Creating Inclusive School

S.Y. B.Ed : SEMESTER IV

DGET COLLEGE OF EDUCATION
(B.Ed)

Creating an Inclusive School

UNIT 1: Understanding Inclusion

a. Difference between diversity, disability and Inclusion

WHAT IS DIVERSITY?

The concept of diversity encompasses acceptance and respect. It means understanding that each individual is unique, and recognizing our individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. It is the exploration of these differences in a safe, positive, and nurturing environment. It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.

DEMONSTRATE RESPECT

Each of us has biases. Biases are assumptions based on what we like, and what we don't like. They are grown out of our life experiences, our values and beliefs. Biases are natural feelings, and don't cause any harm, as long as they aren't focused on other people. We see the world through the biases we hold. When we apply our biases to a group of people, we are Stereotyping. We also stereotype when we apply our experiences with one member of a perceived group to all other members of that group. It's important to recognize the biases we hold, and work proactively to avoid applying these biases to an entire group of people. Demonstrate respect by being tolerate of others' approaches, ideas and viewpoints; Do unto others as you would have them do to you approach.

FINDING COMMON GROUND

Recognize that each of us is raised in different environments and exposed to different cultures. We are taught different values and beliefs, and our life experiences are unique. We are different:

Culturally: Gender Religion, Age Abilities/Disabilities, Ethnicity Educational background ,Race Military/Veteran Status, Sexual Orientation Language

Emotionally Historically: How we think Family, How we communicate Perspective, How we learn Politics, How we show respect Relationships, How we reach agreements

Everyone has something of value to contribute to the equation at work. Each employee was selected to perform a job because he or she was viewed as having the talents, experience, education and/or expertise necessary to achieve company goals. Just because someone is different from you, doesn't mean their contributions are any less valid. Differences are what an organization draws on for its strength. When differing opinions and ideas are considered, supportable decisions are born.

WHAT IS DISABILITY?

A disability is any continuing condition that restricts everyday activities. The Disability Services Act (1993) defines 'disability' as meaning a disability:which is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of those impairmentswhich is permanent or likely to be permanentwhich may or may not be of a chronic or episodic naturewhich results in substantially reduced capacity of the person for communication, social interaction, learning or mobility and a need for continuing

support services.With the assistance of appropriate aids and services, the restrictions experienced by many people with a disability may be overcome.

Types of disability: The main categories of disability are **physical, sensory, psychiatric, neurological, cognitive and intellectual.** Many people with disability have multiple disabilities.A physical disability is the most common type of disability, followed by intellectual and sensory disability.

Physical disability generally relates to disorders of the musculoskeletal, circulatory, respiratory and nervous systems.

Sensory disability involves impairments in hearing and vision.

Neurological and cognitive disability includes acquired disability such as multiple sclerosis or traumatic brain injury.

Intellectual disability includes intellectual and developmental disability which relate to difficulties with thought processes, learning, communicating, remembering information and using it appropriately, making judgments and problem solving. Intellectual disability is the result of interaction between developmentally attributable cognitive impairment, attitudinal and environmental barriers.

Psychiatric disorders resulting in disability may include anxiety disorders, phobias or depression.

WHAT IS INCLUSION?

Inclusion at its simplest is 'the state of being included' but it is a bit more complicated than that… It is used by disability rights activists to promote the idea that all people should be freely and openly accommodated without restrictions or limitations of any kind.

Miller and Katz (2002) defined inclusion as: "A sense of belonging: feeling respected, valued for who you are; feeling a level of supportive energy and commitment from others so that you can do your best."

It is about valuing all individuals, giving equal access and opportunity to all and removing discrimination and other barriers to involvement.

