTIVES, CO-CURRICULAR AND CURRICULAR ACTIVITIES FOR CHILDREN WITH DIVERSE NEEDS**

**Special Curriculum for the Intellectual Disabilities**

The children suffering from intellectual disability should be provided a special curriculum for their education. Certain extra curricular activities like Yoga, music; dance, art and craft etc. can be introduced to these children as they can learn to interact while doing these activities. Physical training must also be given to them which may include drills, games and sports. Their communication skills can be improved by using sign language. The whole process of imparting education to them should rest on the objective of making these children as much independent as possible. Instead of providing them bookish knowledge they should be trained in day to day skills and activities.

It is a myth that these children can be educated only when they are institutionalized. Rather it is the other way round. They need inclusion and care to learn the ways of independent living. The state also guarantees educational and other services to them.

Their comprehensive educational plans have to be developed by a team of physicians, paediatrician, adolescent psychiatrist, speech therapists, and family and school authorities according to the level of retardation. Before introducing the child in any classroom, his psychological issues need to be addressed properly. No sense of inferiority should be developed in the child as this can hamper the willingness to learn. A great care is needed while deciding whether the child can be admitted to regular school or has to be sent to a special school. Sometimes the wrong decisions can overtax his ability and put more strain on his limitations too.

Apart from providing academic knowledge, they should be taught behaviour modification techniques and should also be trained vocationally for occupations and live independently after. In India, there is significant prevalence of mental retardation in urban as well as in rural area. The Persons with Disabilities Act states that there should be mandatory support for the prevention, early detection, education, employment and other facilities for persons with mental retardation.

### **Bodies and Institutions to control this Disorder**

Various institutions and bodies have been formed to curb this disorder. National Institute for the Mentally Handicapped (NIMH) was established in 1984. It is an Autonomous Body under the administrative control of Ministry of Social Justice & Empowerment, Government of India. And so was the National policy for Mental Handicapped formulated in 1988.

### **Some Other Centres**

The first training centre for special education was started in 1953 at Mumbai. There were 40 such training centres by 1995, but at present there are 65-70 centres. The Rehabilitation Council of India has the responsibility of approving these courses while the RCI updates and revises the courses from time to time.

NIMH Model Special Education Centre is of New Delhi works in direction of building capacities to empower persons with mental retardation. Its rehabilitation intervention programmes include educational, therapeutic, vocational, employment, leisure and social activities, sports and cultural programmes.

The institute offers training courses like Early Intervention, Rehabilitation Psychology, Special Education and Disability Rehabilitation. These courses are innovatively structured. There are 5 Certificate Courses, 4 Diploma Courses (DSE (MR), DVR, DECSE, and DCBR). Further, 2 Graduate courses (BRT & B.ed Special Education(MR)), 1 Post-graduate Diploma course (PGDEI) and 2 Master courses (M.ed Special Education & MDRA) and 2 M.Phil (Special Education and Rehabilitation Psychology) level courses in affiliation with different universities.

Special education becomes a means of rehabilitation for the person with intellectual disabilities. These children require services from different professionals. Special education can help in assimilating knowledge and skills from various disciplines and can integrate them. The special educators can prove to be the most essential and resourceful persons for those confronting the problems of intellectual disability.

## **Unit-IV**

### **Teacher Preparation**

#### **(A) GUIDELINES FOR ADAPTATION FOR TEACHING/PRACTICING SCIENCE, MATHEMATICS, SOCIAL STUDIES, LANGUAGES, YOGA, PHYSICAL EDUCATION, DRAMA ETC**

##### **Mathematics**

1. To make the child learn the concept of 'Time', several real life examples can be given. Children can be taken out in the morning, at noon and then in the evening on a sunny day, to feel the difference between different phases of the day.
2. To teach 'Commutative property of addition' put two different things like toffees and balls in two different buckets. Then the children can be asked to count both the materials and add. For example, two toffees and three balls and then three toffees and two balls.
3. To teach the concept of 'Volume', group activity can be conducted. For example, take water bottles of two different sizes and make the children fill the bottles with water. One bottle can be filled with, say, three glasses of water while the other may just take two glasses to fill. Hence the capacity of the first bottle is more. Children can take turns in filling the bottles, counting and recording.
4. The concept of 'Money', can be taught by first introducing notes and coins of different sizes. Then organise fun activity like arranging shop for all students and ask them to purchase items with the money given to them. The child with VI can explore the notes and coins tactually and repeatedly to understand the difference.

