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# UNIT 3 EXCEPTIONAL CHILD IN SCHOOL

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## 3.0 INTRODUCTION

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In a democratic country like ours, every child has a right to education. No child should be deprived of education appropriate to him/her irrespective of him/her being abled or differently abled. The school system should welcome all children to meet their varied needs. There are individual differences among children due to different degrees of maturity or growth. Most children fall in the average or normal group in terms of growth and development but there are some children who are markedly different in certain ways from the general or average population of children. These children are called Exceptional children or children with special needs. In this unit we shall first discuss about an exceptional child, types of exceptional children and the various educational programmes for them. This will be followed by special educational programmes offered to these children based on the type of their exceptionality. Lastly the concepts of integration and inclusion in the education of these children with special needs will be discussed. This unit then will have a section discussing the exceptional child in the school and how he or she should be handled etc..

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## 3.1 OBJECTIVES

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After you have completed this unit, you will be able to:

- Define Exceptional Children;
- Describe Exceptional Children;
- Elucidate the Types of Exceptional Children;
- Explain the educational programmes in the School for exceptional children;
- Define mental retardation;
- Elucidate Special Educational Programmes offered to the mentally retarded children;
- Analyse the Integration of the learning disabled into the main stream; and
- Explain the new reforms of inclusion in their education.

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## 3.2 DEFINITION OF EXCEPTIONAL CHILD

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An exceptional child is one who deviates physically, intellectually, emotionally or socially, from the normal or average child so markedly that he cannot receive maximum benefit from the regular school programme and requires modification in the school practices and programmes or requires special educational services or supplementary instruction and services to enable him/her to develop to their maximum capacity. Such a child begins to show signs of exceptionality from birth or during the developmental stages as the child races ahead of others or lags behind in terms of growth and development in various dimensions, viz., Physical, Mental, Emotional, Social and Moral to such an extent that he or she exhibits problems and maladjustments in academics, the school setting itself, in behaviour and in terms of adjustment problems with other children. An exceptional child has some needs like those of the normal child and like his peer group children, and does have some different needs pertinent to the child's own particular type of exceptionality. Since the child has some special needs, he / she is also referred to as a child with special needs.

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### 3.3 TYPES OF EXCEPTIONAL CHILDREN

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All children exhibit differences from one another in terms of their physical attributes (e.g., some are shorter, some are stronger) and learning abilities (e.g., some learn quickly and are able to remember and use what they have learned in new situations. Others need repeated practice and have difficulty maintaining and generalising newly acquired knowledge and skills. These differences among most children are relatively smaller thereby enabling these children to benefit from the general education program.

The physical attributes and/or learning abilities of some children, however in regard to those children called **exceptional children** differ to quite an extent from the norm (either below or above) that they require an individualised program of special education and related services to fully benefit from education.

The term exceptional child, includes all those children who experience difficulties in learning as well as those whose performance is so superior that modifications in curriculum, teaching methodology and instructions are necessary to help them fulfill their potential.

Thus, exceptional children is an inclusive term that refers to children with learning and/or behaviour problems, children with physical disabilities or sensory impairments, and children who are intellectually gifted or have a special talent. The term students with disabilities is more restrictive than exceptional children because it does not include gifted and talented children. Learning the definitions of several related terms will help you better understand the concept of exceptionality.

Although the terms impairment, disability, and handicap are sometimes used interchangeably, they are not synonymous.

**Impairment** refers to the loss or reduced function of a particular body part or organ (e.g., a missing limb). A disability exists when an impairment limits a person's ability to perform certain tasks (e.g., walk, see, add a row of numbers) in the same way that most persons do. A person with a disability is not considered handicapped, unless or otherwise the disability leads to educational, personal, social, vocational, or other problems. For example, if a child who has lost a leg learns to use a prosthetic limb and thus functions in and out of school without problems, she is not handicapped, at least in terms of her functioning in the physical environment.

