UNIT 16 GUIDING STUDENTS WITH SPECIAL PROBLEMS

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16.1 INTRODUCTION

You might have come across students with varying abilities to learn — some learn fast, some learn slowly and some have pronounced learning problems. You, as a teacher, will have to deal with these problems in your daily classroom transactions. To you, each child is an individual who needs to be helped to learn and perform. This unit aims at sensitizing you to their problems and how you as a teacher can guide students having these problems.

16.2 OBJECTIVES

After going through this unit, you will be able to:

- be aware of and appreciate children with special problems;
- know the kind of disabilities the children suffer with, their degree of impairment, the institutions catering to educational and vocational needs of children with total disabilities where such children can be referred to, and broad and general idea about various legal provisions in this regard;
- know how to identify children with mild and moderate disabilities; and
- handle them in inclusive schooling system.

16.3 WHAT DO WE MEAN BY SPECIAL PROBLEMS?

You may be having one or more of students in your classrooms who are having some problems. The problems are of various types and due to various reasons. The questions that may come up in your mind may be: Why are these learning problems? Why each student is not able to learn and perform equally well in the same stimulus to situation, that is, teacher to all simultaneously?
The factors that cause learning problems and performance difficulties can be listed as under:

a) lower level of intellectual functioning and development delay (retarded development)
b) seeing problems
c) hearing and speech problems
d) damage to limbs - absence, deformation or problems with movement of muscles
   restricting performance in certain areas
e) problems with psychological processes like perception, attention, memory and problems
   of visual - motor coordination resulting in specific learning difficulties in reading,
   writing, spelling and arithmetic

Besides, there are home and environmental factors. These are:

a) lack of parental love and affection
b) lack of acceptance by other family members
c) lack of opportunities for interaction and learning
d) inappropriate child - rearing practices

e) problems with psychological processes like perception, attention, memory and problems
   of visual - motor coordination resulting in specific learning difficulties in reading,
   writing, spelling and arithmetic

There are other factors which cause learning problems and which are related to school
environment. These are:

a) lack of teachers’ acceptance of the student and low expectancies regarding learning and
   performance of the student.
b) incongenial classroom socio-emotional climate and classroom trust behaviour
c) lack of acceptance by non-disabled peers and willingness to share feelings, responsibilities,
   privileges and other facilities.
d) absence of quality teaching matched to individual needs
e) lack of adjustment and adaptation of physical facilities to special needs of students.

The learning problems may arise out of one single factor or a number of factors or interplay
of different factors in different sets of causal reasons stated above.

The estimated percentage of people suffering from varying degree of disability is around four
in India. This would increase to twenty if milder form of disabilities are also counted. Thus
it is very natural that you as a teacher would definitely come across such students in your
school. To you, each student should be a unique person. Though human abilities are, to a
great extent inherited, yet quite a substantial part of it are also acquired through environment
in the process of socialisation. You may be aware of the debate on ‘nature’ and ‘nurture’ in
the field of psychology.

The nature and nurture makes all individuals unequal in terms of physical and mental
attributes and endowments. But the human organism is prone to damage through disease and
injury. This damage is not equal in all cases. Infact, if you ponder, the degree of disabilities
or abilities is a continuum. It is also true that every person with obvious physical, mental or
emotional limitation is capable of some work or the other. But within a range, these are taken
as normal, while beyond a certain range these are taken as impairment, disabilities or
handicap.

The W.H.O. (World Health Organisation) manual defines impairment as any loss or abnormality
of psychological, or anatomical structure or function. A disability is defined as any restriction
or lack (resulting from an impairment) or ability to perform an activity in the manner or
within the range considered normal for a human being. A handicap has been defined as a
disadvantage for a given individual, resulting from an impairment or disability, that limits or
prevents the fulfilment of a role that is normal (depending on age, sex and social and cultural
factors) for that individual. For example, (International Labour Organisation) perceives it
differently when it defines disabled person as an individual whose prospects of securing,
retaining and advancing in suitable employment are substantially reduced as a result of a duly
recognised physical or mental impairment. One can hardly arrive at a rigid definition. But
people commonly agree that disability is a consequence of impairment leading to functional
limitation or activity restriction and the person having disability is perceived as being
“different” from normal person in the society.
You need not go into the controversies of handicapped and disabled. Now-a-days the phrase "persons with disability" is generally used.

### 16.3.1 Kinds of Disability

The nature of deficiency can be categorised as locomotor, visual, speech and hearing, mental (mental retardation, mental illness, autism), other emotional disorders, specific learning disabilities, cerebral palsy and some other types depending on the disease that causes it such as cancer, heart disease, etc. These disabilities can further be categorised as mild, moderate, severe and profound depending on their severity.

### 16.3.2 Partial and Total Disabilities

In 1986, the Government of India issued orders prescribing definitions of mild, moderate, severe and profound categories of each disability.

