COURSE TITLE:**DEVELOPMENTAL CHALLENGES IN CHILDREN**

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S.No	Theory	Cr/Hr
1.	Definition of special needs children and special education, terminologies, history of special education	2
2.	current trends and issues in special education,	2
3.	Legislation and litigations of special education labelling- definition and its effects.	2
4.	Mainstreaming- definition, models, problems in implementation, effect of mainstreaming on children with special needs	2
5.	Definition, classification, prevalence, causes, measurement, psychological and behavioural characteristics and educational considerations, management for: Mental retardation Learning disabled children, emotional disorders, speech/communication disorders, Visual disorders, physical and neurological impairment, Multiple disorders	14
6.	Giftedness: definition, prevalence, origin, screening and identification, [psychological and behavioural characteristics of gifted children, attitudes towards gifted children. educational considerations for gifted children, managing child in school.	3
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DEVELOPMENTAL CHALLENGES IN CHILDREN

TOPIC 1

Meaning and Definition of Children with Special Needs

"Special needs" is a term that refers to children whose needs are very different from those of the normal child. In the contest of education, it refers to children who, because of either intrinsic (that is, within the child) or extrinsic (environmental) limitations, require some modification or adaptations of their maximum potential. Thus the term "children with special needs", in general encompasses two major gap which often overlap: children who are termed handicapped and children whose Carly socialization environment may be described, because of poverty and related factors, as disadvantaged (Cole and Bruner, 1972).

The field of education today is marked by a new sensitivity to the special needs of children—and by a new awareness that all educators share the responsibly for meeting these needs. It does not belong only few specialists.

Who are children with special need? The definition is really a circular one. They are children for whom special adaption in teaching method, administrative arrangement, or learning environment are required for diem to learn in the optimal manner.

According to Kirk (1972), "An exceptional child is one, who deviates from the normal child in physical, mental and social characteristics to such an extent that he requires a modification of school practices or special education services in order to develop to his maximum capacity."

Exceptionality is not synonymous with handicap. This term implies deviance from the normal, based on some criterion of what constitutes a significant degree of deviation. If a child is exceptionally bright, his intellectual process does not constitute handicapping condition (Torrance and Strom, 1957) The intellectual dimension, however, is one on which we can observe quantitative deviation from the norm, in either the direction of superiority or that of sub normality.

Several terms have been used to describe exceptionality: subnormal, handicapped, disabled, exceptional, special, impaired, etc. The World Health Organization has clearly distinguished the use of three terms.

Impairment: It means, abnormality of body structure and appearance and organs or system function resulting from any cause in principle. Impairment means disturbances at the organ level (WHO, 1976).

Disability: It reflects the consequences of impairment in term of functional performance and activity by the individual (WHO, 1976).

Handicap: On the other hand, refers to disadvantages experienced by the individual as a result of impairment and disabilities. Handicap, thus, reflects interaction with an adaptation to the individual surroundings (WHO, 1976).

These terms are based on an organic model having functional interrelationships. Hence, children are considered exceptional whey they have some characteristics that deviate from the normal or average child. The term "Children with special needs" is used more inclusively in the sense that it consists of the handicapped in one extreme and of the gifted at the other hand. These children are classified into certain categories for the purpose of placement and educational care.

Terminologies of Exceptionality in Children

Samuel Kirk (1972), one of the foremost leaders in the field of special education, has defined the following general terms of exceptionality:

Mental deviations (intellectual giftedness and mental retardation), sensory handicaps (visual and auditory handicaps); communication disorders (learning disabilities and speech handicaps), neurological, orthopaedic, and other health impairments, and behaviour disorders, Other professionals point out that a child who is handicapped in one area is more likely than not to be handicapped in another area as well. In addition, the specific type or types of handicapping condition may not be the major determinant in planning an appropriate educational programme. It may be of more value to distinguish only two general classifications: mildly handicapped and severely handicapped (Hering, 1972). Beyond this distinction, it is the particular pattern of individual characteristics of the child, rather than the categorical label that is applied, that

determines how he should be taught. The following categories of children represent the various types of exception children:

The Educable Mentally Retarded: The children who have IQs between 60 to 85 (earlier 50-75) accompanied by impaired behaviour. These children can learn minimal academic skills by their late teens with special educational support. They are capable of social and vocational independence with proper education and training.

The Trainable Mentally Retarded: Trainable mentally retarded children have IQs between 40-60 approximately. By adulthood they have intelligence of 4 to 8 yrs. old. They can be partially self supporting after training is sheltered workshops.

The Visually Handicapped: Visual handicap is defined in terms of visual acuity, field of vision, and visual efficiency.

The Emotionally Disturbed: The term "emotionally disturbed" refers to those who have inner tensions and show anxiety, neuroticism and psychotic behaviour. The behaviour of many disturbed children is also considered as social maladjustment.

The Hearing Handicapped: Hearing handicap is defined in terms of degree of hearing.

The Learning Disabled: Children who exhibit disorder in one or more of the basic psychological process involved in understanding and using the spoken or written languages. They include conditions such as perceptual problems, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia.

Physical, Neurological and Health Handicapped: These are children who are handicapped physically to the extent they need assistance of others.

The Speech and Language Handicapped: These children have articulation problems, stuttering, voice disorders, delayed speech and language problems etc.

Slow Learner: Slow learner refers to children and adolescents who learn or underachieve in one or more academic areas. Intellectually they are within 80 and 95 IQ point range i.e. on the borderline between average below average classification of intelligence.

The Gifted: Gifted are those children whose cognitive abilities place them in the in the upper three to five per cent of the population. The gifted children have an 10 of 130 and above. They display superior ability in problem solving and possess high aspiration, high motivation, goal oriented behaviour, analytical ability, perseverance, action oriented, linguistic competence and physical abilities.

The multiple Handicapped: The presence of more than one type of disability in an individual is referred to as multiple handicap.

Socially Disadvantaged: It refers to children who come from socio-economically backward sections of the community who cannot profit from school because of deprivation of one short or another.

TOPIC :- 2

CURRENT TRENDS AND ISSUES IN SPECIAL EDUCATION

Redefining

In order to stay current as an educator, one must constantly evolve. The same is true for the curricula and methodologies implemented. There is a revolution happening in the world of special education. Teachers must find out what works best for them, while incorporating new technologies and practices available.

Research-Based Practices

The use of current Research-Based Practices will help one grow as a teacher, while also providing the best chance for a child to grow academically. It is critical that educators implement researched tools, use practical adaptations of new strategies, and incorporation of multiple learning styles. The Florida Center for Reading Research is a source full of information about research based practices, as well as many current researched based activities. These activities can seamlessly be used in conjunction with current lessons.

Early Intervention

Years of analysis show that early experiences play a critical role in brain development. Proper application of Early Intervention Strategies can seriously impact children's developmental and educational trajectory. Families and educators must work together to advocate for early academic services, which will greatly benefit children in need of support. In addition to the academic interest, early intervention is also a fiscally responsible option. Children who receive intervention early on in their lives will ultimately need fewer services, meaning monetary savings in the long run.

Crowdfunding

With crowdfunding, people are able to get small amounts of money from many individuals or organizations. Some people crowdfund for vacations, new cars, and starting businesses. If people can crowdfund for a trip to Paris, why shouldn't educators use crowdfunding to help them out as well? Special Education teachers have an ever growing list of wants and needs for their classroom. With budget cuts all over America, some of these wish lists may be put on the back burner. Crowdfunding is a great way for parents, teachers, and the community to get involved. Visit this site for an example of crowdfunding for the classroom.

MTSS (**Multi Tiered System of Support**)

MTSS, also known as Response To Intervention (RTI) is a prevention, data, and teamwork-driven system that allows teachers to work within several platforms to shape the development of their students, MTSS relies heavily on current researched based activities and materials, while documenting progress through assessment. This intervention is implemented in the classroom, small group instruction, and individually. The California Department of Education is an amazing resource for MTSS, with comprehensive information and materials. Educators believe that the effective use of MTSS in Special Education will prepare students for both academic and real world success.

Assistive Technology

The preface explicitly states that this includes children with disabilities. This policy aims at all children in the 6 to 14 age group being able to complete eight years of schooling by the year 2010. The SSA gives importance to early childhood care and education and appropriate intervention for children with special needs and also and makes special reference to the education of the girl child. The positive factor is the change incorporated in the Education Act by adding a pertinent clause which clarifies that "ALL" includes children with disabilities. Four legislations have had a significant impact on the government and the NGO sector, of these the first three are specific to people with disabilities, Rehabilitation Council of India Act (1992), Persons with Disabilities Act (1995), National Trust Act (1999). The 86th Constitutional Amendment (2007). NSS data, the World Bank report categorically states that, "it is very clear that both educational attainment of all People with Disability (PWD) and current attendance of Children with Disability (CWD) are very poor and far below national averages". Data suggests that people with disabilities have much lower educational attainment rates, with 52 % illiteracy against a 35 % average for the general population. Illiteracy levels are high across all categories of disability, and extremely so for children with visual, multiple and mental disabilities (and for children with severe disabilities across all the categories). Equally, the share of children with disabilities who are out of school is around five and a half times the general rate and around four times even that of the ST population. Even in states with good educational indicators and high overall enrolments a significant share of out of school children are those with disabilities: in Kerala figures stand at 27% and in Tamil Nadu it is over 33 %.

Dr.MohitKamble

Research Professional

Globally, there are millions of children living with disabilities in the world. These children have traditionally been marginalized within or excluded from schools because of their apparent difficulties. UN Convention on the Rights of the Child (1989) imposed a requirement for radical changes to traditional approaches to provision made for children with disabilities. One year later, the 1990 World Conference on Education for all: focused attention on a much broader range of children with disabilities who may be excluded from or marginalized within education systems. This conference declared the inclusive education is regarded as the only means to achieve the goal of "Education for All". This trend was reaffirmed by next international documents. In Convention on the rights of persons with disabilities (2006), disabled persons should be able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others through reasonable accommodation of their disabilities. This research examines the new international trends occurring regarding the education of children with disabilities and finally results that the new trends show a movement from special education to inclusive education and moving from seclusion to inclusion and provide that solutions must focus on prevention, cure and steps to make these children as normal as possible.

Assistive Technology is any item, device, or software meant to assist differently abled students to improve functionality and quality of life. For example, Dragon Dictation is an app used to dictate. It can be used for individuals with decreased fine motor function, or even for students with writing anxiety. A great resource for all things in the Assistive Technology world is the Assistive Technology Industry Association. The ATIA has scheduled webinars, current research, and much more. The use of technology in and out of the classroom help students in the Special Education classroom, teachers, and even prospective teachers (especially those pursuing an online education degree).

Targeted Instruction

Targeted instruction is an approach to match the assessed needs of individual students, instead of a one size fits all approach. Teachers must analyze data, consider learning styles, group students based on similar need, customize plans, and set goals for every student. Targeted instruction fosters a learning environment that motivates the learner. When a student works harder, they tend to succeed.

Student Led Planning

Student Led Planning is when a child has a voice in his or her own education. They are allowed to not only attend, but actively participate in their Individualized Education Plan (IEP). Student Led Planning is a vehicle for self-actualization of the child. It allows students to see themselves not as a label, but as an empowered individual. This teamwork approach also fosters a stronger relationship between the students, teachers, support staff, and families.

Classroom Integration

Classroom Integration, or Inclusion is an ideology of acceptance. Classroom Integration is an opportunity for differently abled students and mainstream students to work together in a regular education classroom. All students work on the same material, but differently abled students get needed modifications and services. It is thought that all students benefit from an inclusive classroom. Everyone is working together toward their own individual goals, but also working together as a community on common goals. Students are truly able to appreciate one another's diversity through integration.

LAMP(**L**anguage **A**cquisition through **M**otor **P**lanning). LAMP is a therapeutic approach to language acquisition. The therapy is based on motor and neurological learning principles. The main goal of LAMP is to help non-verbal students have a way to communicate. It encourages sensory activities, willingness to learn, and teamwork. Many of the people that receive LAMP Therapy are students on the Autism Spectrum. The Center for AAC & Autism is a great resource to not only learn more extensively about LAMP, but also to receive training and certification.

School Choice Reform

Is a controversial topic in the education world. School Choice Reform is a movement that wants to give parents the power to choose which school their children attend. Meaning the address of students will not define a their educational opportunities. Another even more disputed aspect of this movement is Private School Choice. Some proponents feel that government vouchers should also pay for private school education, allowing a family to choose any public or private school that they wish. This is something that is especially growing in Special Education. Families would be able to choose schools based on available services, instead of their zip code.

Transition Planning

A transition plan is a section of a high school student's Individualized Education Plan geared toward a seamless transition from high school to the real world. The plan has clearly outlined goals and expectations of the individual with respect to the student's skills, needs, interests, and

strengths. Transition Planning is important because it helps outline what is expected of the student in their final years of secondary school in an attempt to prevent dropout. It also enables students to have a clear plan for their future, whether it be further education, vocational training, or job readiness.

Gifted and Talented

Gifted and Talented students have increasingly becoming a part of the Special Education world. These students with remarkable abilities and IQs often underperform in the classroom, and in fact often cause disruptive environments for others. These students find themselves flailing the mainstream classroom because they are bored. They do not thrive in a typical classroom with repetitive information and activities. Enrichment groups, independent projects, online education courses, and other challenges are a good way to pique the interest of these learners. The National Association for Gifted Children is a wealth of information regarding gifted children. There are workshops for educators, a compilation of nationwide programs for students, resources for parents, and so much more.

Vocational and recreational facilities

Adolescence is a period of transition from childhood to adulthood which implies many developmental changes and challenges.

One of the most critical turning points in the lives of adolescents is the transition from schools to the world of post-secondary education, employment, and life in the general community as an adult. Developing independence, examining one's talents and interests, deciding upon a career path and pursuing either employment or additional schooling are just some of the challenges that youth in transition face. Moreover, the children with specific disability and special needs are faced with some serious challenges like un- employability, social maladjustment, and emotional disturbance etc, as the period of transition approaches. These adolescents are unemployed at a higher rate than their general peers, tend to drop out of school halfway, and are more likely to get involved with criminal activities. Thus, the education and rehabilitation of these young children with special needs has really become a challenging field in recent time. Counseling and informal education generally would enable these exceptional children to overcome their disability to a large extent and make them effective individuals in the society. The present paper highlights some of these crucial issues.

OBJECTIVES OF VOCATIONAL TRAINING CENTRE:

- To provide need based and skill based vocational training
- To ensure involvement of the parents in the process of rehabilitation
- To create awareness on vocational training and rehabilitation among the parents/siblings
- To discuss the process of vocational training and components of job analysis
- To empower the trainees for self-advocacy
- To make Persons with Disabilities self- dependent in related trades
- To make them learn independent living skills in the community
- To make them aware about their rights

ENSURING THAT THE TRAINEES HAVE AN UNDERSTANDING OF:

- Independent personal skills and social behavioral skills
- Awareness on safe and hazardous skills Appropriate and meaningful work attitude, behavior and skill .
- Awareness on right to avail the services and facilities for their functional and social integration
- Awareness on emergency first-aid treatment. • Knowledge of life skills
- Inclusion of persons with disabilities for their empowerment through better quality of life.
- Organizing night stay away from the families.
- Yoga therapy for the persons with Cerebral Palsy, Mental Retardation and Multiple Disabilities.
- Participation in recreational activities

INSTITUTIONAL EXPOSURE

The trainees are given exposure to different public places to gain practical knowledge about post office, bank, shopping complex, hospital and picnic spots etc., comprehended the functions, rules and regulations related to these places and learn functional etiquettes likestanding in a queue and tendering the exact amount of money.

PARENTS TEACHERS INTERACTION

Parents-teachers interaction is carried out on a regular basis. During the interactive sessions Skill Instructor, Special Educator and Placement Officer have elaborate discussions and opinion sharing on rehabilitation of their wards. Discussions regarding legal guardianship, "GyanPrabha", UdyamPrabha and other schemes of National Trust and the State also take place. In order to ensure meaningful participation of the parents and building of rapport with the teachers, outings and picnics are organized for parents, trainees and professionals.

COMPUTER UNIT

OLS computer unit provides need based programme for every individual. The instructor herself has been a student of OLS and hence is in a better position to understand the needs and skills of the students as well as to guide and educate them in a manner that is best for their understanding. The Computer Unit imparts training on basic computer applications, and advanced software in programming and designing. Basically this unit equips the trainees in skills to prepare letters, drafts, databases, charts and graphs, invoices, presentations etc. Apart from this, some fundamentals on computer hardware are also taught in this unit. Depending on the ability of internalizing and being able to use whatever is taught, the trainees are also provided with higher technical skills in web designing and programming.

BAKERY UNIT

The Bakery Unit provides training on the use of machines to bake various kinds of breads, buns, pizza base, biscuits and different types of cakes and pastries. The students learn to use juicers, mixers, grinders, etc. to prepare different juices, batter and dough for the processing unit. This unit is one of the productive and earning units of OLS vocational training centre. Parents are interested for their children to work in the unit, as this exposure helps them to be of assistance at home. The trainees also prepare working lunch and snacks for themselves and OLS staff members. They are also trained to serve food in a proper manner and to collect the money from the customers. They also make packets of some grocery items like sugar, dal, atta, rice, peas etc. by using weighing machine and gain practical knowledge in packaging and selling.

LAUNDRY UNIT

The trainees in this unit are trained for collecting, cleaning, washing, starching, ironing, delivering the laundry and billing. They are also trained on cycling to help them to collect and deliver the laundry from a distance of around 2kilometres. The trainees are basically trained about categorizing the materials by colour and texture, handling the washing machine and the electric irons.

TAILORING UNIT

Tailoring unit imparts ability based training to the persons with mental retardation and cerebral palsy using their abilities, skills and techniques. After discussion with the parents and trainees regarding individual skills, the unit provides training in different aspects of tailoring like hand stitching, machine stitching, button stitching, hemstitching, and kaja stitching for systematizing perfection in hand co-ordination. The trainees in the unit are also trained to prepare file folders of cloth and paper which are in much demand for the workshops conducted by the NGOs. Some are given training on intricate stitching like embroidery. Others learn to make soft toys, chemise, petticoats, kurtas and pajamas, gaiters, cloth bags, paper bags, pillow covers, appliqué work, letter case and mending work. The training on mending, embroidery, patch work and appliqué works is imparted through modern stitching machines.

CHOCOLATE UNIT

Chocolates are products of universal fascination and hence OLS has opened a chocolate unit in vocational training and rehabilitation centre for the persons with cerebral palsy and mentalretardation. The trainees are taught to make different types of handmade designer chocolates which are in demand in the regional market and in corporate houses. The trainees will have to be in the unit for at least 3 years to develop hand dexterity and understanding of hygiene, weighing, packaging, storing and marketing to start their own enterprise. Presently 3 trainees are independently preparing the chocolates. The new comer first learns identification of different ingredients for preparing the chocolate and then learns the process of preparation and storage. Then they learn the wrapping and packaging process. The unit is supported in marketing by a team of students of Xavier Institute of Management, Bhubaneswar (XIMB) and in patronizing by Paradeep Phosphates Ltd (PPL) through its annual corporate gift procurement of chocolates during Diwali.

CARPENTRY UNIT

The Carpentry Unit provides ability based training to the trainees on carpentry skills. The unit uses manual method as well as well-equipped automatic electrical tools in carpentry. First the trainees learn how to use the machine and its function which helps the trainees with better hand coordination. This unit helps in fulfilling the demand for the special furniture required by children with cerebral palsy. The unit also caters to the requirement of special furniture of SarvaShikshaAbhiyan and the district administrations' social welfare section.

PHOTOCOPYING, LAMINATION AND SPIRAL BINDING UNIT:

OLS vocational training centrealso has a photocopying and spiral binding unit. Trainees of the pre-vocational level are given training in understanding the various work components of the photocopying and lamination machines and its usage. This unit mostly caters to the huge in-house requirement of OLS.

TOPIC 3

LEGISLATIONS AND LITIGATIONS

Special Education Legislation

There was a time when a child with disabilities was not entitled to a free and appropriate education. Thankfully, the approval of laws designed to level the playing field for children with special needs are helping young children learn, achieve and meet their goals inside, and outside, of the classroom.

Education-related legislation

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

Today, the world is a different place, not only for people with disabilities, but also for their family members and friends. Of course, there is always room for improvement; there are still far too many people that have disabilities that are isolated needlessly, or who are struggling financially because of a lack of viable job opportunities.

But the progress that has been made which was won in no small part because of the efforts of people with disabilities, advocates, lawmakers and educators, is because of the tremendous

number of laws that have aimed to level the playing field between people with special needs and their able-bodied counterparts.

Because of these laws, a child with a disability is now entitled to a meaningful education as a matter of law. That same child now receives federally-funded job training and transition services. And public places, which are paid for by all of us, can now be utilized by all of us.

Key pieces of legislation that helped to shape special education as we know it today includes:

- **Elementary and Secondary Education Act of 1965**
- **Rehabilitation Act of 1973**
- **Family Education Rights and Privacy Act of 1974**
- **Education for All Handicapped Children Act of 1975**
- **McKinney-Vento Homeless Assistance Act of 1987**
- **Technology-Related Assistance for Individuals with Disabilities Act of 1988**
- **Individuals with Disabilities Education Act of 1990**
- **Americans with Disabilities Act of 1990**
- **Government Results and Performance Act of 1993**
- **No Child Left Behind Act of 2001**
- **Improving Head Start for School Readiness Act of 2007**
- **American Recovery and Reinvestment Act of 2009**

These are detailed below.

Elementary and Secondary Education Act of 1965

The Elementary and Secondary Education Act, or EASA, was one of the first broad-ranging acts that addressed issues in public schools, in the United States. The Act was a significant part of President Lyndon Johnson's "War on Poverty," which aimed to lift all economically-vulnerable citizens to a better standard of living.

EASA set funding for all educational programs, and used funding as a method to bridge achievement gaps that existed between affluent schools and their struggling counterparts. The Act did not put into place a national curriculum, but it did provide resources and supports to schools in terms of improved instructional materials, and training and financial assistance to districts that educated large numbers of low-income children.

The federal funding, which is included in Title 1 of the Act, is distributed through state education agencies. To be eligible for the funding, at least 40 percent of a school's population must be

classified as low income by the U.S. Government. The funding is meant to help increase test scores and encourage academic development so that these children may have the means to escape poverty.

The Elementary and Secondary Education Act of 1965 put into place other provisions that included providing federal funding for stocking school libraries and ordering textbooks, funding collegiate research to improve training in schools, and extended the provisions to disabled children.

Over time, the law was amended to put stricter mandates on how funds were allocated to make sure the funds were used to benefit only academically at-risk students in low income areas. Today, schools that have a student bodies made up of fewer than 40 percent low income children can receive grants under varied grant levels.

The act was re-authorized and amended several times until the No Child Left Behind Act was codified into law in 2001.

Rehabilitation Act of 1973

The Rehabilitation Act of 1973 provides funding for vocational rehabilitation services, supported employment, independent living, and client assistance for people with disabilities. The law also effectively expanded the role of government in limiting discrimination based on a person's disability in federal programs, federal employment, and federal contracting.

The Act also put into place accessibility requirements for the federal government; examples of these requirements include providing equipment to help an employee with disabilities work, such as audio equipment for people with low, or no, vision.

The approval of the Rehabilitation Act of 1973 also provided legal recourse to individuals who believe they were discriminated against because of a disability; they were allowed to file complaints with their state's Equal Opportunity Employment Commission.

By extending civil rights protections to people with disabilities, the Act also allowed complainants to seek vindication of their rights in education and private sector employment. The Act made it possible for a complainant to pursue the guilty party for legal fees if an agency, school, or company was found to be discriminatory in its practices.

Family Education Rights and Privacy Act of 1974

The Family Education Rights and Privacy Act of 1974, or FERPA, gives students and their parents access to student records, and all of the information disclosed in those records. The Act

prohibits school districts from disclosing the contents of records to third parties without consent after a student turns 18 years old and gives parents the right to seek amendments to records.

Prior to the passage of FERPA, school districts commonly provided information about a child's performance in school, their behavior, their intellectual abilities, or their grades to persons other than those at school. Under FERPA, school administrators must seek written approval to provide such information. The Act applies only to educational organizations that receive funding from the federal government.

Student testing – the examinations state education authorities use to measure academic progress – also falls under FERPA because student data is transferred electronically between schools and state and federal agencies.

FERPA also provides students enrolled in the post-secondary institution with certain privacy rights; the institution cannot release data about a student's enrollment, academic performance, or financial status without the express written consent of the student.

A parent may be able to access a student's personal data when a student is 18 years or older under the FERPA law if he or she is considered a dependent under the IRS code. This means that if a child's disability is significant enough for him or her to be claimed as a dependent, the school may allow a parent to access these records without a student's consent.

Education for All Handicapped Children Act of 1975

Commonly referred to as the EAHCA, the Education for All Handicapped Children Act of 1975 required all publicly-funded schools accept federal funds to extend equal access to a meaningful education for all students with disabilities. The legislation was enacted at a time when many civil rights initiatives were being passed into law.

A forerunner of the current special education laws, EAHCEA required schools to create programs that closely resembled those that other children in the school enjoyed. The goal of the EAHCA Act includes ensuring that a special education student receives specialized services; guaranteeing that services are appropriate and implementing auditing requirements to be followed by school districts.

That meant, curriculums that were taught in specific grades would also be taught to children with disabilities. The funds were used to pay for equipment and resources educators would need to meet that goal.

EACHA states that children with disabilities are entitled to the same, well-rounded education as other students, and that instruction should be provided in an environment that is as least restrictive as possible. This paved the way for disabled students to join other young people in mainstreamed classrooms whenever possible.

This Act also put into place an administrative procedure that parents of a disabled child could participate in if they believed their child was not being properly educated. This process included a dispute resolution process that was aimed at finding solutions for a child. If an agreement could not be reached, the Act also put into place a provision that allowed parents to take their dispute to the court system.

The EAHCA Act was upheld by the United States Supreme Court, which further solidified a child's right to an appropriate education.

McKinney-Vento Homeless Assistance Act of 1987

Approved by the Legislature in 1987, the McKinney-Vento Homeless Assistance Act provides funding for homeless shelters and homeless avoidance programs in all 50 states. The federal law was approved in recognition of a sudden increase in the number of people who became homeless in the 1980s because of de-institutionalization of vulnerable populations, including people with disabilities.

Although most families that include a child with disabilities will not have to cope with homelessness, the McKinney Act provides some important protections when a family is homeless. The law is comprised of 15 programs, including Continuum of Care services that provide case management services, temporary shelter programs, supportive housing programs, and single occupancy room programs.

The McKinney Act the Interagency Council on Homelessness, which aims to identify viable solutions to what is a complex problem for governments, and for individuals who find themselves without a permanent home.

The Act has been revised several times since it was enacted. One of the most significant amendments was a measure that allows young people facing homeless to remain in their school or origin even if they are staying at a location outside of their school district boundary. Also, the law allows parents to enroll a homeless student even if the parent does not have proper paperwork.

Technology-Related Assistance for Individuals with Disabilities Act of 1988

The Technology-Related Assistance for Individuals with Disabilities Act of 1988 provides people with disabilities increased access to assistive technology at school. The law recognizes that during a time of technological advancement, people with special needs are in a unique position to take advantage of an expansion of capabilities that computerized devices can provide. Initially, a grant was provided to each state to create new programs through non-profit and governmental agencies. Programs that were successful were invited to compete in competitive grant programs to maintain their funding after five years.

This law is one of several assistive technology acts that provide resources to states to expand the use of assistive devices among people with disabilities – especially those that are young.

The Act has been re-authorized several times; the first time was in 1994. Afterwards, the Act was re-authorized in 1998. The Act was due to expire in 2004 when it was replaced by the Assistive Technology Act of 2004, which maintained funding for state programs, and shifted some focus to providing individuals with technologies they need to improve their functionality.

Individuals with Disabilities Education Act of 1990

The Individuals with Disabilities Education Act of 1990 is a landmark law that provided students with disabilities with more rights at school, and more educational opportunities than ever before. The act, commonly called IDEA, was approved by the U.S. House of Representatives in 1989. The Act was approved in 1990 by the U.S. Senate.

The Act replaced the Education for All Handicapped Children Act of 1975, which fell short of providing every child with a disability with an appropriate education because of existing state laws that often excluded children based on their physical or developmental difficulties.

The IDEA Act also governs how school districts administer several services to children, including special education, early intervention, transition activities, and specialized training. These provisions are intended to close the gap on services that previously deprived children with disabilities of a meaningful education.

The cornerstone of the IDEA law is that it entitles children with disabilities to what is termed a Free and Appropriate Education, or FAPE. A Free and Appropriate Education is an education that, to the highest extent possible, mirrors an education received by other students in the same grade that includes individualized services. IDEA placed a high premium on mainstreamed settings and least-restrictive environments; it codifies into law a child's right to take part in

classes with their non-disabled peers while recognizing that a child with disabilities may participate in educational activities in a modified way.

Under IDEA, services can be extended to children with disabilities from infancy until they turn 21 years old (states have separate provisions that may, or may not, extend that age). IDEA provisions only apply to schools that accept IDEA funding.

The IDEA Act not only mandates that all children with a disability are entitled to special education services; it reserves those services for students that need services to fully participate in school. Generally, students that have visual, speech and language, hearing, or intellectual disabilities will receive services, along with students that have traumatic brain injuries. Of the 14 conditions that justify services under IDEA, Cerebral Palsy is one.

The IDEA Act requires educators to follow specific guidelines to make sure that the most inclusive solutions are identified, and implemented, for a child at school. The most significant of these provisions is the Individualized Education Program, or IEP, requirement. School districts must develop an IEP for each child – a committee that includes teachers, professionals, special education experts, and parents determine the best plans for a child, and the parent has the right to sign off on it, or reject it.

When a child reaches his or her teen years, a plan called the Individualized Family Service Plan, or IFSP, is developed by school officials and parents to identify a child's strengths and weaknesses. It also determines what additional supports a child will need as they reach adulthood. These supports take into consideration a child's mobility, ability to live independently, ability to communicate, and how they participate in activities. The goal of the plan is align resources, considering all of the facts, which will enhance a child's ability to live independently. An example of this would be teaching a child about public transportation, or finding avenues to employment.

Child Find, an agency that requires professionals such as pre-school teachers or hospital staff to refer a child so that parents can be contacted about receiving early intervention services was also put into place by IDEA.

Since its inception, the IDEA Act has been modified and re-authorized several times. In 1997, an amendment was added that addressed the needs of children ages 3 to 9 years old with developmental disabilities. In 2004, the act was re-authorized with new provisions regarding providing preparation for workforce training and independent living.

Americans with Disabilities Act of 1990

The Americans with Disabilities Act of 1990 is the farthest-reaching legislation approved in the United States on behalf of people with special needs. The Act covers adults and children with disabilities; it has had a profound effect on how people with special needs participate in the greater world. The Act provided the broadest civil rights protections to people with disabilities to date.

Some of the protections that the ADA put into place include anti-discrimination provisions that make it illegal not to hire a person for a job solely based on their disability. The law also impels employers and public entities to provide reasonable accommodations so that a person with disabilities can work, take part in activities, take advantage of public transit, or enjoy public spaces and facilities, just as everyone else does. The Act also put into place strongly-worded mandates disallowing housing discrimination.