**Handicap** refers to a problem or a disadvantage that a person with a disability or an impairment encounters when interacting with the environment. A disability may pose a handicap in one environment but not in another. The child with a prosthetic limb may be handicapped (i.e., disadvantaged) when competing against nondisabled peers on the basketball court but may experience no handicap in the classroom. Individuals with disabilities also experience handicaps that have nothing to do with their disabilities but are the result of negative attitudes and the inappropriate behaviour of others who needlessly restrict their access and ability to participate fully in school, work, or community activities.

The word handicapped is thought to come from a game that involved a "cap in the hand," and it has the contemporary meaning of assigning extra weight (a

handicap) to better performers to “level” a playing field and enhance wagering (Treanor, 1993). Unfortunately, the word conjures up the negative image of a person with disabilities begging in the street. In most instances today, the term preferred for use is ‘the person with disabilities’ rather than using the term ‘handicapped’.

**At risk** refers to children who, although not currently identified as having a disability, are considered to have a greater than usual chance of developing one. The term is often applied to infants and preschoolers who, because of conditions surrounding their births or home environments, may be expected to experience developmental problems at a later time. The term is also used to refer to students who are experiencing learning problems in the regular classroom and are therefore at risk of school failure or of being identified for special education services.

Some exceptional children share certain physical characteristics and/or patterns of learning and behaviour. These characteristics fall into the following categories of exceptionality:

- Mental retardation (developmental disabilities)
- Learning disabilities
- Emotional and behavioural disorders
- Autism
- Communication (speech and language) disorders
- Hearing impairments
- Visual impairments
- Physical and health impairments
- Traumatic brain injury
- Multiple disabilities
- Giftedness and special talents

As stated previously, all children differ from one another in individual characteristics along a continuum. Exceptional children differ markedly from the normal children that they require an individually designed program of instruction. In other words, special education is required if they are to benefit fully from education.

It is a mistake to think that there are two distinct kinds of children, that is, those who are exceptional and those who are regular. Exceptional children are more like other children than they are different. Nevertheless, an exceptional child does differ in important ways from his peers without disabilities. And whether and how we recognise and respond to those differences will have a major impact on the child’s success in school and beyond. Keep these critical points in mind as you read and learn about the exceptional children described in this text and the special education programmes designed to help them.

The term ‘Exceptional’ is in reality an umbrella like term which encompasses many different groups of children and with different degrees of ability within each group. The following are the types of exceptional or deviant groups of children.

- Gifted, creative group

- Physically or neurologically handicapped or orthopedically and health handicapped.
- Sensory (visual and hearing) handicapped
- Speech handicapped.
- Emotionally handicapped.
- Socially handicapped or (Disadvantaged)
- Learning disabled.
- Slow learners or academically backward.
- Mentally handicapped.

Among the exceptional children, the intellectually exceptional children encompass two large groups each of which has different characteristics. At one extreme are children who are characterised by high mental ability, that is children who are intellectually superior and at other extreme are children who are referred to as slow learners and mentally handicapped or mentally deficient.

Children whose IQ score is 130 and above are referred as highly abled or gifted. On the other hand there are children whose IQ is below average (80-90) called as slow learners.

The *mentally retarded* are those whose IQ score is 70 and less.

Let us now consider in detail all the different categories of exceptional children.

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### **3.4 GIFTED, CREATIVE CHILD**

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A gifted child does not necessarily possess a very high intelligence quotient. An exceptional talent in art, music, dance and creative writing also are included in giftedness. Such a child's cognitive abilities place him in the upper 3-5% of the population. A gifted child engages in convergent thinking, while a creative child is associated with divergent thinking. The gifted and creative children have special educational needs because of their exceptional abilities. The gifted and creative child requires opportunities for self expression, challenging and complex curriculum, teachers who can foster talent and peers who can stimulates their interest (Feldhusen, 1996).

#### **3.4.1 Causes of Giftedness**

Giftedness is biologically determined although some psychologists' emphasise on the child's Socio Economic Status to be associated with his/her IQ, Heredity sets the intellectual potential of an individual and the environment determines how much of it is realised.