##### **EVS**

1. Concept of 'Clouds' can be taught with the help of ice. Drop in temperature before rain because of clouds can be discussed in the class and students can be taken to a cooler place like cold store/ fridge to get a feel of that.
2. To teach the concept of 'Day and night' children can be made to observe the difference in temperature and noise during day and night. Days are warm and noisy whereas nights are comparatively cold and silent.
3. To explain 'Function of roots', children can be asked to touch a plant uprooted just then and then a plant which is kept uprooted for few days. The child can differentiate between plants that are alive or dead.
4. To differentiate between different animals, apart from tactile pictures or models, VI students can also be introduced to the sounds of the animals.
5. To make the children aware of different types of material like glass, gold etc., they can be asked to touch and feel different textures and then help them talk about it.

### **Language**

To help the child to start 'making sentence' about him/her, they can be allowed to experience by touch the physical attributes to help make sentences. For example, child can be asked to touch a warm cup and asked to make a sentence: 'the cup is hot'. Similarly, auditory input can be given by different sounds. 2. To teach 'adjectives', children can be exposed to real examples from the surroundings. For example, they can be asked to say something about his/her friend or can be made to touch different textures and explain the experience. 3. For a VI child, pictures should be explained verbally in detail like – what, who, where and when. Based on the comprehension, help them summarise, give oral answers. Experience for understanding can be enhanced by tactile and kinaesthetic input. For example, differences or similarities between lassi and tea.

## **(B) NCF 2005 AND CURRICULUM FOR TEACHER PREPARATION AND TRANSACTION MODES**

### **Introduction:**

- NPE 1986, assigned a special role to NCERT in preparing and promoting NCF.
- Yash Pal Committee Report, 'Learning without Burden' (1993) observes that learning has become a source of burden and stress on children and their parents.
- Considering these observations, Executive Committee of NCERT decided at its meeting of July 14, 2004, to revise the National Curriculum Framework.
- The process of development of NCF was initiated in November, 2004 by setting up various structures like National Steering Committee Chaired by Prof. Yash Pal and twenty-one National Focus Groups on themes of curricular areas, systemic reforms and national concerns.
- Wide ranging deliberations and inputs from multiple sources involving different levels of stakeholders helped in shaping the draft of NCF.
- The draft NCF was translated into 22 languages listed in the VIII Schedule of the Constitution. The translated versions were widely disseminated and consultations with stakeholders at district and local level helped in developing the final draft.
- The NCF was approved by Central Advisory Board on Education in September, 2005.

### **Vision and Perspective**

- To uphold values enshrined in the Constitution of India
- To reduce of curriculum load
- To ensure quality education for all
- To initiate certain systemic changes

### **Guiding Principles**

- Connecting knowledge to life outside the School
- Ensuring that learning is shifted away from rote methods
- Enriching curriculum so that it goes beyond Text Book
- Making Examination more flexible and non-threatening
- Discuss the aims of education
- Building commitment to democratic values of equality, justice, secularism and freedom.

### **Focus on child as an active learner**

1. Primacy to children's experience, their voices and participation
2. Needs for adults to change their perception of children as passive receiver of knowledge

3. Children can be active participants in the construction of knowledge and every child come to with pre-knowledge
4. Children must be encouraged to relate the learning to their immediate environment
5. Emphasizes that gender, class, creed should not be constraints for the child
6. Highlights the value of Integration
7. Designing more challenging activities

### **Curricular areas, school stages and Assessment**

- Recommends significant changes in Maths, Natural Sciences, Social Sciences
- Overall view to reduce stress, make education more relevant, meaningful

#### **1. Languages**

- To implement 3-language formula
- Emphasis on mother tongue as medium of instruction
- Curriculum should contain multi-lingual proficiency only if mother tongue is considered as second language
- Focus on all skills

#### **2. Mathematics**

- Teaching of Mathematics to focus on child's resources to think and reason, to visualize abstractions and to solve problems.

#### **3. Sciences**

- Teaching of science to focus on methods and processes that will nurture thinking process, curiosity and creativity.

#### **4. Social Sciences**

- Social sciences to be considered from disciplinary perspective with rooms for:
- Integrated approach in the treatment of significant themes
- Enabling pedagogic practices for promoting thinking process, decision making and critical reflection.