The ADA also required that new telecommunication technology be implemented to assist people with disabilities. The law provided for the expansion of teletypewriter, or TTY, and Telecommunications Devices of the Deaf, or TDD, technologies throughout the United States.

The ADA also put into place recourse for people who believe their rights have been violated under law. Many states, once a lawsuit is filed, allow for a complainant's issue to be resolved by rectifying the situation. For example, if a person believes they have been denied housing because they use a wheelchair and sues, the situation may be rectified if a landlord agrees to rent the complainant an apartment. Other states allow a complainant to collect financial damages.

Government Results and Performance Act of 1993

The Government Performance and Results Act, or GPRA was enacted to improve, and streamline, project management in all sectors of the federal government.

The GPRA puts into place measurements and checks long used in private industry, such as goal-setting, measuring the effectiveness of policies and programs, and reporting results. The hope among legislators that approved the law was to bring more efficiency to government operations.

Again, this law does not specifically address the needs of families that include a child with special needs. But it affects every government agency that a parent will come into contact with as he or she works through the process of finding assistance for a child. The GPRA mandates agencies to have five-year plans, which gives parents an idea of what resources may be available for their child down the line.

Under the GPRA Act, parents will be able to determine whether a program will be beneficial to their child because statements of goals and results can be verified because of the reporting mandate.

No Child Left Behind Act of 2001

The No Child Left Behind Act of 2001 is an amended and re-authorized version of the Elementary and Secondary Education Act. The all-encompassing law addresses all aspects of education funding, including Title I, which established additional funds for low incomes schools.

The biggest change represented by the NCLB Act was the accountability provisions that were put into by its passage. The Act required that teachers of specific subjects meet certain educational requirements that designate them as "highly-qualified" to teach a subject or grade. The legislation also put into place benchmarks in terms of student progress on individual schools, and set time limits on schools to demonstrate that students are making educational strides. If the school cannot show adequate progress in a given period of time, an improvement plan must be submitted to avoid closure.

Also, families that have a child at a consistently failing school have the option to enroll at an out-of-district school.

Adequate progress is measured by annual tests, the results of which must be submitted to state education agencies and the federal government.

Children with disabilities are tested along with other students, although they may take their test in a modified way, depending on the nature of his or her special need. By 2014, the law mandates that every child with a special need takes statewide assessment tests. The scores of students with Individualized Education Plans are counted in the same way as other students.

The law only affects schools that receive federal funding.

Improving Head Start for School Readiness Act of 2007

When children that are not low income start attending school they're typically enrolled at preschool. When a child is considered low income, he or she may qualify to attend the subsidized early childhood program known as Head Start.

Although Head Start was created in the 1960s, the program underwent a makeover courtesy of a law called the Improving Head Start for School Readiness Act. This law brought some notable changes to the program, including provisions that increased funding for migrant and seasonal Head Start programs, permitting Head Start programs to increase the number of participants by

35 percent, and allowing locally-run programs to admit children of families that earn between 100 and 130 percent of the poverty level if most of the families served earn less than the federal poverty rate.

Although children with disabilities have always been admitted to Head Start programs if their family met income requirements, the Act put into writing that children with special needs are to be served by local Head Start programs.

Other provisions that the 2007 re-authorization put into place included new educational requirements for Head Start teachers and child development specialists, quality enhancements in curriculum and programming, and access to incentive grants.

The law also required states to establish advisory councils to steer policies and develop guidelines for local programs.

American Recovery and Reinvestment Act of 2009

The American Recovery and Reinvestment Act, or ARRA was approved, after much debate, in 2009 to keep the U.S. economy on an even keel through a deep recession.

The ARRA did not specifically address people with disabilities, save for an increase in IDEA funding. But because people with special needs are often economically vulnerable, some of the provisions and appropriations made to keep crucial programs available likely helped many people with disabilities. Many programs, such as federal food assistance, were stretched to their limits because significant unemployment drove huge numbers of people to seek aid.

Most ARRA appropriations and provisions were enacted with low-income individuals in mind; the number of weeks of unemployment compensation was increased exponentially under the Act. Additionally, a $16 million infusion into the Supplemental Nutrition Assistance Program covered record numbers of applicants that might have otherwise gone hungry. Food banks and the federal school lunch program also received additional funding.

Supplemental Security Income recipients received a one-time payment of $250. The number of low income workers that received an expanded child tax credit was also increased.

People who lost their job received a one-time, $2,400 tax exclusion if they collected unemployment compensation.

The U.S. public school system also received some additional funds to run the Head Start program. Additional monies also helped shore up Medicaid funds provided to states, and local housing authorities in need of repairing and modernizing units.

Children of Special Needs and the Indian Laws

- The **Juvenile Justice (Care and Protection of Children) Act** which was amended in 2006, recognises children with disabilities without a family as needing care and protection.[14] However, there is nothing in the Act acknowledging the support and reasonable accommodation or the evolving capacities of the child which ought to be addressed for such children of special needs to be able to participate in legal proceedings or for their care and protection.
- Child Welfare Committees, child-lines, child protection societies, adoption agencies have been established to aid children. However, none of these facilities are capable of handling nor have they been given the necessary training to respond to children of special needs.[15]
- The **Integrated Child Protection Scheme** has been developed to aid children of special needs. However, it covers their needs and protection only in the context of institutionalisation.[16]
- The **Guidelines for Adoption[17]** provide for the transfer of children of special needs who do not get adopted to specialised institutions. The living conditions in such facilities are appalling and the children are subject to gross human rights violations and abuse.

International law and Children of special needs

Children of special needs are protected under the UN Convention on the Rights of Persons with Disabilities (CRPWD)[18] as well as the Convention on the Rights of the Child (CRC). Article 25 of the UN Declaration of Human Rights (UDHR)[19] and the 1993 UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities (Standard Rules)[20] also address the rights of children with disabilities.[21]

Article 2.1 of the CRC[22] prohibits discrimination on the ground of disability while Article 23 provides for the right to special care, education, and training for children of special needs. The CRC broadly follows four general principles for the protection and upliftment of children of special needs:

- Non-discrimination
- Survival and development
- The best interest of the child
- Respect for the views of the child

The CRPWD, adopted in 2006 is a powerful initiative to safeguard and promote the human rights of all children of special needs. The Convention has adopted a broad categorization of persons with disabilities and seeks to protect the human rights and fundamental freedoms of persons with all kinds of disabilities. Article 24 of this Convention provides for the educational rights of children of special needs. Further, Article 7 of the Convention affirms the fundamental right of children of special needs to the entire range of human rights available to all children. The UN Standard Rules provide a detailed guideline on policy development and implementation for protecting the rights of the disabled.

Government Initiatives

The persons with disabilities (PWD) (equal opportunities, protection of rights and full participation) act, 1995

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 • had come into enforcement on February 7, 1996. This has been a significant step towards ensuring equal opportunities for the people with disabilities and their full participation in every aspect of life. This Act provides for both preventive and promotional aspects of rehabilitation such as education, employment and vocational training, reservation, research and manpower development, creation of barrier- free environment, rehabilitation of persons with disability, unemployment allowance for the disabled, special insurance scheme for the disabled employees and establishment of homes for persons with severe disability.

The national trust for welfare of persons with autism, cerebral palsy, mental retardation and multiple disabilities act, 1999

It is the duty of the Central Government and its obligation to set up, in accordance with this Act and for the purpose of the benefit of the disabled and special needs citizens, the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability at New Delhi, India.

1. This National Trust which is created by the Central Government must ensure that the objects for which it has been established as enshrined in Section 10 of this Act, are fulfilled completely.

2. It is the duty and an obligation on behalf of the Board of Trustees of the National Trust to make arrangements for adequate standards of living for any beneficiary named in any request received by it and to provide any financial assistance to the registered organizations for carrying out any approved programme for the benefit of disabled individuals.
3. All disabled persons have the right to be placed under the guardianship as appointed by the Local Level Committees in accordance with the provisions of the Act.
4. The guardians so appointed shall have the obligation to be responsible for the disabled person and their property and are also required to be accountable for the same.
5. Every disabled person has the right to have his guardian removed under certain conditions. These include any abuse or neglect of the disabled, or neglect or misappropriation of the property under the care of any guardian.
6. Moreover, whenever the Board of Trustees are unable to perform or have persistently made defaults in their performance of duties, a registered organization for the disabled community can complain to the central government to have the Board of Trustees superseded or reconstituted.
7. Such a National Trust shall be bound by the provisions of this Act regarding its accountability, monitoring finance, accounts and audit as well

1. **Sarva Shiksha Abhiyan (SSA)**

The SSA is a government program with the goal of making primary education universal to all children regardless of any disabilities whatsoever. Its goal is to make education of children from the ages 14 a fundamental right. Since it aims to be inclusive, the SSA has also adopted a zero rejection policy. This is due to the belief that all children are entitled to a quality education no matter what and further the SSA provides up to INR 3,000 per special needs child, per year, for the use of special resources and teacher training as well.

2. **Right to Education (RTE)**

The RTE Act had been enacted by the Parliament in August 2009 and came into force on 1st April 2010. It grants children the right to a free and compulsory education, no matter the circumstance or situational disabilities of any such child. An Amendment in 2012 makes an

explicit provision for such disabled children specifically. It gave them access to reserved seats as well and further transport was also to be provided for in case of lack of access..

3. **Department of Empowerment of Persons with Disabilities (Divyangjan)**

This is an initiative of MSJE, which was originally called the Department of Disability Affairs. It is a Government body which is in charge of Social Security and Social Insurance of the disabled persons. It is also in charge of several special schemes and aids in the training of rehabilitation professionals for the same cause. International agreements and conventions regarding disabled persons fall under them as well and they are in charge of several institutes and organizations serving disabled persons, and the Rehabilitation Council of India.

4. **Accessible India Campaign**

The AIC campaign was started to provide accessibility to Persons with Disability (PwDs). While the Disability Act of 1995 provides for non-discrimination in transport and environment, the overall social awareness is still an issue. The campaign has a multi-pronged approach and along with mass awareness and leadership endorsements, it aims for interventions as well. These would be carried out through a legal framework and technological improvement.

5. **Divyangjan Schemes**

The Indian Government has initiated a number of schemes for special needs persons. From railway concessions, special insurance schemes, a number of other benefits have been granted to them through these schemes.

Family Laws for the disabled

There exist several laws relating to the marriage and family enacted by the Government for the differently abled communities and which apply equally to the disabled and handicapped. In most of these Acts it has been provided that the following circumstances will disable a person from undertaking a marriage:

- When either party is an idiot or lunatic, as defined medically by a specialist.

- Where one party is unable to give a valid consent due to the unsoundness of mind or is suffering from a mental disorder of such a kind and extent as to be unfit for marriage for procreation of children in the future.
- Where the parties are within the degree of prohibited relationship or are sapindas of each other unless permitted by custom or usage.
- Where either party has a living spouse.

The various statutes which protect the family laws and rights of the disabled are

- All the rights and duties of the parties to a marriage whether in respect of disabled or non-disabled persons are governed by the specific provisions contained in different marriage Acts, such as the Hindu Marriage Act, 1955, the Christian Marriage Act, 1872 and the Parsi Marriage and Divorce Act, 1935, respectively.
- The other marriage Acts which exist include, the Special Marriage Act, 1954 (for spouses of differing religions) and the Foreign Marriage Act, 1959 (for marriage outside India).
- The Child Marriage Restraint Act, 1929 further as amended in 1978 to prevent the solemnization of child marriages and is also applicable to any disabled persons as defined under the act.
- Again, no disabled person can act as a guardian of a minor under the Guardian and Wards Act, 1890 if the disability is of such a degree that one cannot act as a guardian of the minor.
- Further, a similar position is taken by the Hindu Minority and Guardianship Act, 1956, as also under the Muslim Law as well.

Succession Laws for the Disabled

- The Hindu Succession Act, 1956 which is applicable to every Hindu has specifically provided for all physical disability or physical deformity and rights conferred upon such individuals which would not disentitle a person from inheriting ancestral property due to any such disability.
- Furthermore, in the Indian Succession Act, 1925 which applies in the case of intestate and testamentary succession, there is no provision which deprives the disabled from inheriting any ancestral property, whatsoever.

- Moreover, the position with regard to Parsis and the Muslims is the same. In fact a disabled person can also dispose his property by writing a will provided he or she understands the import and consequences of the same at the time when such a will is written.
- For example, a person of unsound mind can make a Will during periods of sanity. Even blind persons or those who are deaf and dumb can make their Wills if they understand the import and consequence of the same.

Labour Laws for the Disabled

- In India, unfortunately the rights of the disabled have not been spelt out so well in the labour legislations but provisions which cater to the disabled in their relationship with the employer are contained in delegated legislations such as rules, regulations and standing orders. However, as of today, labour laws in India only provide for this much protection and the rest is left at the discretion of the employer.

Judicial procedures for the disabled

- Within the Designs Act, 1911 which deals with the law relating to the protection of designs, any person having jurisdiction in respect of the property of a disabled person (and who is incapable of making any statement or doing anything required to be done under this Act) may be appointed by the Court under Section 74, to make such a statement or do such a thing in the name of and on behalf of the person subject to such disability. The disability may be lunacy or any other disability form as governed by the laws of the land.

Income Tax Concessions

There are certain income tax concessions provided to such disabled or specially abled individuals which are governed under the following sections of the Act:

- **Section 80 DD:** Section 80 DD provides for a deduction in respect of the expenditure incurred by an individual or a Hindu Undivided Family which is a resident of India upon the medical treatment, training and rehabilitation of all handicapped dependents. In order to officiate the increased cost of such maintenance, the limit of the deduction has been raised from Rs.12000/- to Rs.20000/- as of today.

- **Section 80 V:** Section 80V has been introduced in order to ensure that the parent in whose hands the income of a permanently disabled minor has been clubbed under Section 64, is allowed to claim a deduction of upto Rs.20000/- in terms of Section 80 V of the Act.
- **Section 88B:** Section 88B provides for an additional rebate from the net tax payable by a resident individual who has attained the age of 65 years. It has further been amended to increase the rebate from 10% to 20% in the cases wherein the gross total income does not exceed Rs.75000/- (as against a limit of Rs.50000/ specified earlier).

Current Situation in India

As of today, India's policies regarding special needs children is still highly unclear. The Ministry of Social Justice and Empowerment (MSJE) runs separate schools for special needs children, however, the Ministry of Human Resource Development (MHRD) promotes these children being included in regular classrooms. This leaves us with the parents who are still unable to decide over the best possibility for their children under these circumstances. Furthermore, colleges for higher studies can still refuse admission to special needs children due to the bias regarding their ability to complete certain courses. In 2010, a visually challenged young woman had to approach Bombay High Court in order to be allowed to study physiotherapy. The country lacks a central body to frame guidelines, leaving colleges and schools to decide for themselves which does not at all work in the favour of the children or parents. This, combined with numerous other issues, means that many special needs children do not get the education they need and even though 89% are enrolled in primary school, that number drops to 8.5% in secondary school with only 2.3% of special needs children reaching higher secondary (11th and 12th). However, the Act and institutions mentioned above have made numerous efforts and have embarked upon newer territories for securing the rights of such children and individuals. One must credit the Government in striving to try and provide for better facilities for such individuals.

LABELLING OF SPECIAL NEED CHILDREN AND ITS IMPORTANCE

Disability Labeling

Children that have ***learning disabilities*** or special needs used to be denied the privilege of a standard education, as there were no teachers or training in place to handle children with such nature.

They were deemed ***too hard to educate*** and often placed in institutions that might be better equipped to handle their special types of demands.

Was it fair?

Absolutely not, but with the advent of the Education for All Handicapped Children Act in 1975 classes opened up within the public school system that allowed for children of all learning levels to now afford a ***Free Appropriate Public Education (FAPE)***, regardless of their special needs.

It was a miracle for the modern school system, but with the separation of students comes the name-calling and peer pressure that was bound to follow.

The unnecessary labeling of children with special needs is called disability labeling, and it can have a profound effect on the ***self-esteem*** of children who require just a little more attention than others in order to learn certain concepts.

The Need For a Name

I'll admit that I actually wanted labels for my kids since labels make it feel like a definitive diagnosis. It is frustrating to know that something is wrong, but not have a name.

Labels helped me with researching how to help them on my own and gave a shorthand to what they or her education and often throughout life. This may be necessary and useful, but shouldn't be taken lightly.

My general approach has been to keep labels out of permanent school files if possible. Some are

- FASD (Fetal Alcohol Spectrum Disorder)
- PTSD (Post Traumatic Stress Disorder)
- SPD (Sensory Processing Disorder)
- ODD (Oppositional Defiant Disorder)
- ASD (Autism Spectrum Disorder)
- LD (Learning Differences/Disabilities)
- ADHD (Attention Deficit Hyperactivity Disorder) and so many more!

Keep in mind that when we are talking about learning disabilities, the test results will become a part of your child's permanent record, if the school system does the testing. This will be the case regardless of what you want. With one child with less significant learning issues, we opted to

have the educational testing done privately so that we controlled whether and how much to share with the schools. With another child, we started with testing by the school system but found it to not be very thorough. The most thorough testing we had done was at a nearby university psychology department for a nominal cost.

There are negative adjectives that are commonly associated with children who have learning disabilities, like “lazy,” unmotivated,” having a “behavior problem” or calling them “slow.”

These are not only unfair terms in regards to these children but are words that can have damaging consequences.

In some schools, even though children with special needs are identified by a professional who has diagnosed the disability, they might remain in general education classes instead of being offered access to a special education program that would better suit their needs.

Since there are big differences between Self-Contained and Inclusion Classrooms, it’s important for parents to understand BOTH!

As they struggle to keep up and fall farther behind, it is a fair possibility that their peers will make fun of them, a type of bullying that can lead to behavioral issues and/or the student dropping out of school altogether.

The latter is the sad result of a broken educational system that is too overloaded, too underfunded, and with classes that are too large to handle an influx of children with special needs.

Are There Any Benefits to Labeling?

As bad as it might sound, there are benefits to labeling children with special needs.

What are the benefits?

- A lot of schools are stressed with trying to find the funding to make education affordable for every student, regardless of disability. However, a lot of state and local funding comes from identifying the special needs of each child in the school so they can receive the appropriate amount of funds.
- Labeling children with the need for special education can possibly lead to social change and highlight the programs that help children with special needs. It can bring the plight of the fragile educational system to the forefront of the public’s mind, giving a voice to those who are considered disadvantaged or challenged in some shape or form.

- Placing the subject of special education at the forefront of peoples minds can promote tolerance rather than dissent. If a child is acting out because of a special need, it's easier to tolerate the behavior when you know it's from a disability rather than uncontrollable behavior.

  The benefits of labeling are a little on the weak side but hold water in their truth.

  There are slight advantages to labeling children who need the assistance of special education programs, however, labeling children with special needs was never intended to be a defining characteristic.

  It's important that we all remember that a special education label was only designed to open the door to much-needed services for children with special needs.

  The Future of Special Education

  Special Education Resource envisions a world where labels do not define children, where all children are given the opportunity to reach their excellence. This requires a unanimous change in the public's mind, but in the meantime, individualized ***supplemental learning*** through ***special education tutoring*** can assist the needs of a child with a learning disability.

  Online learning has been a technological relief to those with disabilities, as they can finally get the education they need at their own pace.

  The general education provided by the public school system is a great foundation for learning, but to work around special needs, an increased number of parents have turned to special education tutoring for their child with special needs.

  A special education tutor molds the curriculum currently being taught in your child's traditional classroom to fit their specific learning needs.

  Labels Can Stigmatize

  With my child with less significant issues, we have been able to get all the help needed from the schools without sharing labels. With another child, we readily shared labels and test results in order to get the help he needed. With that child, at the beginning of each school year (and throughout the year) we meet with his teachers to paint a full picture of his strengths and weaknesses.

  Our son's labels are not particularly stigmatizing but could limit what his teachers expected of him. We stress that we want his labels to provide support, not limits. I'll have to be honest and say that our successes have been mixed with some failures, but all in all, the advantages of sharing have outweighed the disadvantages.

Weighing the Advantages of Sharing Against the Disadvantages

Mama B, only you have enough information on your son to know how to weigh the advantages and disadvantages of sharing his labels. Fetal Alcohol Spectrum Disorders (FASD) can be both stigmatizing and limiting. I think most people do not understand the spectrum nature of FASD, and assume that all children with this label have Fetal Alcohol Syndrome (FAS), and further assume the worst possible outcome for FAS.

From an education standpoint, is the label of FASD very helpful? I would assume that the effect of the alcohol exposure on his learning abilities and behavior is the most important for the school to know, rather than the cause. Would it be possible to be vague on the cause rather than specific ("rough start in his early life before he came to us" rather than "his birth mother was an alcoholic and he has FASD")?

Attention Deficit Hyperactivity Disorder (ADHD) is not a particularly stigmatizing label anymore, but sharing this label will put you under considerable pressure to medicate your child. If he is already on hyperactivity/focus medications, this is not much of a disadvantage. The school will need to know if he is taking medications (especially if administered during the school day) or if he needs significant modification in classroom settings and testing. Also, it will be important to share this information if he has an Individualized Education Plan (IEP).

TOPIC: - 4

MAINSTREAMING- DEFINITION, MODELS, PROBLEMS IN IMPLEMENTATION, EFFECT OF MAINSTREAMING ON CHILDREN WITH SPECIAL NEEDS

MAINSTREAM SCHOOL SYSTEMS It does not segregate children who have different abilities or needs. Inclusive education is a **rights-based approach** to educating children and includes those who are subject to exclusionary pressures. Inclusive education creates a learning environment that is child centred, flexible and which enables children to develop their unique capacities in a way, which is conducive to their individual styles of learning. The process of inclusion contributes to the academic development and social and economic welfare of the child and its family, enabling them to reach their potential and to flourish. Inclusive education requires a change to address accessibility and challenges attitudes of managers, staff, pupils, parents and the local community.

Mainstreaming, in the context of education, is the practice of placing students with special education needs in a general education classroom during specific time periods based on their skills.[1] To clarify, this means students who are a part of the special education classroom will join the regular education classroom at certain times which are fitting for the special education student. These students may attend art or physical education in the regular education classrooms. Sometimes these students will attend math and science in a separate classroom, but attend English in a general education classroom. Schools that practice mainstreaming believe that students with special needs who cannot function in a general education classroom to a certain extent belong in the special education environment.[2]

Access to a special education classroom, often called a "separate classroom or resource room", is valuable to the student with a disability. Students have the ability to work one-to-one with special education teachers, addressing any need for remediation during the school day. Many researchers, educators and parents have advocated the importance of these classrooms amongst political environments that favor their elimination.[3]

Oftentimes mainstreamed students will have certain supports they will bring to the general education classroom. A common support is to bring a one-on-one aide to assist them. Other equipment may be tools from their special education classroom that assist them in keeping up with the demands of the general education classroom. This may be a device that helps a deaf student communicate with their peers, a special chair for a student diagnosed with ADHD, or a special desk for a student that is in a wheelchair. Some of these students may need accommodations on assignments or tests.[4]

Proponents of both the philosophy of educational inclusion assert that educating children with disabilities alongside their non-disabled peers fosters understanding and tolerance, better preparing students of all abilities to function in the world beyond school.[5] Children with special needs may face social stigma as a result of being mainstreamed, but also may help them socially develop.[6]

There is often a lot of confusion between the terms mainstreaming and inclusion. Often these terms are used interchangeably, but they mean two very different things. Mainstreamed students are part of the special education classroom. When they enter the regular education classroom for certain subjects, this is considered mainstreaming. In comparison, inclusion students are regular education classroom students who receive special education services. Usually whether is not a

student's education is mainstreamed or inclusion is based on which is the least restrictive environment, which can be determined in the student's IEP.[7] Dr. Kenneth Shore comments on the least restrictive environment by claiming, "Determining what is the least restrictive environment for a particular student requires balancing the need for the child to learn to integrate socially with his non-disabled peers with the need for the child to receive instruction appropriate to his abilities."[8]

Advantages

Benefits to students with disabilities

Higher academic achievement: Mainstreaming has shown to be more academically effective than exclusion practices.[9] For instance, the National Center for Learning Disabilities found that the graduation rate for students with learning disabilities was 70.8% for the 2013-2014 year,[10] although this report does not differentiate between students enrolled in mainstreaming, inclusive, or segregated programs.[11] Access to a resource room for direct instruction has shown to be effective in increasing students' academic skills and thus increasing the abilities applied by students in a general education setting.[12] Compared to full-time placement in a special education class or special school, both part-time and full-time placement in the regular classroom have been shown to improve academic achievement in students with mild academic disabilities, as well as to improve their long-term behavior.[13]

Higher self-esteem: By being included in a regular-paced education setting, students with disabilities have shown to be more confident and display qualities of raised self-efficacy. All students in California who went to a different school prior to attending a mainstreaming program were asked to fill out an assessment of their old school as compared to inclusion program. The assessments showed that out of all students with disabilities 96% felt they were more confident, 3% thought they had the same experience as an excluded student, and 1% felt they had less self-esteem. Overall, students felt that they were equal to their peers and felt that they should not be treated any differently.[14]

Better social skills: Any kind of inclusion practice, including mainstreaming, allows students with disabilities to learn social skills through observation, gain a better understanding of the world around them, and become a part of the "regular" community. Mainstreaming is particularly beneficial for children with autism and ADHD. By interacting with same-aged non-disabled children, children with autism were observed to be six times more likely to engage in social relations outside of the classroom.[15] Because children with autism spectrum disorders have severely restricted interests and abnormalities in communication and social interaction,[16] the increased interaction with typical children may be beneficial to them. The same 1999 study showed that students with Down syndrome were three times more likely to communicate with other people.

Mainstreaming also benefits other children. It opens the lines of communication between those students with disabilities and their peers. If they are included into classroom activities, all students become more sensitive to the fact that these students may need extra assistance.

Benefits to non-disabled students

There is research that suggests that educating non-disabled students and students with disabilities together creates an atmosphere of understanding and tolerance that better prepares students of all abilities to function in the world beyond school. Students without disabilities who engaged in an inclusive physical education program reported increases in self-concept, tolerance, self-worth, and a better understanding of other people.[17] The students also reported that the inclusion program was important because it prepared them to deal with disability in their own lives.[18] Positive aspects that come from inclusion are often attributed to contact theory.[19] Contact theory asserts that frequent, meaningful, and pleasant interactions between people with differences tend to produce changes in attitude.[20]

Disadvantages

Although mainstreaming in education has been shown to provide benefits, there are also disadvantages to the system.

Tradeoff with non-disabled students' academic education

One potentially serious disadvantage to mainstreaming is that a mainstreamed student may require much more attention from the teacher than non-disabled students in a general class. Time and attention may thus be taken away from the rest of the class to meet the needs of a single student with special needs. The effect that a mainstreamed student has on the whole class depends strongly on the particular disabilities in question and the resources available for support. In many cases, this problem can be mitigated by placing an aide in the classroom to assist the student with special needs, although this raises the costs associated with educating this child.[21] The added cost of an aide in a classroom to meet needs of special education students can be offset by not funding a teacher in a wholly separate classroom when mainstreaming does not occur.

Teachers are encouraged to teach the entire class differently. This includes being less abstract and more concrete in content, changing lighting, simplifying the design of the classroom, and having a predictable structure and routine rather than novelty.[22][23]

Harm to academic education of students with disabilities

Some research has suggested that teachers who are not aware of special students need, later may choose not to adopt—modifications needed for students with special needs. more so, they develop higher resistant to having these students in class.[24] This however can lead to regression of the students with disabilities as well as overall decrease in classroom productivity.

Teacher–student interactions

It has been seen that general educators provide 98.7% of their teaching time doing whole class interactions. Students with disabilities have been known to require a significant more amount of individual attention with the classroom teacher. Children with disabilities spend twice as much time in whole-class activities as in one-to-one activities due to the amount of whole-class teaching, yet these students are half as likely to engage in whole-class learning activities such as writing, reading and participating, showing that whole group activities do not meet the needs of students with disabilities as much as individual work would.[25] It is reported that mainstreamed students receive a larger proportion of the classroom teachers' total time than regular education students. However this did not result in an increase in academic instructional time. Mainstreamed students in low-ability classes receive more nonacademic correction from the classroom teacher

compared to mainstreamed students in average and above-average classes or regular education students.[26] Resulting in students with special education needs (SEN) spending 25% of their time working outside of the classroom, and a reduction of teacher interaction in a whole class setting from 30% to 22%. Therefore, mainstreamed students will spend time in a resource room where they can receive more individualized attention from teachers.[27] In contrast, there has been an increase of the number of teaching assistants(TAs) in mainstream primary settings to assist the learning and inclusion of students with SEN. Interactions with TAs has become an integral part of educational experience for students with SEN, resulting in TA interactions comprising up to a fifth of all observations students with SEN experience. Observations show that the higher the level of student SEN, the more likely it is that the student will interact more with a TA than their classroom teacher. A survey conducted in the UK (2000), composed of 300 teachers found that two-thirds of students with SEN were regularly working with TAs for an average of 3.7 hours per week. Therefore, the use of TAs to support students with SEN has become an established part of academics in a mainstream setting, and interactions with TAs comprise a key part of their day-to-day classroom experience. The survey concluded that TAs were used as alternative to teacher support, which has shown to result in unintended and troubling consequences for students with SEN. It is suggested that the inclusion of TAs in the mainstream classroom to support students with SEN has resulted in the educational experience of these students diverging from the non-SEN student, which then raises concerns about how schools choose to provide support for students with SEN.[28]

Social issues

Compared to fully included students with disabilities, those who are mainstreamed for only certain classes or certain times may feel conspicuous or socially rejected by their classmates. They may become targets for bullying. Mainstreamed students may feel embarrassed by the additional services they receive in a regular classroom, such as an aide to help with written work or to help the student manage behaviors. Some students with disabilities may feel more comfortable in an environment where most students are working at the same level or with the same supports. In the United States, students with autistic spectrum disorders are more frequently the target of bullying than non-autistic students, especially when their educational program brings them into regular contact with non-autistic students.[29] Also, special-needs students can easily get lost in a regular education classroom. In some cases they may be disruptive and may compromise the learning environment of other students.[27]

As seen above, there are many social issues; however, a buddy system has been shown to improve these issues. Through having a buddy system an upper school student will be paired with a younger child with a disability. By doing this the younger student is provided with a positive relationship with a fellow student. The buddy system aims to have the younger student learn the benefits of having and sustaining a positive and supportive friendship. Social issues are improved due to the upper school student helping to alter the social experiences of the younger child through this formed friendship.[30]

Costs

Schools are required to provide special education services but may not be given additional financial resources. A 2005 study conducted by the Special Education Expenditures Program (SEEP) showed that the cost of educating a special-needs student is between $10,558 and $20,000. In comparison, educating a student who does not need special education services costs

$6,556. The average expenditure for educating students with special-needs is 1.6 times that of a general education student.[27]

Special consequences for deaf students

Deafness is a low-incidence disability, which means that a deaf child will often be the only student in the classroom with hearing loss.[31] This leads to a special set of issues in the mainstream classroom. While students with other disabilities may experience isolation and bullying by their non-disabled peers, they often share a common language. This is not the case for deaf students. Very few people in the mainstream academic setting know sign language, which means the communication barrier is large and can have negative effects on both academic achievement and social development.