Special educational programmes like enrichment (extra opportunities) acceleration and pullout approach (withdrawal for school classes for special training) are needed to realise his potential for personal fulfillment and social contribution.

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### **3.5 SLOW LEARNER OR BACKWARD CHILD**

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The backward child is also called as a slow learner. The child is unable to cope with routine work normally expected of his/her age group. The rate of learning is the basis for identifying slow learners. He finds it difficult to keep pace with the normal child in his school work.

### 3.5.1 Characteristics of Slow Learners

The characteristics of slow learners are as given below:

- They have limited cognitive capacity.
- For them rational thinking is impossible.
- They have the capacity for rote learning and can retain in memory what ever is learnt only with lot of practice and revision in comparison with the normal child.
- They have poor memory.
- They are distractive and lack concentration in class room.
- They have an Inability to express through language. The slow learner has cognitive problems, language related problems, auditory perceptual problems, visual-motor problems and social emotional problem.

### 3.5.2 Causes of Slow Learning

Learning disabled children can be classified into educational, environmental factors, psychological and physiological factors.

*Educational factors:* Learning disabilities can be caused by inadequate, inappropriate teaching, unskilled and inefficient trained teachers, too high or low teacher's expectations towards children and inappropriate materials and curriculum.

*Psychological factors:* The factors that will cause learning disability under this will include perception and lack of conceptualisation, unhealthy classroom climate and lack of scholastic motivation.

*Environmental factors:* The causative factors under this will include unstimulating environment at home, language deprivation in the environment etc. Language plays a crucial role in the child's environment.

*Physiological factors:* These include brain injury, damaged central nervous system, genetic factors and prenatal postnatal problems which all may lead to learning disabilities.

### 3.5.3 Educational Programmes for Slow Learners

These measures include the following:

- Elastic curriculum.
- Remedial instruction.
- Healthy environment.
- Motivation.
- Individual attention.
- Special methods of teaching
- Simple methods of instruction based on concrete experiences to be used.
- Verbal instructions should be limited.
- Audio visual aids to be used.
- Project method of teaching can be helpful
- Homework and maintenance of progress card to be used.

## 3.6 MENTALLY RETARDED CHILDREN

A child is said to be mentally retarded when he has sub average intellectual functioning with deficits in adaptive skill areas like self care, communication, home living and community use, social and self skills, self direction, health and safety, functional academics, leisure and work. Sometimes the child seems to be normal with vision, hearing and limbs intact, but he does not behave appropriately to his age which leads to confusion and misconceptions about his disability.

### 3.6.1 Psychological Classification of Mental Retardation

The American Association on Mental Retardation (AAMR) have classified mental retardation (MR) into levels based on the IQ level as (1) mild (50-70), moderate (35-40) severe (20-40) and profound (below 20).

### 3.6.2 Educational Classification

The educationist, classify mental retardation according to the functional ability of the individual such as (a) Educable mentally retarded (b) Trainable mentally retarded and (c) Custodial mentally retarded (Cipani, 1991). The levels, along with IQ score range associated with each level are shown in the chart.

**AAMR IQ Level Educators**

<b>Categorisation of intelligence in MR</b>	<b>The IQ scores</b>
Profound	10-20
Severe	20-30
Moderate	30-40
Mild	40-50
Custodial	50-60
Trainable	60-70
Educable	70-80

The most severe forms of Mental retardation are relatively uncommon. Profound, severe and moderate retardation together makeup only 10% of all cases. Children with profound and severe retardation usually have so few skills that they must be supervised constantly. Consequently, they typically live in institutions where they can be taught self help skills such as dressing, feeding and toileting (Reid, Wilson and Faw, 1991).

Children with moderate retardation may develop intellectual skills of non retarded 7 or 8 year old. With this level of functioning, they sometimes find employment working on simple tasks under close supervision. They do not live independently but receive care from relatives or in institutions (Editorial Board, 1996). They cannot benefit from classroom but have the potential to learn self care, adjust in home and economic usefulness in home, sheltered workshop or an institution. Special school setting is required for this type of children.