#### Table 16.1: Categorisation of Visual Disability

<table>
<thead>
<tr>
<th>Category</th>
<th>All with corrections</th>
<th>Worse eye</th>
<th>Percentage of impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>6/9-6/18</td>
<td>6/24-6/36</td>
<td>20%</td>
</tr>
<tr>
<td>I</td>
<td>6/18-6/36</td>
<td>6/60</td>
<td>40%</td>
</tr>
<tr>
<td>II</td>
<td>6/60-4/60</td>
<td>3/60-nil</td>
<td>75%</td>
</tr>
<tr>
<td>or field of vision 11 - 20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>3/60-1/60</td>
<td>F.C. at 1 ft.</td>
<td>100%</td>
</tr>
<tr>
<td>or field of vision 10 to nil</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>C.C. at 1 ft.</td>
<td>F.C. at 1 ft.</td>
<td>100%</td>
</tr>
<tr>
<td>to nil or field of vision 10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One eyed</td>
<td>6/6</td>
<td>F.C. at 1 ft.</td>
<td>30%</td>
</tr>
<tr>
<td>to nil</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The classification for the hearing impairment is as follows:

#### Table 16.2: Categorisation of Hearing Disability

<table>
<thead>
<tr>
<th>Category</th>
<th>Type of Impairment</th>
<th>DB level and/or Speech discrimination</th>
<th>Percentage of impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Mild hearing impairment</td>
<td>26-40 db in better ear</td>
<td>80-100% in better ear</td>
</tr>
<tr>
<td>II</td>
<td>Moderate hearing impairment</td>
<td>41-45 db in better ear</td>
<td>50-80% in better ear</td>
</tr>
<tr>
<td>III</td>
<td>Severe hearing impairment</td>
<td>56-70 db in better ear</td>
<td>40-50% in better ear</td>
</tr>
<tr>
<td>IV</td>
<td>(a) Total deafness</td>
<td>no hearing</td>
<td>no discrimination</td>
</tr>
<tr>
<td>(b) Near total deafness</td>
<td>71-90 db and above</td>
<td>no discrimination</td>
<td>100%</td>
</tr>
<tr>
<td>(c) Profound hearing impairment</td>
<td>71-90 db</td>
<td>less than 40% in better ear</td>
<td>75-100%</td>
</tr>
</tbody>
</table>

Source: Tables 16.1 & 16.2: Ministry of Welfare, Govt. of India, Uniform Definitions of the Physically Handicapped.
Details of testing mechanism and modalities have been laid down in a publication of the Government of India, Ministry of Welfare, titled 'Uniform Definitions of the Physically Handicapped'.

**Locomotor disability**

The extent of disability in terms of percentage due to various conditions in different parts of the body has been categorised as follows:

a) mild — less than 40%
b) moderate — 40% to 74%
c) severe — 75% to 97%
d) profound/total — 100%

**Mental retardation**

IQ level has been the measure of mental retardation (MR) and classification of different degrees of MR is as follows:

a) mild MR — IQ 50-70
b) moderate MR — IQ 35-49
c) severe MR — IQ 20-34
d) profound MR — IQ under 20

About IQ (Intelligent Quotient) you have already studied in the course ES 332: Psychology of Learning and Development.

Although these standardisation are a positive step towards defining the extent of a disability, it may be noted these definitions have not acquired enough popularity.

The Rehabilitation Council of India Act 1992 defines various impairments as follows:

Visually Handicapped means a person who suffers from any of the following conditions
i) total absence of sight;
ii) visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye with the correcting lenses; or
iii) limitation of the field of vision subtending an angle of degree 20 or worse.

Hearing handicap means deafness with hearing impairment of 70 decibels and above in the better ear or total loss of hearing in both ears. Locomotor disability means a person's inability to execute distinctive activities associated with moving, both him/herself and objects, from place to place, and such inability resulting from affliction of either bones, joints, muscles or nerves. Mental retardation means a condition of arrested or incomplete development of mind of a person which is specially characterised by subnormality of intelligence.

Pandey and Advani (1995: p. 10-12) have discussed the implications of two sets of definitions given by Govt. of India as follows:

"Here again the definitions are different since the council's purpose is to assist and regulate manpower development for rehabilitation and not to provide concessions and facilities."

At this stage, it will be appropriate to mention that the definitions of the Government are fraught with some difficulties. Some of the problems thrown up by these definitions are discussed below.

The pre-1986 definition of blindness makes no mention of low vision. The post-1986 definition, through makes a mention, denies any facility/concession to anyone having less than 40 per cent disability. According to the Indian Council of Medical Research, there are five low vision children for every totally blind child. According to one estimate of WHO, there are 3,00,000 blind children under 15 years of age in India. This means that there might be a million and a half children with some impairment of vision which can be corrected by low vision aids.
Guiding Students with Special Problems

The definition of 20/200 is also inapplicable in rural areas. A person with that amount of vision can do practically everything expected of him/her in a rural environment. Therefore, a more down to earth definition of blindness and a workable definition of low vision for the purpose of concessions and assistance are needed. In a meeting of WHO consultants held in Bangkok in July, 1992, the following definition of low vision has been recommended: "a person with low vision is one who has impairment of visual functioning even after treatment and/or standard refractive correction, and has a visual acuity of less than 6/18 to light perception or a visual field of less than 19 degrees from point of fixation, but who uses, or is potentially able to use vision for the planning or execution of a task". This definition is worth considering for adoption for purpose of rehabilitation of the partially blind.