#### **5. Draws attention on four other areas**

**a. Art Education:** covers music, dance, visual arts and theatre which on interactive approaches not instruction aesthetic awareness and enable children to express themselves in different forms.

**b. Health and Physical Education:** Health depends upon nutrition and planned physical activities.

**c. Education for Peace:** As a precondition to snub growing violence and intolerance

**f. Work and Education:** As it can create a social temper and agencies offering work opportunities outside the school should be formally recognized.

#### **School and Classroom environment**

- Critical pre-requisites for improved performance – minimum infrastructure and material facilities and support for planning a flexible daily schedule
- Focus on nurturing an enabling environment
- Revisits tradition notions of discipline
- Discuss needs for providing space to parents and community
- Discuss other learning sites and resources like Texts and Books, Libraries and laboratories and media and ICT
- Addresses the need for plurality of material and Teacher autonomy/professional independence to use such material.

#### **Systemic Reforms**

- Covers needs for academic planning for monitoring quality
- Teacher education should focus on developing professional identity of the Teacher
- Examination reforms to reduce psychological stress particularly on children in class X and XII

#### **Examination reforms highlight:**

- Shift from content based testing to problem solving and competency based assessment
- Examinations of shorter duration
- Flexible time limit
- Change in typology of questions
- No public examination till class VIII
- Class X board exam to be made optional (in long term)

#### **Teacher Education Reforms emphasize on preparation of teacher to**

1. View learning as a search for meaning out of personal experience, and knowledge generation at a continuously evolving process of reflective learning.



2. View knowledge not as an external reality embedded in textbooks, but as constructed in the shared context of teaching-learning and personal experience.

### **Guidelines for Syllabus Development**

1. Development of syllabi and textbooks based on following considerations
  - Appropriateness of topics and themes for relevant stages of children's development
  - Continuity from one level to the next
  - Pervasive resonance of all the values enshrined in the constitution of India the organization of knowledge in all subjects
  - Inter-disciplinary and thematic linkages between topics listed for different school subjects, which falls under different discrete disciplinary areas.
  - Linkage between school knowledge and concern in all subjects and at all levels
  - Sensitivity to gender, caste, class, peace, health and need of children with disability
  - Integration of work related attitudes and values in every subject and all levels
  - Need to nurture aesthetic sensibility and values
2. Linkage between school and college syllabi, avoid overlapping
3. Using potential of media and new information technology in all subjects
4. Encouraging flexibility and creativity in all areas of knowledge and its construction by children.

### **Development of Support Material**

- Audio/video programmes on NCF-2005 and textbooks
- Source-book on learning assessment
- Exemplar problems in Science and Mathematics
- Science and Mathematics kits
- Teachers' handbooks and manuals.
- Teacher Training Packages.
- Developed syllabi and textbooks in new areas such as Heritage Craft, Media Studies, Art Education, Health and Physical Education, etc.
- Taken various initiatives in the area of ECCE (Early Childhood Care Education), Gender, Inclusive Education, Peace, Vocational Education, Guidance and Counseling, ICT, etc.

## **(C) SKILLS AND COMPETENCE OF TEACHER AND TEACHER EDUCATORS FOR SECONDARY EDUCATION IN INCLUSIVE SETTINGS**

*Teachers play a critical role in the development of children. An excellent teacher can serve as an inspirational and encouraging role model for a child long after the classroom year is over. This is especially true when it comes to special education teachers who work with children dealing with diverse challenges and needs.*

A highly qualified special education teacher with an advanced degree, is best suited to help children face and overcome challenges, while striving to be their personal best. Special education teachers, who set the bar, embody the following traits:

1. **Organization.** One of the core skills that will help a teacher every day in the classroom is the ability to be highly organized. The confidence of children should stem from the structure of an orderly atmosphere provided by the teacher. Some common ways that special education teachers make a classroom well-organized include: using color coordinated folders and baskets, labeling all important areas of the classroom, and assigning each child a communication notebook that travels from home to school and back. In addition to classroom organization, special education teachers should have organized record-keeping skills as they report to a variety of administrators to show they are up-to-date on key teaching requirements. Teachers today rely on a combination of software programs and old-fashioned pen-and-paper to keep such records.
2. **Creativity.** Everyone has a different learning style. The best teachers are able to adapt their lessons in creative ways to highlight the learning strengths of each individual child. The special education teacher must be able to include all children in the learning process, which may involve teaching the same material in four or five different ways. In order to be prepared, a teacher must call upon new teaching techniques on a regular basis. This benefits all of the students as each will be able to capitalize on his or her own learning strengths while developing

skills in other areas. For example, a student who learns best visually will also develop their own auditory and kinesthetic learning styles in a creative classroom.