The remaining 90% of individuals with mental retardation are classified as mildly or educable mentally retarded. These individuals go to school and can master many academic skills, but at an older age than a non retarded child. Individuals

with mild mental retardation can lead independent lives. Many people with mild retardation work and some also marry. Comprehensive training programs that focus on vocational and social skills help individuals with mild mental retardation to become somewhat productive citizens and satisfied human beings (Baumeister and Baumeister, 1995)

### 3.6.3 Causes for Mental Retardation

There are many causative factors that are associated with mental retardation. These can be classified in three stages, Prenatal, Perinatal and Postnatal can result in mental retardation.

1) **Prenatal stage:**In this one comes across many types of disorders given below.

a) *Chromosomal disorders*

Any abnormality either in the structure or in the number of chromosomes can result in mental retardation. Major type of mental retardation is chromosomal disorder known as Down's syndrome. In this condition, at the time of conception, a piece of chromosome 21 becomes attached to another chromosome, often number 14, during cell division. If the resulting sperm or ovum receives a chromosome 14 (or another chromosome), with a piece of chromosome 21 attached and retains the chromosome 21 that lost a section due to translocation, then the reproductive cells contain the normal or balanced amount of chromosome 21. It is "autosomal" or "other"; it is simply an error in the translation process of Chromosome 21 (three copies instead of two).

Other abnormalities associated with MR include fragile X syndrome, where the tip of X chromosome breaks off and Trisomy 13 and Trisomy 18 caused by the presence of three chromosomes instead of two chromosomes.

b) *Genetic disorder*

Defect in the genes transmitted from the parents to the offspring can result in mental retardation. Even if the defect is not with the parents, the offspring may acquire some conditions with mental retardation. Metabolic disorder associated with MR is Phenylketonuria that is due to the inheritance of two recessive genes one from each parent.

c) *Infections*

During pregnancy if the woman gets afflicted by rubella (German measles), or herpes, especially during the first three months of pregnancy, can damage the developing brain of the fetus.

d) *Maternal diseases*

If the woman suffers from diseases like syphilis, etc., then the offspring may develop mental retardation. Also Deficiency and excesses of iodine in the mother's diet can result in conditions like cretinism and defect in central nervous system leading to MR.

e) *Exposure to X-rays*

During early months of pregnancy, if the mother uses harmful drugs especially in the treatment of cancer and some epileptic drugs and hormones, these can damage the growing fetus.

## 2) Perinatal stage

Premature birth (Born between 28 week to 34 weeks), low birth weight (Less than 2 kgs), Anoxia (Lack of Oxygen) immediately after birth affect the brain leading to MR. forceps delivery, birth injuries have increased risk of brain damage.

## 3) Postnatal stage

Malnutrition in the child during the first two years, poisoning infections such as meningitis or encephalitis (Brain fever) and repeated fits in the child and head injury can lead to MR.

### 3.6.4 Characteristics of Mental Retardation Child

Early childhood deprivation like lack of adequate mothering and parental care results in a retarded rate of development. The severe environmental deprivation in the form of physical, emotional, cultural and intellectual poverty during infancy and childhood results in the retardation of the child's intellectual development even when his potential at birth is normal school maladjustment tends to retard the development of the child.

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## 3.7 VISUALLY HANDICAPPED CHILD

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This child can be educated in the regular class room along with normal children. The written communication system for this child is through a sense of touch, the touch system is known as *Braille*. The blind child makes use of other senses, the ear and sense of touch for learning through compensatory skills such as Braille reading and writing. However, special training is required for the child to move about independently in the environment. The blind child can benefit from instruction along with the sighted children. Thereby gaining the same social attitudes, some information and develop the same level of confidence. A blind child is first a child and a 'blind' child later and so he has to be treated in the same way as any other child with the same standards of performance and the same level of expectations as a normal child. A resource teacher is required for consultation of blind child.