Although very exhaustive guidelines have been given, a definition of orthopaedic disability does not seem to have been developed. Certain categories of disability such as epilepsy have not been defined although it constitutes, according to popular estimates, about one per cent of the population. The definition of mental retardation based on IQ levels is outmoded. It is not possible to decide retardation just on the basis of IQ. It is necessary to have a fresh look at the definitions and include other categories such as disability due to epilepsy, learning disability, disability due to certain diseases requiring rehabilitation etc. These should be properly defined and the definitions adopted throughout the country. The various schemes of facilities/concessions, then, can provide for certain categories and certain degrees of disability depending on their intended coverage, focus and affordability.

Defining 'disability' would mean that those not covered by the definition are 'non-disabled'. This leaves a lot of people in difficulties who have marginally missed being categorised as disabled. They cannot compete with the able-bodied and at the same time are not entitled to the support admissible to the disabled. Rules have to be framed to ensure that they are normally declared medically fit unless rigid medical standards are required for a particular job since they are not 'disabled'. In addition, they should also be made entitled to deserved support. All those with disability require measures to be taken so that the impact of disability is minimised and their latent abilities are given opportunities to develop to the fullest extent. These measures are known as rehabilitation. This is necessary because of various considerations - compassionate, social, economic, human rights, equality of opportunities etc.

16.3.3 Institutions for Disabilities

For profound disabilities special institutions have been opened. For the blind, there exists about 13 Braille printing presses. Ramakrishna Vidyalaya, Coimbatore has installed a German electronic embosser which has resulted in manifold output. Similarly Blind Relief Association, New Delhi and National Association for the Blind, Bombay have installed improved versions. The production and distribution of books for the blind, which is basic to their learning needs, is highly inadequate.

There would be about 250 schools for the blind in the country. There is a National Institute of Visually Handicapped at Dehradun to provide academic inputs and materials, and aids.

You may have seen some of the blind schools in your area/district. Students suffering from total visual disability need to be referred to such blind schools. Such students may not be in a position to learn in your schools, not because they cannot, but because your school may not have a Braille or a Braille printed book for their use.

Similarly there are institutions catering to the needs of the hearing/speech disabled children in the shape of schools for the deaf and dumb. They have a sign language. National Institute of Hearing Handicapped, Bombay has published a dictionary of 2500 signs used in the country. You may have seen daily T.V. News in such a sign language.

What may be of interest to you is that most of the State and Central Boards of Secondary Education have exempted deaf and dumb children from three language formula, allowed extra time and writer to the blind and so on. There are 478 schools for deaf and dumb listed in NIH compilation — 139 in Maharashtra alone. States like Bihar and Uttar Pradesh have 19 and 32 respectively. Many states have very small numbers or no such schools.
There are special schools for mentally retarded and neurologically handicapped children. Neurologically handicapped children often have multiple deficits like intellectual retardation, spasticity, tremors, difficulty in focusing eyes, articulation problems, voice disorder and even learning difficulties. They need special services. Presently there are about 480 special schools in the country for mentally retarded and about a dozen for cerebral palsied.

Autism is a rare and lifelong brain disorder with no cure. There are hardly any facilities for such children, though about 10% of them are extraordinarily gifted in various fields such as art, music, memory etc. 'Tamanna', an institution for mentally retarded in New Delhi, renders services to autistic children. Autistic Society of India has also been set up under Tamanna.

Multi-handicapped, such as deaf-blind or visually handicapped coupled with learning difficulties have very little services available in the country. The Blind Relief Association in New Delhi provides services to blind slow learners. The Helen Keller Institute in Bombay provides education to deaf-blind children. The National Association for the Blind, Delhi has also started a unit for multi-handicapped. But these are much too insufficient considering the occurrence. The National Sample Survey Organisation estimates that children with various disabilities in the age group 5-14 years are as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(in millions)</td>
<td>(in millions)</td>
<td>(in millions)</td>
</tr>
<tr>
<td>Visual</td>
<td>0.080</td>
<td>0.014</td>
<td>0.094</td>
</tr>
<tr>
<td>Hearing</td>
<td>0.219</td>
<td>0.053</td>
<td>0.272</td>
</tr>
<tr>
<td>Speech</td>
<td>0.393</td>
<td>0.122</td>
<td>0.515</td>
</tr>
<tr>
<td>Locomotor</td>
<td>1.525</td>
<td>0.478</td>
<td>2.003</td>
</tr>
<tr>
<td>Any Physical</td>
<td>1.898</td>
<td>0.578</td>
<td>2.476</td>
</tr>
<tr>
<td>Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The facilities available for education in its present form would not be able to cater to the needs of even this age group, let alone the entire range age group till secondary stage.

**16.3.4 Concept and Approach of Inclusive Schooling**

The National Policy of Education (NPE) 1986 advocates the approach of providing integrated education for the mildly handicapped and of special education for the severely handicapped children. It says:

The objective should be integrate the physically and mentally handicapped with the general community as equal partners, to prepare them for normal growth and enable them to face life with courage and confidence.