Also, Inclusion helps

To build a sense of belonging to the diverse human family

To provide a diverse stimulating environment in which to grow and learn

To evolve in feelings of being a member of a diverse community

 To enhance self-respect

To provide opportunities to be educated with same-age peers

1.b) Meaning and need of inclusion (educational, social, economic, humanitarian, democratic and legal perspectives)

Meaning andConcept of Inclusive Education:

The principle of inclusive education was adopted at the "WorldConference on Special Needs at theWorld Education Forum (Dakar, Senegal 2000). The Statement asks governments to give the highest priority to making education systems inclusive and adopt the principle of inclusiveEducation as a matter of policy. The idea of inclusion is further supported by the

United Nation'sStandard Rules on Equalization of Opportunities for Person with Disability Proclaiming Participation and equality for all.

Inclusive Education (IE) is defined as a process of addressing the diverse needs of all learners by reducing barriers to, and within the learning environment.

Itmeans attending the age appropriate class of the child's local school, with individually tailored support (UNICEF 2007). Inclusive education is a process of strengthening the capacity of the education system to reach out to all learners. At the Jometin World Conference (1990) in Thailand, the goals for 'Education for All' were set and it was proclaimed that every person (child, youth and adult) shall be able to benefit from educational opportunities which would meet
their basic learning needs. Inclusion is an educational approach and philosophy that provides al lstudents greater opportunities for academic and social achievement. This includes opportunities to participate in the full range of social, recreational, arts, sports, music, day care and afterschool care, extra-curricular, faith based, and all other activities.

In India, National Council of Educational Research and Training (NCERT) joined hands with UNICEF and launched Project Integrated Education for Disabled Children (PIED) inthe year 1987, to strengthen the integration of learners with disabilities into regular schools. In recent years, the concept of inclusive education has been broadened to encompass notonly students with disabilities, but also all students who may be disadvantaged. This broader understanding of curriculum has paved the way for developing the National Curriculum Framework (NCF-2005) that restates the importance of including and retaining all children inschool through a programme that reaffirms the value of each child and enables all children to experience dignity and the confidence to learn

Need and Importance of Inclusive Education:

There have been efforts internationally to include children with disabilities in the educational mainstream. In order to achieve truly inclusive education, we need to think about and incorporate children with special needs into regular schools. Especially, because these kids face some sort of barriers to learning and participation in the classroom. As general education classrooms include more and more diverse students, teachers realize the value of accepting each student as unique. In effective inclusive programs, teachers adapt activities to include all students, even though their individual goals may be different.

We have learned that inclusive education is a better way to help all students succeed. Researches show that most students learn and perfor m better when exposed to the richness of the general education curriculum. Research has shown that children do better academically when in inclusive settings and Inclusion provides opportunities to develop relationships.
Some of the benefits include: friendships, socialskills, personal principles, comfort level with people who have special needs, and caringclassroom environments.The most important function of friendships is to make people feel cared for, loved, and safe.

Inan inclusive educational setting, low-achieving students are able to get extra help even though they did not qualify for special education.

Classmates of students with disabilities alsoexperience growth in social cognition, often can become more aware of the needs of others ininclusive classrooms. An interesting side effect is

that these parents report that they also feelmore comfortable with people with special needs because of their children's experiences.

Students with disabilities can create long-lasting friendships that would not be otherwise possible, and these friendships can give them the skills to navigate social relationships later on in life.

Inclusion in Education:

It refers to a model wherein special needs students spend most or all of their time with non-special (general education) needs students. It arises in the context of special education with an individualized education program or 504 plan, and is built on the notion that it is more effective for students with special needs to have said mixed experience for them to be more successful in social interactions leading to further success in life. Inclusion rejects but still provides the use of special schools or classrooms to separate students with disabilities from students without disabilities. Schools with inclusive classrooms do not believe in separate classrooms. They do not have their own separate world so they have to learn how to operate with students while being less focused on by teachers due to a higher student to teacher ratio.

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

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

A premium is placed upon full participation by students with disabilities and upon respect for their social, civil, and educational rights. Feeling included is not limited to physical and cognitive disabilities, but also includes the full range of human diversity with respect to ability, language, culture, gender, age and of other forms of human differences. Richard Wilkinson and Kate Pickett wrote, "Student performance and behaviour in educational tasks can be profoundly affected by the way we feel, we are seen and judged by others. When we expect to be viewed as inferior, our abilities seem to diminish".