### 3.7.1 Causes of Visual Impairment

The causes of Visual Impairment can be classified as (i) ocular and (ii) general injuries.

**Ocular causes:** These are due to Congenital and Developmental disorders, like eyes do not develop, eye ball abnormally small, atrophy of the optic nerve, rapid involuntary movement of the eyeball, iris fails to develop and visual acuity becomes poor.

Eye disorders: Albinism Retinoblastoma (Malignant tumor), congenital cataract, all these cause visual impairment.

Eye diseases: Trachoma-contagious diseases of conjunctiva and cornea, conjunctivitis of the new born are also some of the important causes for visual impairment.

General Diseases: Sphillis and Gonorrhoea are common causes of blindness. Deficiency in vitamin A, vitamin B<sub>1</sub> B<sub>2</sub>, C and D are associated with impaired

visual functioning. Injuries and accidents and chemical disturbances like burns, tobacco, alcohol dyes cause visual impairment.

A multi sensory approach use A+ and use of Braille are used in the education of such a child.

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## **3.8 HEARING IMPAIRED CHILD**

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A child with hearing handicap is given auditory training and use of hearing aids. Several aural oral techniques are used for language and communication. The curriculum is the same as it is for the normal child. This child's learning can be integrated in the regular school. The most significant defect is in his/her pronunciation and difficulty in understanding of abstract concepts. A resource teacher is required for his/her speech development.

### **3.8.1 Causes of Hearing Loss**

Besides organic causes, hearing loss is associated with neurological transmission of sound that results from damage to the cochlea or to the auditory nerve due to genetic and or environmental factors.

#### *Genetic cause*

Hearing impairment can be due to a dominant gene and recessive gene transmission.

#### *Maternal diseases and infection*

If at the time of pregnancy the woman suffers from diseases like rubella, mumps, diabetes, liver diseases and influenza, these may affect the infant's hearing capacity. Overdose of drugs like Quinine, LSD and such other psychoactive drugs, also malnutrition, brain fever, brain tumor etc., may adversely affect the child's hearing capacity.

#### *During birth*

Lack of oxygen, forceps delivery, premature birth, use of anesthetic agents in delivery cause hearing problems.

#### *Post birth*

Ear discharge is an important cause of hearing loss. Other causes may be middle ear infection, typhoid, infections in nasal cavities, meningitis and whooping cough.

Remedial measures include visual presentation with oral instructions and multi sensory approach which are all used for the education of the deaf child.

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## **3.9 SPEECH AND LANGUAGE HANDICAPPED CHILD**

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In certain cases, children show speech disorders in terms of stammering, stuttering etc. Some children may have other kinds of speech disorders too. However, these children can benefit from the regular class room teaching as they have other senses intact. With regular and proper speech therapy these children can also get over their speech defects considerably and be at par with normal children. .

### 3.9.1 Causes of Speech and Language Disorders

Speech disorders are due to combinations of causes such as hereditary predispositions, neurological impairments, physical abnormalities of speech mechanisms, delayed development and cultural or environmental influences.

Language disorders can be due to brain damage, mental retardation, sensory and perceptual impairment or environmental deprivation.

**Self Assessment Questions**

Identify the particular disability in the following:

- 1) A child finds it difficult to keep pace with the normal child in his school work.  
 .....  
 .....  
 .....  
 .....
- 2) A child has an IQ score of 50  
 .....  
 .....  
 .....  
 .....
- 3) A child has average intelligence but is unable to achieve the skill in reading markedly.  
 .....  
 .....  
 .....  
 .....
- 4) A child who deviates from normal children in certain dimension of growth and development is called ..... child
- 5) A touch system used by the blind is called .....

## 3.10 PHYSICALLY, ORTHOPAEDICALLY AND HEALTH HANDICAPPED CHILD

The physically handicapped child can be educated in the normal school by making adjustments in the sitting arrangements, like taking a seat on the side rather than in the middle of the class room and changing the physical structure of the class room which has ramps. The same teaching methods and same curriculum is used for teaching a physically handicapped child.