Social skills are key to a child's healthy development and later success as an adult.[32] Although many studies find good academic results for deaf children placed in a mainstream classroom, research also shows that mainstreamed deaf children experience higher degrees of isolation and psychological problems in comparison to deaf students who associate with other deaf peers.[32] In order for friendships to form, communication is a necessity.[32] For deaf children unable to use effective communication methods with the people around them, the difficulty in acquiring new friendships typically leads to isolation and a decrease in self-esteem.[32] A study of preschool children showed that hearing preschoolers did not appear to adjust how they communicated with deaf children. Instead, they continued to use simple speech, which was effective with hearing, but not deaf, partners. This shows the isolation of the deaf child, and discredits the idea that the hearing and deaf child's communication skills will be enhanced by interaction with one another.[33] In many cases, hearing children do not understand what it means when another child is deaf. This leads to frustration when a deaf child's speech is not clear or when the deaf child asks for continuous repetition. Communication strategies that are culturally acceptable to the deaf child, such as banging on a table or physically touching another person, can also cause the deaf child to be rejected by his or her peers because such behaviors are not always considered acceptable in mainstreaming hearing culture.[32] Research has suggested that the placement of a deaf child in special schools or classes may be more desirable for deaf students than for those with other disabilities. This is primarily because of the greater social benefits for the students.[31]

The *residual knowledge* that hearing children can access is often lost on deaf children. A hearing child can listen in on adult conversations, TV, radio and the news to learn things that are not specifically taught or told to them.[32] This is not the case with the deaf child, who, in a hearing environment, can only learn what is directly communicated to them. This often leads to gaps in general knowledge, which can be both harmful to academic success and social interactions.

The *effect of mainstreaming on Deaf culture* is also a key issue for Deaf culture advocates. The rate of children enrolled in residential schools for the deaf is declining, as many hearing parents send their child to a mainstream school in hopes of preparing their child for life in the hearing world. In the past, Deaf schools and clubs served as the center for Deaf culture. Traditions, stories, and values developed and were fostered in these settings, but because of the low incidence of deafness, this same environment cannot be duplicated in the mainstream setting. Aside from the decreased socialization of a deaf child in a hearing school, Deaf community advocates also worry that the disappearance of residential Deaf schools will lead to a weakening of Deaf culture and of the community.

Alternatives: what mainstreaming is not

The alternatives to mainstreaming for special needs students are separation, inclusion, and excluding the student from school. Normally, the student's individual needs are the driving force behind selecting mainstreaming or another style of education.

Mainstreaming does not involve putting a child full-time in a special school.

Mainstreaming does not involve placing a child full-time in a regular classroom. A student who spends the entire day in a regular classroom with non-disabled peers is considered fully included. Most students with mild levels of disabilities such as dyslexia or attention deficit disorder, or with non-cognitive disabilities such as diabetes are fully included.

Mainstreaming does not involve teaching the child outside of school. A student who is taught in an institution (such as a hospital) or at home (such as while recovering from a serious illness) is excluded. Such a student may receive individual instruction or may attend small group instruction. A student who is excluded from school may or may not have been expelled from the school.

History of mainstreaming in US schools

Inclusion (education)

Before the Education for All Handicapped Children Act (EHA) was enacted in 1975, U.S. public schools educated only 1 out of 5 children with disabilities.[34] Approximately 200,000[34] children with disabilities such as deafness or mental retardation lived in state institutions that provided limited or no educational or rehabilitation services,[35] and more than a million children were excluded from school.[34] Another 3.5 million children with disabilities attended school but did not receive the educational services they needed.[34] Many of these children were segregated in special buildings or programs that neither allowed them to interact with non-disabled students nor provided them with even basic academic skills.

The EHA, later renamed the Individuals with Disabilities Education Act (IDEA), required schools to provide specialized educational services to children with disabilities. The ultimate goal was to help these students live more independent lives in their communities, primarily by mandating access to the general education standards of the public school system.

Initially, children with disabilities were often placed in heterogeneous "special education" classrooms, making it difficult for any of their difficulties to be addressed appropriately. In the 1980s, the mainstreaming model began to be used more often as a result of the requirement to place children in the least restrictive environment (Clearinghouse, E. 2003). Students with relatively minor disabilities were integrated into regular classrooms, while students with major disabilities remained in segregated special classrooms, with the opportunity to be among normal students for up to a few hours each day. Many parents and educators favored allowing students with disabilities to be in classrooms along with their nondisabled peers.

In 1997, IDEA was modified to strengthen requirements for properly integrating students with disabilities. The IEPs must more clearly relate to the general-education curriculum, children with disabilities must be included in most state and local assessments, such as high school exit exams, and regular progress reports must be made to parents. All public schools in the U.S. are responsible for the costs of providing a Free Appropriate Public Education as required by federal law. Mainstreaming or inclusion in the regular education classrooms, with supplementary aids

and services if needed, are now the preferred placement for all children. Children with disabilities may be placed in a more restricted environment only if the nature or severity of the disability makes it impossible to provide an appropriate education in the regular classroom.

Ainscow (1998 p379) reaffirms the concept of inclusion as a process, which addresses and responds to "the diversity of needs of all learners through increasing their participation in and reducing their exclusion from the cultures, curricula and communities of their local schools".

The Enabling Education Network (EENET) presents an interpretation of Inclusive Education developed by participants from many different countries and backgrounds during a workshop in Agra, India in 1998 which clarifies that:

- all children can learn.
- inclusive education is a dynamic process which is constantly evolving.
- differences in children- such as age, gender, ethnicity, language, disability, HIV and TB status-should be acknowledged and respected .
- education structures, systems and methodologies should be developed to meet the needs of all children.
- such developments should be seen as part of a wider strategy to promote an inclusive society.
- progress need not be restricted by large class sizes or a shortage of material resources.
- Participants in a workshop in Zanzibar in 2006 commenting on the Agra interpretation considered that the following elements were missing.
- the acknowledgement of the interaction between children, the role of learners and learning from each other.
- the importance of community involvement.

The EENET/IDCC Seminar on Inclusive Education convened in Agra, India 1998 was the first ever international seminar focusing on IE in the context of the economically poorer countries in

the South. It aimed to learn from the experience of practitioners in porrer countries and share locally relevant challenges and solutions to IE. Agra Seminar report and video available from:
ultimately the cost-effectiveness of the **entire education system"** Ainscow (1998) suggests that that perhaps inclusion is a means of transforming school systems.

Integration is not Inclusion

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

Inclusive Practice

Inclusive practice can be defined as attitudes, approaches and strategies that we taketo 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 todevelop their talent and achieve their goals.

The difference between integration and inclusion

According to Fredrickson and Cline (2002 p65) "**integration** involves the school in a process of assimilation where the onus is on the assimilating individual (whether a pupil with SEN or a pupil with a different cultural and linguistic background) to make changes so that they can fit in. By contrast **inclusion** involves the school in a process of accommodation where the onus is on

the school to change, adapting curricula, methods and procedures so that it becomes more responsive." "

Abbott (n.d. p10) considers that inclusion essentially represents a shift from the 'medical model' view of the learner with SEN who needed fixing ("this child has learning difficulties") to the 'social model' view with its focus on everything that happens in the classroom and school environment which can create barriers to learning ("this classroom/school is set up in such a way that it is difficult to learn"). Stubbs (2002 p21) considers it important to define Inclusive Education (IE) in order to illustrate the commonalities between "IE concepts and the key concepts and assumptions that underpin the movements of 'Education for All' and 'School Improvement'."

Defining Inclusive Education:-

Three types of school:-

1.Don't come to me I am not for you.	**2.Come,but change, I won't.**	**3.Welcome! I change to respond to you all**

Which one is an inclusive school?

Think... and, we meet again may be in your inclusive school!

Fig.1 What do we mean by inclusive education? (Chadha 2003)

Nederlof and Van der Kroft (2006 p 2) consider inclusion in education to be: a process of enabling all children to learn and participate effectively within

[5]"UNESCO, 1994

The Irish National Council for Special Education (NCSE) (2006 p34) considers that "the term 'inclusive education' invokes strong views as to its precise meaning and intent. The Council's view of inclusive education has been influenced by the work undertaken by Booth and Ainscow (2002) and on the three dimensions set out in their Index for Inclusion which support producing inclusive policies; evolving inclusive practices; and creating inclusive cultures at the level school. The Council considers that the core issue is what happens in the school and in the classroom and the outcomes that the system delivers for children with special educational needs".

The interpretations and understandings inherent in these definitions for inclusive education reflect much more than the location in which the education takes place. The emphasis is on a process view of inclusion, which "facilitates flexibility of response with the priority focus on what is in the best interest of the child/young person involved".[8]

The inclusion process can have a favourable impact "on students without, as well as students with, special educational needs" according to the Department of Education and Science (DES) (2007 p36). The Department advocates that inclusion represents "an effective way to help students overcome the misconceptions they may have about people with special educational needs... In the inclusive school, all the students can learn to accept and value individual differences. Experience of inclusive education can help everyone in the school community to prepare for a future inclusive society".[9]

UNESCO (2007) believes that "inclusive education provides the best solution for a schools system which can meet the needs of all learners. Inclusive education cannot be developed in isolation from overall school development. Inclusive education cannot be seen as a specific issue, but must be regarded as an approach to the development of the entire school system".

Segregation, Integration and Inclusion

Inclusive Education (IE) is often defined as a journey or movement away from the kind of **segregation** where children with particular difficulties have been put together with other children whose needs are similar. Frederickson and Cline (2002 p63) contend that the creation of special facilities segregating children with Special Educational Needs (SEN)' from other children of their own age can be stigmatizing; it also restricts access to important educational opportunities. In this respect questions have been raised about the desirability of systems of special education which are segregated from mainstream schooling and which may be instrumental in contributing to prejudice and bias in school and in later life.

Moves to reverse segregation have been gathering momentum since the mid 1960s with arguments that the **integration** of children with SEN into mainstream schools would 2 facilitate their access to and participation in society. More recent decades have witnessed a further shift away from the integration perspective and its assumption that additional arrangements are needed to accommodate the "special" learners within mainstream schooling systems that remain essentially unchanged, towards an **inclusive education approach** which aims to restructure

school systems to respond to the diversity of needs of all learners. The shift towards inclusion evolved with the recognition that many children, including those with disabilities, at some time need special support services. Poverty, ethnicity, religion, disability, gender or membership of a minority group may limit access to or marginalize within education.[3]

Another key factor implicit in the IE paradigm shift is the growing belief that methodological and organizational changes made at school level in response to the needs of a particular group of learners experiencing difficulties can, under certain conditions **benefit all learners**. Peters (2003 p23) asserts that "financing and support of educational services for students with special needs is a primary concern for all countries, regardless of available resources". She verifies that a growing body of research indicates that IE is not only cost- efficient, but also cost-effective, citing Skritic's (1991) assertion that "equity is the way to excellence". The Salamanca Statement on Principles, Policy and Practice in Special Needs Education" encapsulates this trend in thinking when it suggests that Inclusive Education can "provide an effective education for the majority of children and improve the efficiency and

[1] "Special educational needs" is defined as "a restriction in the capacity of the person to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability or any other condition, which results in a person learning differently from a person without that condition." (Government of Ireland, 2004, section 1)

[2] Frederickson and Cline, 2002

[3] Ainscow, 1998

[4] More than 300 participants representing 92 governments and 25 international organizations met in Salamanca, Spain, from 7 to 10 June 1994 to further the objective of Education for All by considering the fundamental policy shifts required to promote the approach of inclusive education, namely enabling schools to serve all children, particularly those with special educational needs. (UNESCO, 2007, Education)

TOPIC 5

Definition, classification, prevalence, causes, meauserment, psychological and behavioural characterstics and educational considerations, management for:

- **Mental retardation**

- **Learning disabled children**
- **Emotional disorders**
- **Speech/ communication disorders**
- **Visual disorder**
- **Physical disorders**
- **Neurological impairment and multiple disorders**

MENTAL RETARDATION

Mental retardation forms one of the largest categories of exceptionality. Numerous definitions on mental retardations have been proposed, debate and reviewed. Now the term mentally handicapped and associated with impairment in adaptive behaviour.

Kirk(1979)stated that the mentally retarded children possess subnormal intelligenceෙ and also are socially incompetent so far social adjustment is concerned .not only they have intellectual and mental retardation right from the birth as far as growth incurable Encyclopaedia Britannica(2003) defines mental retardation as any of severalෙ conditions characterized by subnormal intellectual functioning and impaired adaptive behaviour that becomes manifest during the individuals developmental years. It could be concluded that when there is lowered capacity for mental work forෙ premature nature, it is called mental retardation or mental disability.Mental disability is the condition that slows down mental and physical growth.

Classification of mentally retardation.

Classification on the basis of physical and physiological characteristics.

1. Brain damaged child
2. Mongloid
3. Cretin child
4. Phenylkeuteneuria
5. Microcephaly
6. Hydrocephaly

Classification on the degree of retardation (American association mental deficiency1973)

1. Mild mental retardation IQ 52-68
2. Moderate mental retardation IQ 36-51
3. Severe mental retardation IQ 20-35
4. Profound mental retardation IQ under 20

Classification on the basis of degree of independence.

1. Independent

2. Partially dependent
3. dependent

Classification on the basis of degree of I.Q and educability

Category I.Q educability

1. Idiot 0.25 untrainable/custodial
2. Imbecile 25-50 trainable
3. Moron 50-75 educable
4. Border line case 75-90 slow learner
5. Average 90-110 regular

Classification for the educational purpose

1. **Educable (mild):** the main characteristics of these children are that they can generally learn simple academic tasks. However, they are slow and require special attention from the regular classroom teacher as well as the special teacher. Special help will be particularly required in developing appropriate behaviors in different situations.

2. Trainable (moderate): trainable children may not be able to learn academic skills. Their behavioral problems are more prounced and inter-personal interactions with peers may present serious problems. However they could be brought to regular or special schools for a year or two and trained in becoming independent in activities of daily living and doing some work at home under parental guidance.

3. Profound: these children may require the help of caregivers at home or in an institutional setting. Regular schools are not ready to educate such children.

4. Severe: such children may require help in all activities of daily living and may have to be cared for in a hospital or a special home.

Neuropsychiatric classification: four types of neuropsychiatric disorders

1. Prenatal developmental disorders 40 percent
2. Traumatic 'birth injuries' 25 percent
3. Metabolic disorders 20 percent
4. Infectious disorders

15 percent Causes for Mental retardation Genetic disorder.

Defects in genes transmitted from parents to the child can result in certain conditions, which causes mental retardation.

1. **Down syndrome /mongolism:-** condition in which there is an extra chromosome on the chromosome 21 pair, thus giving the person a total of 47 chromosome rather than the normal 46. Also called as Trisomy -21 . a person with down syndrome is characterized by several of the following: broad, flat face; short neck; up slanted eyes, low set ears, small nose; and enlarged tongue and lips; sloping under chin; poor muscle tone; mental retardation ; heart ;or kidney malfunctions or both; and abnormal fingers, palms, and soles. Mental retardation is moderate in most of the cases but it can be severe or mild that also leads to congenital heart diseases.

2. **Klinefelter syndrome: -** relatively common (one per 500 male living births) human sex chromosome disorder. The majority of klinefelter individuals have one extra female sex chromosome, resulting in XXY pattern and a total of 47 chromosome instead 46. 8 It is characterized by the following; small testes, lack of sperm formation, late puberty with reduced secondary sexual

3. **Turner's syndrome:-**typically, found in females who have only one sex chromosome, instead of the normal two it is characterized by moderate to severe mental retardation; underdeveloped secondary sex characteristics; and most importantly ovarian digenesis.

Congenital

I. **Macrocephaly (large headed):-** increase in size and weight of the brain. Associated with visual impairment, convulsions and other neurological symptoms.

II. **Microcephaly(small headed):-** underdeveloped brain tissue in relation to size in cranium . Mental retardation ranges from mild to severe .can have both genetic and environmental causes.

III. **Hydrocephaly**:-overproduction and under absorption of cerebrospinal fluid it is also known as water in the brain when due to pressure of the unabsorbed fluid on the brain some cells in the brain cortex are destroyed leading to mental retardation.

Metabolic and nutritional disorder

1. Phenylketonuria:-it is a metabolic defect. body fails to change phenylalanine into tyrosine. High levels of phenylalanine damages the developing brain tissues that lead to irreversible change in leading to mental retardation.

2. Galactosomia:-carbohydrate disorder. Heredity defect metabolism in the metabolism of the sugar galactose, which is the constituent of lactose, the main carbohydrate of milk. Infants with this condition appear normal at birth but after few days of milk feeding, they begin to vomit, become lethargic fail to gain weight, and show an enlargement of the liver as well as the mental retardation, stunted growth and cataract in the eyes.

3. Infection in the mother:-infections in the first three months of the pregnancy can damage the developing brain of the fetus. Some of the infections that affect the fetus are rubella, herpes ,syphilis and tuberculosis. High blood pressure, malnourishment, diabetes mellitus, and chronic problems in the kidney can also lead to mental retardation.

4. Problems during birth:- mental retardation can occur due to number of problems occurred during delivery or immediately after delivery. The main causes are: Premature birth Low birth weight babies less than 2 kgs Lack of respiratory immediately after birth (brain suffers irreversible damage if it is deprived of oxygen for 4 to 5 seconds)

Abnormal position of fetus in the uterus that makes delivery difficult 9 Excessive coiling of umbilical cord around the neck of the baby Toxemia of pregnancy with high blood pressure and fits in the mother Hemorrhage or bleeding in the brain of the new born due to various severe jaundices in the new born Medicines administered the mother such as anesthetics and pain killers.

Toxic agents: - lead poisoning can occur when lead enters the body through DIET or through environment containing high lead content. Certain drugs taken by mother during pregnancy can take to congenital malformations e.g. quinine streptomycin.

5. Radiations: - can effect directly or produce gene mutations in the sex cells of the parents. Harmful radiations are high energy X-rays, nuclear testing or other radioactive materials, X-rays with cancer drugs, an epileptic drugs and hormones can damage the growing fetus.

6. Blood group incompatibility: - Rh-incompatibility: when mother carries Rh – positive and child has Rh –negative blood. If RhGam is administered during problem can be solved.

7. Sickness and trauma:- long sickness, high blood pressure, syphilis and severe nutritional deficiency , poison intake or absorption , accidents can lead to mental retardation. Physical injuries at birth, difficulty in labor due to mal position of the fetus, instrumental delivery. Anorexia (lack of sufficient oxygen) can also cause brain damage.

8. Brain diseases:- infection in the child such as meningitis or encephalitis (brain fever)can lead to mental retardation .if treated immediately .neurofibromatosis is heredity and causes tumors in brain and nervous system .tuberous sclerosis is also heredity and causes reddish orange modules in butterfly patterns or cheeks and faces. Repeated fits in the child can damage the brain and lead to mental retardation .any injury to the brain from accidents or falls can result in mental retardation

9. Deprivation :-low socioeconomic conditions also contribute towards mental retardation through social economic trauma of the mother, malnutrition, unhygienic conditions, insufficient resources etc. malnutrition in the child can damage to the brain .inadequate intake of proteins and carbohydrates also can lead to mental retardation in a child.

10. Consanguinity:- inter family marriages are also a cause of mental retardation the defective gene becomes more concentrated and manifest in the form of defects in children.

Characteristics of mentally retarded person

Physical characteristics

Children with mental retardation may also show the following physical characteristics

1. Moon shaped eyes
2. Short nose
3. Open mouth4

. Fissures in the toungue,etc.

5. Small head

6. Thick fingers

7. Hoarse voice or broken voice

8. Web neck

9. Large head Performance defects.

The child has:

1. Difficulty in paying attention.

2. Has difficulty in arousal of attention and also in sustaining attention

3. Activity chosen by themselves or a given activity.

4. Poor memory and concentration.

5. Difficulty in following verbal commands or instructions.

6. Inadequate problem solving skills.

7. Difficulty in learning in new tasks

8. Difficulty in grasping abstract concepts

9. Difficulty in understanding similarities and differences.

10. Problem in relating written to spoken languages or make senses of concepts

11. Like heavy, light, funny, death, serious, etc. can be quite abstract for them to comprehend.

12. Poor understanding of cause –effect relationship

13. Poor sensitivity to minor incidental clues e.g. may laugh inappropriately

14. The death of a family member or behaving inappropriately in a market place or in a marriage hall,etc

15. Extreme impulsitivity

16. Clumsiness and is slow and at times awkward in carrying out tasks.

17. Inability to take a broad view and there by relate same skills to other settings.

Behavioral defects

Children with mental retardations might also show

1. Aggressiveness

2. Destructive behaviors

3. Repetitative activities
4. Self injurious behavior
5. Attention seeking
6. Hyperactive
7. Temper tantrums
8. Unpleasant behaviors
9. Sleep disturbances etc

Principles for Working with Mentally Disabled Child

1. Provide stimulation, training and education to the child as early as Possible.
2. Praise the child when he does something correctly.
3. Make learning fun. Play way method is best keep doing an activity as long as the child enjoys it.
4. Help the child only as much as is needed.
5. Use language that the child understands.
6. Be regular in teaching and stimulating the child.
7. Enough repetition.
8. Concrete presentation in all circumstances
9. Task analysis i.e. breaking every task into smaller parts. Break the activity in many steps and teach one step at a time.
10. Be patient when working with the child.
11. Make the child feel love, secure and wanted. The child should have the basic social skills that are required to be Able to sit in aϖ classroom with other children e.g. sharing, respecting others and property, etc.

Basic Skills to be taught at the Early School Years child with mental retardation is oneϖ who has arrested or incomplete development of mind. This results in the impairment in the adaptive behaviour of the child. That is children with normal intelligence are 12 accepted to have certain developments and behaviours at each stage there life such as ability to walk independent by 20 months ,speak 2-3 words and half years have toilet control by 3-4 years and so on. In a mentally retarded child there is a delay or arrested development of suchϖ behaviours.

Remember the following will help a mentally retarded child.

Compared with other children, the child shows serious delay in sitting, standing, walking or talking, When you tell the child to do something, he/she seems to have problems inϖ understanding what your are Saying The child sometimes has fits, becomes rigid or looses consciousness.

The child as difficulty in learning to do thing-, like other children of his/her age.Compared to other children of his/her age, the child is slow. Children with mental retardation have difficulty in learning survival skills.

The parents need to guide the child even in simple activities like eating and dressing. For an ordinary young child, tying the shoelaces may be a simple task. But the retarded child needs to be guides and given adequate practice in a task like tying shoelaces One of the important characteristics of mental retardation is that the child cannotϖ readily learn appropriate social behaviour.

Therefore he/she has to be taught specific social skill. Concept development is much more difficult for a retarded child as compared to anϖ ordinary child of the same age e.g. he has to be taught laboriously how to distinguish between big and small things and recognize different shapes.

Even number concepts have to be shown and taught in a concrete and painstaking manner. The child with average intelligence learns to recognize different colors throughϖ incidental learning.

In the case of a retarded child, much repetition and effort is involved on the part of the parents so that the child begins to recognize colors A great deal of visual material can be used to promote comprehension.

The childcan learn a story by looking at a picture chart. Writing skills come to an ordinary child largely by imitation. The retarded child needsϖ to be guided in developing the required muscular coordination.

Prevention Improved maternal nutrition and postnatal health care.

Genetic counselling for parentsϖ Laws to prohibit use of lead based paint on baby toys and furniture. Blood transfusion oh Rh-factor babies and vaccinations of Rh sensitive mothers.Immediate treatment and prevention of infective and viral diseases duringϖ

pregnancy. To stop smoking, drinking and use of drugs affecting the development of embryo.ϖ Needs of a child with Mental Retardation.

A child with the mental needs to have experiences as similar as possible to those of other children. These experiences are going to help him grow and learn.

(i) The child needs to go to school like other children

(ii) He needs to play and communicate with other children.

(iii) He needs to participate in the family and community events e g Poojas, wedding, etc

Educational Provisions for Children with Mental Retardation

In school, the child with mental retardation will need personalized programme keeping in view his stage of development. He would also need the help of the sensitive and flexible teacher, who would be able to carry out this programme. The following points should be borne in, mind while dealing with a mentally retarded child

I. He will need personalized instructions to comprehend completely a new concept.

II. He will need greater time to finish assignments.

III. His assignments may need to be simplified a little to match his comprehension and attention level, e.g. instead of copying from the black board, he may have to be given readymade worksheets Copying from the board may be difficult for him/her or may be a task in itself after which he has no interest left to complete it.

IV. He will need help in communicating his needs e.g., the teacher may have to listen patiently when he is trying to relate an experiences .he may have to guess a few words as he tries to put his thoughts into languages.

V. He may need help with certain motor tasks e.g. unscrewing his water bottle or tying his shoelaces.

VI. VI. He would need lot of encouragements and feedbacks at every step.

Educational Provisions for Various categories of mental retardation.

1. Educable Mentally Retarded: They are the most intelligent onset. They can be taught regular work without supervision and able to learn basic skills. They are educable in simple reading writing and arithmetic and other subjects. They can, Perform simple work activities like farming, gardening, tailoring .weaving etc. Their IQ range from 50-55 .In educational programmes educable mentally retarded should be integrated with normal classroom teaching. The educational policy should emphasize on self-relationship, human relationship, economic efficiency and civil responsibility. The curriculum and methodology of teaching should be specially designed meet the limitation of the disability.

2. Trainable Mentally Retarded: earlier they were completely ignored but now Government and Society has recognized the importance of education of trainable mentally retarded. They are defined as children with IQ 30-35. They develop at about half the rate of the average child. They are not able to learn simple academic skills. They can do some simple routine jobs under supervision. They need care and control and may have to be in institutions throughout life. Educational programme should emphasize on physical and emotional development rather than intellectual skill development. Curriculum can inculcate habit training, social training, sensory training, Language development and craft activities. Self-sufficiency and independence should be stressed to minimize their burden on parents

3. Untrainable Mentally Retarded: Intellectually they are in the category of 'Idiots' or 'Custodial dangers. They posses IQ below 20 or 25 .They cannot protect themselves against common physical dangers they are helpless as infants. They are untrainable because cannot talk or walk or take of themselves .They are not able to undertake any training there are uneducable and require custodial care.

RECREATIONAL ACITIVITIES FOR MENTALLY RETARDED

Mentally retarded children have to face a great difficulty in learning things or adopting socially acceptable behaviour so for them we use some of the recreational activities to teach them how to behave and learn. These recreational activities improves there cognitive, social, emotional behaviour as well as set a coordination between there motor and mental behaviours. Here is list of activities which we can perform.

LISTENING TO MUSIC AND MUSIC THERAPY

Music can be therapeutic. Music therapy helps your mentally retarded and learningϖ disabled children develop language and speech abilities efficiently. Music contributes to improving

the child's life and inculcates positive changes in her behaviour. How it helps: Relaxes the teenager, and reduces anxiety; it can also support memory enhancement and communication. You will need: A collection of entertaining and enjoyable songs and themes.

Type: Indoor activity What to do: Make your child listen to several interesting songs every day.

- Encourage her to join music classes and sing simple songs.
- Encourage her to participate in musical programs at school or college and sing in a choir.
- Try introducing her to musical instruments. She may like playing an instrument morethan singing.
- Team Activities for mentally retarded child Interaction is the key to developing social skills. If you want to help your child with his or her social life, you should encourage them to participate in team activities and events as much as possible.
- That said, you should not push them into something they are not comfortable with. Ease them into society one s tep at a time.
- Dancingis fun and will help make your child feel happy and fresh. Dance is also a social activity that they may have to learn about to have successful romantic relationships in the future.

How it helps: Improves social interaction skills and boosts their confidence You will need: Music and place to dance

Type: Indoor or outdoor activity

Instructions:

- Show them a few dance videos online to introduce the concept.
- One of the best ways to teach your kids something is to model that behavior.
- Show them how to dance, or better, dance with them.
- Display positive behavior and emotions when you dance, to encourage the teen to try it.

- Don’t pull them onto the dance floor. Let them come and join you.
- Take them to events where people dance and have fun.
- You could even call a few of your teen’s friends for a dance party. If his friends dance, your teen is likely to dance as well.
- Camping is a great idea if your child already has a few social skills and gets alongϖ fairly well with different people in the group. Camping with friends and strangers can help in developing social skills and learning new life skills.

How it helps: Develops social skills and basic life skillsϖ You will need: Camping materials, bags, tents

Type: Outdoor activity

Instructions: Take your child on a camping trip with the family. Let him experience it among people he is comfortable with first. Then plan a camping trip with a few friends that your child knows and some he doesn’t know. The idea is to help him get along with people he meets for the first time. Once he gets the hang of what camping is about, you can encourage him to go one camping tours on his own, with his friends or group members.

Participate in community gardening activities

Nature has a way to heal people.

Community gardening, like music, can beϖ therapeutic and also allows your mentally retarded or learning disabled child to socialize.

Becoming a part of gardening projects will help boost your childs’s social skills and help her come in contact with nature in a better way than usual.

How it helps: Helps develop social skills and sensory abilities.

You will need: A set of gardening tools containing grass shears, trowel, shovel, handϖ fork, and other gardening equipment.

Type: Outdoor activity

Instructions: If you have a home garden, try spending some time with your kid there. You couldplant seeds, water plants, or rake the fallen leaves. Provide a gardening tool kit to your kid and encourage her to participate in several gardening projects actively.

Activities to Improve Sensory Skills The sensory skills of a mentally retarded are not as developed as they should be for the age. This child cannot function at the same level as a typical child. Indulging them in these activities and games can help improve their sensory abilities. Staring contest Eye contact is one the most important aspects of healthy and efficient communication.

It portrays confidence and plays a major role in situations like interviews and even dates. Childs with mental disorder are not very comfortable with looking other people in the eye. You can help them change that with this activity.

How it helps: Helps them make healthy, appropriate eye contact

You will need: Nothing Type: Indoor activity

Instructions: Sit opposite to your mentally retarded child and ask him or her to look into your eyes. Ask them to maintain contact as long as they can. Your child may not be able to hold her gaze for more than a few seconds.

That's okay. Play the game as many times as you can, encouraging them each time they manage to hold their gaze longer. As you progress, you can also teach them the difference between healthy eye contact and staring.

Emotion charades Emotion Charades is similar to the basic game, except the mentally retarded and learning disabled will have to express the emotion written on the piece of paper. Child with mental disorders cannot identify emotions merely by looking at other people. So to teach your kid to express an emotion, show him or her videos or photos of people with different expressions and explain each.

How it helps: Improves communication, name a feeling, identify and understand expressions

You will need: Pieces of paper, timer

Type: Indoor game

Instructions: Play this game with family or your kid's friends.

- Start the game yourself and show how it is done. Encourage them to try and identify theemotion you are expressing. Help your son or daughter pick a chit like you did and try to show what is on the paper, without speaking.

Watching TV programms Research proves that mentally retarded kids can benefit significantly from wellchosen TV programs. Firstly, TV can open the world to your child. They learn language skills which help them get acquainted with topics that they can discuss with their peers.