Social Inclusion:

Objective.**Social inclusion** is a right, as well as a goal for community-based services and supports. Yet, there is a lack of consensus as to what constitutes social inclusion which means that there is no real way to determine and measure services effectiveness. This paper aims to identify current key components, definitions and conceptual approaches to social inclusion, and determine gaps in the scope and clarity of existing conceptualizations.

Method. We conducted a synthesis review on the social inclusion of persons with intellectual and developmental disabilities. We extracted data relevant to the definition of social inclusion, its key principles and elements, as well as its main challenges. We adopted a narrative approach to synthesize the findings.

Results. The main challenges in our understanding of social inclusion are: Social inclusion is at risk of being an ideology and may lead to ineffective and potentially harmful strategies; Social inclusion is still mainly defined as the acceptance and achievement of the dominant societal values and lifestyle which may lead to moralistic judgements; Social inclusion is often narrowly defined and measured as productivity and independent living, which is inappropriate for people with more severe disabilities; Social inclusion is often limited to the measure of one's participation in community-based activities.

Conclusion and implications. Shifting our understanding of social inclusion is essential. It means: Adopting a pro-active perspective that moves beyond theoretical discourse and leads to the identification of tools to improve social inclusion; Abandoning the moralistic perspective that tends to impose the view of the dominant group and leaning toward an approach respectful of individuals' expectations, choices and needs; Defining social inclusion from a developmental perspective where one's social inclusion improves with increased opportunities to interact with others and participate in activities; Including sense of belonging and well-being to our definition and measure of social inclusion.

Economic / Financial Inclusion

Meaning of Financial Inclusion What is Financial Inclusion? Rangarajan's committee on financial inclusion defines it as: "Financial inclusion may be defined as the process of ensuring access to financial services and timely and adequate credit where needed by vulnerable groups such as weaker sections and low income groups at an affordable cost." The financial services include the entire gamut - savings, loans, insurance, credit, payments etc. The financial system has to provide its function of transferring resources from surplus to deficit units but both deficit and surplus units are those with low incomes, poor background etc. By providing these services, the aim is to help them come out of poverty. So far, the focus has only been on delivering credit (it is called as microfinance but is microcredit) and has been quite successful. Similar success has to be seen in other aspects of finance as well (discussed below) Rationale for Financial Inclusion Finance has come a long way since the time when it wasn't recognized as a factor for growth and development. It is now attributed as the brain of an economic system and most economies strive to make their financial systems more efficient. It also keeps policymakers on their toes as any problem in this sector could freeze the entire economy and even lead to a contagion.

1.C) Models of Inclusion (Charity model, functional model and human rights model)

Charity Model

"We feel SORRY FOR YOU… let us give you something"

❖ The Charity Model sees people with disabilities as victims of their impairment.

❖ The charity model of disability views the person with disabilities as the problem and dependent on the sympathy of others to provide assistance in a charity or welfare mode.

❖ Driven largely by emotive appeals of charity, this model sees Persons with Disabilities (PwDs) as helpless people needing 'care' and 'protection'. This model relies largely on the goodwill of benevolent humanitarians for 'custodial care' of the PwDs rather than justice and equality

❖ The Charity Model requires that those with more resource should help those without. The Charity Model bestows those who would have fallen within the label "fit" with a moral duty to help those who are "unfit".

❖ Depending on the disability, the disabled persons cannot walk, talk, see, learn, or work.

❖ Disability is seen as a deficit.

❖ Widens the gap between disabled people and society.

❖ Persons with disabilities are not able to help themselves and to lead an independent life. Their situation is tragic, and they are suffering. Consequently, they need special services, special institutions, such as special schools or homes because they are different.

❖ The charity model seeks to act to the benefit of PWDs, encouraging 'humane treatment of persons with disabilities'

❖ People with disabilities are victims of circumstances who should be pitied and need our help, sympathy, charity, welfare in order to be looked after.