3. **Highly intuitive.** Some children may find difficulty in properly expressing what they are feeling, due to their communication skill level. They may act out or withdraw because they are feeling confused, frustrated, or even overwhelmed. A special education teacher needs to have intuitive skills to sense underlying issues behind a child's behavior, along with helping them as situations occur.
4. **Calming nature.** The intensity of the classroom environment may also create stress. This is often magnified in a special education classroom where children may be dealing with behavioral and learning issues. A great teacher will have a calm nature to their countenance that helps reduce the level of stress in the room. Creating a safe classroom is characterized by maintaining a calm atmosphere and is a crucial skill for teachers to master.
5. **Detail-oriented.** One specific aspect of being a well-organized teacher is having the ability to pay close attention to detail. Special education teachers are consistently assessing students through formal and informal methods, where details make a difference. When applying for jobs special education teachers may notice that "attention to detail" is listed as one of the requirements for the application.
6. **Deadline-oriented.** Sticking to a clear schedule helps children stay calm by creating expectations through a daily routine. Additionally, special education teachers play an important role in a child's goals for the year through their Individual Education Plan.
7. **Adaptability.** Teachers must be adaptable as you never know what may happen in the classroom. Children may have outbursts, meltdowns, and disruptions due to leaving the room to attend mainstream classes and meetings with therapists. A teacher has to be able to maintain order, keep to a schedule, and be flexible as all of these situations may arise. Modeling adaptability is important because children with special needs often need to learn how to adapt to their surroundings based on their disability. A teacher who demonstrates this effectively teaches the child how to do so in different situations.
8. **Even tempered.** All classroom environments can be stressful and is often heightened in special education settings where different learning situations in children may take place. Special education teachers also work closely with parents, therapists and other professionals, which can

bring added stress. A great special education teacher must be even-tempered and must have excellent coping techniques.

9. **Good sense of humor.** A great special education teacher should be able to recognize the appropriate times to have a good laugh and help shift the atmosphere of the classroom to a more cheerful one.
10. **True love of children!** The top nine traits on this list are all very important for a special education teacher to have. However, none are as important as having a true love of children. Children instinctively know when they are loved and a teacher plays a key role in their development. It is imperative that teachers feel a genuine love and joy for children and their chosen career.

## **(D) MULTICULTURAL AND MULTIGRADE TEACHING**

### **Why Multiculturalism?**

Given the continuum of sentiments regarding multiculturalism today, Howe's comments to us seem most timely. Howe says that the challenge we face today is that of refusing to accept that commonality can be achieved only at the price of diversity, that unity can exist only if we demand conformity. He says that we need to commit to finding new terms of unity that are based on respect and on meeting the needs of all students equitably, to gain courage in our demands for full inclusion, to swallow our fears of diversity, and to wade deep in the waters to discover and create the terms of mutuality and respect that can bind us together.<sup>4</sup> Embracing multiculturalism in our schools gives us a chance to put the basic tenets of democracy into practice and to stress with students the "unum" and "pluribus" ideas on which this nation was founded.

### **What Is Multiculturalism?**

Multiculturalism strives to integrate multiethnic and global perspectives, both present and past, into the traditional curriculum that is primarily monoethnic and Anglo-European. It is an idea(l), a process, a reform movement, and a commitment. The process is one in which a person becomes multicultural and develops competencies in multiple ways of perceiving, evaluating, believing, and doing. It means that one has to focus on developing the ability to negotiate

cultural diversity. Singer says that developing a multicultural perspective requires dialogue between people with different points of view, acknowledgment of different experiences, and respect for diverse opinions. It creates space for alternative voices, not just on the periphery but in the center. We are called upon to recognize the validity of one of the ideas of Dr. Martin Luther King, Jr., and of many other fighters for human rights; that is, to allow injustice anywhere is to promote it everywhere. We must be concerned with prejudice and discrimination in all forms against anyone. Schools must sensitize students to these issues and must enable them to develop appropriate attitudes and skills toward these issues as well as strategies to confront them when necessary.