TV programs can also help them learn how to behave in different social situations. How it helps: Stimulates visual and auditory senses, develops language skills, social skills You will need: TV, a few TV programs selected for your child

Type: Indoor activity

Instructions:

Let them pick a video from your selection and play that

Watch the program together. Ask questions in between, about what is happening in the program to see if they are following. Don't make it all about learning. Make sure your kid is having fun too.

Household chores Mentally retarded children and learning disabled children have difficulty understanding concepts like responsibility and sharing. You can help your child understand the ideas practically. The best way is to get them to help you with chores around the house.

How it helps: Home maintenance, they become more responsible about what they are supposed to do, helping family

You will need: NA

Type: Indoor activity

Instructions: Start by giving them small tasks like passing something from the fridge, putting things in place, using a cloth to clean or dust a surface, etc. As they get comfortable doing things around, you could teach them to make their beds, set the table, clean around the house, and even help cook a small meal

Vocational Education and training Vocational education is education that prepares people to work in a trade, a craft, as a technician, or in support roles in professions such as engineering, accountancy, nursing, medicine, architecture, or law. Craft vocations are usually based on manual or practical activities and are traditionally non-academic but related to a specific trade or occupation. Vocational education is sometimes referred to as career education or technical education. Vocational education can take place at the secondary, post-secondary, further education, and higher education level; and can interact with the apprenticeship system.

OBJECTIVES OF VOCATIONAL TRAINING CENTRE:

To provide need based and skill based vocational training

To ensure involvement of the parents in the process of rehabilitation

To create awareness on vocational training and rehabilitation among the parents/siblings

To discuss the process of vocational training and components of job analysisϖ To empower the trainees for self-advocacy

To make Persons with Disabilities self-dependent in related trades

To make them learn independent living skills in the community

To make them aware about their rights

Here are some different types of vocational education given to mentally retarded children Mentally retarded children can grasp those learning better which have single step in repetition. Canning & Furniture

Some of children receive training for doing canning work. They receive regular th fragrance these candles are sold by the children with the assistance of vocational instructors fairs, school function's, exhibitions organized by various clubs, business houses and government agencies.

Broom Making In some institution Started a new vocation of broom making, under the supervision of the orders for repairing of chairs & furniture's through their organization.

Candle MakingEducable group of boys and girls from this group. They make simple & designer candles, floating candles, jell candles wie Instructor who is trained skilled worker. Their children are able to make 40-50 broom in a day these brooms are sold to the shop keepers, schools and individuals.

Photocopy & Laminations Our new vocation of photocopy, lamination & spiral binding is working out well among our children. Our four to five children are under the training for learning this vocation.

Garden& Gardening School children are also engaged in kitchen gardening, seasonal vegetables like spinach, brinjol, green chilies, lady finger, corn, cauliflower, beans, carrots, Biller gourd etc. are grown & consumed in the hostel kitchen. Other than vegetables, lemon, papaya, sitaphal etc. are also grown in the kitchen garden.

LEARNING DISABLED CHILDREN

OR

SLOW LEARNERS

Introduction

Sometimes a large segment of school going children present a serious problem to public schools because they have limited scope for achievement. These pupils have IQ's between 76 &89 & they constitute about 18% of the total school population. Their ability to deal with abstract or symbolic materials (i.e. language, number & concepts) is very limited & their reasoning in practical situations is inferior to that of average students. These pupils differ slightly from the normal children in learning ability, Research works reveal that the attention span of slow learners is relatively short. They are also unable to deal with relatively complex games or school assignments. They need much external stimulus & encouragement to do simple type of work.

There is a large number of child population with delayed learning to talk lacking with language facilities or who have great delayed or retarded learning/difficulty to read, to spell, to write or to calculate arithmetic problem. The actual number of Leaming Disabled (LD) children is not known because most of the time parents & teachers fail to identify these children & parents do not accept the fact that their children are LD.

The terms LD & mental retardation should not be confused with each other. The two terms are entirely different. Most LD students are of average intelligence. Some excel in certain area & common paradox is that they score high in 1Q test but very low in verbal expression where as mentally retarded children have lower IQ & may have different physical appearance than that of LD as they have normal appearance. Very rarely, they have dull looks.

Historical Retrospect

The origin of learning Disabilities or children can be traced to the Straussian Legacy; according to which (LD children) as developed the concept of the 'brain- damaged child' formulated by Alfred A.Strauss& Heinz Werner (1947). They conducted the study on the impact of brain injuries on the behavior& psychological develop children over 13 years; & differentiated the endogenous (largely genetic) from the genous (largely brain damaged) mentally retarded. The behavior characteristics of the frain damaged child known as "Strauss Syndrome" are perceptual disorders, lack of preservance& distractibility, thinking & conceptual disorders & motor disorders, especially awkwardness. As a result, terms such as brain damage, neurological mpairment, perceptual handicap, dyslexi: aphasia were coined which later on described the attributes of Learning Disabled Children.

Definition:

The term "Learning Disability" derives its definition from the oriented etiological concept of "brain damaged' neural impairment, & its subsequent change to behavioral Syndromes, popularly known as the Strauss-syndrome. These were later on known as Fem dren with learning disabilities characterized by hyperactivity, distractibility, disinhibit ion& preservation.

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 cerebral dysfunction & /or emotional or behavioral disturbances & not from mental retardation, sensory deprivation or cultural or instructional factors.

In education, a child who has the intellectual capacity to learn to read but who does not learn after adequate instruction, perceive things wrongly, sometimes having

social& emotional disabilities can be learning disabled child.

According to many psychologists, it refers not only to a single disorder but also to a wide range of problems that impaired reading & writing skills. Some may also have rouble in sneaking, listening, reasoning &: during mathematics. The association for children with Learning Disabilities (1967) defined that:-

"A child with learning disabilities is one with adequate mental ability, sensory processes & emotional stability who has a limited number of specific deficits in perceptual, integrative or expressive processes which severely impair learning efficiency. This includes children who have central nervous system dysfunction which is expressed nomarily in impaired learning efficiency."

Kirk & Gallagher (1979) mentioned 3 criteria to classify as being learning disabled. They are:-

1.Discrepancy between the child's potential & his actual achievement.

2.An exclusion criterion

3.The need for special educational services.

However, it must be remembered that the term 'Learning Disability' is not mean to be used for children with minor or temporary difficulties in learning. But with a severe discrepancy between ability & achievement in educational performance. It is further specified that the LD children should have IQ scores in the normal range for being identified as "Learning Disabled".

Characteristics of Slow Learners/Learning Disabled

Tarver &Hallahan (1976) have described 10 primary characteristics of LD children. They are:-

1) Hyperactivity
2) Perceptual motor impairments
3) Emotional liability
4) General co-ordination deficits
5) Disorders of attention
6) Impulsivity
7) Disorders in memory & thinking
8) Specific leaming disability
9) Disorders in speech & learning; &
10) Equivocal neurological signs

(Not all LD children display all these characteristics).

Sandra's Checklist:

(l) Characteristics of Cognitive Learning Problems:-

The slow learners learn at a slower rate & they face difficulty in retaining what they have learnt.

1) The slow learners prefer concrete learning to abstract learning.
2) Transfer of learning becomes impossible for slow learners.
3) They lack judgement & common sense & they are highly distractible.
4) They gain from direct teaching & do not acquire skills incidentally.

5) A slow learner is an underachiever & has very short span of attention.

(ll) Characteristics Language & Language Related Problems

1.Verbal expressions for slow learners are difficult.

2 Oral reading is more difficult than silent reading.

3 Slow learners face articulation problems

4 Proper expression of thoughts becomes difficult for them.

(llI) Characteristics of Auditory-Perceptual Problems

1.Slow learners face trouble in writing omdictation.They usually leave common prefixes & suffixes while writing.

2. Slow learners fail to understand verl directions. So, they are unable to reply properly, when a question is asked.

3. They prefer visually presented materials to orally presented ones.

4. Identification of sounds becomes difficult for them.

They usually give inappropriate answers to verbal questions. They also fail to learn the art of counting of memory.

(IV) Characteristics of Visual-Motor Problems:-

1. Slow learners are easily distracted by visual stimuli.
2. They have awkward movements.
3. They find it difficult to discriminate between color, size & shape relationship & are
4. Unable to recall to memory the objects that they see.
5. They have very poor handwriting & face difficulties in motor work.
6. They prefer part learning to whole learning & find oral learning tasks easier.

(V) Characteristics of Social &Emotiona Problems:-

1. They don’t have the stamina to sit in the class for long periods.

2. They are lovers of solitude & are not gregarious.
3. They become aggressive towards their fiends & peers.
4. Nail biting is another characteristic of low learners.
5. Their mood changes frequently & their achievement is below expectancy.
6. They prefer not to work in a group & have inappropriate & excessive verbalization

Causes of Learning Disability

Numerous are postulated for learning disabilities. However, the etiological causes generally fall into three categories. They are:

Brain Damage: There is a belief that all learning disabilities are due to brain damage However, in the absence of demonstrable brain damage, the less brain damage is responsible for the minimal brain dysfunction which reveals that the damaged part of the brain does not function leading thereby to specific learning disabilities & educational under-achievements. This etiological theory that brain damage causes learning disabilities present two problems-

(a) Lack of evidence of the nature & amount of brain injury.

(b) A powerful conviction about the built-in excuse for failure to teach the child.

Biochemical Imbalance: Some researchers believe that biochemical imbalances of the brain cause learning disabilities. Feingold (1975) claimed that colorings&flavorings in many of the foods, children eat can cause learning disabilities & hyperactivity & recommended the treatment of learning disabilities & hyperactivity by supplying non- contaminated food items with colorings&flavorings to such children. Cott (1972) demonstrated that learning disabilities might be due to the inability of child's bloodstream to synthesize the normal amount of vitamins. Phil & Park (1978) have pointed out that trace metals such as lead & calcium found in hair samples of LD children may cause learning disabilities. They reported that 98% of children with learning disabilities suffer from such biochemical imbalances in their hair.

Environmental Factors: Numerous environmental factors from physical, social, cultural settings & psychological dimensions have been traced as causauve factors on learning disabilities. However, Lovint (1975) pointed out three types of environmental factors related to learning disabilities. They are emotional disturbance, lack of motivation & poor instruction. The emotional disturbance can be due to malfunctioning of psychological processes of the individual, which may further be linked to dysfunctioning in the central nervous system where as the atter two factors, namely, lack of motivation & poor quality of instruction, can occur as ausative factors, due to lack of motivation & kill & ability on the part of teachers.

These can be improved by employing & introducing a suitable climate & conditions in teaching.

Types of Learning Disability

Learning disabilities are many. These are-

1.perceptual

2.cognitive

3.attention

4.social and emotional

5. Speken language

6. Reading & writing.

7. Mathematical disabilities.

Disabilities in perception are those which are closely linked with visual, motor, actual &kinesthetic (sensation of movement) innovative has been most often associated with LD children.

The study of cognitive disabilities of the LD has led some authorities to characterize these children as 'passive' learners who lack strategies of attacking academic Problem.

Laboratory studies have isolated three types of attention problems of LD children: coming to attention, decision making & maintaining attention. The first refer to the difficulty they have disconcerning the relevant features of the task from the irrelevant tasks, these children also make poor decision because they tend to decide impulsively, finally these children perform poorly or vigilance task because they have poor concentration.

Teachers & researchers agree that LD exhibits behavior that is characteristic of anxiety, social aggression in maturity & withdrawal.

LD children may have difficulties in any of the various aspects of language performance. Some researchers in LD have suggested that certain phonological skills particularly segmenting words into sound & blending sound into words) present difficulties for these students.

The reading disability in such children impairs the progress in the school. Their reading is often stumbling & confused. These problems in reading are often associated with problem in spoken language & aspect of written language particularly spelling. Writing disabilities may include problem in handwriting, spelling & composition of written expression.

The arithmetic & mathematics include difficulty in skill such as counting, writing trical& learning basic association (e.g. Number-numerical relationship).

Identification of Slow Learners/Learning Disabled

Individuals are assessed usually as learning disabled after they start having moblems in the school. A variety of tests are administered even after telltale signs. The dreeindicators of learning disabled have to be identified-

1) Discrepancy between ability & achievement.
2) Low achievement.
3) Scattered assessment profile indicating variable performance in different areas.

There are certain behavioral indices of learning disabilities in children:

1) Near average, average or below average in intellectual ability.
2) Impulsive behavior in talk & action.
3) Inability to focus on one activity.
4) Easily distractible.
5) Inability to shift from one activity to another.
6) Easy onset of fatigue.
7) Wrong or inappropriate perception.
8) Reversal in writing, reading & transposition.

9) Problems of right & left, up & down orientation.

10) Difficulty in understanding & remembering oral message.

11) Difficulty in interpretation & remembering visual image.

12) Language & organization difficulties.

13) Trial & error approach to work.

14) Thinking problem relation to abstract ideas & concept.

15) Poor fine motor co-ordination.

16) Clumsiness in thinking.

17) Hyperactivity (easily stimulated).

18) Hypoactivity (late action with much stimulation).

19) Omits, adds subtract, reverses letters in words.

20) Skips lines while reading.

21) Unable to follow verbal direction.

22) Does not build letters B-A-T not BAT

23) Reverses numbers 6,9,36,63,14,41

24) Gets confused with arithmetic signs >, <-,

25) Does not know carry over

26) Gets easily disturbed.

27) Appears to be moody.

28) Apears to be forgetful.

Educational Rehabilitation of Learning Disabled:-

Unfortunately, the learning disability is a hidden handicap that must be discovered. Quite often teacher fails to perceive the problem but focuses only on the result. The child who is branded as being lazy or unwilling is actually not able to do anymore because that is his best. So, the child carries on, never realizing that he has a disability, the parents too are so burdened in earning bread for daily living that they know neither of the disability or the fact that their child needs help of special nature outside the classroom situation. The various facts to be considered regarding educational program for LD are –

1) It is important to discover & provide help for the LD child at an early stage, beforeAttitudes & feelings related to failure an established.

2) Because of diversity of background in the school experience of the LD, the teacher should know as much as possible of die school history of each individual pupil i.e. length of his school attendance, grad: epetitions& personality adjustments he has taade under those conditions.

3) The programs for the LD in either the grades or special classes must be flexible so that the individual child may be on: of a group but work at his own level of accomplishment.

EMOTIONALLY DISTURBED CHILDREN

Introduction: Emotional disturbance can be viewed from a variety of perspectives:

- For teachers, an emotionally disturbed child is one who is shy, withdrawn or who is

Too aggressive

- For ecologists, emotional disturbance is viewed in terms of environmental variables,

Which create maladaptive emotional reacions

- For peer group, a child who can not make interpersonal adjustment with his age mates

Is considered as a emotionally disturbed child. When the child's sociometric relationship declines, he becomes emotionally disturbed. It may also be defined as :

- an inability to learn that can not be explained by intellectual, sensory or health factors.
- Inappropriate behaviour feelings under normal circumstances. A tendency to develop physical symptoms of fear associated with personal or school problems.

Causes:

- Parents having services and semiskilled occupations have more emotionally disturbed
- Children compared to parents who hold professional and skilled occupations.
- Some children fail in reading and become emotionally disturbed as a result of reading failure.
- Some children are emotionally disturbed before they try to learn to read & fail.
- Some children experience emotional problems & reading failure as a concomitant

Experience (accompanying.)

- anxiety
- Distrust of adults because of traumatic experiences
- Parental rejections. Punishment, ridicule.
- Child's early separation, from his parents due to desertion, death etc.

Identification:

-Reactions to life situations are unrewarding to himself and unacceptable to his peers others members of the society.

- Children who lack flexibility to modify their behaviour Who are too excitable or too withdrawn, too brave or too fearful

- Have poor pulse control.

- Have a disturbed time sense

- Is inattentive, indifferent or apparently lar Is absent from school frequently or dislikes school intensity.
- Seems to be more unhappy than most of the children.
- Jealous or over competitive.
- Achieves much less in school than his ability indicates he should.
- Needs an unusual amount of providing to get work completed.
- Disrupts other children.

Types:

It varies according to clinical symptoms. Autism in children is one of the most severe forms of emotional

Autism: disturbance. This is also otherwise known as childhood schizophrenialThis condition is presented with & is followed by delay in speech development, non -communicative use of speech & withdrawal tendencies. Such children do not use language to convey meanings. Kanne (1943) described that an autistic child has

- Severe withdrawal of contact from other people.
- An intense need to preserve sameness
- An inability to deal with people.
- Apparently good intellectual potential.
- Severe disturbance of language functioning.

Kauffman states, autism in children may result purely out of language impairment & language training.

Psychosis: This is the most severe & debilitating of the emotional disturbances, psychotic children have no contact with reality. Childhood schizophrenia is quite commonly seen. In early

infantile autistic children, we find extreme withdrawal, peculiar communication & improper use of language. They only react to their own private imaginary scheme of life.

Childhood Schizophrenia (Psychosis): Unlike autism this disorder has its onset after 30 months of age & before 12 years. The child must exhibit at least three of the following. Sudden anxiety, inappropriate affect, resistance to change, oddities of motor movement, abnormalities of speech, hyper or hypo-sensitivity to sensory stimuli, self mutilation (deprive of an organ) impairment in social relations, absence of illusions, delusion (false belief), hallucinations & incoherence.

Psychophysiological Disturbance: These disorders result in physical malfunctioning but without any anxiety. These children have severe eczema, asthma without emotional overlay. They also exhibit anorexia nervosa, persistent loss of appetite & are underweight They have painful migraine. They mostly heed medical treatment.

Psychoneuroses: Certain functions are distorted but the child is not isolated from reality. He builds castles in the air & the psychotic lives in them. Many children are cautious, frightened & show uncontrollable crying etc. They have
Phobias, manias (mental illness marked of by excitement & violence) panic syndrome & conversion.

Personality Disorders: These children can not adjust to society. They are extremely shy & rigid. They lack the resilience to develop better ways of meeting emotional problems or alternatively sometimes they appear as too outgoing.

Transient situational personality disorder: These are acute reactions to catastrophic or unpleasant incidents such as: death of a friend, relative, accidents etc. These are situational & are responsible for chronic & acute personality disturbance.

Characteristics:
-No close emotional proximity with their parents.
Self is invariably negative.

-Lesslikeable, & leas able to arouse affection in others.

Are psychotic or emotionally indifferent

-Show lack of interest in academic matter &: school performance, lower I.Q. & achievement.

Have little less than average intelligence.

The emotionally disturbed children lack most of these attributes, such as

a. Ability to handle anxiety
b. Feeling of self work
c. Conformity to demands
d. Peer acceptance
e. Less conflict over independence
f. Engagement in activity of academic rapture
g. Setting of realistic goal

••Behavior problems like

Disrupts other children

Is compulsive

Does not compete the required task

Defiant, impertinent, uncooperative, irritable, boisterous

Sluggishness, laziness inattentiveness

Hostile, inadequate, negative roles.

••Are resistant to remedial effect because of the extreme defensive nature.

•have reading skill deficiency, memory and hyperactivity, visual deficiency, perpetual deficiency, deficiency in word recognition.

•Are far behind in reading & arithmetic achievement.

•emotional problem which being hand capped can give wise to is a feeling of uncertainty

Asessment:

1.Administration:

a.Administrative process: The initiation, organization, planning, coordination and operation of classes for emotionally handicapped children requires intensive &extensive administrative implementation.

b. Pupil Selection & Study

2. Screening & Diagnosis: Need assessment & program development involve urovisions for screening the school or community population to detect already emotionally handicapped children & to identify children who are " susceptible or vulnerable" to emotional disorder so that early or preventive help can be given.

Planning, placement and continuous assessment processes: Procedures are
required to integrate a multi-disciplinary working diagnosis & plan, to define the rimge of resources to translate recommendations into action plans & to evaluate penodically both the diagnosis & the placement.

3. The relationship - Building process-success of the educational program rests Upon the skill & ability of the teacher to establish with the pupil a mutually perceived climate of trust, understanding and empathy,

4.The motivation development process: Emotionally handicapped children - frequently require special efforts to free & nurture their motivation to leam& to Achieve meaningful relationships with others.

5. The perceptual retraining process: Distortions in perceptual abilities may be either the cause or the result of a child's emotional handicap. Procedures for diagnosis are available.

6 The classroom behaviour management process: The procedures which a teacher should include to lessen & prevent maladaptive behaviour that interferes with relationships, group productivity

& individual learning are - structuring expected behaviour, use of peer control, group-wide coping with poor individual behaviour.

7. The behaviour re-education process Emotionally handicapped children frequently must unlearn inappropriate behaviors& learn new behaviour patterns which maximize their potential to ffect those attitudes & behaviour which will enhance their personal well being, usefulness & acceptance,

8.The academic education process: The procedures are tutoring methods, remedial education methods & the use of special methods & materials.

9. The process of rehabilitation to the regular classroom: It includes the establishment of criteria for transfer, planning for & methods of returning to the regular class, procedures for returning the pupil to the special class as needed. preparation of the regular teacher & provisions for follow-up guidance & evaluation.

••Educational Provision:

There are various methods of treating emotionally disturbed children. Educational catharsis is a psychotherapeutic technique, which is used quite often Educational program should be planned quite cautiously for these children. It may be of three types:

1.Day schools which are exclusive for these children.

2.Special class in regular school for notionally disturbed.

3.Integrated setting or school for emotionally disturbed.

The classroom atmosphere must give support & direction to activities.

. Subject matter itself should convey appropriate information for social & academic learning. These children should be given selected readings on social learning.

•Group dynamic principles may be used for disturbed children c.g. seating arrangements, position of teachers pupil can be designed to encourage desired interaction between teachers & pupils & among pupils.

•Directed group activity can be used. This will break inhibitions. Role-playing is also another technique for release of emotional problems.

• Involve the child in work as soon as he reaches the school or when he is at home in any work.

• Offer support & reward when they do good work; never attack the child as a person; focus correction on actual task & keep relationship task centered.

Parents & teachers can help the child reach firm strong &self directing decisions.

The psycho-educational approach emphasize:

1. Children should develop autonomy & a positive self-image
2. Each student has unique perception about environment & what is being taught.
3. The inner workings of children minds & the forces of mental & physical development

May encourage or deter their education.

Problems among children arise because of imbalances in the social system.

Role of special/resource teacher:

The teacher must ultimately focus on those factors that can be changed.

Principles:

1. The teacher will do much better if she understand that what disturbed children

Someone who can be stable & orderly in the midst of their disorder.

2. The teacher of disturbed children will do much better if she comes to expect unexpected. 3. The teacher will do better if she expects & accepts little progress in some of the children for the first few months.
3. The teacher will do better if she learns to attend to & understand non-verbal communication, her own as well as the children's.
4. The children will do better if she reexannes everything she does in the classroom in the light of the questions. Is this really worthwhile? Is it really a good way to achieve what I intend?

Role of regular class teacher:

1. Positively reinforce desired behaviour among ED children.
2. Do not positively reinforce undesirable behaviour
3. Use token reinforcement to decresce disruptive behaviour academic behaviour, it will disappear
4. Do not use punishment as it has adverse effects.
5. Response cost is another token economy.
6. Use "Time Out" procedure wherever required to eliminate behaviour.

SPEECH DISORDERS

Speech and language disorders are becoming increasingly common throughout the world. According to the statistics of the National Institute of Health, more than 15 million people worldwide suffer from stammering and other forms of speech disorders. Many of these disorders are caused by genetic and **psychological factors**. In some cases, environmental factors and other stressors may exacerbate these disorders. In any form, speech disorder is a major barrier to effective communication.

In the early stages of a child's development, the formation of speech is a major milestone. It is therefore advisable for the parents to notice any impairment in the process such as delayed speech or speech related disorders and consult a doctor at a very early stage. The health organizations all over the world have started taking some major initiatives for speech correction and development in children and adults. This might help alleviate the current global burden to some extent.

What are speech disorders?

Speech and language disorders collectively refer to the broad spectrum of disorders in communication and oral motor functions. The speech disorders may be noticed in voice, language, fluency and articulation. In language disorders, a child cannot participate in a two way communication. Hence it cannot express its needs clearly and is incapable of comprehending the

speech of others. Children having problem in articulation usually generate sound in an incorrect manner, and tend to substitute a particular consonant for another. It also tends to omit certain letters while speaking. This problem can be controlled to some extent through parental intervention.

Fluency issues arise when a child's speech is interrupted by prolonged sounds and syllables and is also characterised by abnormal inhalation, exhalation and phonation patterns. A child having aberrant loudness, pitch and resonance of voice is also likely to have speech disorders. Most of these disorders however can be corrected through proper medical intervention.

What are the main causes of speech disorder?

Speech disorders may arise from multiple etiological factors. The commonly studied causes are listed below-

- **Structural problems:** Physical deformities in the **mouth, nasal passage and throat** can be a major barrier to speech formation. Some of the common defects are velopharyngeal dysfunction, airflow disruption, cleft palate and resonance disorders. In particular, when normal flow of air is disrupted, normal speech may not ensue due to omitted consonants (which are compensated by abnormal articulation productions), abnormally shortened utterance length and nasal grimace. In some children, fluency, language expression and articulation are adversely affected due to the presence of a very short lingual frenulum.
- **Neurological dysfunctions:** Some people exhibit stammering (or stuttering) when they are nervous. People who lack self-confidence, suffer from low self-esteem and are **very sensitive about their environment** usually experience these problems. The exact neurological factors have not been determined, but studies have shown that people who already have the problem of stammering become over-conscious about it while speaking to others, and this aggravates their speech problems.
- **Genetics:** It has been observed that a person having speech problems is likely to have a familial history of similar disorders. Research works have established a definite relationship between a central portion of the DNA and the disruption of the lysosomal

enzyme pathway. Studies have revealed that mutations in NAGPA and the GNPTAB genes, located on chromosome 12 largely contribute to speech impairments.

Some other Causes of speech disorders can include:

- brain damage due to a stroke or head injury
- muscle weakness
- damaged vocal cords
- a degenerative disease, such as Huntington's disease, Parkinson's disease, or amyotrophic lateral sclerosis
- dementia
- cancer that affects the mouth or throat
- autism
- Down syndrome
- hearing loss

Risk factors that can increase the likelihood of a person developing a speech disorder include:

- being male
- being born prematurely
- having a low weight at birth
- having a family history of speech disorders
- experiencing problems that affect the ears, nose, or throat

Symptoms of speech disorders

Speech disorders manifest themselves through a few common symptoms. These are discussed below-

- Omission of syllables (mainly the consonants)
- Generation of a hollow sound instead of a distinct syllable
- Utterance of distorted sounds and words
- Repeating sounds or syllables at the beginning of a word
- Pausing a lot in the middle of a conversation
- Stressing and expanding on a certain sound, letter or word
- Making unnecessary sounds like "uh" or "um" while speaking
- Generation of hoarse, nasal and hollow sounds

- Having an abnormally high or an abnormally low pitch
- Losing one's voice very often
- Conversing in a very loud or extremely soft voice
- Problems in comprehending other people's words
- Problem in conveying one's thoughts and needs to others

Types

Speech disorders can affect people of all ages.

Some types of speech disorder include stuttering, apraxia, and dysarthria. We discuss each of these types below:

1. Stuttering

Stuttering refers to a speech disorder that interrupts the flow of speech. People who stutter can experience the following types of disruption:

- **Repetitions** occur when people involuntarily repeat sounds, vowels, or words.
- **Blocks** happen when people know what they want to say but have difficulty making the necessary speech sounds. Blocks may cause someone to feel as though their words are stuck.
- **Prolongations** refer to the stretching or drawing out of particular sounds or words.

The symptoms of stuttering can vary depending on the situation. Stress, excitement, or frustration can cause stuttering to become more severe. Some people may also find that certain words or sounds can make a stutter more pronounced.

Stuttering can cause both behavioral and physical symptoms that occur at the same time. These can include:

- tension in the face and shoulders
- rapid blinking
- lip tremors
- clenched fists
- sudden head movements

There are two main types of stuttering:

- **Developmental stuttering** affects young children who are still learning speech and language skills. Genetic factors significantly increase a person's likelihood of developing this type of stutter.

- **Neurogenic stuttering** occurs when damage to the brain prevents proper coordination between the different regions of the brain that play a role in speech.

2. Apraxia

The brain controls every single action that people make, including speaking. Most of the brain's involvement in speech is unconscious and automatic.

When someone decides to speak, the brain sends signals to the different structures of the body that work together to produce speech. The brain instructs these structures how and when to move to form the appropriate sounds.

For example, these speech signals open or close the vocal cords, move the tongue and shape the lips, and control the movement of air through the throat and mouth.

Apraxia is a general term referring to brain damage that impairs a person's motor skills, and it can affect any part of the body. Apraxia of speech, or verbal apraxia, refers specifically to the impairment of motor skills that affect an individual's ability to form the sounds of speech correctly, even when they know which words they want to say.

3. Dysarthria

Dysarthria occurs when damage to the brain causes muscle weakness in a person's face, lips, tongue, throat, or chest. Muscle weakness in these parts of the body can make speaking very difficult.

People who have dysarthria may experience the following symptoms:

- slurred speech
- mumbling
- speaking too slowly or too quickly
- soft or quiet speech
- difficulty moving the mouth or tongue

Symptoms

Share on PinterestSymptoms of a speech disorder can include repeating or prolonging sounds, rearranging syllables, and speaking very softly.

The symptoms of speech disorders vary widely depending on the cause and severity of the disorder. People can develop multiple speech disorders with different symptoms.

People with one or more speech disorders may experience the following symptoms:

- repeating or prolonging sounds

- distorting sounds
- adding sounds or syllables to words
- rearranging syllables
- having difficulty pronouncing words correctly
- struggling to say the correct word or sound
- speaking with a hoarse or raspy voice
- speaking very softly

Speech disturbances can be classified into different categories according to the intensity and nature of the disorder. Some other categories are listed below-

1. **Apraxia of speech:** In this disorder, a person has problems converting conscious speech plans into motor functions. This results in the generation of limited and difficult speech. Uncontrolled rearranging of syllables (such as topato instead of potato) may occur in this case.
2. **Cluttering:** It is also known as Tachyphemia or Tachyphrasia. It is a major speech and fluency disorder, marked by rapid and irregular speech, erratic rhythm, improper syntax and grammar. This makes the speech difficult to incomprehensible.
3. **Developmental Verbal Dyspraxia:** This problem is observed in children and arises mainly due to some **motor dysfunctions.** It leads to the inability to move certain parts such as lips, jaw and tongue in a manner suitable for generating effective speech.
4. **Dysarthria:** It is a disease caused by the dysfunctions of the speech muscles due to brain or nerve injuries. It is seen in the patients of paralysis and Parkinson's disease.
5. **Dysprosody:** It is a type of neurological speech disorder. It is characterised by an abnormal deviation in the rhythm, intensity, pitch and intonation of the spoken words.
6. **Stuttering:** This is a kind of speech disorder marked by involuntary protraction, repetition and pause within speech.

Diagnosis and treatment

Speech disorders can be diagnosed easily through some techniques that test the flexibility of the speech muscles and the accuracy of speech. Treatment for these disorders includes different types of speech therapies that are normally recommended by the doctors in phoniatrics or the speech-language pathologists (SLPs). Psychotherapy is often recommended for people having speech problems due to neurological issues.