- ❖ Persons with disabilities do not have the independence of selecting the services they need or want.

- ❖ Sometimes people with disabilities themselves adopt this concept, in which case they usually feel "unable" and have a low sense of self-esteem.

- ❖ The disabled person may lose their life skills and become increasingly dependent

- ❖ Many people in the disability community regard the charity model in a very negative light. The model is often seen as depicting PWDs as helpless, depressed and dependent on other people for care and protection, contributing to the preservation of harmful stereotypes and misconceptions about PWDs (Seale 2006:10).

- ❖ This model reinforces negative stereotypes about disability, as it does not address the strengths of individuals or their ability to be active and participating members of society.

- ❖ This model isn't about supporting disabled people to live our lives on our own terms; it's not concerned with civil rights, independent living, meaningful employment or equal access to education.

- ❖ It is much easier for people to feel pity or charity for persons with disabilities instead of trying to overcome their fear or discomfort. People with disabilities are like everyone else they do NOT need charity. They have the right to be treated equally.

- ❖ In education, this model encourages the provision of education, assistive devices and support services as an act of charity rather than recognizing that education is a human right, assistive technologies and support services are vital enablers for learning.
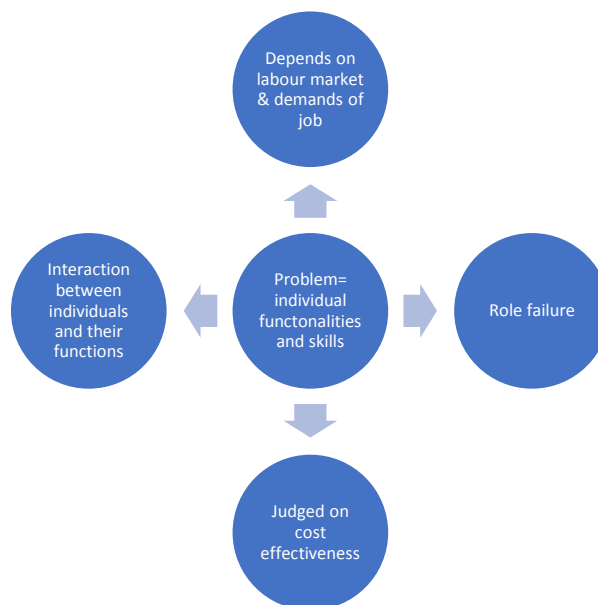
Functional model

- • Disability is defined as the interaction between the individual and his or her functions.

- The functional model defines disability as the inability to perform socially valued roles (work). This is also called "Role failure".

- The desired condition is the ability to work.

- Deviance is the inability to work.

- Individuals are judged on their (perceived) cost effectiveness.

- The moral, personal and social worth of an individual are based on his or her ability and willingness to work.

- Disability is also defined in terms of the abilities and skills the individual possesses, the labour market, and the demands of the job.

- The concert pianist who loses one finger.

- The shift from a physical economy to an economy based on information and technology changes the definition of disability.

The human rights model: Disability as a human rights issue

A human rights approach to disability acknowledges that people with disabilities are rights holders and that social structures and policies restricting or ignoring the rights of people with disabilities often lead to discrimination and exclusion. A human rights perspective requires society, particularly governments, to actively promote the necessary conditions for all individuals to fully realize their rights.

The rights model is primarily a fight for access to the privileges people would otherwise have had if they were not disabled. A focus on rights is not a struggle for fundamental social change; rather, it strives to make changes within the existing system

The main issue is in society rather than in the individual.

This model recognizes that disability is a part of society and is more comprehensive and global in nature.

It considers:

- Civil and political rights (voting, freedom of expression)

- Economic, social and cultural rights (health, education ...)

- PwD and their families reclaim their place as PERSONS, with rights and duties.

Primarily, the human rights model moves beyond explanation, offering a theoretical framework for disability policy that emphasises the human dignity of PWDs.