The following measures will be taken in this regard:

i) Wherever it is feasible, the education of children with motor handicaps and other mild handicaps will be common with that of the others.

ii) Special schools with hostels will be provided as far as possible at district headquarters for the severely handicapped children.

iii) Adequate arrangements will be made to give vocational training to the disabled.

iv) Teachers Training Programme will be reoriented in particular for teachers of primary classes, to deal with special difficulties of the handicapped children.

v) Voluntary efforts for the education of the disabled will be encouraged in every possible manner.

The Integrated Education of the Disabled was launched even before the NPE-86 and its evaluation brought positive experiences. Organisation like the NCERT and many NGO’s did commendable work in the field and training programmes and structures of implementation etc. were developed in the form of Resource Rooms, etc. A handbook for teachers known as...
“Functional Assessment Guide” was also developed by the NCERT which includes among other things, the checklist to identify mild and moderate handicap.

The Salamanca (Spain) Conference modified the integrated education into “inclusive schooling” concept wherein it has been reiterated that, instead of providing special teacher in each school to deal with handicapped children (as in integrated education), the existing teachers be enabled to handle such children by providing special training to regular teachers.

Check Your Progress

Notes: a) Write your answers in the space given below.
    b) Compare your answers with those given at the end of the block.

1. Explain the importance of inclusive schooling.

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............................................................................................................................................

16.4 PROVISION OF FACILITIES

16.4.1 The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995

The Government of India has enacted the above Act in pursuance of its commitment to the proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region. Chapter V of this act deals with education which is given below:

Appropriate government and local authorities to provide children with disabilities free education etc:

a) ensure that every child with a disability has access to free education in an appropriate environment till he attains the age of eighteen years;

b) endeavour to promote the integration of students with disabilities in the normal schools;

c) promote setting up of special schools in government and private sectors for those in need of special education, in such a manner that children with disabilities living in any part of the country have access to such schools; and

d) endeavour to equip the special schools for children with disabilities with vocational training facilities.

Appropriate government and local authorities to make schemes and programmes for non-formal education etc.

The appropriate government and the local authorities shall by notification make schemes for:

a) conducting part-time classes in respect of children with disabilities who having completed education up to class fifth and could not continue their studies on a whole-time basis;

b) conducting special part-time classes for providing functional literacy for children in the age group of sixteen and above;

c) imparting non-formal education by utilizing the available manpower in rural areas after giving them appropriate orientation;

d) imparting education through open schools or open universities;

e) conducting classes and discussions through interactive electronic or other media; and

f) providing every child with disability, free of cost - special books and equipments needed, for his/her education.
Research for designing and developing new assistive devices, teaching aids etc.

The appropriate government agencies shall initiate or cause to be initiated research by official and non-governmental agencies for the purpose of designing and developing new assistance devices, teaching aids, special teaching materials or such other items as are necessary to give a child with disability equal opportunities in education.

Appropriate government agencies to set up teachers’ training institutions to develop trained manpower for schools for children with disabilities.

The appropriate government agencies shall set up adequate number of teachers’ training institutions and assist the national institutes and other voluntary organisations to develop teachers’ training programmes specialising in disabilities so that requisite trained manpower is available for special schools and integrated schools for children with disabilities.

Appropriate government agencies to prepare a comprehensive education scheme providing for transport facilities, supply of books, etc. Without prejudice to the foregoing provisions, the appropriate government agencies shall by notification prepare a comprehensive education scheme which shall make provision for:

a) transport facilities to the children with disabilities or as an alternative, financial incentives to parents or guardians to enable their children with disabilities to attend schools;

b) the removal of architectural barriers from schools, colleges or other institutions imparting vocational and professional training;

c) the supply of books, uniforms and other materials to children with disabilities attending school;

d) the grant of scholarship to students with disabilities;

e) setting up of appropriate fora for the redressal of grievances of parents regarding the placement of their children with disabilities;

f) suitable modification in the examination system to eliminate purely mathematical questions for the benefit of blind students and students with low vision;

g) restructuring of curriculum for the benefit of children with disabilities;

h) restructuring of curriculum for benefit of students with hearing impairment to facilitate them to take only one language as part of their curriculum; educational institutions to provide amanuensis to students with visual handicap.
All education institutions shall provide amanuensis to blind students and students with or low vision.

The above Act provides for the special programmes for children with special problems and also provides the guidelines to Government, Local Bodies etc. for providing educational opportunities to such children.

Activities
1. Prepare a list of special institutions for the disabled in your area.
2. Examine the facilities provided in any one of such institutions in the light of the 1996 Act and indicate whether the provisions of Act are being followed.

16.4.2 Facilities and Relaxations Provided by Board of Examinations

Various Board of Examinations have been mandated to provide amanuensis to blind students and students with low vision. Similarly, children with disabilities have been allowed extra time for writing examinations. The Central Board of Secondary Education has requested NCERT to suggest relaxations/special consideration for being implemented by them in examinations. These are still being worked out.
16.4.3 Institutional Facilities and Modifications of School Building

The schools offering integrated education or inclusive schooling facilities have to have some facilities. Could you think of some of these? Write them in the space given below.