The treatment plan is meticulously prepared by a Speech-Language Pathologists (SLP) after evaluation of the condition of the patient. The treatment comprises of mainly four parts: compensation of current deficiencies by training, neurological rehabilitation, in-home practice exercises, and patient and family education.

Speech therapy involves the formulation of a customized treatment plan based on the condition of the patient. Starting from the simpler ones, speech-language therapists often use various exercises to improve the communication skills of the patient. The therapy is given for approximately 5 hours in a week from a period of 3 months to several years.

Voice therapy is employed in patients who often strain their vocal cords. Vocal techniques are taught to reduce the pressure on the vocal cords.

Loss of hearing can trigger speech disorders. Infants at risk of hearing loss should be tested in order to prevent it. Resting in order to prevent straining of voice can keep vocal disorders at bay.

COMMUNICATION DISORDER

Communication disorders affect a person's ability to detect, receive, process, and comprehend the concepts or symbols necessary for communication.

The communication process enables a person to pass on information, express their ideas and feelings, and understand other people's thoughts, emotions, and ideas.

The American Speech-Language-Hearing Association (ASHA) estimates that about 5–10% of Americans have communication disorders.

What are communication disorders?

Communication disorders are a group of conditions involving problems with receiving, processing, sending, and comprehending various forms of information and communication, including:

- concepts

- verbal
- nonverbal
- graphic language
- speech

They can result from any condition that affects hearing, speech, and language to the extent that it can disrupt a person's ability to communicate properly. A communication disorder can manifest early in a child's development, or a medical condition can cause it to develop at an older age.

It can be a stand-alone condition or co-occur with other communication and developmental disorders.

The severity of communication disorders can range from mild to profound.

Types of communication disorders

Communication disorders into four groups:

Speech disorder

Speech disorders affect a person's ability to articulate speech sounds. These conditions can affect fluency, meaning the rate, rhythm, and flow of speech, or voice, meaning the pitch, volume, or length of speech.

Language disorder

Language disorders impair a person's ability to comprehend or use spoken, written, or other symbol systems.

They may involve problems with:

- **Phonology:** This term refers to the sounds that make up language systems and the rules governing sound combinations.
- **Morphology:** Morphology describes the structure and construction of words.
- **Syntax:** People who have difficulties with syntax may make errors relating to the relationship, order, and combination of words in sentences.
- **Language content:** This term refers to the meaning of words and sentences, or semantics.
- **Language function:** Language function means using and understanding language based on interactional context and beyond its literal meaning.

Hearing disorder

Hearing disorders result from an impaired sensitivity of the auditory system. They involve difficulties detecting, recognizing, discriminating, comprehending, and perceiving auditory information.

A person with a hearing disorder may be deaf or have partial hearing loss.

Central auditory processing disorder (CAPD)

According to the ASHA, CAPD results from problems in processing auditory information in the brain area responsible for interpreting auditory signals.These problems are not due to an intellectual impairment or hearing sensitivity problems of the ear.

Other classifications

The *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* classifies communication disorders into four categories:

- **Language disorder:** A person has difficulty acquiring and using spoken, written, or sign language or other language modalities.
- **Speech sound disorder:** These disorders involve difficulty producing speech sounds, which can make sounds challenging to understand or prevent effective communication.
- **Child-onset fluency disorder (stuttering):** This term refers to speech flow and fluency problems that are not appropriate for a child's age.
- **Social (pragmatic) communication disorder:** A person has trouble understanding and using verbal and nonverbal communication for social purposes.

What causes communication disorders?

Most communication disorders have an unknown cause, but they may be developmental or acquired. Possible causes include:

- exposure to toxins and substances while in the womb
- traumatic brain injuries or tumors in the brain area responsible for communication
- stroke and other neurological disorders
- structural impairments, such as cleft lip or cleft palate
- vocal cord injury due to misuse and abuse
- viral disease

These disorders may also be genetic. A 2015 case study found that some genetic variants may make specific individuals susceptible to communication disorders.

Symptoms

The type of communication disorder will determine the possible symptoms:

Speech disorder symptoms

Symptoms of speech disorders include:

- repeating words, vowels, or sounds
- difficulty making sounds, even when the person knows what they want to say
- elongating or stretching words
- adding, omitting, or substituting words or sounds
- jerky head movements or excessive blinking while talking
- frequently pausing while talking

Language disorder symptoms

Symptoms of language disorders include:

- overusing fillers such as “um” and “uh” because of the inability to recall words
- knowing and using fewer words than their peers
- trouble understanding concepts and ideas
- difficulty learning new words
- problems using words and forming sentences to explain or describe something
- saying words in the wrong order
- difficulty understanding instructions and answering questions

Hearing disorder symptoms

Symptoms of hearing disorders include:

- being behind their peers in terms of oral communication
- asking others to repeat what they said in a slower, clearer manner
- talking louder than is typical
- muffled speech and other sounds
- withdrawal from social settings and conversations
- difficulty understanding words, especially in noisy environments

CAPD disorder symptoms

Symptoms of CAPD include:

- difficulty localizing sounds
- difficulty understanding words that people say too fast or against a noisy background

- problems understanding and following rapid speech
- difficulty learning songs
- lack of musical and singing skills
- difficulty learning a new language
- problems paying attention
- getting easily distracted

Who is at risk of communication disorders?

Communication disorders are common in children. Nearly 1 in 12 childrenTrusted Source in the U.S. have some form of communication disorder. The rates are highest among children aged 3–6 years and drop at an older age.

According to a 2016 studyTrusted Source, there is strong evidence that language disorders run in families. Family history is, therefore, a significant risk factor for developing communication disorders. The same study suggests that males are more likely to develop language disorders than females.

Certain conditions put a person at risk of communication disorders such as aphasia, apraxia, and dysarthria. The National Aphasia Association notes that 25–40% of people who have experienced a stroke will have aphasia.

A 2021 study also found that a more severe traumatic brain injury puts a person at a higher risk of receiving a communication disorder diagnosis.

Diagnosis

A doctor will need to perform a physical exam to diagnose communication disorders. This exam will involve examining a person's mouth, ears, and nose. If the doctor suspects a communication disorder, they will work with other specialists, such as neurologists and speech-language pathologists, to make an accurate diagnosis.

Common tests include:

- hearing tests
- neurological exam
- nasopharyngolaryngoscopy, which uses a flexible fiber-optic tube with a camera to view the voice box
- psychometric testing to assess thinking performance and logical reasoning abilities
- psychological testing to assess cognitive abilities

- psychiatric evaluation, if emotional and behavioral problems are also present
- speech and language assessments
- imaging tests, such as an MRI or CT scan

Doctors may also compare a child's language with age and communication milestones and checklists.

Treatment

The treatment for communication disorders involves working with a speech-language pathologist. The specific approach will depend on the type and severity of the communication disorder. Therapy might take place in a one-on-one or group setting.

A speech-language pathologist will work with the rehabilitation team, including a physical and occupational therapist, to address other relevant skills before or in parallel with speech therapy sessions. Underlying causes, such as infections, will also require treatment.

Treatment often involves the entire family, other healthcare professionals, and teachers for a highly individualized approach.

Depending on the goal, a speech-language pathologist may remediate and promote skills or teach alternative forms of communication, such as augmentative and alternative communication (AAC) or sign language.

Summary

Communication disorders are a variety of disorders that affect any aspect of communication. They can occur at any age, and there are various possible causes, although the cause is often unknown.

Communication disorders commonly appear in children in the early phase of their development, whereas adults often acquire communication disorders from other conditions, such as stroke or brain injury.

The best way to treat communication disorders in children is through early intervention. Early detection and treatment can help address the child's developmental needs and prevent further delays.

What is speech therapy?

Speech disorders can develop in multiple ways. They can occur due to:

- nerve injuries to the brain
- muscular paralysis

- structural abnormalities
- developmental disabilities

A 2015 study showed that around 8% of childrenTrusted Source aged between 3–17 years experienced a communication disorder during the last 12 months.

According to the National Institute on Deafness and Other Communication Disorders (NIDCD), around 7.5 millionTrusted Source people in the United States have trouble using their voices.

Speech therapy is an effective treatment for speech and communication disorders.

With speech therapy, a speech-language pathologist (SLP)Trusted Source provides treatment and support for people with speech disorders. They are health professionals trained to evaluate and treat those with speech, language, or swallowing disorders.

People often refer to SLPs as speech therapists.

How does it work?

An SLP will begin by assessing the individual. They can then identify different types of speech disorders and how they can treat them.

Speech therapy for children

A child may participate in speech therapy in a classroom as part of a small group or in a one-on-one setting. This depends on which speech disorder they are experiencing.

The SLP will use therapeutic exercises and activities to help them overcome their specific issues. These include:

- **Language activities:** Involves playing and talking with the child while using pictures, books, and objects to stimulate language development. The SLP may also demonstrate correct pronunciation and use repetition exercises to help increase the child's language skills.
- **Articulation activities:** These will involve the SLP working closely with a child to help them with their pronunciation. The SLP will demonstrate how to make specific sounds, often during play activities.
- **Feeding and swallowing therapy:** An SLP can work closely with a child with chewing or swallowing issues. The SLP can also use oral exercises to help strengthen the muscles in the mouth or work with different food textures to improve the child's oral awareness.

- **Exercises:** The SLP may use a number of tongue, lip, and jaw exercises, alongside facial massage to help strengthen the muscles around the mouth. This can help them with future speech and communication.

An SLP will also provide the child with strategies and homework. These exercises allow them to work through certain activities with a parent or caregiver, so they can continue to practice at home.

Speech therapy for adults

An SLP can use several different techniques as part of adult speech therapy. These include:

- **Social communication:** The SLP may use problem-solving, memory activities, and conversation exercises to improve communication.
- **Breathing exercises:** An SLP may use breathing exercises to assist with resonance issues.
- **Mouth exercises:** These are a suitable way to strengthen oral muscles, which can help improve communication.
- **Swallowing exercises:** Medical issues, such as Parkinson's disease, oral cancer, or a stroke, may cause swallowing difficulties. An SLP can use swallowing exercises to help a person manage these issues.

Conditions

An SLP can use speech therapy to treat several conditions, which include the following:

Stuttering

Stuttering is a speech disorder that specialists characterize byTrusted Source the repetition of sounds, syllables, or words. A person with a stutter often repeats or prolongs words, syllables, or phrases.

A person with a stutter knows what they want to say but has trouble speaking clearly or in a manner that flows naturally.

People often also refer to a stutter as a stammer.

Aphasia

Aphasia is a disorder that causes a person to have difficulty with language or speech. Damage to the parts of the brain that are responsible for language may triggerTrusted Source aphasia. Strokes are a leading cause of the condition in adults.

A person with aphasia may lose their ability to express and understand language, and may also have difficulty reading or writing.

According to the NIDCD, around 1 million people in the U.S. are living with aphasia, while almost 180,000 acquire the condition each year.

Articulation disorders

SpecialistsTrusted Source classify articulation disorder as a disorder without associations to another speech or linguistic disability.

Articulation disorders refer to people experiencing issues with the production of sound involving the coordinated movements of the lips, tongue, teeth, palate, and respiratory system.

Those with these disorders may have difficulty making certain sounds, for example, saying "wabbit" instead of "rabbit."A person with phonological disorders can make these sounds correctly, but they may use them in the wrong position of a word.People with articulation disorders often mispronounce words. Many individuals also have issues with other areas of language development.

Specific language impairment

A specific language impairment (SLI) is a disorder that causes issues with language skills development in children. It is a condition that is not due to a known neurological, sensory, or intellectual disability.

SLIs can affect the way a child speaks, listens, reads, and writes. Specialists sometimes refer to them as developmental language disorder, language delay, or developmental dysphasia.

SLI is one of the most common developmental disorders, affecting around 7–8% of kindergarten childrenTrusted Source.

The condition can impact a person as they enter adulthood. Speech therapy can improve an individual's specific issues and help with their social and work life.

Resonance disorders

A blockage or obstruction to the regular airflow through a person's mouth as they talk can trigger a resonance disorder. These disorders alter the vibrations responsible for speaking, leading to speech becoming unclear.

Healthcare providers often associate this speaking disorder with cleft palatesTrusted Source and other neurological disorders.

Is it effective?

Several studies show speech therapy is an effective method for helping children and adults develop their communication skills.

One studyTrusted Source of over 700 children with speech or language difficulties shows that speech therapy had a significant positive effect.

The results show that an average of 6 hours of speech therapy over 6 months significantly improved communication performance. Speech therapy was also much more effective than no treatment over the same period.

Another studyTrusted Source looked at the effects of speech therapy on adults who had experienced a stroke and developed aphasia. The data suggest that speech therapy is effective in treating these communication issues.

The research also points to its efficacy in the early phase after a stroke, typically the first 6 months, and shows that intensive treatments have a greater effect.

Another studyTrusted Source also suggests that speech therapy can be effective in treating people with aphasia. This study shows that 16 sessions of speech therapy across eight successive weeks helped improve communication skills.

Alternatives

There are some alternatives to speech therapy, which a person may use alongside speech therapy. These include:

Music therapy

Music therapy involves a number of specific music-led activities. These activities use music to strengthen language, communication, and social skills. A studyTrusted Source shows it can help facilitate speech development in children.

Neurofeedback treatment

This treatment uses sensors attached to a person's scalp, which record brainwave activity. Doctors then use a screen to display this activity. The person can then learn to control their brain functions as they communicate.

It is an effective treatmentTrusted Source for speech problems in people who have experienced a stroke. However, it may have limited long-term benefits, with the research stating it cannot conclusively prove its efficacy.

Parent-implemented language interventions

This approach involves a parent or caregiver using routines and activities to help children develop their language skills. One studyTrusted Source looked at parent-implemented language interventions with young children between 18–60 months of age.

The results showed that parents who implemented communication and language interventions had a significant, positive impact on the language skills of children with and without intellectual disabilities.

Summary

While speech and communication disorders are common in the U.S., speech therapy is proven to be an effective treatment for these disorders.

Speech therapy is effective for both children and adults, and SLPs can use various techniques to help a person improve their communication skills.

VISUAL IMPAIRMENT

A legally blind child is one who has central visual acuity of 20/200 or less in better eyes after correction. In medical science, (blindness is a state of not perceiving anything with eyes. Educationally "Blindness is such visual abnormality due to which object perception can not be possible through partly training also."

Visual handicap means an inability to see within normal limits.

Generally speaking, a blind person is an individual, whose vision is of no practical value for the purpose of education or general business of living. He is a person who is unable to perform any work for which sight is essential.

Any definition, of necessity, depends upon the purpose for which it is made For Educational purpose: a blind person is one whose vision is so defective "that he can net be educated through visual methods or whose visual impairment is so severe that they must use material other than print (such as raille or taped material).

Legally :- The blind are those who have a visual acuity of 20/2000 or less in the better eyes after maximum correction, or who have a visual field which subtends an angle of 20 degrees or less in the widest diameter.

Economle blindness:-Implies inability to do any kind of work in which sight is essential.

Vocational blindness:- includes person who are unable because of their blindness to earn a living.

The world council for the welfare of blind defines Blindness as "total absence of sight, or visual acuity not exceeding, 3/60 or 10/2000 in the better eye with correction lenses or serious limitation in the field of vision, generally not exceeding 200 degree.

Visual defects are classified educationally in two major categories (1) The blind who are educated through channel other than vision and (2) The partially sighted, who are able to utilize vision in acquiring educational skills.

The "partial sight means seriously defective vision and is usually defined as less than 20/70 acuity in the better eye after correction. These are the children who have low vision or residual vision. These children can read large print, and sometimes are not benefited by visual aids in reading and writing. Low vision and partial sightedness are not synonymous. Low vision is defined in term of clarity reduction whereas partial sightedness is defined in terms of distance from the Snellen chart w Visual defects found among partially seeing children.

Refractive Errors:

When the eye is not normal, the image does not focus on the retina at 20 feet. In these cases of refractive abnormality the eye is -hyperopic, myopic or astigmatic or a combination thereof.

Hyperopia or farsightedness is a condition in which the eye is too short from front to back so that the rays of light focus behind the retina, forming a blurred, and unclear image on it. The term 'farsightedness' implies only that distant object can be seen with less strain (correction fix convex lens). Myopia or near-sightedness is a refractive error opposite in kind of hyperopia. In myopia the eye is too long from front to back. The rays of the light focus in front of the retina(correction concave lens).

Astigmatism the light rays from any given object or point do not at all focus at the same point on the retina. Part of the image may fall behind the retina, and part in front, so that vision is blurred.

2**. Defect of Muscle function:**

It is the abnormality in the external ocular muscles which control the movement of the entire eyeball in its orbit.

Strabismus or Crossed eye is causal by a lack of coordination of eye muscles, the twecye do not simultaneously focus on the same object. In most cases one eye turns inward towards the nose white the other focuses on the object being viewed when the deviating eye rotates inward, it is

called external strabismus or convergent squint. When the deviating eye turns outward it is called external strabismus Occasionally, alternating strabismus is found in which the eye turns alternately in and out.

Heterophoria is a defect in muscular balance of the eye in which the deviation of the eye is not apparent. In this condition there is (1) a tendency for the eye to deviate from the normal position for binocular fixation and (2) a partially counterbalancing tendency toward simultaneous fixation through forced muscular efforts. When the eye tend to pull towards the nose, it is esophoria and when the eye tend to pull upward and downward it is hyperphoria. Heterophoria tend to cause difficulties in visual fusion, that is in the ability to coordinate or fuse the two images from both eyes into a single image.

3**. Developmental Anomalies**

Developmental anomalies of the structure of the eye are less frequent than refractive errors.

Albinism is a hereditary, congenisi condition characterized by relative absence of pigment from the skin, hair, choroid coat and iris. It is often accompanied by refractive errors, lowered visual acuity, nystagmus (quick jerky movement of the eyes) and photophobia (extreme sensitivity to the light).

A contract Is a condition of the eye in which the crystalline lens or its capsule becomes opaque with resultant loss of visual acuity.

4**. Diseases Affecting the Eye and Other Pathological Conditions:**

Common disease are diabetes syphilis, glaucoma and keralitis.

Test for visual efficiency:

The snellen test measures central distance visual acuity (chart). Test from the eye specialist are the best suitable diagnosis.

Causes of impairment:

Causes of visual handicap can be both genetic and environmental. The above discussed condition of partially sighted are causes of impairment. The other causes are: Convergence: refers to the movement of eye balls to achieve binocular vision and depth perception. Various conditions describe convergence problems. In nystagmus, the eyes tend to move abruptly in continual jerky motions, with the movement being involuntary. Heterphoais one eye tends to deviato in direction from the other when the individual Phonag focuses on some visual stimulus.

The causes of visual impairment can also be classified as ocular, general and injuries.

Ocular: Congenial and developmental disorders have been stated to be one of the major causes of visual impairment in children. There are:

Anaphathalmia-In which the eye do not develop at all.

Microphthalmia -In which the eye ball is abnormally small.

Oxycephaly : Anomaly of the skull bones resulting in optic atrophy

Antridia: In which the iris fails to develop and visual acuity becomes poor and there is rapid involuntary movement of the eye ball.

There are various other eye disordem: Byhathalmia, Albinism, Retiblastoma(Malignanttumer) congenial conteract (due 13 rubella infection).

Some time there is a fibrous mesh behind the lens called RetrolentalFibroplastic. It is caused due to excessive use of oxyger, on premature babies while in incubators. 'Trachoma' results out of crowded home conditions and as a result of contagious diseases of the conjunctiva and comea. It is a common cause of blindness and preventable. It is spread by files or touch, Glalicoma' is a potent factor of blindness in middle age. Cotract' is a disease of old age, yet it can o:cure at any time due to rupture of the lens. General Disease:

Suyphillis and gonorrohea are considered common cause at blindness in India, Chronic diarrhea whooping cough, measles are a cause of blindness in rural India subsistence of barley water alone results in loss of Vit. A which softens the cornea. Hypertension, diabetes and kidney diseases cause visual impairment.

Malnutrition is the cause in most cases. Ignorance about eye care cause blindness. Deficiency in Vit. A, B, B2, C and D are also associated with impaired visual functioning.

Injuries and accident which create (rauma and chemical disturbances or burns, tobacco, methyl alcohol, dyes cataract are the main cause of blindness as per national sample survey 1991.

IDENTIFICATION/CHARACTERISTICS OF THE VISUALLY IMPAIRED

Behavioural Indications:

Rubs Eyes. The rubbing may be observed in excessive amount or during close visual work.

Shuts and covers one eye: may close one eye, tilt their head or thurst their head forward.

Light sensitivity; may demonstrate unusual sensitivity to bright or even normal light. Difficulty with reading: reading and other work requires close use of the eyes and difficulty faced by the child is an indicator of visual impairment.

Losing place during reading : The student who has a tendency to lose his place in a sentence or pagebe while reading may have a vision problem.

Unusual face expression: An unusual amount of squinting, blinking, frowning or facial distortion while reading or doing other close work.

Achievement disparity: A possible indication of a visual loss is a disparity between expected and actual achievement. Out of the many reason one reason may be visual loss.

Eye discomfort: Having burning, itching er scratching of the eyes may be experiencing a vision problem.

Reading from an inappropriate distance: Reading from too close or too far or frequently changing the distance from near to far or far to near.

Discomfort after close visual work: The student who complains of pains or aches in the eye, headaches, dizziness, or nausea. Following close visual work.

Difficulty with distance vision: who experience difficulty in seeing distant objects or tend to avoid gross motor activities may have a visual loss. They prefer close visual work rather than play ground or gross motor activities.

Blurred or double vision; stuudent should be referred for visual examination who complains of blurred or double vision.

Reversal: A tendency to reverse letters, sylables or words may be an indication of impaired vision

Letter confusion: who confuses letters of similar shape (o and a, c/e, n/m) etc: may have impaired vision.

Poor spacing: Poor spacing in writing and difficulty in staying on the line may be an indication of visual impairment.

Observable sign:

Red eyelids, crusts on the lids among the eye lashes, recurring styes or swollen lids, watering eyes or discharges, crosses eyes or eyes that do not appear to be straight pupils of uneven size, eyes that move excesively and drooping eyelids.

What are the common causes of blindness

1. In children while playing with sharp edged toys, knife, compass, scissors, needle etc.
2. During the festivity season playing wid water balloons during Holi, bow and arrow during Dusshera and crackers during Diwali.
3. Sports injuries eg with ball, shuttle-cock, darts, gulli-danda, boxing, air-gun etc. photophthalmia in snow sports and mountains.

4.Vehicular injuries c.g. in road, rail or air accidents.

5.Occupational injuries eg ammonia burns in watch repairers and anumonia printers, comeal and intraocular foreign bodies in metal grinders, stone breakers and persons using lime for while washing etc.

6.Injuries with first, sharp weapons and explosive weapons during fights and wars.

7 Retinal burns due to solar eclipse.

8. Eye injuries due to industrial accidents.

What can we do to prevent blindness;

1. Regulation and control in the manufacture of proper toys.
2. Use of protective glasses.
3. Use of protective devices in sports and change of rules whenever necessary and Possible.
4. roper illumination of industries.
5. Bold display of measures for eye protection in various industries.
6. Banning of dangerous objects like water balloons, gulli-ganda, bow and arrow and 10 dangerous crackers.
7. Children should not be left along while lighting crackers. Long sticks may be used to light the crackers. Children thould be educated not to handle half-burnt crackers. Special care should be taken while tighting “Anar” as these explode suddenly.
8. Causing serious injuries to face and eyes.
9. Students and people using chemicals should be instructed as how to open a bottle-containing chemical. Ammonia should always be kept cool.

10. Massive health education campaigns should be undertaken during festive seasonsc.g.HoliDusshera and Deewall and before the solar eclipse. People should be warned against the danger of viewing the solar clipse with the naked eye.

Characteristics of visual Impaired:

Impairment imposes three basic limitations on the individual.

1. Visually impaired children are experientially deprived in terms of range and variety of experience.
2. Their ability to get along is also limited because of their restricted mobility.
3. They are unable to control their own environment and themselves in relation to it.
4. Due to poor and negative attitude of society visually impaired children have a low
5. Self-concept poor personality makeup, low need for achievement than normal peer.
6. Due to neglect and ignoring attitude of parents certain personality problem are caused. Over protection is also dangerous. It denies the child all kind of natural demands. The blind child suffers from behavioral deficiency because of extreme neglect or over protection.
7. A significant deficit appears to be in understanding abstract concepts.
8. No differences in communication and language skills are found, although certain physical or jesturnal features may not appear in communication (Daugherty and Moran 1982).
9. 8.Partially sighted and blind children are normally one year behind in mathematics and two years behind in reading than their normal peers (Daugherty and Moran
10. 1982).
11. No sociometric study is found that these children are less popular.

GROWTH PATTERNS OF BLIND CHILDREN:

1. Height and weight: There is no reason to believe that blindness has any effect on the height and weight of individual.

2. Intelligence: Lowenfeld argues that blindness limits perception and cognition in 3 ways:
    a. In the range or variety of experiences
    b. In the ability to get about,
    c. In the control of the emotion and of the self in relation to it.
3. Social maturity: In general, it may be said that blind children do often receive significantly lower social maturity scores than sighted children but the reasons may be in aspects of the blind child's exist, rather than in his own lack of sight. The tendency for parents to overprotect a blind child is strong perhaps out of guilt, hostility, anxiety or simply lack of knowledge about his capabilities.
4. Speech development:
    a. The blind show less vocal variety.
    b. Lack of modulation is more critical among the blind.
    c. The blind tend to talk louder than the sighted
    d. The blind speak at a slower rate.
    e. The blind have less lip movement in articulation of sounds.
5. Language development: In general, one inay conclude that the language of blind.Children is not deficient, since much of language is acquired auditory, he can develop language usage similar to that of seeing individuals.
6. Reading: Blind children leam to read Braille which is a slower process than reading usually. According to Pinter the blind are slower readers than are seeing children.
7. Sensory perception: The doctrine of sensory compensation holds that if one sense

Overall ruch as vision is deficient other senses will be automatically strengthened. It was believed that the blind could hear better and had better memories than sighted Music: It has been asserted that music is one area in w/c the blind have exceptional individuals.

Ability and interest. Although music education is emphasized with the blind and history Gives records of some blind individuals who becomes noted musicians, there is no Evidences that the blind in general are superior in musical ability.

REHABILITATION OF THE BLIND: Blindness brings with it two frightening problems, Fint, it makes the victim imunobile. He is in a way rooted to the spot and can not move. The other is the fear of unemployment and economic dependence on other.

Rehabilitation of the newly blind must start immediately after he completes his medical treatment. When there is no hope of sight being restored, it is no kindness to conceal the fact from the patient but the truth should be coupled with the assurance that proper training will enable him to overcome the handicap he has incurred.

The content of rehabilitation: The aim of rehabilitation is to teach him to overcome

Blindness and adjust himself in order that he deprived of one sense may yet live a normal

Life in a five sensed world. The aim is to make the blind individual live as normal life as

Is possible – physically, mentally, vocationally and socially and to completely integrate Him into the community.

Rehabilitation process should start at a place away from home if it is to have the best chance of succeeding. At home, among members of the family, there will be a natural tendency to provide the newly blind man with over-protection and to do everything for him. These will stand in the way of his gaining self-reliance and independent which are a pre-requisite to his being successfully rehabilitated.

Before a newly blind man can hope to start a new life. He has to accept the fact of his blindness. Meeting other blind persons can be a great source of encouragement and Inspiration to a newly blind ma

Steps In the rehabilitation of blind:

1. The government should take immediate steps to establish Rural Rehabilitation Centres for the newly blind persons. Here they have to be reoriented to adjust to their new world. Training in rural trades should be provided so that they get rehabilitated in their own areas.

2. Educable newly blind should be referred to suitable training institutions. The education & training provided to them should be based on their potential and need.

3. Referral services should be provided especially in rural areas to appraise the blind about the various concessions and facilities available for the rehabilitation of the blind persons.

4.The need of the hour is to launch an organized effort for educating the masses about eye care, eye disease and availability of proper medical services.

5.Instead of teaching blind students some traditional handicrafts which have very little scope of employment we should provide them with adequate and proper training to perform skilled or semi-skilled jobs in various industries.

6. Those who are gifted should be trained for intellectual professions such as teaching, law, administration, social work, physiotherapy, journalism, stenography etc.

7.Finally, we roust try our best to eradicate the employers prejudices against the capabilities of blind persons.

8.The latest technical devices and aids should be made available to the blind to enable them to perform new skilled jobs successfully. Such new devices can considerably increase their efficiency by reducing the effects of their handicap.

Educational Programming:

Professional recognized that students with visual impairment could be educated with their sighted peers with cely minor modification and adaptation. These children did not require a special curriculum.

Material must be provided in different media or in modified or adapted form so that the student is able to learn through sensory channels other than vision. The primary

Nature of special education services for visually impaired students is related to the modification and adaptation of educational material.

Regarding curriculum in addition to the regular curriculum they require many orientation and

'plus factors or compensatory teaching e.g. need Braille instruction, mobility training, typewriting and training in the use of abacus.

Continuum of services:

The following variable should be considered when placement options are made :

1. Age
2. Achievement level

3.Intelligence

4.Presence of multiple handicapping condition 5.Emotional stability

6. Nature and extent of eye conditions

7.Recommendation of staffing team

8.Availability of services

Educational provisions:

The educational facilities existing in the country consist of special schools for the visually handicapped. By and large these schools are residential in character, specially trained teacher using Braille teach at these schools the same curriculum meant for the normal school. Children are given assistance and support for academic, mobility training and orientation, social activities and so on.

(a) Integrated education for the visually handicapped (Mainstreaming)

The curriculum should be same but the visually impaired child receives the education pre dominantly from touch and hearing. Approach to teaching should be multisensory and he should be exposed to a plus curriculum.

Plus curriculum is not extra but compensatory. Area of plus curriculum include:

A Braille

b. Use of equipment

c. Orientation and mobility

d. Social skills

e. Daily living skills

F. sensory training

Co-curricular activities should include intellectual activities (Music, debate, writing etc.

a. Braille training in Braille reading and writing should be given.

b. Use of equipment: Most of these materials are designed to increase the students learning through sensory channels other than vision. Following are the most commonly used material.

1. **Braille writer, slate and stylus:** is a six key machine that is manually operated and types Braille. The stylus is a pointed object used to emboss the dots.

2. **Abacus**: is an adapted counting frame used in mathematics calculation.

3. **Raised line drawing board:** is a board covered with rubber used for drawing, A piece of acetate is placed on the board and a pen or printed object is used ‘raise’ the drawing so

that they may felt by the student. Used to draw shapes (Geometrical), script letter or diagram.

4. **Raised line paper:** allow the visually impaired students to write script on a raised line and it may be used to draw a graph. 5.Cassette tape recorder: used to take notes, formulate composition or listen to recorded text or for writing assignments.

6.**Talking book and other recorded programs:** records or taps recorded specially for individuals who can not use print as their primary means of teaching are provided by the library.

7. Variable speed attachment: variable speed attachments can be used to vary the speed at which the student listens to tap.