Finally, multiculturalism requires of all of us that we examine ourselves to identify our own biases and ethnocentrism and that we develop behaviors to transcend them. This is especially crucial for teachers if they want to be effective with students from diverse backgrounds. A multicultural classroom, then, is one that features positive teacher expectations for all students, a learning environment that supports positive interracial contact, and a curriculum that is multicultural in content and varied in pedagogy.

### **Multicultural Content**

In considering content, an educator's primary concern should be that of enabling students to develop an understanding of our collective history—the places in time and space where people's lives intersect but also the lives of groups of people prior to and after such intersections. Such an approach will allow students to fully understand the roles and contributions of various groups of people to human civilization and culture.

One critical element for a multicultural curriculum is to include experiences that allow students to explore events, concepts, issues, and themes from multiple perspectives. These perspectives over time should be broad so that students don't end up inadvertently creating new stereotypes of different groups. Primary sources in the voices of the people they represent should be used as frequently as possible. Such an approach will help students to understand that one issue or event can be viewed in different ways by different people. As James Banks comments in an interview with Ron Brandt, the westward movement in United States history was not westward for all. For

the Lakota Sioux it might have been the invasion from the east since the destination of those headed west was the homeland of the Lakota Sioux.

A second important aspect of the curriculum is that it should be relevant to the lives of students and should reflect their images as well as their natural experiences. The content, therefore, should reflect everyday aspects of living and the daily experiences of students. This will sometimes create a necessity for teachers to select illustrations, create analogies, or relate allegories that will connect new information to the experiences of the students. To do an effective job in this area, teachers will need to develop their knowledge about the sociocultural backgrounds of their students.

It is also important to give depth and meaning to information. This is especially true when looking at historical figures. Students should be given an accurate well-rounded view of people. Dr. King, for example, should be portrayed as a peacemaker but he should also be portrayed as a warrior, as a family man, and so on. It is also important that historical figures and their accomplishments be shared with students in regard to their historical time period and the social, economic, political, and geographical conditions in existence at that place and time. The dress, eating habits, and other customs of a people can be appreciated when viewed from these perspectives. The significance of an invention or discovery can also be more appreciated by students in today's technological society when viewed in this way.

Finally, a multicultural curriculum should be focused on the integration of content across disciplines. Students need to understand that all things in life are interconnected, that they use science and math, for example, in many activities in their daily lives. When we teach content as separate entities, many students come to believe that one discipline has nothing to do with any other.

### **Multicultural Context**

The classroom environment needs to be a demonstration to students of the value the educator places on diversity. This means that instructional design, activities, interaction patterns, behaviors, and expectations must be fair and equitable for all. In a pluralistic society, educators

need to be keenly aware that many of the traditional school patterns accommodate some students and work consistently against others. One example is interaction patterns. Some students' learned communication style is more indirect than direct; some students require thinking time before responding to a question; some students answer questions indirectly and give extraneous information in the process. Other elements that need examination include student mobility in the classroom, classroom organization, promotion of relationships (between students and between students and teachers), use of tone (hopefully a positive one), and use of nonverbal communication, which frequently conveys more than verbal communication.

Overall, in the area of classroom climate, the classroom needs to be inviting, its decorations should reflect images of all the students, and the focus should be on active involvement of the students. We as educators, to be successful in this and other areas with diverse student populations, must examine our assumptions of what schools and classrooms are supposed to be and do.

### **Multicultural Instructional Strategies**

A final area that requires changes when trying to design a multiculturally sensitive classroom is that of instructional methodology. We know from classroom research, especially over the last twenty to thirty years, that people learn and process information in different ways. This knowledge creates a necessity for teacher usage of a variety of teaching strategies or techniques. In multicultural classrooms, teachers hold high expectations for all students, and the use of a variety of pedagogy and learning activities reflects the teacher's commitment to providing equitable access for all students to the opportunity to achieve socially, vocationally, and academically.

What, then, would be some of the pedagogy and learning activities in a classroom structured for the academic success of all students? Obviously there are many techniques that could be used with students over a period of time or within one instructional block. Additionally, different strategies make sense for different kinds of activities and knowledge-building opportunities, and the appropriateness of a given strategy to the content being taught is just as important as the use of a variety of methodologies. Some of the instructional strategies and activities that an educator

would want to master and use effectively and appropriately would include the following: whole class and small group discussion, cooperative learning strategies, direct instruction or lecture, peer teaching or tutoring, student questioning, role play and simulations, interactive lectures, critical thinking or problem solving activities, panel discussions, inquiry-based activities, the use of manipulatives and learning centers, and activities geared to teaching students study, memorization, listening, coping, and test-taking strategies and skills.