For instance, children with low vision may need special gadgets like magnifying glasses to assist in reading. Hearing aid for children with hearing problem is also to be provided free/or subsidised.

Similarly, it has been stressed that the school buildings may be modified keeping in view the disabilities. For example, a provision of ramp be made where staircases are there. Also, the corners should not be sharp. Toilets may be designed in a way that the students with disabilities are not inconvenient.

Also, as you would notice, free textbooks for disabled children’s education. The teaching aids, as may be required, should be provided free to these students. Free transport is also to be provided to such students for attending schools.

<table>
<thead>
<tr>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Study the Act and cull out the mandatory facilities that the schools are to provide to such students.</td>
</tr>
<tr>
<td>4. Match this list with the provisions actually being provided in any one of the school you are working.</td>
</tr>
</tbody>
</table>

16.4.4 Special Provisions, Specific Facilities and Scholarships

The special provisions as enunciated in Programme of Action (POA) (1992) are:

i) wherever it is feasible, the education of children with motor handicaps and other mild handicaps will be common with that of the other;

ii) special schools with hostels will be provided as far as possible at the district headquarters for the severely handicapped children;

iii) adequate arrangements will be made to give vocational training to the disabled;

iv) teacher training programmes will be reoriented, in particular for teacher of primary classes, to deal with special difficulties of the handicapped children; and

v) voluntary efforts for the education of the disabled will be encouraged in every possible manner.

The Integrated Education of the Disabled Children (IEDC) scheme of the Govt. of India envisaged to provide educational opportunities for the disabled children in common schools, to facilitate their retention in the school system, and also to place in common schools such children already placed in special schools after they acquire the communication and daily living skills at the functional levels. The scope of the scheme included preschool training for the disabled children, counselling for the parents, special training for the hearing handicapped children, mobility and orientation training for the visually handicapped children, daily living and communication skill training required by children with other disabilities and training in home management of these children.
The schemes provide for following facilities:

A disabled child may be given facilities at the rate prevalent in States/UT's concerned. As far as possible, these should be in kind where there is no such facility available under any other schemes. The following rates were to be adopted:

a) Actual expenses on books and stationary subject to a maximum of Rs. 400/- per annum.

b) Actual expenses on uniform subject to a maximum of Rs. 200/- per annum.

c) Transport allowance of Rs. 50/- per month. This is not admissible to disabled children living in the hostels.

d) Reader allowance of Rs. 50/- per month for blind children studying up to class V.

e) Escort allowance of Rs. 75/- per month for severely handicapped with lower extremity disability.

f) Actual cost of equipment subject to a maximum of Rs. 2000/- per month for a period of five years.

If there are ten children severely afflicted then an attendant may be sanctioned in the school in the pay scale of class IV employee. If there are no such children in nearby area, such children are to be allowed to stay in hostels and actual board and lodging charges, subject to a maximum of Rs. 200/- per month per child to be paid. An employee of the hostel willing to help severely handicapped children may be given a special pay of Rs. 50/- per month.

Teachers who acquire special training in special education may be given a special pay of Rs. 150/- per month in urban areas and Rs. 200/- per month in rural areas.

16.4.5 Using Cluster Resource Centres under IEDC

A cluster resource centre, or resource centre having all equipment, learning aids and material is supposed to be provided under the schemes for a cluster of schools implementing the IEDC scheme. The NCERT has developed a book which indicates the types of facilities which may be provided in the resource room. The average cost of such equipment is estimated at Rs. 30,000/-.

In spite of all these provisions the IEDC scheme could not make much impact for want of proper awareness. Under UNICEF assistance, the NCERT started a Project Integrated Education for the Disabled (PIED) in which a cluster instead of the individual school is emphasised. A cluster, usually a block of population, is taken as a project area. All the schools in the area were expected to enrol children with disability. Three types of training were given to teachers:

Level I to all primary teachers in the project area one week training which covered "how to identify children with disabilities - mild, moderate, severe etc."

Level II a more intensive training to some teachers in each school for six weeks duration to enable them to handle the children with various disabilities. About 30 to 40% teachers in a block were trained.

Level III a training of one-year duration was provided in the Regional Colleges of Education (reorganised as Regional Institutes of Education) of the NCERT. This training was a multi-category training (no specialised training in any particular disability, and the trained teachers placed in the PIED blocks).

The first phase of the PIED was evaluated and found successful. It was more cost effective, easier to organise, etc.

Activities


16.4.6 Counselling Students with Single or Multiple Disabilities

This is rather a weak area. Counselling of parents and children is of great importance. No specific or long term courses are conducted in this particular area, though the primary teachers were exposed to some rudimentary information in level I course of the PIED, as mentioned above. This kind of counselling requires certain specialised knowledge. Some of these aspects were also covered in Multi Category Teacher Training Programme mentioned above and preliminary guidance and counselling was one of the main functions envisaged for itinerant teacher of cluster schools.