8.**Speech compressors:** is a modified tape recorder in which the pause between each

Recorded word is electronically removed, thereby compressing the material and speeding up the listening process without changing the pitch.

9. **Optacon (optical to tactual converter):** it scan printed material electronically and raises the print features so that it may be read tactually by the visually impaired.

10. **Talking calculator:** is a clectronic calculator that presents results visually and auditory.

11. **Close circuit T.V:** is a system that enlarges printed material on a 1. V. sen can be changed from black print on a white background and visa versa.

12. **Kurzwell Reading Machine**: a computer based device, provides direct access to typed or printed material by converung it to synthetic speech. The speed and tone can be controlled and the machine can be also spelt a word letter by letter.

14.Laser Cane: this long cane sends on three light became that war of the object straight ahead, object at head level and changes in walking elevation.

15.Sonic Glasses: worn like typical eye glasses. These glasses send out ultra-sonic sounds that can not be heard by anyone. Once these sound waves hit objects. They are changed into sound that can be listened by the blind person as echoes.

Optical aids and Magnification Devices:

Useful for those who have some remaining vision. These can be mounted on the students desk held by hand or head mounted eg., clock etc.

Orientation and mobility:

The development of orientation and mobility skills should be based on sense of hearing, touch, smell, taste, kinesthesis using different technique such as:

1. Guide Dogs: Sighted guide technique, long cane technique, safety techniques, electronic aid for mobility, laser cane, infra red light, sonic glasses. Some of specific procedure are:

    - Guide the pupil in walking around the room
    - Help the pupil walk around by himself
    - Explain the lay out while walking
    - Concentrate on movement in one area at a time
    - Be sure to rehearse
    - Give verbal description
    - Familiarize the pupil with any change in environment

Aids for Mobility:

Long cane: Such a stick is long enough to cover about two steps in front of its user while moving it from side to side. Functioning as a b a bumper and a probe for avoiding

Strikes and detecting clues and landmark by coming in contact, the cane provides the blind with a comparatively reliable aid for safe navigation. Limitation is its range and can not protect the blind from striking against objects, which remain above the ground.

Application of electronic:

They are classified into two major categories, primary laser cane and secondary mobility devices. Secondary devices into –

RusselPathsounder- is a box like device and hangs on the user's chest with the help of neck strap. The box sends out an inaudible ultrasound beam, which is reflected back after hitting an obstacle and generates audio-lactile signals. The neck stimulator starts vibrating after detecting an obstacle 3-6 ft. in front.

Sonia Guide TM- The device is the size of a cigarette case and can be suspended from

One's shoulder with the help of strap. It is fitted with Sonic Glasses.

Social skills:

Visually handicapped children talk social skills due to lack of experience and over protection. They should be rewarded verbally for any positive social gesture. Allow them to speak in class to develop self-confidence.

Daily living skills:

Include eating, tailoring, dressing, hygiene and cleanliness, taking bath, washing clothes, Handling money, using electrical appliances, using telephones, food preparation etc. Take Following accounts

-Give practical idea of above skills.

-Diagnose his difficulty in mastering the

-Grade the skills

Sensory training

Multi-sensory material have added advantage for the visually handicapped. Commercial kits and language masters are also available. Computer and T.V. are useful To master sensory efficiency following should be done.

- Expose children to various setting encourage children to see and discuss to
- Increase vocabulary.
- Give them enough time to observe
- Discriminate three dimensional figure to teach gradation in size
- Draw form in dotted line

Least restrictive environment:

These children need assistance in mastering the school environment. The following activities are helpful. Magnifying glass, several points should be considered for providing appropriate environment:

- illumination should be bright diffused and free from glass and shadows.
- Figures and ground contrast is a must especially for partially sighted.
- Partially sighted should be asked to sit close to black board. Use concrete experience to develop concept.
- Classmates as "buddy' are helpful.

- Structured activities where pupil can learn by doing
- A resource room with latest equipment should be there.

Physically Handicapped: Orthopedic and Special Health Problems

The term physically handicapped/orthopedically handicapped has been used in literature in various ways: Physically disabled, crippled, orthopedically impaired, or otherwise health impaired. Physically handicapped are divided into two types: Orthopaedically and Health impairments for the purpose of special education.

Orthopaedically handicapped: is a severe, orthopaedic impairment that adversely affects a child's educational performance. Impairments caused by a congenital anomaly c.g club feet, absence of some body organs, impairments caused by disease c.gpoliomyelities, bone tuberculosis and impairment from other causes e.g. cerebral palsy, amputations and fractures and burns that cause contractures.

Health impairment: is having an acute condition that is manifested by severe communication and other or having limited strength, vitality of allotness because of acute health developmental and educational problems e.g, heart condition, tuberculosis, rheumatic fever, nephritis, asthma, ancnia, hemophiliz, epilepsy, lead poisoning, leukomia, or disease that adversely affects a child's educational performance.Certain rippling and chronic health disorders children are as a result of infection after they are bomc.g.poliomyelities, estoryelitis, tuberculosis, cerebral palsy.

Causes: The causes of physically disabled are may and varied. Brain damage, brain fever and brain anoxia lead to physical disability. Rh incompatibility, intoxication, viral infection for the expectant mother also cause physical disability. Prolonged labour, lead poisoning, accidents may cause damage to the brain leading to neurological disorders. Polio, burns and injuries are also significant causes.

Identification: Identification of orthopaedically disabled children can be done by following

Deformity in fingers, legs, hands, spine, neck

Frequent pain in joints

Jerking movement in walking

Amputed limbs

Difficulty in sitting, standing, walking

Poor motor control

Shaky movements

Difficulty in picking holding and putting in some place

Orthopaedically handicapped children are identified by orthopedic surgeons regarding degree of disability.

Characteristics:

1. physically handicapped children generally have average or above average intelligence. But they are less creative than normals.

2. They are passive, less persistent having shorter attention span, engage themselves in less exploration and display less motivation.

3. They are dependent on adults and interact less with pears,

4. The physically disabled has poor body image, high anxiety, and frustration. Their capacity for frustration tolerance are lower than normal children.

5. They are found to be quiet, conforming, tenderminded and somewhat tense.

6. They are withdrawn and passive and try to compensate their deficiency. feel often felt inferior.

7. They are interested in the solution of the problem in frustrating situation. On the whole they display low self appraisal and were self condemning but they had realistic approach to the problems.

8.They are basically intrapunitive and have poor self concept.

9.Physically disabled children need some self confidence. They had better work adjustment.

10.They had poor ego and unconscious guilt feelings and have a strong sense of fear.

In the educational set up the orthopaedically handicapped need to be given more individual attention in accordance with their improvements.

Educational provisions: Orthopaedically handicapped children do not need any special situation for schooling. In education of these children emphasis is placed in intellectual development, academic ability, and faciliting the child's total limitations.

- These children should be taught self-reliance, initiative and the ability to make choices. They must learn to plan ahead for mobility and assistance.

- They should be taught how to use the different parts of the body.
- Teacher ought to see that they develop a work self-concept. These children should play mix with their non-handicapped peers.
- The school must develop creativity in the children with reference to art, rhythm, music, drama social experiences and opportunities for personal development.

Regular teacher might require help from a special educator. Special classrooms are located in the ground floor normally for those orthopaedic disabilities where special equipments are provided e.g. standing tables, parallel bars, rotation chairs. The following physical facilities may be provided in schools.

1. A short ramp on steps to enable children in wheel chairs or crutches to enter the building
2. Addition of a handbar by the side of a water tap in a toilet, or near a section of the blackboard.
3. Removal of desks to make room for the wheel chair to move.
4. Modification of furniture to provide for the comfort of the child with braces.
5. Rubber mats over slippery sections of the floor within the classroom.

The classroom and equipment provides for these children may consist of:
-Wide door ways
- Hand rails
- Nonskid floors
- Rounder comers
- Play areas
Classroom furniture may be modified to adjusting seats to turn to sides so that the child with braces can sit more easily
- Providing footrests
- Adding hinged extensions to the desks with a cut-out to the child that has poor balance of eliminating the protruding parts over which a child might slip.

Educational Modifications for Orthopedic and other Health Impaired

Orthopaedic Impairments: The following categories are included under OH.

A. Amputation

Nature of condition: A missing limb may be a congenital condition, or the limb may have been amputed as result of trauma, disease, or infection. Some children have been fitted with an artificial arm or leg (prosthesis).

Educational implications: Students with prosthesis are usually able to function at nearly normal capacity and require very little educational modifications. The extent of modification depends on the age of the student, the site of the artificial limb and the child's adjustment to the disability.

The following suggestions should be consider for such children in the regular classroom:

1. Because of growth, a students artificial limb rarely fits for a year. As a result the teacher must be certain that he student should use artificial limb effectively and that fits properly.
2. The height of the student's working, surface should be adjusted that it does not interfere with the function of the prosthesis.
3. Student with a lower extremity prosthesis may need extra time to get to their classes and if traveling a long distance or over a rough surface may need a wheel chair. Curriculum modification may also be necessary. For typing may be taught using a one hand method with very little modification.

They generally can participate the regular classroom very successfully with only minor modification and adaptations.

B. Arthritis

Nature of condition: Although arthritis is a condition that prominently occurs in adults, but it can begin in any age. There may be a skin rash, inflammation of the eyes, retardation of growth and swelling and pain in the fingers, wrists, elbow, knees hops and feet. As the disease progress join may strifen making movement very difficult and painful. The condition may be short term or chronic.

Educational implication: Educational motification depends on age, severity of the condition, the range of motion in the arms aands and fingers. Children with joint in upper extremities may

need writing aids, adcopted paper or special pencils. They do not need special curriculum methods or material in the academic area.

c. Cerebral Palsy

Nature of condition: Cerebral palsy is not a progressive disease but a group of conditions that may seriously limit motor coordination. Cerebral palsy is most common at birth, but it may be acquired at any time as the result of head injury or any infectious disease. It is characterized by varying degree of disturbances of voluntary movements resulting from brain injury. Because of brain injury most of the children have multiple handicapping conditions, such as mental retardation, hearing disorders, visual difficulties and language disorders. The two most common types of cerebral palsy are spastic and athetoid. Spastic cerebral, palsy is characterized by jerky or explosive motions when children imitates a voluntary movement. The children with athetoid condition also have difficulty with controlling the movement In desired direction. Cerebral palsy may be classified on the basis of limb movement:

Monoplegia – One limb

Hemiplegia – Both limb of sene side of body

Paraplegia – Lower limbs only

Diplegia – Major involvement of lower limb and minor involventent of upper limp.

Treplegia - The thee limbs-usually one upper of both lower limbs

Quardaplegia - All four limbs

Educational implications: Often on interdisciplinary approach is required of the people as physical therapist, occupational therapist and speech therapist. Children can be placed in normal class room with certain modification in the material and equipment.

The following are the list of equipment and material

1. Pencil holders made of clay
2. Adapted type writer or electronic type writer
3. Positioning the student so that most of the body is supported may reduce unconditional movements.
4. Weight placed on the wrist or hand can be used to climinate random and unconscious movements.

5. Books holders that can be adjusted to any angle.

6.The work table or desk should at such a height that the feet firmly touches the floor and forearm rest on the work place.

7. Some material originally designed for use for the blind such as talking books and cassette recorder.

D. Spina bifida

Nature of condition: Spina bifida is a serious birth defect in which the bones of the spine fail to close during the twelfth week of fetal development. As a result a cyst or rack is present in the area of lower back when the child is born. It is generally surgically treated during the child's first 24 to 48 hours of life. The child does not have any control on bladder movement and similar condition may occur as crpplingcondition due to paralysis of legs.

Educational Implications: These children can profit from regular classroom attendence and instruction with only minor modification and adaptation.

Educational prorammes: The educational program at different stages should have emphasis on different aspects.

Preschool programmes: Develop motor abilities

• Develop language and speech

1) Develop visual and auditory perception, determination, memory

2) Develop social & emotional adequacy

Basic elementary school programme. The curriculum is similar to that of all normal children. Because of physical, limitation, sensory defects some intellectual limitations and psychological disabilities the children are generally retarded educationally.

The Secondary school and College Programme: Some programme is provided to the children as in normal school.

Additional Classroom Aids for Orthopedically Impaired

The aids are very simple modification such as

Clay-wrapped pencils to assist with grasping and holding

• Four fingered scissors

Clip boards or clastic tape to hold the paper on the writing surface

• Page turner

Wrist or hand weight assist the students with limited control

Conventional and modified type writers

Talking books and talking book machine are useful for blinds

Health Impairments

The most common health impairments found in children are allergies, asthma, diabetes, epilepsy, heart disorder, hemophilia, sickle cell anemia and cystic fibrosis.

Allergies

Nature of Condition: An allergy is an adverse sensitivity or intolerance to a specific substance that may not be a problem to other individuals. When an allergic student comes in content with the substance he is sensitive he develops a reaction or an irritation.

The reaction may take many forms, as snecang, watery eyes, runny nose, tiredness, itching or a rash.

Treatment Procedure: The first step is to do crmine the cause of allergy. If an allergic reaction is suspected, should be reported to the parents or school nurse.

Educational Implication: The student may miss school so it is necessary to provide additional instruction or establish a peer teach ag arrangements

Asthma:-

Nature of condition: Asthma usually results from a allergic state that causes an obstruction of the bronchial tubes, the lungs or both.

Treatment Procedure: Similar to those of allergic children.

Educational Implication: Students with asthma should be treated as normally as possible. Caution must be exercised to aved over protection from routine classroom activities. If care is not practiced the student may become an asthmatic or emotional

Cripple. Record of treatment (emergency) should be there in school.

Diabetes

Nature of Condition: Diabetes is a metabolic disorder where in the individuals body is unable to utilize and properly store sugar, Symptom indicative of diabetes are – frequent urination, abnormal thirst, changes in weight generally a rapid loss), drowsiness, general weakness, possible visual disturbances and skin infection such as boul and itching.

Treatment: Medical treatment is needed.

Educational Implications: The classroom teacher should be aware of several potential problems such as insulin reactin, diabetic comadiet students with these can participate in all norma! School activities unless specific restriction have been advised.

Epilepsy

Nature of Condition: Epilepsy is not a disease, but is a sign or a symptom of some underlying disorder in the nervous system, Convulsions, or seizures are the main symptoms in all types of epilepsy. The seizures occur when there are excessive electrical disharges in nerve cells of the brain.

Educational Implications: Special curricular modifications are not necessary for students with epilepsy. If a seizure occur, the teacher may turn the incident into a learning experience for the entire class. The teacher should not down the level of expectation or set up protective devices. School; personnel, including other teachers, should be educated about the nature of epilepsy and procedures to be employed in the event of a seizure. Students with epilepsy can participate in all types of school activities. Sports that may result in head injury and activities in which there is increased danger in the event of seizure should be avoided.

Heart Disorders

Nature of Condition: There are two types of heart disorder in children, congenital and acquired. Congenital heart disease may be the result of German measles, chromosomal aberration (Down

syndrome) or structural abnormalities, including hole in heart and problem related to the flow of blood. The most common acquired heart disorder in children are caused by rheumatic fever, permanent heart damage. Rheumatic fever can affect many body organs but most common affected in valve of the heart.

Treatment Procedure: Most congenital heart problems can be corrected surgically and the children can live normal lives.

Educational Implication: The degree of involvement for students with heart disease is different in different conditions. Thee should be class communication between parents student and teacher. Generally the students should not engage in competitive athletic unless the physician approved. Avoid over protection.

Hemophelica

Nature of Condition: Hemophilia results from a hereditary deficiency in certain coagulation factor within the blood. It is transmitted from mother to son in a sex-linked passive pattern.

Treatment Procedure: In the early years of care for hemophilics, massive and frequent blood transfusions of whole blood were routinely provided. But now advanced treatment is administration of the blood factor two or three times a week has significantly contributed to positive benefits for hemophiliacs.

Educational Implications: Close communication with parents, student and physician.They should not be involved in sports.

Sickle Cell Anemia

Nature and condition: Sickle cell anemia is an inherited disorder characterized by sickle shaped red blood cells. The irregolarly shaped cell become blocked in blood vessels and thus blockage may resuit increased blood supply to some tissue, causing pain in the arm, legs and abdomen. In addition to severe pain, other effects are swollen joints, fatigue and dehydration. Life expectancy of these people in shortened by 40 years.

Treatment Procedure: Treatment during crises period is bed rest, antibiotics to prevent infection, pain retieral and high fluid intake.

Educational Implications: Frequent absence leads to learning problem. Special classes are needed for these children. Children can participate in all activities.

Cystic Cystic Fibrosis.

Nature of Condition: Cystic firosis is the most common lethal hereditary disease. It is recessive genetic disorder, that result from an inborn error of metabolism, It often causes severe respiratory and digestive problem.

Treatment: Patting at the back can ease the breathing of the child.

Educational Implications: Teacher should see that student may cough frequently, should go to the rest room more frequently, should participate in all activities and has increased appetite.

Special Educational Organizations

Organized programme for children with crippling condition and special health problem vary with community and with type and degree of handicap.

1.School for crippled – include only crippled children

2.School for various type of handicapped-all sorts of physically handicapped

3.Centre for crippled children in school for normal children

4.Singlemultigrade class for crippled in normal ;school-only one class nade up of many grades

5.Residential institution class-long time care for severe crippled

6.Hospital class-Education in hospital beside bed

7.Sanatorium class-Classes for children with bones and joint tuberculosis

8.Home institution – For those who are unable to attend regular class for physically handicapped.

Rehabilitation of Physically Handicapped

Rehabilitation of the disabled person is global movement, since 1981, a year of disabled is celebrated. Govt. also starting giving grants in-aid to NGO's for imparting celebration and vocational skills to the disabled, integrated schools are encourage in addition to special schools.

The Disabled act 1995, provides for

i) Equality of opportunities

ii) protection of rights and

iii) Full participation.

The act covers both preventive and promotional aspects of rehabilitation as education, skill, cimployment, rehabilitation service, institutional services, social security measures and redressed of grievances etc. Due to problems of persons with disabilities, many initiatives have been taken in the field of rehabilitation of exceptionals. Some schemes, organizations and programmes are as under.

National Programme: To provide rehabilitation services to persons with disability in rural areas, rehabilitation units are opened at PHC level in rural areas.

Institutes for disabled

There are major service centre for locomotor disabled such as:

- Institute for the physically handicapped/New Delhi
- National institute of Rehabilitation Training and Research Cuttak (NIRTAR)
- National Institute for Orthopaedically handicapped Hyderabad

Rehabilitation council: The rehabilitation council of India is established by the Govt. of India, for the enforcement of uniform standard in training of professionalsi in the field of rehabilitation for handicapped.

Saket (Hospital-cum-home of orthopaedically handicapped): The Haryana Saket Council is voluntary organization for the welfare of handicapped. This institution in whole North India provides surgical, medical occupational therapy and physiotherapy treatment and also provides facilities for academic education vocational training and rehabilitation. WORTH: Workshop for the rehabilitation and training of handicapped: Provides schooling, training and employment to physically handicap.

NEUROLOGICAL IMPAIRMENTS

More and more people are confronted with the concepts of neurological impairment and disturbance. What are these terms, and how should they be interpreted? First of all, neurology is a science that studies the normal state of the nervous system and deals with the treatment of various pathologies resulting from external factors and diseases of other organs.

Types of neurological impairment.

Neurological problems are usually divided into two fundamental blocks – pyramidal and extrapyramidal.

- The extrapyramidal system is the brain's structure responsible for balance, emotion, posture, movement, and muscle tension. Malfunctions of this system lead to the development of hypokinesia or hyperkinesia.

1. **Hyperkinesia** is a pathological neurological impairment in which there is an overestimated number of involuntary movements; this happens when neurons are damaged. The disease can spread to all organs of a person. The disease has no age limit.
2. **Hypokinesia** has the opposite effect, as a result of which motor activity becomes inhibited. It develops against the background of an inactive lifestyle and psychological disorders.

- The pyramidal system is responsible for coordination and reflexes. In the event of system malfunctions, the integrity of the cortical-muscular pathway is violated. In other words, nerve impulses do not reach the target, resulting in no bodily reaction. The most common diseases in this group are paralysis and paresis (a group of ailments characterized by loss of movement).

TYPES

Neurological disorders are disorders that affect the brain, spinal cord, and nerves. Such disorders can occur as a result of structural, chemical, or electrical abnormalities within the nervous system.

There are many types of neurological disorders. While some are relatively benign and temporary, others are more serious and may require ongoing or emergency treatment.

Headaches

Headache is the most common form of pain. There are many types of headaches, including:

- migraine
- sinus headaches
- cluster headaches

The most common type of headache is tension headache, caused by tight muscles in the:

- neck
- jaw
- scalp
- shoulders

Common triggers include:

- stress
- lack of sleep
- missing meals
- alcohol consumption

Treatment

People may find relief from tension headaches by taking an over-the-counter (OTC) pain reliever or making appropriate lifestyle changes.

People can usually treat headaches at home. However, some headaches can signal a more serious underlying condition that requires medical attention.

A person should inform their doctor if they experience any of the following:

- regular headaches occurring more than 15 days within a month
- a sudden, severe headache
- a headache following a blow to the head
- a headache in combination with any of the following symptoms:
    - fever
    - stiff neck
    - pain in the ear or eye
    - confusion
    - loss of consciousness

Epilepsy and seizures

Epilepsy is a condition in which sudden bursts of electrical activity in the brain cause seizuresTrusted Source. The condition can begin at any age, but typically begins in childhood or in people over the age of 60.

Most cases of epilepsy do not have an identifiable cause. However, seizures occasionally occur as a result of the following:

- stroke
- brain tumor
- brain infection
- severe head injury
- drug misuse or alcohol misuse
- a lack of oxygen during birth

Seizure types

There are two main types of seizures: generalized seizures affecting both sides of the brain, and focal seizures affecting one specific area of the brain.

The two types of generalized seizures are:

- **Absence seizure:** Absence seizures may cause symptoms of rapid blinking or staring into space.
- **Tonic-clonic seizure:** Tonic-clonic seizures may cause the following symptoms:
    - crying out
    - falling to the ground
    - muscle spasms or jerks
    - loss of consciousness

The three types of focal seizures are:

- **Simple focal seizure:** These can cause twitching and an unusual taste or smell.
- **Complex focal seizure:** These may cause confusion or disorientation.
- **Secondary generalized seizure:** Consists of a focal seizure, followed by a generalized seizure.

Treatment

Treatment for epilepsy involves self-management to better controlTrusted Source seizures and overall health when possible. The treatment plan may include the following:

- taking prescription anti-seizure medications
- keeping a record of seizures and seizure triggers
- getting an adequate amount of sleep
- managing stress levels
- exercising regularly

Alzheimer's disease and dementia

The term "dementia" refers to a group of symptoms associated with a progressive decline in brain function. There are various forms of dementia. Alzheimer's disease (AD) is the most common.

The most significant risk factor for AD is advancing age. The majority of people with AD are age 65 or older.

Signs of AD may include:

- memory loss
- losing or misplacing items
- wandering and getting lost
- repeating questions
- poor judgment
- difficulty handling money and paying bills
- taking longer to complete everyday tasks
- loss of spontaneity and sense of initiative
- increased anxiety, aggression, or both
- mood and personality changes

Treatment

There is currently no cure for AD. However, the Alzheimer's Association states that the drug aducanumab (Aduhelm) is reasonably likely to reduce the decline in brain function among people living with early AD.

Parkinson's disease

Parkinson's disease (PD) is a disease caused by a loss of nerve cells within the part of the brain that controls movement and coordination. This can lead to the following symptoms:

- muscle tremors that typically begin in the hand or arm
- muscle rigidity, which can affect movement and facial expressions
- slowed movement, which may present as a slow and shuffling walk

According to the Parkinson's Foundation, PD is the second most common neurodegenerative disease after AD.

Experts do not know what causes the loss of nerve cells in PD. However, genetics and environmental factors likely play a role.

Treatment

There is currently no cure for PD. However, treatments are available to help alleviate symptoms and maintain a person's quality of life. Examples include:

- **Medication:** Certain drugs or groups of drugs can help alleviate muscle tremors and movement issues. Examples include:
    - levodopa
    - dopamine agonists
    - monoamine oxidase-B inhibitors
- **Deep brain stimulation:** A surgical procedure that involves inserting wires beneath the skin and into areas of the brain affected by PD. The wires are connected to a pulse generator that produces electrical currents to stimulate the affected brain areas. The procedure can ease the symptoms of PD.
- **Supportive therapies:** The following supportive therapies can help a person manage the symptoms of PD and improve their quality of life:
    - physical therapy to help alleviate muscle stiffness and improve flexibility and walking
    - occupational therapy to help a person maintain their independence within the home or during their daily activities
    - speech and language therapy to help alleviate issues with speech or swallowing
    - dietary advice to help alleviate potential complications of PD, such as weight loss or low blood pressure

Stroke

Stroke is the medical term for when the blood supply to part of the brain is cut off. Without an appropriate supply of blood, the brain cells within the affected area lack the vital oxygen and nutrients they need to function and survive.

In the United States, stroke is the fifth causeTrusted Source of death and the leading cause of disability.

There are three types of stroke:

- ischemic stroke, resulting from a blood clot within a blood vessel that supplies the brain
- hemorrhagic stroke, resulting from a ruptured blood vessel within the brain
- transient ischemic attack (TIA), resulting from a temporary disruption in blood supply to the brain

As cells within the affected area of the brain die off, they can no longer perform their vital functions. The stroke symptoms a person experiences will depend on the area of the brain affected.

Signs of a stroke are typically sudden and may includeTrusted Source:

- confusion
- difficulty understanding speech
- difficulty speaking
- difficulty seeing in one or both eyes
- severe headache with no known cause
- numbness or weakness of the face, leg, or arm, especially on one side of the body
- difficulty walking
- dizziness
- loss of balance
- lack of coordination

Treatment

The treatment for stroke dependsTrusted Source on the type of stroke, and how quickly the person arrives at the hospital.

Possible treatment options include:

- **Thrombolysis:** A procedure that uses drugs called "thrombolytics" to dissolve blood clots and restore blood flow to the brain.
- **Thrombectomy:** Surgery to remove a blood clot from a large artery within the brain.
- **Antiplatelet medications:** Drugs to help prevent the formation of new blood clots.
- **Anticoagulant medications:** Drugs that change the chemical composition of the blood to help prevent the formation of new blood clots.
- **Surgery:** Although rare, surgery may sometimes be necessary to repair a burst blood vessel within the brain.

Summary

Neurological disorders are conditions that affect the central and peripheral nervous systems. Together, these systems include the brain, the spinal cord, and the nerves that extend out of these areas and into the rest of the body.

Some common types of neurological disorders include headache, epilepsy, stroke, Alzheimer's disease, and Parkinson's Disease. These diseases affect different aspects of the nervous system and have their own associated causes, symptoms, and treatments.

ADHD

Anyone who experiences symptoms of a neurological condition should see their doctor for a diagnosis and appropriate treatment. People who experience sudden and severe symptoms should seek emergency medical attention.

Researchers have identified several ways in which the brains of people with ADHD differ from those of people without the condition. These differences relate to:

- **Brain volume:** People with ADHD have slightly lower brain volumes than neurotypical people. A 2017 studyTrusted Source found that these volume differences affected several areas of the brain, including the accumbens nucleus, caudate nucleus, hippocampus, amygdala, putamen, and amygdala. The differences were most significant among children.
- **Brain composition:** ADHD changes the behavior of gray matter and white matter in the brain and reduces the volume of gray matterTrusted Source. It may also change the behavior and structure of the prefrontal, occipital, and parietal lobes. Gray matter is where most neuroprocessing occurs, while white matter communicates these processes to the rest of the body.
- **Neural networks:** Brain signals travel through the brain in networks. ADHD has a link with changes in these networks that may affect functioning. In a 2021 studyTrusted Source, people with ADHD had changes in neural networks in their gray and white matter. These changes correlated with deficits in working memory and attention.
- **Neurotransmitters:** Neurotransmitters are chemicals that carry signals across a nerve synapse. People with ADHD have different levels of several neurotransmitters, including norepinephrine and dopamine. Dopamine plays a key role in pleasure, motivation, and reward, and ADHD drugsTrusted Source often act on this neurotransmitter.

Although several studies provide evidence of brain differences between people with ADHD and neurotypical people, these brain differences are not consistentTrusted Source and vary from

person to person. In addition, it is not possible to generalize the results from large studies to an individual person.

As experience can changeTrusted Source the brain, it is difficult to know whether:

- these brain differences cause ADHD
- ADHD causes these brain differences
- the experiences of people with ADHD alter the behavior of their brain

Furthermore, other medical and psychiatric conditions — such as diabetes and substance use disorders — may also affect the brain. Due to this, it remains unclear whether these subtle brain differences are due to ADHD or something else.

Neurological impairments

Headaches. This phenomenon is exceedingly frequent, and it would seem that there are no people who do not have headaches or disturbances. However, in the case of sharp or unusual headaches associated, for example, with sexual activity, the main motto is caution and the urgent need to consult a doctor. The cause of sudden pain can be a dangerous modification of the superficial cerebral vessel. However, most patients do suffer from migraines or similar types of neurological impairment. But we must not forget that this symptom can also indicate circulatory disorders, inflammation, tumors, and metastases. That is why every patient with a chronic headache needs to have a specialist examination at least once.

Dangerous headaches.

- sudden appearance (explosion in the head)
- the first appearance of headaches at the age of 40
- prolonged and intensified headaches
- the appearance of accompanying symptoms:

1. nausea
2. vomiting
3. psychological changes
4. epileptic seizures

Dizziness and imbalance. Complaints of dizziness, unusual headaches, and loss of consciousness always require special attention. During a conversation with a doctor, the identified diagnostic suspicions are confirmed by instrumental studies, an especially sensitive computer test, ultrasound of blood vessels or computer and magnetic resonance imaging, and sometimes by

interdisciplinary consultations of doctors. In one-third of all patients, these symptoms were caused by vascular disease in the cerebral cortex and the associated high risk of stroke. Other commonly observed causes were diseases of the spine, inner ear, and cardiovascular disease.

Possible causes of dizziness and neurological impairment include:

- The use of medicines
- Poisoning by poisonous substances
- Visual impairment
- Diseases with impaired function of the organs of balance
- Headaches and back pain
- Neurological disorders of motor coordination
- Tumors and inflammation of the brain
- Polyneuropathy
- Epileptic seizures
- Spinal Cord Disorders
- Circulatory disorders of the brain
- Cardiovascular diseases
- Hypertension
- Metabolic diseases
- Deposits in vessels
- Other reasons

Back pain can be a sign of nerve damage, especially stitching, pulling pains with a feeling of numbness or cold, and spasms or involuntary muscle contractions with loss of strength of certain muscle groups and weakness when performing specific types of movements. Spinal cord injuries can manifest as general uncertainty while walking and impaired emptying of the bladder and rectum. The neurologist conducts pain analysis, diagnostics of movements, motor skills, reflexes, and coordination, if necessary using electrical stimulation of nerves and computed tomography or magnetic resonance imaging of the spine, spinal cord, and nerves.