### 3.10.1 Causes of Physical, Orthopedic and Health Handicapped

The causes are many and varied as presented below:

- Brain damage, brain fever and brain anoxia lead to physical disability.

- Rh incompatibility intoxication,
- Viral infection suffered by 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 significant causes as per NSSO 1991 for Indian society.
- Health problems: some children have health problems that interfere with their education such as heart diseases tuberculosis, asthma, epilepsy, migraine and diabetes.

In certain cases, a child with health problems like epilepsy may be present in the regular class room. The child can study well but has a social stigma and low self esteem.

Remedial measures include the teacher helping such children and reducing the stigma by making other children understand the child's problem. The teacher also needs to take precautionary measures during convulsions that the child suffers. Fear should be eliminated and the place where the event is occurring should be cleared of all congestion and the child should be helped to breathe properly after the convulsions are over.

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### **3.11 EMOTIONALLY DISTURBED CHILD**

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The emotionally disturbed child is one whose reactions to life situations are unrewarding to the child itself and unacceptable to peers and other members of the society. This child has an inability to learn, has inability to establish interpersonal relations with others, and often shows inappropriate behaviours or feelings which are very undesirable and not approved by people or society. Under normal circumstances where other children behave normally, these children tend to show unhappiness, depression and fear of personal and school problems. These affect their academic performance.

#### **3.11.1 Causes of Emotional Disturbance**

These can be categorised into Psychoanalytic environmental and School related factors.

*The Psychoanalytic causes are:* Anxiety, trauma distrust of adults due to traumatic experiences, frustrations and rejection. For example, maternal deprivation due to death of the mother.

##### *Environmental causes*

This includes mental illness like schizophrenia, maternal malnutrition, anoxia, head injury, separation from parents, parental conflicts, divorce, physical and psychological abuse or neglect.

##### *School related causes*

This could be low/high expectations from the student in consistent behaviour management, meaningless assignments and reinforcement of inappropriate behaviour.

These children show behaviours like inattentiveness, nervous reactions, failure in school and jealousy.

### *Emotionally disturbed*

The child has negative self concept, lacks feeling of self worth, conformity to demands, setting of realistic goals, ability to handle anxiety and is very withdrawn.

### *Educational provision for Emotionally disturbed*

Teaching emotionally disturbed child is a challenge. The emphasis should be on structuring classroom atmosphere (it should be least restrictive for the child) use selected reading materials, group interactions between pupil and teacher and among peers, directed group activity, supporting self directed activities and recording positive behaviours. In addition techniques like behaviour modification, modeling counter conditioning, deconditioning and desensitisation and non-directive counseling should be used.

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## **3.12 LEARNING DISABLED CHILD**

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This disability has got the maximum attention in the recent years children have normal intelligence but they have difficulty mastering basic skills like reading, writing, arithmetic, listening and oral language. There are four stages of learning input, integration, memory and output. Learning disability can occur in any of four stages.

Types of disabilities are (a) Dyslexia (Reading problem) (b) Dysgraphia (Writing problem) (c) Dyscalculia (Mathematics problem) (d) Learning disabilities in language

These are being explained below:

### *Learning Disabilities in Reading, Dyslexia*

Types of Reading Disabilities: There are two types of learning disabilities in reading. One is in basic reading skills and involves the foundational skills required to understand the relationship between letters, sounds, and the words they represent. The second one is the reading comprehension disabilities which involves complex thinking skills such as understanding words, phrases and larger meanings of passages.

### *Dysgraphia or Learning Disabilities in Writing*

Learning disabilities in basic writing skills include neurologically based difficulty with producing written words and letters. Expressive writing disabilities may involve comprehending and organising written thoughts on paper. These can be in terms of Learning Disabilities in Basic Writing Skills, Expressive Writing Disabilities.

### *Learning Disabilities in Math Dyscalculia*

If the child struggles with math calculation or problem solving, one can suspect a type of learning disability. This learning disability could be in basic math, applied math skills, and other disorders such as dyscalculia. Learning Disability (LD) in Basic Math Skills.