The teachers have a positive role in the education of the disabled students. Normally, one sympathises with such students which have adverse effect on the psychology of the child. They are reminded time and again that they are deficient. This is not a correct approach for the development of these children. What is, therefore, needed is that the teacher makes conscious efforts to understood the psyche of such students and helps them overcome their learning problems. Simultaneously, s/he inculcates a positive understanding among the normal children to treat such children as their equal.

Perhaps this is the most important aspect of the teacher’s role in the education of such children.

Check Your Progress

Notes: a) Write your answers in the space given below.
       b) Compare your answers with those given at the end of the block.

2. List the special provisions mentioned in the Programme of Action (POA) - 1992.

Activities

7. Try to do a thing with your eyes closed and realise the problems in learning of such students.


16.4.7 Seating Arrangements and Special Attention to such Students

In your classroom, you may have children with poor eye sight or have hearing problems. You need to identify them and make them sit nearer you and the blackboard. You will also need to learn how to identify these children.

The details of this you can find in a publication called Functional Assessment Guide. A Handbook for Primary Teachers, published by the NCERT. You will have to identify them to prevent further deterioration, prepare them for education through early stimulation to improve their educability, prevent secondary disabilities and disorders, prevent their dropout etc.

A tool for identification of various disability is given as an appendix to this material.
16.5 LET US SUM UP

In this unit you have been familiarised with the concept of students with special needs which involves understanding different kinds of disability. The unit also discussed the concept and approach to inclusive school for such children and the modifications required in buildings and institutional facilities in various institutions which caters to the needs and rehabilitation of such children. The information regarding facilities provided by Board of Examination and the special scholarship including the legislation providing equal opportunities and protection of rights and full participation have equal opportunities and protection of rights and full participation have been discussed. It also discussed the role of resource centres under Integrated Education of the Disabled Children (IEDC) and counselling strategies to be adopted with such children. Role of teacher in helping such children has also been suggested.

16.6 UNIT-END EXERCISES

1. What is impairment? How is it different from disability and handicap?
2. Who is a mentally retarded?
3. Who is a visually handicapped?
4. Who would you call a hearing handicapped?
6. What is IEDC. How is it different from PIED?
7. List down special provisions and specific facilities provided to a disabled child under PIED.

ANSWERS TO CHECK YOUR PROGRESS

Unit 13

1. i) within, external influences  
   ii) withdrawal, hostile aggression  
   iii) frustrating, rewarding  
2. i) True, ii) False, iii) False, iv) True, v) False and vii) True  
3. i) Any recurrent or in appropriate behaviour of a child in a particular situation effecting his own well-being and that of others becomes a behaviour problem.  
   ii) They are sad because they are often not understood by others for their is appropriate behaviours and are seldom like by peers, teachers, parents, sibling and often don’t even like themselves.  
4. i) Poor co-ordination, short attention span, overly sensitive, submissive, fearful, unaccepted by group, no sense of fair play.  
   ii) An aggressive child is one who beats, bullies hits, screams, etc. causing pain and injury to oneself and others., while a withdrawn child is quiet, aloof, does not disturb other and often goes unnoticed and so an aggressive child is more easily identified.
5. i) b, ii) c, iii) a, iv) d, vi) c.
6. i) True, ii) True, iii) False, iv) True, v) False, vi) False
7. i) An above average (bright child) - gets bored with routine and experience no challenge. While a below average (dull child) lacks the ability to keep up with the class and comprehend. Therefore, to meet their personal needs and express their individually they are more apt to show behaviour problems in a classroom situation.
   ii) A teacher who is sarcastic, who humiliates pupils and who is downright unfair to them. The teacher who is boring in her methodology and has no control over the pupils in a class.
   iii) Yes, by understanding the problem beneath, a teacher could help a child cope with his own personal troubles and thus effectively deal with the observed (expressed) behaviour problem.
   iv) Knowledge of the kinds of behaviour help the teacher identify these children and assist (help) them if needed. While the knowledge of the causes of behaviour problems helps them understand the children better and handle them in an effective way-enhancing their growth.
8. i) Behaviour problems are of many different types, having different reasons and there are a number of differences among children who have behaviour problems. Therefore, there can be no one best way of dealing with these problems.
   ii) According to psychologist punishment is believed to do more harm in the long run, than good. And it arouses anger and resentment in the child or feelings of guilt and anxiety or unworthiness and oversubmissiveness.
9. i) True, ii) True, iii) False, iv) False, v) True vi) False
10. i) Positive approaches teachers/parents can use are:
   a) Imply genuine love and understanding of the child and desire to help him be the kind of person he can respect.
   b) Bringing the child misconduct to his attention in a friendly, constructive manner.
   c) Helping him understand why that behaviour is unacceptable.
   d) Offering specific suggestions for the improvement of his behaviour.
   c) Rewarding whatever progress he might make.
   ii) Parents can help children by offering them a satisfactory home environment. Interacting more effectively with their children and using various behaviour principles. (e.g. reinforcement, extinction and punishment) to increase prosocial behaviours. Being consistent in their approach and behaviours.
   iii) Assessment help the counsellor define the problem. And decide whether the adults complains are valid reflections of the child's behaviour or whether they represent more the adults problems.
   This would enable a counsellor decide the kind of help, if any, is needed. What should the goal of intervention be and how best can that goal be reached.