In the case of sciatica, the doctor advises minimally invasive therapy. With the support of computer tomography, it is possible to inject medications into the affected region with millimeter accuracy, which leads to the cessation of pain within 24 hours.

Other therapies for neurological impairment are:

- bed rest
- drug therapy and infiltration
- reflex therapy
- cold therapy
- physiotherapy
- manual therapy and, if necessary, surgical treatment.

Besides, the focus is on the prevention and diagnosis of strokes and degenerative diseases.

A stroke, like its causes, is not accompanied by painful sensations. The vasoconstriction, most often the carotid artery, goes unnoticed by the patient; this makes preventive diagnostics especially important. In the course of this diagnosis, in addition to a conversation with a doctor and a detailed examination, the following are carried out:

- Vascular ultrasound (duplex sonography)
- Laboratory tests and blood pressure monitoring
- Magnetic resonance imaging.

Neurologists advise conducting a preventive examination every two years, starting from the age of forty (in the case of increased risk, from the age of thirty).

Typical symptoms of neurological impairment. Disorders of the nervous system are distinguished by many ailments, each of which has its symptoms. However, there are general signs, thanks to which it is possible to diagnose a neurological problem:

- headaches and migraine attacks
- disturbance
- speech disorders
- urinary incontinence
- trouble swallowing
- pain syndrome in the muscles of the legs, lower back, thoracic region
- imbalance, fainting
- depression
- convulsions
- numbness in various parts of the body
- fast fatiguability
- noise in ears

- loss of orientation in space
- memory losses.

When should you see a neurologist?

Neurology is a science that deals with a wide variety of diseases, from headaches to infectious ailments. The main diseases are divided into blocks.

- Brain problems– attention disorders, manic psychosis, neuroses, epilepsy, restless legs syndrome, brain trauma
- Problems with blood vessels of the brain fainting, ischemic brain disease, the consequences of strokes, dizziness
- Problems of the vegetative system- Raynaud's disease, mountain sickness, migraine, vegetative-vascular dystonia, Parkinson's disease, cerebral palsy, enuresis, muscular rheumatism, increased sweating, Alzheimer's disease
- Spinal problems– scoliosis, back pain, sciatica, osteochondrosis, radicular syndrome, neuralgia, intervertebral hernia

To get a referral to a neurologist, you first need to consult a local therapist, who will determine whether the patient needs to be examined by a specialist doctor or not.

An appointment with a neurologist begins with an analysis of the patient's complaints and subsequent diagnosis, which can take the following forms:

- x-ray
- functional diagnostics
- magnetic resonance imaging
- laboratory diagnostics
- ultrasound

How is the treatment going?

Therapy depends on the identified ailment and the degree of its development. Traditional methods of treatment include the following:

- medications and psychotherapy are the most gentle measures used to treat minor illnesses or mild disorders
- pharmacology modern drugs with a hormonal basis
- acupuncture treats and prevents the development of central nervous system problems
- Neurosurgical intervention is used in the absence of other treatment alternatives.

Diseases of the nervous system strongly affect the quality of human life and performance. Regular overwork, stress, disturbance, and unfavorable external factors often lead to mild but constant failures from the nervous system. Unfortunately, in such cases, instead of proper treatment, people often resort to over-the-counter pain relievers or various nervous system stimulants (tonics, caffeine, and taurine-containing drinks). Unfortunately, this approach solves the problem but exacerbates it since it simply masks the root cause of headaches and a decrease in mental performance.When neurological impairment occurs, you must consult a specialist and not self-medicate; this is because only a neurologist will diagnose, prescribe adequate treatment, and select safe drugs correctly.

MULTIPLE DISABILITIES

A person who has a combination of two or more disabilities is considered to have multiple disabilities. The effect of multiple disabilities can be more than the combination of two individual disabilities.

Characteristics of the people with multiple disorders. They need

I. Extensive ongoing support in more than one major life activity in order to participate in integrated community settings and to enjoy a quality of life that is available to people with fewer or no disabilities.

II. Support may be required for life activities such as mobility, communications, self care and learning as necessary or independent living, employment and self sufficiency. They have I. Two or more disabilities/impairments. Additional disabilities because of the combinations.

III. Missed steps in tasks performance

IV. Need support in many life areas

V. Need very structured teaching plan.

VI. Difficulty in generalizing.

VII. To learn in small steps with lots of practice and repetition.

VIII. Lack of curiosity /or emotional attachment. They are not always independent in activities like toileting, eating etc. because of the effect of the of two combined disabilities, communicating with other is difficult and also moving from one place to another. They need a lot of support for learning and living tasks. Some examples of Multiple Disabilities Deaf blind(visually impaired + hearing impaired) Visual impaired + mental retardation Visual impairment + hearing impairment + mental retardationϖ Cerebral palsy + mental retardation/hearing /speech /visual/ problems etc.

TOPIC 6

GIFTEDNESS

Gifted Children

Different definitions are given on the basis of 3 main categories:

- Intelligence Quotient (IQ): Children with IQ 140 & more are defined as gifted.
- Social Potentiality:Gifted children are those whose performance is consistently remarkable in music, art, social leadership and other forms of expression.
- Statistically: Some educationists say that gifted children are those who fall in top 2-4% of the population on the basis of their cognitive abilities.

Recognizing a gifted child

1. They are curious and ask a lot of questions: Gifted kids are often curious about the world around them and may ask detailed questions to satisfy their thirst for knowledge.

2. They take their own approach to assignments: Gifted children often have their own way of going about things.

3. Gifted children often have their own way of going about things: One of the first things people notice about gifted children is their vocabulary. They often understand and use more words than their peers, including abstract and figurative language.

4. They have original ideas: A child with giftedness is an original thinker and able to access abstract reasoning and bring together ideas from different areas.

5. They are cognitively advanced and able to self-teach new skills: Children who are gifted may teach themselves how to read and write before they learn in school. They often have advanced cognitive reasoning skills and a good memory.

6. They are sensitive to their environment: From a young age the gifted child is very alert and tuned into his or her environment. Some have acute concentration skills and can easily become hyper-focused on a task.

7. They have strong feelings: These children may be quite opinionated and have strong feelings about topics that are important to them. They can also be more aware of the opinions and feelings of other people.

- Interchangeable terms
- Intellectual giftedness can be described as unusual ability to deal with abstract and symbolic learning. They may or may not do well in schools.
- Academic giftedness involves skills and abilities (memory, logical reasoning, convergent thinking and meaningful association of facts and ideas) necessary to perform in school.
- Creativity refers to an original and unique creation of products and ideas.
- Talent can be defined as unusually high aptitude, ability or level of performance in a particular field i.e. art, music, literature, social etc.
- Intelligence Quotient
- An intelligence quotient (IQ) is a total score derived from several standardized tests designed to assess human intelligence.

IQ tests can be used to determine giftedness in some children. Depending on which test is used.

* mildly gifted children -115 to 129,
* moderately gifted - 130 to 144,
* highly gifted - 145 to 159,
*exceptionally gifted - 160 to 179, and
*profoundly gifted -- 180.

Identification of Giftedness

- Giftedness is rare to be found but very important to be identified and nurtured.
- There are various methods through which early identification of gifted children can be done.

1. Behavioral Cues
2. Teacher's Rating
3. Tests and Reports

- Behavioral Cues
- Teacher's Rating
- Renzulli (1971) developed a scale to aid the teacher to identify gifted children.

Development of Giftedness

- Research have shown that talent is developed in those families where the parents take full interest, give required guidance and opportunities and where socio economic conditions are good.
- Development of potential is dependent upon the combined efforts of the family, school and community.

MANAGING CHILD IN SCHOOL

Basis for effective classroom management

Behaviors conducive to learning and appropriate social interaction are best taught at the beginning of the academic year and reinforced throughout the year. Gifted students can be advanced in different academic areas, but like non-gifted students, they may demonstrate challenging behaviors within classrooms and often for similar reasons. Educators need to be aware of students' unique backgrounds, their ability levels and their individual strengths and weaknesses. The development of an effective learning environment is based in both structure and support. To be effective and culturally responsive, teachers can develop and maintain strong, positive relationships with their students by consistently communicating that they are committed to supporting all of their students meet high academic and behavioral expectations.

TIPS FOR TEACHERS

Teachers can help channel gifted students' behavior in the classroom by:

- Creating a challenging and yet safe and encouraging learning environment appropriate to gifted students' development.
- Recognizing that classroom behavior and social interaction of gifted students can be similar to those of regular students, and it is important for educators to establish clear expectations and rules at the beginning of the school year.
- Implementing differentiated and accelerated instruction to match gifted students' learning rate.
- Recruiting and retaining culturally different students in gifted education, all classrooms need to be culturally responsive to students from diverse backgrounds.
- Using appropriate differentiation strategies in teaching can provide gifted students with more desirable learning opportunities, resulting in better classroom behavior and more positive learning outcomes.
- Requiring high expectations, predicable classroom schedules, clear guidance, consistently enforced rules and well-organized procedures for learning activities.
- Creating a safe and optimal learning environment with positive teacher–student and peer relationships. Such a learning environment can provide gifted students with opportunities to take risks and challenge themselves, helping them achieve at a high level and fulfill their potential.

- Encouraging peer acceptance and awareness of gifted students' potential social and emotional vulnerabilities to help prevent behavioral problems and underachievement and maintain a positive classroom environment.
- Seek out talent development opportunities for gifted students in and outside of schools.
- Assess the social context of their school and how gifted students are viewed.

Using formative assessments can result in important increases in student learning when teachers:

- Clearly communicate and involve the gifted students in the purpose of each lesson.
- Use lessons and other classroom experiences to monitor and collect evidence on gifted students' learning.
- Use this evidence to help understand what gifted students know and adjust plans, enriching and accelerating learning as appropriate.
- Align the assessments with appropriate learning goals for gifted students.
- Use authentic, above grade level, and differentiated assessments to identify what gifted and advanced students know and don't know.
- Develop long- and short-range goals based on multiple types of assessments that consider each gifted student's abilities, achievement levels, needs and interests.
- Engage gifted students in determining whether they have met these goals.
- Use formative assessment continually to adjust curriculum and pace instruction based on the learning capabilities of gifted and advanced students.
- **Students' self-regulation assists learning; self-regulatory skills can be taught.**
- It is preferable that when gifted students are working on problem solving and open-ended tasks, they be given opportunities to work through the problem-solving process and evaluate their progress independently rather than rely solely on a teacher's external evaluation of their work. Teachers can facilitate this process by providing feedback at key stages that is clear and timely, providing scaffolding for complex tasks.
- Two types of learning strategies are crucial for self-regulated learning (SRL): cognitive learning strategies (e.g., rehearsal, organization, and elaboration strategies) and metacognitive learning strategies (e.g., self-assessment, goal setting and monitoring). Especially during their first years of schooling, gifted learners often achieve at high levels without relying on such learning strategies. However, when they transition into more

challenging learning settings, or when they begin to work on attaining excellence in a given talent domain, SRL becomes essential for gifted learners, too.

TOPIC 7

Rights and Provisions for children with special needs in India.

The human rights of all children, including those with disabilities, are well considered in The Convention on the Rights of the Child (CRC). The Convention includes a specific article recognizing and promoting the rights of children with disabilities. Besides the CRC, the Convention on the Rights of Persons with Disabilities (CRPD), adopted by the United Nations General Assembly in December 2006, presents a powerful momentum to promote the human rights of all children with disabilities.**These children can also be enrolled in all schools under the Act through regular intake and are entitled to protections such as:**

- No holding back or expulsion till class VIII
- No physical punishment or mental harassment
- Payment of capitation fees is prohibited, and screening processes are required.

Introduction

Ensuring that children with special needs receive the education to which they are entitled might be one of the most difficult situations for parents. Some children struggle in school, with issues ranging from concentration, learning, language, and perception to behavioural issues and/or making and keeping friends. Others suffer from more serious issues, such as medical or psychological ailments, emotional issues, or learning disabilities. Whatever the situation, these children are still entitled to an education.

All citizens, including the disabled, have the right to education. Article 29(2) of the Constitution states that no citizen shall be refused to enter into any state-run educational institution or receive state-funded help on the basis of religion, race, caste, or language. Article 45 of the Constitution mandates that all children (including the disabled) receive free and obligatory education until they reach the age of 14. On the basis of religion, race, caste, or language, no child can be denied entrance to any state-run educational institution or receive state-funded aid.

The Right of Children to Free and Compulsory Education Act, 2009

The government has taken some special steps to ensure that one's child receives a good education. To begin, the Right of Children to Free and Compulsory Education Act of 2009 ensures that all children aged 6 to 14 get free and compulsory education in a neighbourhood school. Exercising this privilege entitles students with disabilities to free textbooks, clothing, writing materials, and specific learning and support materials. This is something they can do at any moment, right from class 1 to class 8. Moreover, just like every other fundamental right in the country, any child in this age group, regardless of caste, socioeconomic background, region, language, or gender, can exercise his or her right.

Which disabilities are covered under the Act

Children falling under the following three categories have the right to free and compulsory education in a neighbourhood school as per law:

- Children who are blind, have low vision, have been cured of leprosy, have hearing loss, locomotor disability, mental retardation, or mental illness;
- Children with 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 child suffering from severe multiple disabilities;
- Children with severe disabilities, that is eighty percent or more of one or more multiple disabilities.

Specific learning disabilities are not currently recognized under this Act. Although the adoption of the Rights of Persons with Disabilities Act would be a step forward, things may not change until a certification mechanism to identify these disabilities is established under the Act's standards.

Human rights recognize the need for an inclusive society and it provides both the motivation and the groundwork for the movement towards inclusion for children with disabilities. Inclusion requires the acknowledgment of all children as an important part of society and the respect of all of their rights, regardless of age, sex, language, ethnicity, poverty or

impairment. For creating an inclusive society, we need to remove the barriers that might prevent the enjoyment of these rights, and involves the construction of encouraging as well as protective surroundings.

According to the UNESCO Convention Against Discrimination in Education (1966), — For the purpose of this Convention the term „discrimination" includes distinction, exclusion, limitation or preference which being based on race colour, sex, language, religion, political or other opinion, national or social origin, economic condition or birth, has the purpose or effect of nullifying or impairing equality of treatment in education".

The UN Educational, Scientific and Cultural Organization (UNESCO) states that the inclusion of children who would otherwise be perceived as "different" requires "changing the attitudes and practices of individuals, organisations and associations so that they can fully and equally participate in and contribute to the life of their community and culture. An inclusive society is one in which difference is respected and valued, and where discrimination and prejudice are actively combated in policies and practices." The World Conference on Special Needs Education (SEN), organized by UNESCO and held in Salamanca, Spain, in 1994, recommended that inclusive education should be the norm. This has now been reaffirmed in the new Convention on the Rights of Persons with Disabilities.

When we talk about inclusion in the milieu of education, it means the creation of barrier-free and child-focused learning environments. It also requires providing proper supports to make sure that all children get education in non-segregated/ discriminated environment. Article 29 of the Convention on the Rights of the Child (CRC), mentions that the child's education be intended for the development of their personality, talents, mental and physical abilities to their fullest potential; to the preparation of the child for responsible life in a free society, in the spirit of understanding and tolerance.

The process of inclusion not only involves special' children, but all children. It provides children with disabilities the experience of growing up in a diverse atmosphere. When the education

system falls short to provide for or accommodate this diverse and encouraging environment, difficulties arise, leading to marginalization and segregation of children with disabilities.

Here, it important to differentiate between inclusion and integration. In school setting, inclusion requires that schools adapt and provide the needed support to ensure that all children can work and learn together whereas integration means the placement of children with disabilities in regular schools without essentially making any adjustments to school organization or teaching methods. Inclusion is not the same as ‘integration‘, which means bringing children with disabilities into a ‘normal‘ mainstream or helping them to adapt to ‘normal‘ standards rather than adapting and making modifications according to their requirements.

What is one’s child entitled to under the Act

The Delhi School Education (Free Seats for Students from Economically Weaker Sections and Disadvantaged Groups) Order 2011 includes “children with special needs” and “disabled students” (as defined under the Persons with Disabilities Act). As a result, they are classified as children from “disadvantaged groups,” and are eligible for the 25% of seats allotted for children from “disadvantaged groups” in specified schools.

These children can also be enrolled in all schools under the Act through regular intake and are entitled to protections such as:

- No holding back or expulsion till class VIII
- No physical punishment or mental harassment
- Payment of capitation fees is prohibited, and screening processes are required.

Within two years, all accredited, aided and unaided private schools in Delhi must hire special educators and make the school premises barrier-free. If students with impairments were already enrolled in these schools, these procedures have to be implemented at once. Otherwise, the school may lose its accreditation. Children with severe disabilities are also entitled to receive education at home. A special educator must come to the child’s home to teach them in a home-

based setting. It is vital to remember that these pupils are not required to attend a home-based school.

Where can one's child avail these rights

Children can exercise these rights under neighbourhood schools defined as:

- Neighbourhood schools are ones that are as close to the child's home as feasible, yet within a one-kilometre radius, for children in grades I through V.
- For children in grades VI to VIII, neighbourhood schools are those located as close as feasible to the child's home yet within a three-kilometre radius.
- Despite the fact that the Act requires a school mapping exercise to be completed in order to identify schools that would be considered "neighbourhood schools," it appears that this has not been done.
- Since other factors are prohibited by the Act, there is a set of criteria in the Recognized Schools (Admission procedure for pre-primary class) Orders (as amended) that allocates 70 out of 100 points to pupils who live within an 8-kilometre radius of the school.

Exceptions

Not every neighbourhood school is required to provide free and mandatory elementary education to all students. Schools that provide religious instruction, for example, are exempt from the Act. Also, not all of the Act's provisions apply to all other schools. The amount of money a school receives from the government or a local government determines how far it will go to comply with the provisions of this Act.For instance:

If a school is formed, owned, or managed by the government or a local government, it must provide the following:

- Give all elementary school students and pre-school students (where services are given) free and obligatory education; and

- If a child is enrolled in a school that does not provide for the completion of primary education, they can request a transfer to one that does.

If an aided school receives government or local authority funding or grants to cover all or part of its expenses (Section 2 (n) (ii)), it must provide:

- Only a percentage of children accepted (including in pre-school, if services are available) free and compulsory education; the proportion depends on the amount of government help received (subject to a minimum of 25 percent) and,
- If a child is enrolled in a school that does not provide for the completion of primary education, they can request a transfer to one that does.

If the school is unaided and does not receive any government or local authority aid or grants to cover its expenses, or if it belongs to a specific category, such as Rajkiya Pratibha Vikas Vidyalayas, Kendriya Vidyalayas, Navodaya Vidyalayas, or Sainik Schools, the school just needs to provide:

- Only 25% of the strength of Class I, free and obligatory education for children from the poorer part and disadvantaged groups in the neighbourhood, as well as pre-school students (where services are provided).

What can one do when their child's right is infringed

There have been various initiatives by parents of disabled children to assure the implementation of their children's rights. Pramod Arora, a parent of a disabled child was successful in his challenge to an amendment to the Right to Education Act. His efforts were successful in obtaining specific admission procedures for children with exceptional needs. This included the appointment of a Nodal Agency under the Department of Education to supervise all admissions of these children.

While all schools, including private unaided schools, are required to make their campuses barrier-free and hire special educators, the court ordered the Department of Education's Nodal Agency to keep a zone-by-zone list of schools and the impairments they can accommodate.

What's the application process for these schools

Admission applications can be sent to any school that can accommodate an applicant's impairments, and in this case, the Nodal Agency will waive the requirement that the school is located in a neighbouring region.

A similar form for admission of children with disabilities must be sent to both the schools and the Nodal Agency, and the applicant may list up to five schools of their choosing. The application should be sent to the applicant's top-choice schools as well as the Department of Education.

What are the parents' responsibilities in the special education process

Parental responsibilities might change depending on a variety of issues, including the child's disability. Parental obligations, as a result, are less well defined than parental rights.

Some of the following tips, however, may be useful in ensuring that your child's rights are protected:

1. Develop a partnership with the school and share relevant information about your child's education and development.
2. Ask for clarification of any aspect of the program that is unclear to you.
3. Consider and discuss with your child's teacher how your child might be included in the regular school activities program. Do not forget areas such as lunch, recess, art, music, and physical education.
4. Monitor your child's progress and periodically ask for a report. If your child is not progressing, discuss this with the teacher and determine whether the program should be modified.
5. Discuss with the school any problems that occur with your child's assessment, placement, or educational program. If you are uncertain about how to resolve a

problem, you can turn to the advocacy agencies found in most states for the guidance you need to pursue your case.

6. Keep records. There may be many questions and comments about your child that you will want to discuss, as well as meetings and phone conversations you will want to remember.

7. Join a parent organization. In addition to giving parents an opportunity to share knowledge and gain support, a parent group can be an effective force on behalf of your child.

The National Education Policy and educational rights for children with special needs

The National Education Policy 2020 (NEP) of India has been lauded as ushering in a new age of educational reform. It does, however, occur within a context of chronic policy inadequacies in the education of disabled children. In India, inclusive education has been defined as the education of children with disabilities. Disabled children rarely graduate from primary school, with only 9% completing secondary school. Around 45% of disabled people are illiterate and only 62.9% of disabled people between the ages of 3 and 35 have ever attended regular schools. Disabilities of particular types and genders are disproportionately affected. Children with autism and cerebral palsy, as well as girls with impairments, are the least likely to attend school. The most common barrier to a child's access to pre-school and primary education is a disability. Less than 40% of school buildings have ramps, and only about 17% of schools have accessible restrooms.

Despite the fact that technology is a major focus of the NEP. The finalized policy incorporates several recommendations of disability organizations on the 2019 draft. According to the NEP, children with disabilities will be able to participate equally in all aspects of the educational system. The 2016 Rights of Persons with Disabilities Act (RPWD) and its provisions for inclusive education, which is defined as a system of education in which students with and without disabilities learn together, are a big success. Nondiscrimination in schools, accessible infrastructure, appropriate accommodations, tailored supports, the use of Braille and Indian Sign language in the classroom, and monitoring are just a few of the proposals. The policy calls for

the hiring of special educators with cross-disability training, as well as the inclusion of disability awareness in teacher education.

Conclusion

The ethics of the dual system are being questioned in light of the struggle to assert and safeguard the rights of the disabled. The common system, which would bring 'everything' onto a single platform, is seen as a better choice. As a result, it's critical to implement a variety of changes at various levels in order to create a 'school for all' with an inclusive curriculum. The curriculum must be balanced in such a way that it is accessible to all while also catering to the particular requirements of all students. It's also crucial to examine educational difficulties. All pupils should be able to access the curriculum, which would necessitate specialized assistance. Then, by providing this specialized help, care must be taken to ensure that learners with special needs are not isolated from the rest of the class.

Another factor to consider is how the school organizes itself to be an effective school that caters to the particular needs of all students. While maintaining flexibility in the curriculum's timetable and delivery, the school should also make available the necessary resource support in the form of special educators, assistive technologies, and teaching-learning materials. Professional development for teachers and educators is critical, and it must include attitudinal shifts as well as the information and skills required to lead to a more inclusive society. Finally, no inclusive education project would be complete without collaboration with parents and external support from NGOs and special schools for training, curriculum delivery, and assessment, among other things.

Provisions for Children With Special Needs Under Mission Vatsalya

Posted On: 05 AUG 2022 12:41PM by PIB Delhi

Mission Vatsalya Scheme is a roadmap to achieve development and child protection priorities aligned with the Sustainable Development Goals (SDGs). It lays emphasis on child rights,

advocacy and awareness along with strengthening of the juvenile justice care and protection system with the motto to 'leave no child behind'. The Juvenile Justice (Care and Protection of Children) Act, 2015 provisions and the Protection of Children from Sexual Offences Act, 2012 form the basic framework for implementation of the Mission. Funds under the Mission Vatsalya Scheme are released according to the requirements and demands made by the States/UTs.

Under Mission Vatsalya Scheme support is provided to States/ UTs for setting up of Special Unit for children with special needs in Child Care Institutions (CCIs), who are not able to go to school due to physical/ mental disabilities. Special provisions are made in the CCIs to provide services including Special Educators/ therapist and Nurse required for such children in CCIs for occupational therapy, speech therapy, verbal therapy and other remedial classes as per the children's need. The capacity building of the Special Unit staff in sign language, Braille etc. is undertaken with help of resource institutions in States for such Homes.

This information was given by the Union Minister of Women and Child Development, Smt. Smriti Zubin Irani, in a written reply in Lok Sabha today.

Topic 8

Early detection of deformities. Intervention- concept, methods, steps and process, intervention strategies for children with developmental challenges

Methods and Problems in Early Identification

If children are more receptive to external influence during the years before school, and if the period from infancy through the early childhood years is a time of great malleability, it follows that ameliorative efforts instituted during this period would offer the greatest probability of enhancing development. For this reason, recent years have witnessed numerous efforts to institute early intervention programmes for children identified as presenting symptoms of exceptional However, some problems have been encountered.

First, there is a fear of misleading, and thereby stigmatizing, a child. Given a wide range of variability among infants and young children, identification of exceptional children has at times been problematic. Of course, some handicapping conditions are recognized at birth and increasingly many abnormalities can be identified prior to birth through amniocentesis, a method

of testing the amniotic fluid surrounding the fetus. However, positive identification of the vast range of "high incidence" handicaps such as earning disabilities is usually not possible so early, and in many instances problems are not detected until the child begins school.

What is needed to provide for early identification of young children with special needs is an "early warning system" (Gallagher and Bradley, 1972). Also, one must consider any possible adverse consequences of improperly identifying and leading labeling - young children as likely candidates for special education services when they reach school age. One such consequence, it has often been suggested, may be a "self- fulfilling prophecy" (Rosenthal and Jacobsen, 1968), which may be the unintentional consequence of genuine concern and "realistic expectations of a child's parents, his teachers, or even the child himself.

What is most effective way to gather information for determining that a child is at risk, so that diagnosis can be designed to confirm or refute the existence of a problem. If you have a system of record keeping in place already, you may rely on it, if not, some suggestions for informal teacher assessments follow. Some simply consider this process record keeping. It is, but it is also an important part of the initial screening process.

1.Record Keeping: There are different systems of record keeping Older children have test scores and report cards. Younger childrer provide more of a challenge. Especially at the beginning of the year, a combination of record keeping methods are most effective.

2.Anecdotal Records: Probably the most common form of voluntary record keeping is anecdotal notes. You might have a card for each child, a notebook with a page for each child, or a folder for each child.

3.**Checklists**: Checklists can help focus attention on specific skills, Same you can more appropriately fill in after school is over. The advantage of checklists is that they are quick and efficient to use. The disadvantage is that you may take a few attempts for you to develop forms that fit your needs.

4.Work Samples: Examples of children's work can art, writing, or anything that can be put in folder. You can put this information in two ways. One is to look at the growth of a particular child overtime, the other is to compare children to a "norm" or what you consider average for the age level you are teaching.

5.Parent Conferences: In a conference with the parents share both your concerns and the record. Keeping information that shows the differences you found. If the parents agree to the diagnostic testing, the exact procedure depends on the age of the child.

6.Diagnosis and Assessment: Early diagnosis is the key to progress for a child with a disability. Assessment provides us with baseline data and the capacity for prediction. Benner (1992) notes seven strands to the assessment process. She sees these as a continuum and focuses on describing the end points of the continuum to provide understanding of the range:

1.Formal to Informal Assessments: Formal assessments use standardized tools and structured, systematized observation. Informal assessments are very similar to the record keeping and case finding described previously.

2.Norm-Referenced to Criterion-Referenced Assessments: Measures that are based on comparing children within age groups with each other referred to as norm-referenced. The question asked is "What does the 'average' child do at this age?" Criterion referenced test might help you focus on the particular challenges that child will free and give information about the specific skills a child can perform within a developmental range.

3.Standardized to Adaptive-to-Disability Assessment: Standardized tests have specific procedures that must be followed precisely for the administration of test to be valid. The examiner might probe for additional information or might change the modality from a written response to an oral one. Some tests are designed to be altered for use with children with disabilities and include information on adopting them to various situations (Benner, 1992).

4.Direct to Indirect Assessment: Direct assessment involves to the examiner having face-to-face contact with the child. This typically involves with both observing the child land using standardized assessment measures. Indirect assessment relies on others to provide information, primarily the parents or the teacher.

5.Naturalistic to Clinical Observations: Observation of children during their play interaction in naturalistic observation. It is often more useful to decide what you specifically want to know and how to gather that information most effectively. Most clinical observations are done in settings where the examiner can control the environment. A combination of information from both the controlled environment and the naturalistic setting leads to the most complete and accurate diagnosis for the child.

6.Product-Oriented to Process-Oriented Assessment: A product-oriented approach to assessment produces scores or other final products much like a report card with grades. Process-oriented assessment is concerned with the child's ability to learn the task as well as the success or lack of success in completing the task.

7.Unidisciplinary to team Approaches: A unidisciplinary team is made up of professionals in a single field and is appropriate when children have a single specific presenting problem. However, when children have a variety of problems or when other services are needed, then team approach is need. There are different team models such as:

- The multidisciplinary model attempts to bring together professional from different disciplines to work as a team but team members work Independently rather than as a coordinated group.

- In the interdisciplinary model all team members do their individual diagnosis, but they then meet to share their information and observations.

- In the trans disciplinary model, all the team members participate in the diagnosis at the same time.

Thus, many issues surround the assessment of young children with special needs. There are variety of assessment tools or instruments such as screening instruments, Norm-referenced tests, Criterion-Referenced tests and other specialized measures. The impact of child's culture cannot be overlooked in the assessment process. As a matter of fact, assessment in the field of special education has been more controversial than any other area of special education for effective placement of a child in special education, institution and for mainstreaming, two issues are of special concern :) assessment principles and ii) assessment procedures.

The main objective of identification of "children with special needs" is that children with disabilities should be taught in their neighbourhood schools in regular classes, that their lives should be as normal as possible, and that intervention should not interfere with individual freedom. However, what is usually added to these statements is "to the maximum extent appropriate." Some in the field believe that full inclusion is possible (Demchak and Drinkwater, 1992; Forest and Pearpoint, 1990); others feel this is inappropriate.

The Council for Exceptional Children made its position clear as early as 1976:

..... to the maximum extent appropriate, exceptional children should be educated with non-exceptional children; and that the special classes, separate schooling, or other removal of an

exceptional child from education with non-exceptional children should occur only when the intensity of the child's special education and related needs is such that they cannot be satisfied in the environment with the provision of supplementary aids and services (Council for Exceptional Children, 1976).

It is the purpose of early intervention to ensure that all children with disabilities have available to them, within the time periods, a free appropriate public and related services designed to meet their unique needs, to ensure that the rights of children with disabilities and their parents or guardians are protected, to assist states and localities to provide for the education of all children with disabilities, and to assess and assure the effectiveness of efforts to educate children with disabilities.

TOPIC 9

ROLE OF PROFESSIONALS

The primary role of a special education teacher is to work with students who have learning, mental, emotional or physical disabilities. Special education teachers adapt general education lessons and teach various subjects to students with mild to moderate disabilities, but also may teach basic skills to students with disabilities that are more severe.

While some special education teachers have their own classrooms, others may work side-by-side with general education teachers to help special education students thrive in the general classroom setting.