### *Learning Disabilities in Language and communication*

There are several types of learning disabilities in language. Students with language based learning disabilities may have difficulty with understanding or producing spoken language, or both. Receptive language disorder is a type of learning disability affecting the ability to understand spoken, and sometimes written, language.

#### **3.12.1 Causes of Learning Disabilities**

The causes can be classified into educational, environmental, psychological and physiological factors. Let us take each of these and see what they are.

*Educational factors:* Learning disabilities can be caused by inadequate, inappropriate teaching, unskilled and inefficient trained teachers, too high or low teachers' expectations towards children and inappropriate materials and curriculum.

*Psychological factors:* Learning disabilities can be caused by misperception and lack of conceptualisation, unhealthy classroom climate and lack of scholastic motivation.

*Environmental factors:* Unstimulating environment at home, develops language deprivation, language plays a crucial role in the child's environment.

*Physiological factors* Brain injury, damaged central nervous system, genetic factors and prenatal, postnatal problems also lead to learning disabilities.

#### **3.12.2 Remedial Measures**

In the regular class room the learning disability child can be provided:

- 1) individualised instruction
- 2) programmed instruction and
- 3) open class room at the elementary level.

A skill based approach is the most effective educational treatment for learning disability. The instructions and activities have to be carefully selected by the teacher, provide lot of practice to ensure skill mastery and show the child how to apply the skills that is learned. If the school can, a resource room to give the added instructional hours could be arranged.

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### **3.13 SOCIALLY DISADVANTAGED CHILD**

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Socially disadvantaged child is one who is from socially and economically backward section of the community, who cannot profit from school because of deprivation of one sort or another. Such children show cumulative academic deficits, high dropout rate and progressive decline in intellectual functioning.

#### **3.13.1 Causes of Social Disadvantage**

Some of the major causes are unstimulating environment, lack of verbal interaction with adults, poor sensory experience, poverty, low social status, malnutrition and broken homes. Most of these causes are due to socio cultural disadvantage.

Such a child has characteristics like backwardness, frustration, aggression, delinquency, inferiority complex, alienation and lack of motivation.

### **3.13.2 Remedial Measures**

The curriculum should be specific and related to the needs and real life experiences. Emphasis should be on learning manual skills, life skills and technical efficiency. Interest in learning has to be, created by the teacher, effort should be towards developing self confidence, self respect and a sense of cultural identity.

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## **3.14 SPECIAL EDUCATION**

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An exceptional child has some special and unusual needs which can be met only through special education as part and parcel of the general education. This would involve.

- Specially designed instruction.
- Special curriculum.
- Specific facilities.
- Special services.

### **3.14.1 Special Instructions**

An exceptional child may require special materials, teaching techniques, equipment or facilities as for example, the visually handicapped children may require reading materials in large print or Braille. The Hearing impaired require learning aids/ or instructions in sign equipment. The emotionally disturbed may need smaller and more highly structured classes, while the and gifted and / or talented children may require access to varied types of materials and require the guidance of work professionals.

### **3.14.2 Special Curriculum**

For different areas of exceptionality such as mental retardation, giftedness, deafness, blindness, orthopedically handicapped, cerebral palsy and social and emotional problems a special curriculum is designed for children.

Educationally backward children, handicapped and gifted need specific facilities for their optimal development. Special teaching facilities required to meet, the personal and social needs of the exceptional children.

The superior children should be provided with opportunity to work according to their talent. In an average class a bright child feels neglected and demotivated with little endeavour, he comes out of exceptionality. He can keep a position in the class with minimum effort.

### **3.14.3 Other Types of Facilities**

Some facilities like special building features, study materials and equipment may be required for some types of exceptional children. The special education can be imparted in the regular classroom, special classroom or in combination of both. Special classes are necessary for backward children because they require specific teaching methods.