Secondly, the human rights model incorporates both first and second generation human rights, in the sense that 'it encompasses both sets of human rights, civil and political as well as economic, social and cultural rights'.

Thirdly, the human rights model respects the fact that some PWDs are indeed confronted by such challenging life situations and argues that such factors should be taken into account in the development of relevant social justice theories.

Fourthly, the human rights model 'offers room for minority and cultural identification'.

Fifthly, the human rights model recognises the fact that properly formulated prevention policy may be regarded as an instance of human rights protection for PWDs.

Lastly, the human rights model offers constructive proposals for improving the life situation of PWDs.

UNIT 2: Nurturing Inclusion

2.a) Concept of children with special needs and their types

Concept

Definition of special needs. : Any of various difficulties (such as a physical, emotional, behavioural, or learning disability or impairment) that causes an individual to require additional or specialized services or accommodations (such as in education or recreation)

"A special need is defined as an individual with a mental, emotional, or physical disability."

Students with special needs.

A special needs child is a youth who has been determined to require special attention and specific necessities that other children do not. The state may declare this status for the purpose of offering benefits and assistance for the child's well-being and growth.

Special needs can also be a legal designation, particularly in the adoption and foster care community, wherein the child and guardian receive support to help them both lead productive lives.. The designation "children with special needs" is for children who may have challenges which are more severe than the typical child, and could possibly last a lifetime. These children will need extra support, and additional services. They will have distinct goals, and will need added guidance and help meeting academic, social, emotional, and sometimes medical milestones. Persons with special needs may need lifetime guidance and support while dealing with everyday issues such as housing, employment, social involvement, and finances.

For children with special needs, early intervention is an important step towards helping the child fulfils his or her full academic, emotional, and social potential. Early intervention refers to a process during which the developmental abilities of the child are evaluated. If necessary, a program is developed that contain services (individualized on the basis of the child's specific needs) that will help to further enhance the child's developmental skills and encourage developmental growth.

Typically, families with special needs are on a lifetime journey that is both emotionally and financially challenging. Families of children with special needs may experience a myriad of emotions upon diagnosis, including anger, grief, loss, and denial. It is important to remember to be patient with yourself, as these emotions are a natural part of the process. With time comes acceptance, and then you and your family can focus on beginning the process of helping your child with special needs achieve their fullest potential.

There are some major types of special needs children:

1. Learning disability (LD) is a disorder related to processing information that leads to difficulties in reading, writing, and computing; the most common disability, accounting for half of all students receiving special education.

2. Speech or language impairment is a disorder related to accurately producing the sounds of language or meaningfully using language to communicate. A speech impairment is characterized by difficulty in articulation of words. Examples include stuttering or problems producing particular sounds.

A language impairment is a specific impairment in understanding and sharing thoughts and ideas, i.e. a disorder that involves the processing of linguistic information. Problems that may be experienced can involve the form of language, including grammar, morphology, syntax; and the functional aspects of language, including semantics and pragmatics Sometimes a child will have both language and speech delays.

3. Mental retardation (MR)also referred to as Intellectual disability, is a cognitive impairment which include significant limitations in intellectual ability and adaptive behavior; this disability occurs in a range of severity.

4. Emotional disturbance (ED)involves significant problems in the social -emotional area to a degree that learning is negatively affected.

5. Autism (also referred to as Autism spectrum disorder, is a disorder characterized byextraordinary difficulty in social responsiveness; this disability occurs in many different forms and may be mild or significant. Autism is known as a complex developmental disability.

Experts believe that Autism presents itself during the first three years of a person's life. The condition is the result of a neurological disorder that has an effect on normal brain function, affecting development of the person's communication and social interaction skills.

Autism spectrum disorder (ASD) and autism are both general terms for a group of complex disorders of brain development. These disorders are characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviours. Autism appears to have its roots in very early brain development. However, the most obvious signs of autism and symptoms of autism tend to emerge between 2 and 3 years of age.

Autism may be mild or severe. All children with autism don't have the exact same problems. Children with autism may have the following social and communication skills and common behaviours.