While the above describes the general role of a **special education teacher**, this type of educator oversees and performs many more activities on a daily basis, which we'll explore below.

What Is A Special Education Teacher?

To understand the role that a special education teacher plays in the classroom, it's important to first know what a special education teacher is and who this specialized type of educator serves.

What is a special education teacher?

A special education teacher works with students who have a variety of disabilities. Special education classroom teachers typically work with and instruct kids in grades preschool through 12th who have mental, learning, emotional or physical challenges.

Who special education teachers serve varies, but overall, a special education teacher works with children who have a variety of individual differences that make it more difficult for them to learn unassisted in a general classroom.

While every child is unique, the **Individuals with Disabilities Education Act** breaks disabilities into 13 categories:

1. **Specific learning disability (SLD) - e.g., dyslexia, dyscalculia, dysgraphia**
2. **Other health impairments - e.g., ADHD**
3. **Autism spectrum disorder (ASD)**
4. **Emotional disturbance - e.g., obsessive-compulsive disorder, depression, bipolar**
5. **Speech or language impairment**
6. **Visual impairment / blindness**
7. **Deafness**
8. **Hearing impairment**
9. **Deaf-blindness**
10. **Orthopedic impairment**
11. **Intellectual disability**
12. **Traumatic brain injury**
13. **Multiple disabilities**

In Texas, the number of students in special education classes has grown nearly 38% since 2013, according to the **Texas Education Agency**. Special education students make up roughly 11% of the pre-to-12th grade student population in the state.

Responsibilities Of A Special Education Teacher

Special education teachers provide students with the level of support they need with the goal of keeping these students included in general education classroom activities as much as possible. In fact, in Texas, an **estimated 65% of students** who are in a special education program spend 80% of their day in a general ed classroom.

Depending on the needs of the students, a special education teacher may:

- **Provide one-on-one tutoring**
- **Teach in a specialized classroom with a low student-to-teacher ratio**

- **Work alongside a general education teacher to assist a student who is in a general classroom**

A special education teacher may also pull a student out of non-core classes a few days a week to receive extra reading, writing and math tutoring.

Another main role of a special education teacher is to help develop and implement a student's individualized education program (IEP). An IEP is a legal document that helps determine the exact mix of general and specialized education a student should receive. A committee of educators, social workers, other experts and the student's parents work together to create the IEP and then update it from year to year based on the student's progress.

To implement an IEP, here are some of the additional roles a special education teacher has:

- **Assess children's skills, academically and socially**
- **Create a supportive and positive learning environment**
- **Provide direct and indirect instruction**
- **Apply a variety of special educational skills and techniques to reach students in different ways**
- **Teach and reinforce socially-acceptable behaviors**
- **Modify lesson plans to align with a student's IEP**
- **Encourage students to be curious, investigate and explore their own ways of interacting with the world**
- **Meet with parents to discuss how all parties involved can support the child**
- **Keep accurate records**
- **Perform regular testing and assessments**

While public school districts have special education programs in place, there are also several special education private schools.

How To Become A Special Education Teacher

Now that you know the role of a special education teacher, **if you're considering pursuing this rewarding career, it's important that you act NOW**.

The state of Texas recently implemented new testing requirements to earn a teaching credential that could make it more challenging to earn your teaching license. To become a teacher, you must:

- **Enroll in an educator preparation program (EPP)**
- **Complete the required training (300 hours, including 30 hours dedicated to observation by a teacher advisor or in a classroom environment)**
- **Pass all of your certification tests**

The certification tests you must take include a content exam, which can be found on this **list of Texas teacher certification tests**. If your goal is to become a special education teacher, the content exam you take may be the "Special Education (Grades EC-12)" exam or the "Special Education Supplemental" exam.

The other major exam currently is the PPR or Texas Examinations of Educator Standards Pedagogy and Professional Responsibilities. This test "is designed to assess whether a test taker has the requisite knowledge and skills that an entry-level educator in this field in Texas public schools must possess," according to the Texas Education Agency.

However, the Texas State Board for Educator Certification recently adopted a new requirement that aspiring educators must meet before becoming certified that involves an alternative to the PPR.

Instead of taking the PPR, teaching candidates will be required to complete the **edTPA**. (The requirement to take edTPA in place of the current PPR test is currently set for the 2023-24 school year)

Unlike the PPR, the edTPA is not a one-time exam. Instead, the edTPA requires that student interns prepare a portfolio of materials during their learning experiences, primarily during their student teaching internships where they work directly with students.

Now and during the 2022-23 school year, teaching candidates will have the option of either taking the PPR or choosing the edTPA assessment. During the 2023-24 school year, teaching interns must incorporate the edTPA assessment into their certification requirements. Beginning with the 2024-25 school year, the TEA will implement a new cut score.

It has not been finalized yet whether you will have only one chance to attain a mark above this cut score. There is a chance that if you do not achieve the cut score the first time, despite your training, you will not earn your certification.

Texas Certification Programs, like ECAP, train the intern in completing their portfolio using real data and video, yet the intern cannot be assisted while creating their final submitted portfolio. This means that each candidate will have to actually go through the exercise twice. Once to learn the logistics, and again to put the submitted product together. ***Interns cannot use their ECAP, or any other certifications program, video or data for their portfolio submission***. It's a cumbersome process and takes a full semester to compile.

These rigorous requirements are designed to strengthen the field of teaching in Texas, but some interns may face a significant setback in their journey toward earning a teaching license. **If you're considering becoming a special education teacher, it's important to apply to an EPP now while you still have the option of taking the PPR.**

Role of Special Education Teachers in Inclusive Classrooms

For inclusion to show positive benefits, the learning environment and instructional models must be carefully established to provide strong learning opportunities for all students. Special education and general education teachers must have mutual respect and open minds toward the philosophy of inclusion, as well as strong administrative support and knowledge of how to meet the needs of students with disabilities. The involvement of a special education teacher is crucial to the success of a combined learning environment in a number of areas:

Curriculum Design

Special education teachers help craft the lessons for inclusive classrooms to ensure that the needs of students with disabilities are considered. Teachers may work together to develop a curriculum that is accessible to all students, or the special education teacher might make modifications to the general education teacher's lesson plans. A special education teacher will also create supplemental learning materials for specific students, including visual, manipulative, text, and technology resources, and determine when one-on-one lessons might be needed.

Teachers must examine students' strengths, weaknesses, interests, and communication methods when crafting lessons. The students' IEPs must be carefully followed to meet achievement goals. As many general education teachers have limited training in inclusive learning, it is important for

the special education teacher to help the instructor understand why certain accommodations are needed and how to incorporate them.

Classroom Instruction

Many inclusive classrooms are based on a co-teaching model, where both teachers are present all day. Others use a push-in model, where special education teachers provide lessons at certain times during the day. It takes extensive cooperation between general and special education teachers to implement a truly inclusive classroom. Special education teachers often sit with or near students with IEPs to monitor their progress and provide any special instructions or supplemental learning materials. Students require varying levels of individual instruction and assistance, based on their unique needs.

Teachers might also pull students out of the classroom for one-on-one lessons or sensory activities, or arrange for time with counselors, speech therapists, dyslexia coaches, and other specialized personnel. Special education instructors may need to make sure that paraprofessionals or therapists are present in the classroom at certain times to assist the students. To help maintain a positive climate, they also might assist the general education teacher in presenting lessons to the entire class, grading papers, enforcing rules, and other classroom routines. General and special education teachers might break classes into smaller groups or stations to provide greater engagement opportunities.

Learning Assessments

Another role of special education teachers in inclusive classrooms is to conduct regular assessments to determine whether students are achieving academic goals. Lessons must be periodically evaluated to determine whether they are sufficiently challenging without overwhelming the students. Students should gain a feeling of self-confidence and independence in general education settings but should also feel sufficiently supported. Special education teachers also organize periodic IEP meetings with each student, their family, and certain staff members to determine whether adjustments need to be made to the student's plan.

Advocating for Students

Special education teachers serve as advocates for students with disabilities and special needs. This includes ensuring that all school officials and employees understand the importance of inclusion and how to best implement inclusion in all campus activities. Advocacy might include requesting inclusion-focused professional development activities—especially programs that help

general education teachers better understand inclusion best practices—or providing information to community members about success rates of inclusive teaching.

Communication with parents is also essential for inclusive classroom success. Families should receive regular updates on a child's academic, social, and emotional development through phone calls, emails, and other communication means. Parents can help students prepare for classroom routines. Expectations for homework and classroom participation should be established early on.

NEED AND IMPORTANCE OF SPECIAL EDUCATOR

The role of a special needs educator is a challenging but rewarding role to fill. The people who become special needs educators must overcome a great deal of personal challenges as well as the challenges of the job in order to ensure their students are living up to the best of their abilities.

These challenges come from needing to personalise education plans, and ensuring each and every student learns in the manner that is best suited to them for them to develop and progress. There are many different kinds of learning disorders that their students may have, and the special needs educators must find some way to accommodate this for the child's benefit. This requires a high degree of dedication, training, and care; with demand steadily growing for schools and educators.

In 2019, this is even more evident as children with special needs are required to attend school under the Compulsory Education Act..

The role of the special needs educator is an important one that requires patience, dedication, empathy, and a lot of learning from and for your students. As well, the ability to properly diagnose children is especially important. For example, is this a sign of a child with a disorder or are they just being playful?

- Perpetually climbing on things
- Does not follow simple instructions or directions
- Fidgeting
- Avoidance of tasks that take some time to complete
- Difficulty paying attention

The nuances in behaviour become important as the education plan you put together will be developed to suit that particular child's needs.

Being a Special Education Teacher is like a gateway to a number of possibilities. It is a lifelong chance to have an affirmative impact on the lives of those adults and children who need special care and attention.

Special Education in general is a structured system which includes instructions that deal with educational, social, emotional and vocational needs of individuals affected with impairments. These students are usually those either physically impaired or have cognitive disabilities like mental retardation ranging from mild to profound in disabling. Special Education Schools then belong to those adults and children who have a unique set of learning needs based on their disabilities. Like all normal children they differ from each other in terms of their age, personality, ability and learning nature and this is why Special Education teachers are such a vital part of whole special education system. Coming from different cultural backgrounds they may speak other languages, understand each other and the same curriculum differently, and so the special schools in Noida with specific teaching strategies and modifications in general curriculum to fit in all the requirements. What a Special Education Teacher do is they develop materials which fulfill the needs of such students to ensure that they reach their learning pinnacle as per their potential. Since to enhance such children's social skills they are involved in classrooms with other regular students so these teachers are also required to work with general education teachers. Apart from teaching in special education school they also offer consulting services to general education teachers.

The job of a special education teacher is obviously not an easy one. They face pressures from low budgets, new initiatives in school and may also have problems in dealing with special students at times. Here are few ways to help you some hard times: It is necessary that you realize that it isn't about 'YOU'. It isn't about any monetary gain; you are there because you enjoy people. Yes, it is about the magic that you create when around those with special needs. You should develop your personal learning network.

With certain social media channels you can widen your learning community. It is important to work in sync with technology these days, and so special schools in Noida conduct regular workshops to equip their teachers with technological skills.It is recommended to have high expectations for yourself and your students. Give your best and you will ultimately be a better teacher and thus a better person. You also need to respect your students and support them with all you can for better prospects.

Children, with learning disabilities are often neglected and looked down upon by the society. They often receive negative feedback from schools and hence refuse to develop positive cognitions to the outside world. This is very wrong. As humans, it is but their basic right to an equal opportunity of receiving education.

Special education therefore basically refers to “educational programs and practices designed for students- who are handicapped or gifted, with mental, physical or emotional disabilities and hence require special teaching approaches, equipment or care within or outside a regular classroom.”

In addition to their school system, special education classes for these children are a necessity. Such kind of special education should give priority, to the enjoyment of education by special children. Like other children, special children, too have the right to receive proper education that helps them to grow and enjoy without fearing it.

Disabilities may be mental, physical, emotional and developmental. So, within its range special needs, includes a number of impairments, some of which are:

- Autism Spectrum Disorder
- Speech and Language Impairment
- Multiple Disabilities
- Traumatic Brain Injury
- Visual Impairment (including blindness)
- Hearing Impairment
- Developmental Delay
- Emotional Disturbance
- Specific Learning Disability
- Orthopedic Impairment
- Other Health Impairments
- Developmental delay
- Intellectual Disability

It is therefore not easy for children with any kind of disability, to keep at pace with the learning process of children, who do not have special needs. They have the right to live a fulfilling life, exploring its fullest potential. Special Education should therefore focus on designing a structure of education that can overpower the disadvantages related to these disabilities, and help children in getting quality education.

Thus, an educator in the field of special education, educating children with special needs must have certain classroom rules that she/he must religiously follow.

1. First, *instructions should be structured* to meet, the unique requirements of the students. The flow of Instructions may be slower or faster in accordance to their needs. Class sizes should be smaller, so that each student is given individual attention. This gives the children, not only time to process information but also to reciprocate as well.
2. A Special needs classroom should have educators, who are ready to give their *determined effort to educate a student.* A child may need repeated trials and opportunities before they finally understand a concept. An educator of children with special needs should therefore work relentlessly until the child has understood any concept that is being taught.
3. *Unique aids and tools* should be used, to teach a student with special needs. Often aids used to teach students without special needs, does not work for those with special needs. Thus, educators have to come with ideas and propositions that meet their unique requirements. A methodology of trial and error should be adopted. If one tool does not work, it should be done away with and another tool that is more apt should be used in its place. All this should be done with a lot of patience because frustration has no place here.
4. Tolerance in the classroom finally, is one of the most important mantras in any special needs classroom. Like it's been said, frustration in a special education classroom is a big No-No. Further, positive feedback with regard to a student's behavior is significant. A child with special needs should always be encouraged for good behavior and guided for the wrong ones. Negative feedback may discourage and this in-turn affects their cognitive capabilities.

Let's look at some of the ways, in which you, as a trained teacher, can help a child, with learning and exceptional issues, to overcome their disability and take equal part in the learning process as would a child with no special issues. The four basic ways that you as a teacher can help your student with special needs, are;

- Firstly once you start teaching a child with learning needs, you will be able to observe *and hence understand* her/ his needs more clearly and this will help in easing out the child's learning procedure. A teacher in the field of special education therefore is pivotal for the advancement of the learning needs of students with special needs.
- Secondly, for a long time kids with special needs just "got by"; that is somehow survived. However, the 21st century should have no place for that. A dedicated, resourceful, inventive and determined 21st century special education teacher, by helping these kids out, should ensure that they *thrive individually.*
- Thirdly kids with special needs have always been relegated to their lot. However that doesn't have to be the case when students with special needs have good special educators. Determined and good special educator can ensure that students with special needs can *achieve excellence* irrespective of their disabilities.
- Lastly and most importantly, the most fulfilling part of being a special education teacher is that when you are able to make a lasting *impression on your student.* It is very critical, when you are a special educator, because not only students are inspired by you in their academic pursuits but also inspired by you as whole. Giving kids hope and encouraging them to reach beyond themselves and achieve whatever they thought was impossible is the biggest reward that you as a teacher can ever give them.

So as we see, dedicated special educators, can really provide with a platform to these children with special needs and address their learning issues and help them succeed in life. For this purpose opting for a special needs education course is necessary. Now you as teacher may be wondering, why?

The aim of special education courses are that they train you without any gap and make you all readyfor the venture of effectively teaching children with special needs. Be it any kind of teacher, especially so as a special education teacher, training yourself before you assume the responsibilities of the job is very important.

Having a disability of any kind should never stop anybody from conquering the world. That is, both children and adults, having special needs should be given every opportunity, without any stigma being attached to it. Children with special needs should be dealt with, in accordance to their requirements, so that despite their disabilities, they are able to clearly develop their cognitive abilities. Developing a broader education system and with educators who have specialized training is an urgent requirement. Learning should be a fun and an adventurous activity for both children with and without special needs.

QUALITIES

A Special Educator therefore has to have the following qualities: Organized; Patient; Intuitive; Creative; Detail oriented; Hard-working; Optimistic; Adaptable; Good sense of humor; A love for children; A love for teaching.

Not everybody can teach a child with exceptional and special needs. At this juncture a special needs education course becomes necessary. As an educator, such special education courses help you to receive an in-depth understanding of the psyche and behavioral patterns of children with special needs and thereby you will be able to carry out the teaching process in a more eased out manner. So being extensively trained, before becoming a special needs teacher, is very important.

Teachers, in this modern age, must be equipped enough to deal with all kinds of students especially the ones with special needs. This article deals with such teachers.

1. **Organization**

   The teacher, as well as the classroom, must be organized. An organized learning atmosphere encourages students to learn more and emboldens their spirit.

2. **Creativity**

   The teachers must develop creative learning styles to cater to the needs of their different students who have their own method of learning.

3. **Highly intuitive**

   teachers must be intuitive enough to understand the nuances in their student's behaviour. This will help to understand the problems of the students better and help solve them fast.

4. **Calming nature**

   Teachers must themselves remain calm and maintain a calm atmosphere to help out the students who are intimidated by the stress of the classroom.

5. **Detail-oriented**

   The teachers must have an eye for details. This will help to understand the behaviour of the students better and help them develop fast.

6. **Deadline-oriented**

   The teachers must guide their students to follow their deadline so as to complete their goals on time and thus make them feel good about the results they will receive.

7. **Adaptability**

   Teachers must be flexible enough to adapt to the changing behavior of the students and thus keep their style of teaching updated.

8. **Even tempered**

   teachers must behave with an even temper with all their students. This will help them to ease into the environment and also to approach the teacher without any hesitation.

9. **Good sense of humor**

   The teacher must possess a good sense of humor through which the students enjoy the class and love coming back to school.

10. **True love of children!**

Teachers must genuinely love their job of imparting wisdom to students and only then will they be able to bring out the best in them which would help them to succeed.

Thus these are the traits a special education teacher must possess to accomplish their goals.

Importance of Family Centred Intervention

Intervention Methods in Social Work

1) Social Work with Individuals in Family Setting In working with a family, the social worker may sometimes limit his interaction on a one to one basis with a member of the family. Certain problems, such as poor academic performance and emotional outbursts of children or some behavioural problems of parents, such as being authoritarian, too much demanding and overly protective, may not require the involvement of other sub-systems of the family. In certain cases of marital conflicts, the other spouse may be hostile to the idea of working with a social worker. Such situations may necessitate the worker to work with one member of the family to enable him to handle the problem. This helping process goes through different phases, indicating, that it has to be done systematically.

Phases in Working with Individuals

Study Phase

- Attend to the client. Develop rapport. It is very crucial in one to one relationship.
- Listen to his problems. Listen actively. Empathize with him.
- Maintain eye contact. Observe the non-verbal communication and body language of the client.
- Gather all the details necessary for handling the problems. Details include personal data of the client, his family background and the necessary information on psycho-social aspects of his personality.

Problem Assessment Phase

- Gather information regarding the problem, the onset of the problem, its frequency and magnitude.
- Don’t probe into areas irrelevant for handling the problems. Don’t be curious about matters of privacy, which may not be relevant for addressing the problem.

- Identify the problem to be handled or a positive behaviour to be learnt. It is generally easier to develop new positive behaviour than to eliminate negative behaviours.
- Don't take the entire problem. Take that part of it, which is manageable, which must be handled immediately and above all, the aspect, which has a high probability of success. Success will give confidence to the client to handle more complex problems.
- Summarize what the client says at regular intervals. Respond empathetically not only to the content of his problem, but also to his feelings.

Helping Phase

- Select the intervention method after reviewing alternatives. Encourage divergent thinking in the client.
- Implement the intervention.
- Enable him to take responsibility for his problem solving behaviour.
- Help him to recognize the challenge involved in learning a new behaviour or in weaning away from a negative behaviour.
- Help him to anticipate bottlenecks and setbacks.
- Monitor his progress. Develop behavioural indicators, so that he can monitor his own progress periodically.
- Review all aspects of the intervention. If your intervention is not working, examine and change some features of the intervention.

Termination Phase

- Termination of helping process must be done carefully and gradually. The decision must be taken in consultation with the client.
- Plan follow-up to ensure intermittent reinforcement of new positive behaviour.
- Assure continued availability when necessary.

2) Social Work with Groups in Family System Many parents will come across some common problems in bringing up their children. Similarly, the children or the spouses may also have a few problems that have a common pattern. Under such circumstances, it will be more beneficial to help them in groups rather than deal with them as individuals. For example, if a group of parents feel that they need better parenting methods, it will be more useful to bring them together in a group and enable them to share their anxieties, ventilate their feelings and enable them to learn from one another's experience. In the same way, children, who may have been referred for

delinquent behaviours or temper tantrums, may benefit a lot if they meet other children with similar problems and work together to come out of the problem.

It is in this context that working with groups assumes significance in Social Work practice with families. Groups provide members with learning experiences, opportunity to share experiences and to engage in mutual problem solving. Members get the opportunity to increase their confidence under the guidance of a professional social worker.

Phases of Working with Groups

Study Phase

- Form the group with members, who have common problems, needs and expectations. (for example, a group of parents wanting to learn better parenting methods)
- A homogeneous group in terms of age, education and occupation is preferable.
- Look into details, such as comfortable seating arrangements and protection from distracting noises from outside. Being seated in a circle is ideal.
- Discuss with group members and identify their main concern. Evolve goals based on their concern.
- Clarify the goals and break them into tasks or activities. If the groups, goal is to learn better parenting methods, work out the knowledge, skills and attitude they need to learn. Based on this requirement, evolve themes, topics, sub-topics and activities to be carried out during every meeting.

Helping Phase

- Conduct group activities.
- Activities must be arranged in order of importance to goal attainment.
- Ensure a congenial group climate by monitoring basic group processes, such as participation, we-feeling, emotional support, confirmation and acceptance.
- Encourage individuals to freely express their ideas, feelings, attitudes, insights and information. At the same time, do not allow dominating, criticizing and moralizing behaviours among members.
- Make them understand that such behaviours will be detrimental to group functioning.
- Link every session to the previous and forthcoming sessions in terms of acquiring new knowledge and behaviour. This will enable members to learn new skills.

- Encourage the application of new learning. You can give home assignments to the members.
- Enable them to practice new behaviours in actual life situations. Ask them to record such experiences.
- Review home assignments of members in the group.
- Encourage members to share the implication of group learning in their lives as parents. For example, group of parents working on better parenting methods will share their new experiences of relating with their children.
- Respond to them with reassurance.

Termination Phase

- Give feedback to individuals as well as to the group about its progress.
- This will instill confidence in the members about their ability to learn new positive behaviours.
- If follow-up is necessary, work out modalities of further follow-up meetings.
- Encourage members to keep in touch with the worker or other members in case of any need for emotional support.

3) Working with the Community for Family System The family does not exist in isolation, but in a community. The community is the basic support system for the family. The members of the family are also members of other institutions in the community. For example, the father in a family may be working in an industry and the mother may be working in a government enterprise. The children may be studying in a school and a college. In addition to this, they may be members of a particular religion and residents of a particular neighbourhood.

Some of the problems in the family will affect their role in other institutions in the community and some of the problems of these institutions will also affect the dynamics in the family. For example the industry may go for a lay off and terminate the services of the father of the family. The college may take disciplinary action on the son because of his indiscipline in the campus. A tragic situation may come wherein the only bread winner of a very poor family dies in an accident and the family finds itself on the street. In all these situations, the very process of assisting and rebuilding the family needs assistance from the community. The worker has to mobilize resources that are available in the community to help the families. It is in this context that Social Work practice with the community on behalf of family setting becomes relevant.

Options in Community Work

Some families may have a common problem and its solution may lie in mobilizing community resources. For example, the worker may be working with a few housewives whose main problem is their inability to take up a job, since there is no one at home to take care of their young babies. These women are desperately in need of additional income. They are skilled and there are jobs available. In such a situation, it will be beneficial to these families if a Day Care centre for Children could be organised in the community. Here, the attempt of the worker in mobilizing community resources solves the problem of many families.

Imagine a situation where a bread winner of a family has lost his job. He is also not a skilled labourer. The worker can put him in touch with a vocational skills training institution in the community for learning livelihood skills and, later on, can arrange self-employment loan from a banking institution in the community.

Sometimes, the worker may have to speak on behalf of children of some families, who are either orphans or from single parent families. These children need admission and concessions in a residential institution for children. He may face a situation where the children are unable to pay for their stay, training or they may not have eligibility in terms of admission criteria. In such a situation, he plays an active role of securing scholarships from the community or ensuring the admission by negotiating the admission criteria.

In all these situations, the worker has to work with the community and mobilize its resources in order to help some members of the family.

4) Crisis Intervention Crisis can set in a family unexpectedly in form of death of a spouse or a child, extra marital relations, longterm imprisonment of a spouse or drug addiction of an adolescent. It is a critical period in the life of a family. It disrupts family's stability and harmony and puts at stake the security and survival of the members of the family. It is in this context that some external support is needed to these families. Crisis intervention is one such method, which is widely used in Social Work Practice.

Phases of Crisis Intervention

Assessment Phase

- Enable them to ventilate feelings. This is very important.
- Concern about the origin and causes of the crisis is less relevant. Do not spend much time on this aspect.

- Assess the impact of crisis on the family. Find out the extent and degree of dysfunction and impairment.
- Appraise ego strength of the family members. Identify basic defenses and habitual adaptive patterns of the members.
- Ensure the availability of internal, intra familial and community resources.

Intervention Phase

- Enhance the cognitive perception of the members by providing more knowledge about the crisis and the methods of handling it.
- Enable them to become aware of their feelings, such as grief, shock and anxiety. Provide them assurance and emotional support.
- Mobilize resources, such as material and monetary aid and elicit help from neighbours and relatives.
- Enable them to mobilize such resources by themselves as well as use it.
- Stimulate restoration of adjustment skill. Teach new attitudes and skills necessary to face life.

Termination Phase

- Point out the maturation taking place in the members while handling the crisis. This is the positive outcome of crisis intervention.
- Follow-up until a healthy equilibrium has been restored. This will help the family to face future threats with authenticity.

5) Family Therapy Family therapy aims to establish more satisfying ways of living for the entire family. The family is considered as a system and a maladjusted person is given treatment within the family system. It is assumed that the problem of one person in the family is the product of how he interacts with other family members and how others interact with him. Problems, such as alcoholism, marital breakdown and family violence, can be quoted as examples. In this context, it is necessary to work with the entire family or with those, who are concerned about the problem. Family Therapy is one such method, which is widely used in Social Work Practice.

The Strategy

- Develop rapport. Study the family system.
- Determine what is blocking the family from solving its own problem. It is not enough to merely solve the immediate problem within the family.

- Teach the family members to communicate openly their positive or negative feelings, desires and needs.
- Intervene when discrepancies of feelings, words, or actions are noted.
- Encourage members to interact inside and outside the therapy. Show how the total interaction among all members is important for solving the problem.
- Assist family members to objectively review their long held beliefs, values and expectations that may block their problem solving process.
- Open up many new avenues for solving problems. Help them to find appropriate ways of solving their problems. Teach the family to solve its problem by itself.
- Educate the family members about the need to remain in touch with the neighbourhood and draw on its resources.

6) Marital Counselling Marital Counselling is used to handle conflicts between a husband and his wife. Marital conflicts may occur over virtually anything. Some areas that can lead to severe difficulties are money matters, child rearing practices, failure of duties towards in-laws, inability to meet career demands, extra marital affairs and sexual difficulties. The main reasons for marital conflicts are unrealistic expectations of the couple and their personality traits. In this context, it is necessary to work with both the husband and the wife to restore stability and harmony in relationship. Marital Counselling is one such method, which is widely used in Social Work Practice.

The Strategy

- Develop rapport with the couple.
- Enable the spouse to identify the problem. Discuss with them about its negative impact on their relationship.
- Enable spouses to understand the causes of the problem. Sometimes, the causes can be outside the marital unit.
- Point out how the inability to handle everyday stress in running a family spoils relationship between the husband and wife.
- With their consensus, choose that part of the problem that has to be handled, based on its immediacy and manageability.

- Equip them with the skills of open, direct, meaningful and satisfying communication. Enable the couple to communicate their thoughts and feelings in your presence. Restore their interaction with one another.
- Enable them to develop empathy for one another. Rekindle the love and concern they would have had in the beginning of their marital life.
- Help them to find out their family stressors and teach them stress management techniques.
- Work on the important areas in marital relationship, such as relationship, sexual relationship, fidelity, affection, leadership, responsibilities towards one another and mutual support.
- Give them 'Home work' before they come for the next session.
- Strengthen the support system within the family (family elders) and outside the family (neighbourhood).
- Enable them not only to resolve problems, but also to learn problem solving skills. This will help them in the future to handle their problems by themselves, instead of relying on external help.

7) Pre-marital Counselling Young people need orientation before they get married. Many problems in marriage and, later on, in family life can be traced to the unrealistic expectations and distorted opinions the couple would have entertained before marriage. In this context, it is necessary to organise counselling services for those young people who are about to get married. Pre-marital Counselling is one such method, which is widely used in Social Work Practice.

The Strategy

- Make the clients understand the goals and purpose of marriage in realistic terms.
- Make them aware of their own unrealistic expectations, immature thinking pattern, inappropriate attitudes, which they would have learnt from their own parents or from mass media.
- Train them in skills of interpersonal relationship, communication and problem solving.
- Help them recognize their roles and duties towards one another and also towards their parents and inlaws.
- Make them understand the physiological and biological dimensions of sexual relationship and its significance in marriage.

- Remove their ignorance, fear, guilt, aversion or anxiety about sexual relationship and the associated problems, such as impotence and frigidity.
- Impress upon them the importance of building a family with children. Highlight the importance of small family norm for our country and indicate the various possibilities and methods of planning a family.

Eclectic Approach

There is no single method for handling family problems. No theoretical system fully explains the dynamics of the problems as well as the methods to handle them. Hence, there is a need to develop an eclectic approach. Eclectic approach is characterized by the knowledge of many theories and several skills for selecting the right approach and techniques with reference to clients. Social Work practice with family definitely revolves around an eclectic approach. The reasons are obvious. Family is a system and it is dynamic. The problems are multi- faceted. The causes and consequences are complex to understand and difficult to handle.

Hence, it calls for an eclectic approach wherein the knowledge and skills of various disciplines are put together to effect change in the family system. The Social Worker should be able to choose any combination of the Social Work methods of working with Individuals, Groups and the Community and also other strategies, such as Crisis Intervention, Family Therapy, Marital Counselling and Pre - Marital Counselling, described above to handle the problem of his clients.

Conclusion

Family is the basic institution in the community. Hence, it is important that we are equipped with the skills and knowledge of working with families. In this chapter, we have learnt that the problems faced by families are multifaceted in nature. We have also understood that Social work with Family 21 family exists as a system, and so, handling the problem of any individual member in the family involves the cooperation of many other members of the family system. It is in this context that this chapter on ‘Social Work with Family’ has presented Social Work methods of working with Individuals, Groups and the Community and also other strategies, such as Crisis Intervention, Family Therapy, Marital Counselling and Pre-Marital Counselling. This might have given us the knowledge and interest to work with families. In fact, there are a few more approaches, but they do not come under the scope

of this unit. You can make use of the references given under 'Suggested Readings' to enhance your knowledge.

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