Unit 14

1. — The handicap itself
   — Attitudes of the society
   — Physical system of the country

2. — Physical and health needs
   — Emotional and social needs.

3. They tend to generalize from a handicap to the whole individual.

4. a) True
   b) True
   c) False
   d) True
   e) False
Guiding Students with Special Problems

5. i) Motor skills  iv) Communications
   ii) Socialization  v) Functional Academics
   iii) Self help skills  vi) Skills associated with occupation.

6. i) Lack of concentration;
   ii) Slow reaction;
   iii) Poor memory;
   iv) Inability to understand;
   v) Delay in development.

7. i) Passive;
   ii) Less persistent.

8. a) False  
    b) True  
    c) False  
    d) False

9. Withdrawal, maladjustment and non participation.

10. Continued frustration and rejection in the home and society.

11. Self-concept denotes an individual’s evaluation of his worth and limitations.


15. a) False  
    b) True

Unit 15

1. • content of education unrelated to their experiences
   • lack of home support and
   • poverty.

2. • decentralization of curriculum and learning material
   • appropriate medium of instructions.

3. a) • medium of instruction and mother tongue
   • dropout rates
   • learning styles are not in tune with their life-styles.

   b) • preparation of textbooks in tribal dialects
   • orientation of teacher educators and teachers in tribal and culture
   • supplementary reading materials on tribal customs/tribal heroes, etc.

   c) • provision of scholarship and feeship
   • preparation of learning material in their dialects.

4. • negative attitude
   • lack of female teachers

5. • curriculum more gender sensitive
   • should not promote stereotyped roles
   • flexible timings, time-tables; learning material delivery innovative.
1. Refer to sub-section 16.3.4.

2. Refer to sub-section 16.4.4.

3. Positive attitude towards these students
   - Teachers should be oriented to understand the problems and learning environment of these students
   - Teachers should be resourceful enough to use varied and appropriate teaching methods as per the needs and requirements of all students in the class. You may add many more from your context.

**SUGGESTED READINGS**


Husain, M.G.; Problems & Potentials of the Handicapped, Atlantic Publishers & Distributors.

Gajendragadkar, S.N., Disabled in India, Somaiya Publications Pvt. Ltd.


Govt. of India, MHRD: *Towards a Human Society*.


Govt. of India, MHRD: *Minimum Levels of Learning at Primary Stage*.


APPENDIX

CHECK-LIST FOR IDENTIFICATION OF CHILDREN WITH SPECIAL NEEDS

For helping children with special needs we have to make conscious efforts. These children can be identified through their appearance and behaviour patterns. The characteristics and behaviour patterns of such children have been listed in this check-list. The items in the check-list are in question form. These can be answered in "yes" or "no". Some general guidelines have also been given. Your objective is to understand each item in the checklist and general guidelines. Discuss with your colleagues and any other person you consider will be helpful to you in achieving this objective. It will be helpful, if you could memories the items with understanding. It will always help you as a teacher.

Step 1: To identify children for closer observation take children:

i) Who are with observable physical deformity or impairment (for example children with deformity in their legs and hands, eye squint, hump, etc.)

ii) Who are usually complaining about health, pains and fatigue.

iii) Who show consistently poor academic performance.

iv) Who have very poor handwriting, spellings, reading and arithmetic.

Step 2: Closely observe the child on the basis of the questions provided in the check-list. Complete the check-list. Put a tick (✓) against each item under ‘Yes’ or ‘No’ as the case may be.

Check-list for the Identification of Children with Special Needs

<table>
<thead>
<tr>
<th></th>
<th>Visual</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Does the child have observable deformity in the eye?</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>Do eyes of the child water frequently?</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td>Do eyes of the child become red frequently?</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>Does the child rub eyes very frequently?</td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>Does the child blink frequently?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Does the child complain about pain in eyes frequently?</td>
<td></td>
<td></td>
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<tr>
<td>7.</td>
<td>Does the child cover one eye and tilts the head forward?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Does the child walk with head downward?</td>
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<td></td>
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<tr>
<td>9.</td>
<td>Does the child frequently bumps into objects which are waist high only on one side or below knee level?</td>
<td></td>
<td></td>
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<tr>
<td>10.</td>
<td>Does the child keep books very close to the eyes for readings?</td>
<td></td>
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<tr>
<td>11.</td>
<td>Does the child very frequently ask other children when taking down notes from the blackboard?</td>
<td></td>
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<tr>
<td>12.</td>
<td>Does the child complain about headache following close eye work?</td>
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</tbody>
</table>

Note: If the response to atleast four items is “yes”, the child is suspected to have visual disability.
### II. Hearing

1. Does the child have observable deformity in ear(s)?
2. Does the child complain of pain in ears frequently?
3. Does the child have discharge from one or both ears?
4. Does the child scratch ears frequently?
5. Does the child have to turn his head frequently towards the speaker making an effort to hear better?
6. Does the child frequently request the teacher to repeat directions?
7. Does the child make errors, particularly of vowel sounds, in taking dictation?
8. While listening, does the child watch teachers face carefully to get a clue about what s/he is speaking?
9. Does the child frequently look at the note-book of the child sitting near him/her to copy notes on teacher’s lecture?