Obviously the use of these types of instructional strategies and activities requires the arrangement of a suitable physical environment and thoughtful instructional sequencing. Related to instruction and other areas requiring reflection are the teacher's view of knowledge construction, the socialized communication patterns of both students and teacher, teacher planning, and assessment. People construct knowledge for themselves, usually based on the prior experience and prior knowledge they have relative to a subject. For example, the plight of Jack London's major character in "To Build a Fire" might be very difficult for a reader who has always lived on a very warm Caribbean island to appreciate. In this regard, educators need to come to view themselves as facilitators of learning rather than as information givers. Students also come from cultural backgrounds that sometimes have produced in them greater facilitation with some types of communication strategies than with others. Thus, instruction needs to be reflective of an appreciation for this range of communication patterns students are likely to have mastered.

Finally, assessment in a multiculturally sensitive classroom must be reflective of the same appreciation of diversity that curriculum, climate, and instructional strategies show. It is, therefore, important that assessments are done through a variety of techniques—in both written and oral forms, but also through portfolio collections, performance projects, observations, and so on.

## **Multigrade Teaching**

### **Introduction**



Learning includes all activities that stimulate student's physical, mental, spiritual and personality development. The primary objective of Sarva Siksha Abayan (SSA) is to admit all children in the school and provide quality education and make them complete 8th Std by 2010 without dropouts. Multi grade teaching is practised not only in India but also in different parts of the world. It is not viable to appoint teachers for each class, where the admission is between 50 & 60 students in a school. In this type of situation, it becomes essential for a teacher to handle more grades at the same time. So, in these schools, the students completely depend on the teachers. If students are involved in their learning process, they can learn on their own. The teacher has to create apt Learning climate for individual learning and group learning. The teacher can assist the students in the learning activities at regular intervals. Multigrade teaching environment is prevalent in most of the schools in our country. So, when a teacher handles many grades, Activity based learning, peer learning & class room learning must take place for effective learning in the classroom. The teacher has to adapt all the techniques available for a natural and involved learning. The important duty of a teacher is to make every learner involve in learning activities without wasting students' time. With the help of the gifted children, the other students are made to involve in their learning activities. Multi grade teaching, involves teaching learning activities, production of teaching learning materials, planning and organizing etc.,

### **Objectives of Multigrade Teaching**

Teaching two grades or more than two grades at the same time by teacher in a class room, is known as multi grade teaching. The Multi grade teaching is not a new concept in our system of education. This system was followed in our traditional 'Gurukul' method. Even today, this multi grade teaching is being practiced in many schools. The absence of a teacher should not diminish the students learning achievements. The teacher has to adapt many techniques and approaches to help the learners of different grades in a same class room. This is the main objective of multi grade teaching.

### **Teacher's problems in Multigrade teaching**

1. Handling of different classes simultaneously in a same room.
2. Preparation of Teaching Learning Materials for all subjects and for all classes.
3. To pay

individual attention to the slow learners. 4. To provide sufficient reading practice and supervise the students. 5. In a two teacher school, attending all work in the absence of one teacher. 6. To act according to the individual differences of the learners. 7. Implementing Active Based Learning (ABL), Play way method and Learning by doing method in the classroom. 8. Supervising of activities and assignments in the class. 9. More attention to the gifted learners. 10. Identify student's difficult portion and teach them. 11. To concentrate in group activities. 12. To concentrate in Evaluation. 13. To concentrate in the allotment of activities. 14. Sufficient time preparation is to be made for proper assessment of all students.

### **Advantages of Multigrade teaching for the students**

It develops the skill of collecting data and the communication skill in the young age itself. It develops co-operative learning, group learning, helping attitude among the students. Students strengthen their learning by explaining the learned concepts to the other students. They understand the concepts very clearly. The much desired social habits like helping attitude, co-operation, service mentality are developed among the learners. Group discussion predominates in multigrade environment. Students give up shyness and fear and helps one another to improve oneself. This type of multigrade classroom helps to recapitulate the learnt materials and strengthen the learning. It provides chances to all the learners to participate in group discussions.