### 3.14.4 Special Services

These may be required for some exceptional children. *For e.g:* Orthopaedically handicapped children require physical therapy, occupational therapy and to be kept under constant medical supervision. The blind and deaf children may need periodic examination of their vision and hearing abilities. Some exceptional children need periodic examination of their progress in learning as a result of intervention.

In a regular class with different categories of children such as handicapped (physically and mentally) gifted (bright and superior) and normal children, the teacher would have problem to devise a method of instruction which is suitable for all.

Special education will help not only these exceptional children, but will also be conducive for regular class teachers.

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## 3.15 CONCEPT OF INTEGRATION AND INCLUSION

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Education for the exceptional children is undergoing major changes. The most fascinating feature of the modern Indian educational scenario is the integration of the children with special needs into the mainstream. The focus is on how to fit the exceptional child into the regular education programme. The integration of regular education and special education is limited to non academic activities for a part of the day. This leads to independence and integration of these children into the society. Also the children who are normal develop a realistic attitude and sensitivity to these children.

Since 1994 UNESCO world conference on Special Educational Needs (Salamanca) a reform '*inclusive education*' has emerged in the education of exceptional children. In inclusive setting the focus is on developing supportive classrooms and schools that fit, nurture and meet the educational and social needs of exceptional child in least restrictive and most effective environment by focusing on quality of schooling. When schools would modify their operations to include, all students it ensures acceptance and respect for differences. Despite differences we all have equal rights, when an exceptional child has free access to any school, it would promote positive attitudes improvement in academic and social skills and preparation for community living.

**Self Assessment Questions**

- 1) A special class is required to teach through specific methods for ..... children.
- 2) Specific education is helpful for both ..... and ..... in the regular class.
- 3) .....children require smaller and highly structured classes.
- 4) ..... children require physical therapy.
- 5) ..... children require instructions in sign equipment.
- 6) Integration of special education and regular education is called ..... setting has supportive classroom and schools that meet the needs of all children.

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## 3.16 LET US SUM UP

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In this unit we have discussed the following key points:

An exceptional child is one who deviates physically mentally, emotionally and socially from the normal children to such a marked extent that the child cannot benefit from the school instruction and requires modification in the school practices or special education programmes or supplementary instruction in order to develop to the child's maximum capacity.

Different categories of exceptional children such as gifted, backward, mentally retarded, physically and health handicapped, emotionally disturbed, learning disabled, speech handicapped and socially disadvantaged have been considered and discussed.

Educational programmes offered for these children include the following:

Special educational programmes consisting of specific curriculum, special instruction, specific facilities and special services for the exceptional children.

The introduction of integration and inclusive education as emerging concepts in the education for the exceptional children.

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## 3.17 UNIT END QUESTIONS

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- 1) Explain the types of exceptional children.
- 2) Who Are the gifted and the creative children? Describe their characteristics
- 3) Describe slow learners and backward children. Put forward a special educational programme for them
- 4) Describe the mentally retarded children. Describe the causes thereof.
- 5) Explain about sensory handicapped.
- 6) What are the programmes provided for education of orthopedically and sensory handicapped children?
- 7) Explain the advantages of integration and inclusion approaches in the education of exceptional children.

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## 3.18 GLOSSARY

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- Braille** : Braille is a touch system used by the blind for reading and writing.
- Exceptional child** : Exceptional child is a child who has special needs according to his exceptionality and who cannot profit from school instruction but require modification in instructional programmes for the development of maximum capacity.
- Inclusive education** : Inclusive education welcomes all children into the classroom to meet the educational and other needs. Every exceptional child has access to free education in least restrictive and effective environment by focusing on quality of schooling.

- Mainstreaming** : Mainstreaming is on educational practice education are integrated for exceptional children but is limited to non academic activities for a part of the day. The normal age peers are educated and integrated with exceptional children in physical proximity but does not focus on quality of education.
- Special education** : Special education is a specially designed educational programme for the exceptional children to meet their special needs.

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### 3.19 SUGGESTED READINGS AND REFERENCES

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