**Note:** If the answer to four questions is “yes” the child is suspected to have hearing impairment. The child is to be further assessed. The item on repeating directions also appears under low level of functioning. Here it appears alongwith other characteristics and behaviours relating to hearing impairment.

### III. Speech

1. Does the child have observable deformity in the mouth?
2. Does the child have frequent unnatural breaks in speech?
3. Does the child omit sounds in words or phrases when speaking?
4. Does the child stammer frequently?
5. Does the child frequently mispronounce despite corrective effort of the teacher making it difficult to understand speech?
6. It is difficult to understand the speech when speaking to the child?

**Note:** If the answer to three questions is “yes”, the child is suspected to have speech impairment and needs assessment.

### IV. Locomotor (movement)

1. Does the child has observable deformity in:
   - Neck?
   - Hands?
   - Fingers?
   - Waist?
   - Legs?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<tr>
<td>2.</td>
<td>Does the child have difficulty in:</td>
</tr>
<tr>
<td></td>
<td>Sitting?</td>
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<tr>
<td></td>
<td>Standing?</td>
</tr>
<tr>
<td></td>
<td>Walking?</td>
</tr>
<tr>
<td>3.</td>
<td>Does the child have difficulty in picking up, holding objects and putting them on the ground?</td>
</tr>
<tr>
<td>4.</td>
<td>Does the child frequently complain of pains in the joints?</td>
</tr>
<tr>
<td>5.</td>
<td>Does the child have difficulty in holding a pen while writing?</td>
</tr>
<tr>
<td>6.</td>
<td>Does the child walk with jerks?</td>
</tr>
<tr>
<td>7.</td>
<td>Does the child have involuntary movement of limbs?</td>
</tr>
<tr>
<td>8.</td>
<td>Does the child have amputated limbs?</td>
</tr>
</tbody>
</table>

**Note:** If the answer to three of the questions is yes, the child needs assessment.

<table>
<thead>
<tr>
<th>V.</th>
<th>Lower Level of Intellectual Functioning</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Does the child have difficulty in doing things herself/himself like eating, dressing, bathing, grooming?</td>
<td></td>
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</tr>
<tr>
<td>2.</td>
<td>When you tell the child to do something does she/he seem to have difficulty in understanding what you are saying?</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td>Does the child appear dull or slow in any manner as compared to children of his/her age?</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>Compared with other children of his/her age does the child seem to have difficulty in learning to do things?</td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>Does the child have difficulty in understanding abstract things?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Does the child seek more repetition and practice for learning than other children of his/her age?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Does the child take more time in learning a particular skill or task as compared to other children of his/her age?</td>
<td></td>
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<tr>
<td>8.</td>
<td>Does the child show too much dependence on concrete examples for learning?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Does the child participate in most classroom activities as other children of his/her age do?</td>
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<td></td>
</tr>
</tbody>
</table>

**Note:** If the answer to four of these questions is ‘Yes’, the child needs assessment for low level of intellectual functioning.

<table>
<thead>
<tr>
<th>VI.</th>
<th>Learning Disability</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Does the child not read well enough although his oral answers are intelligent?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2: Does the child make mistake in spellings omitting letters in words (rember instead of remember)?

3. Does the child write numbers wrong ('12' as '21')?

4. Does the child read numbers wrong ('6' as '9' '3' as '8')?

5. Is the child frequently so excited that s/he is unable to complete any task?

6. Does the child frequently omit words or lines in reading?

7. Does the child read individual letters in words, but has difficulty in putting the sounds of letters together (may sound 'b/e/g' and say 'bad' or sound 'f/o/g' and say 'frog')?

8. In reading, does the child guess words?

9. While writing does the child write in straight lines?

10. Does the child not do well in examination although he/she is clever and has no physical disability?

11. Does the child look distracted and not remember the time table frequently?

Note: If answer to four of the questions is yes, the child needs assessment for learning disability.

Step 2: On the basis of the identification check-list, we can identify possible special needs of children. We suspect that the child has disability arising out of impairments. These needs to be confirmed by further evaluation and assessment by available experts. For assessment referral card giving summary of the child's observation using identification check-list is brought for assessment.

Think and Do
1. Do you have children with learning problems in your class?
2. Did you identify the cause(s) of their learning problems?
3. Do any of these children have learning problem due to sight or visual impairment?
4. Do any of these children have lower level of intellectual functioning?
5. Do any of these children have problem with their limbs which comes in the way of performing academic activities like writing or experimenting?

Describe in the space provided children from your class having impairments at 3, 4 and 5:

Sight impaired:

Hearing impaired:
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Lower level of intellectual functioning:

Impairment causing movement of limbs:

6. Do you think you could identify all or do you think that some might have escaped your notice?

7. Do you like to identify all children with these special needs so that you can help them in learning?