Autism is a lifelong problem with a number of possible causes, including but not limited to:

– genetic problems or syndromes

– severe infections that affect the brain (meningitis, celiac disease, encephalitis, etc.);

– exposure to toxins or illness during pregnancy (rubella, chemicals, etc

6. Hearing impairment/Deaf, hard of hearing (DIM) involves a partial or complete loss of hearing.

7. Visual impairment involves a partial or complete loss of vision.

8. Deaf -blindness is a simultaneous significant hearing loss and significant vision loss.

9. Orthopedic impairment (0I) involves a significant physical limitation that impairs the ability to move or complete motor activities.

10. Traumatic brain injury (TBI) is a medical condition denoting a serious brain injury that occurs as a result of accident or injury; the impact of this disability varies widely but may affect learning, behaviour, social skills, and language.

11. Other health impairment (OHI) involves a disease or health disorder so significant that it negatively affects learning; examples include cancer, sickle -cell anemia, and diabetes.

12. Multiple disabilities involve a simultaneous presence of two or more disabilities such that none can be identified as the primary disability; the most common example is the occurrence of mental retardation and physical disabilities.

13. Developmental delay (DD) is a nonspecific disability category that states may choose to use as an alternative to specific disability labels for identifying students up to age 9 needing special education.

2.B) Characteristics of disabilities- sensory, neuro-development, loco-motor and multiple disabilities.

Sensory disability

A sensory disability affects one or more senses; sight, hearing, smell, touch, taste or spatial

awareness. Sight and hearing loss are common sensory disabilities. Often these would be

referred to as sensory impairments.

As 95% of the information about the world around us comes from our sight and hearing, a sensory disability can affect how a person gathers information from the world around them.

A person does not have to have full loss of a sense to be sensory impaired.To qualify for special education, hearing and or vision loss must interfere with normal learning ability.

Generally speaking, hearing or visual disabilities alone do not impact the cognitive skills of a child, but the mental processes required to learn new information differ for students with sensory impairments.

Austism spectrum disorder

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                    │  Types of   │
Blindness and low vision ◄──│ Sensorydisabiliti │──► Hearing loss & deafness
                    │     es      │
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Sensory processing disorder
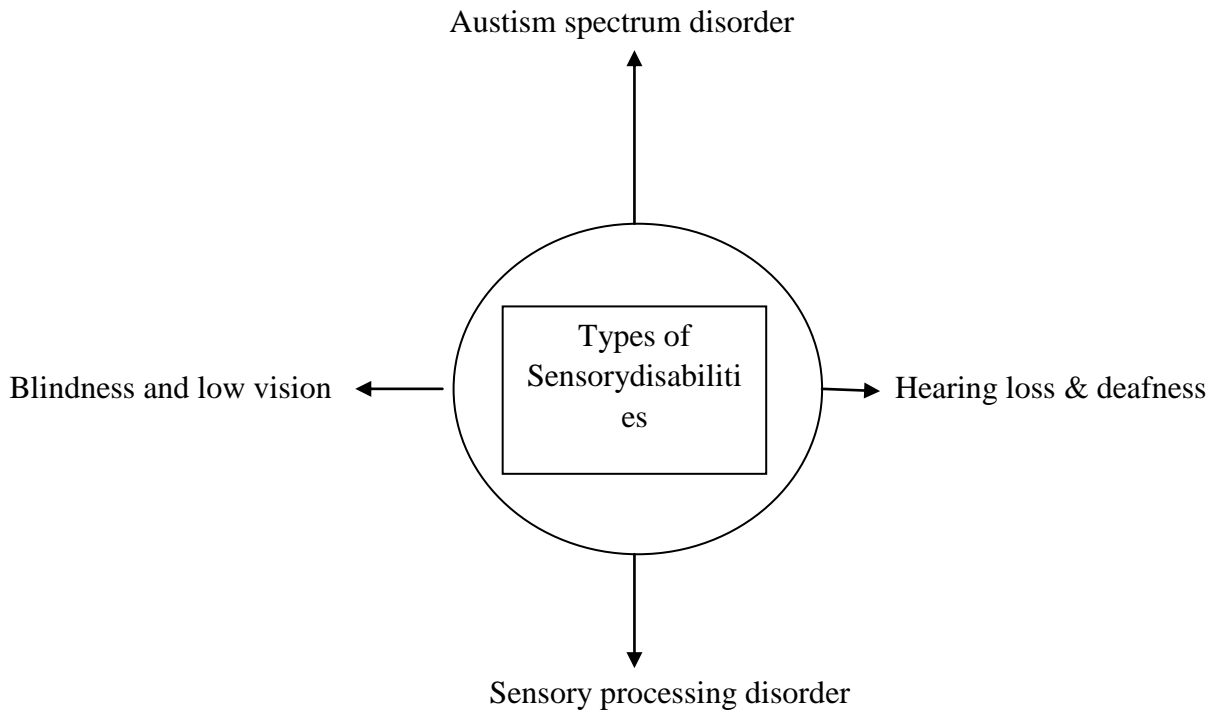
Characteristics:

1.Austism spectrum disorder: Autism spectrum disorders are a lifelong developmental disability. They affect the way they interact with the world around them.

- The effects of autism are wide ranging and can include difficulties in social interaction and communication, restricted and repetitive interests and behaviours, and **sensitivity to sensory experiences** – noise, light, touch etc. As autism can be very variable, the word 'spectrum' describes the range of difficulties that someone with autism may experience.

- Autism is a complex disability and cause is not well understood. It has no single cause and is due to a combination of environmental and genetic factors.
- It is four times more common in boys than girls, babies born under 26 weeks may have a higher risk of autism.

2. Blindness and low vision

- A person is considered legally blind if they cannot see at six metres what someone with normal vision can see at 60 metres or if their field of vision is less than 20 degrees in diameter.

- A person is said to have low vision when they have permanent vision loss which affects their day to day and cannot be corrected with glasses.

- Blindness and low vision can occur as a result of a number of different diseases, conditions, or accidents. Some eye conditions are congenital (present at or near birth),

while others are caused later in life. Some specific causes of vision loss can include an injury to the eye, eye defects, albinism, macular degeneration, diabetes, glaucoma, cataracts, and tumors.

- Whilst some forms of vision loss can be prevented and even reversed, others may develop as people age – it is more common in those over the age of 65.

3. Hearing loss and deafness

Hearing loss, also known as a hearing impairment, is the partial or total inability to hear. If someone has very little or no hearing, the term 'deaf' may be used.

- Damage to any part of the external, middle, or inner ear can cause hearing loss which can range from being mild to profound.

- Causes of hearing loss can be quite varied and can include problems with the bones within the ear, damage to the cochlear nerve, exposure to noise, genetic disorders, exposure to diseases in utero, age, trauma, and other diseases.

4.Sensory processing disorder

- Sensory processing disorder is a condition where a person has trouble receiving and responding to information that comes in through the senses. This may mean they misinterpret everyday sensory information, such as touch, sound, and movement.

- When someone has sensory processing disorder, they are able to sense the information, however, the brain perceives and analyses the information in an unusual way. It may affect one sense only or it may affect multiple senses.

- Some people with sensory processing disorder are oversensitive to things in their environment. Common sounds may be painful or overwhelming, and the feel of certain textures on the skin may be very uncomfortable.

- It is accepted as a common characteristic of other disabilities including Autism Spectrum Disorders, dyslexia, MS, and Tourette syndrome.

Conclusion: Overall the impact of sensory impairments on learning is more a function of the lack of input than an inability to learn. It is very common for students with sensory impairment to have typical learning processes and learning modes; but their ability to access information may be restricted in some avenues.

Neuro-developmental disorders

Neuro-developmental disorders are "a group of heterogeneous conditions characterized by delay or disturbance in the acquisition of skills in a variety of developmental domains, including motor, social, language, and cognition" (Thapar, Cooper & Rutter, 2016).

1.ADHD (**Attention-deficit/hyperactivity disorder**) is a condition of the brain that affects a person's ability to pay attention. It is most common in school-age children.

Characteristics

Current research supports the idea of two distinct characteristics of ADHD, inattention and/or hyperactivity,impulsivity. A child with these characteristics typically demonstrates the following signs:

Inattention
- ✓ Has difficulty concentrating
- ✓ Has unrelated thoughts
- ✓ Has problems focusing and sustaining attention
- ✓ Appears to not be listening
- ✓ Performance depends on task
- ✓ May have better attention to enjoyed activities
- ✓ Has difficulty planning, organizing, and completing tasks on time
- ✓ Has problems learning new things
- ✓ Demonstrates poor self-regulation of behavior, that is, he or she has difficulty monitoring and modifying
- ✓ behavior to fit different situations and settings

Hyperactivity
- ✓ Seems unable to sit still (e.g., squirming in his/her seat, roaming around the room, tapping pencil,
- ✓ wiggling feet, and touching everything)
- ✓ Appears restless and fidgety
- ✓ May bounce from one activity to the next
- ✓ Often tries to do more than one thing at once

Impulsivity
- ✓ Difficulty thinking before acting (e.g., hitting a classmate when he/she is upset or frustrated)
- ✓ Problems waiting his/her turn, such as when playing a game

2.Intellectual disability

Students with mild intellectual disabilities tend to have more general, delayed development in academic, social and adaptive skills. This delayed development is reflected in low achievement across content and skill areas as well as significantly lower scores on measures of intelligence and adaptive behavior when compared with students who are not identified with intellectual disabilities.

Characteristics
- ✓ Students who are identified with mild intellectual disabilities lag significantly behind grade-level peers in developing academic skills. This delay in developing foundational skills in reading and Math, coupled with delays in language skills, then results in delays in other academic areas that require the use of these skills (e.g., writing, spelling, science).
- ✓ However, many students with mild intellectual disabilities develop basic literacy skills and functional mathematics skills.
- ✓ While students who are mildly intellectually disabled and who are poor readers have a deficit in phonological language skills.
- ✓ Students with mild intellectual disabilities have difficulty with different types of attention, includingorienting to a task, selective attention, and sustaining attention to a task.

3. Specific Learning Disorders

Cognitive skills are not homogeneous in the same person, but if after proper development a particularly deficient area exists, we are speaking about a specific problem in learning characterized by substantially lower than expected academic performance in relation to a person's chronological age, the measure of his/her intelligence and age-appropriate education. It interferes significantly with school performance, hindering adequate progress and the achievement of goals set out in various curricula.

- ✓ **Reading disorder (dyslexia)**It is characterized by an impaired ability to recognize words, slow and insecure reading, and poor comprehension.

- ✓ **Writing disorder (disgraphia)**The problem may be in writing specific words or in writing in general.
- ✓ **Calculation disorder (dyscalculia)**Basic arithmetic skills (addition, subtraction, multiplication and division) are affected more than more abstract mathematical skills (algebra or geometry).

4. Communication Disorders

This type of disorder appears when language development does not follow the expected pattern or significant deficits occur in any of its aspects. The linguistic characteristics of each disorder vary depending on its severity and the age of the child.

- ✓ **Expression disorder**The ability for oral expression is substantially below the appropriate level for a child's mental age. Difficulties may occur in verbal as well as body language.

Its main characteristics are: quantitatively limited speech, limited vocabulary, difficulty acquiring new words, vocabulary errors or errors recalling words, excessively short sentences, simplified grammar, limited use of grammatical structures and types of sentences, omissions of critical parts of sentences, using an unusual word order and deceleration in language development.

- ✓ **Comprehension disorder**The ability for comprehension is below the appropriate level for a child's mental age. Expression is also significantly affected.

Difficulty is seen in understanding words, phrases, or specific types of words. There can also be a deficit in different areas of auditory processing (sound discrimination, sound-symbol association, retention, recall and sequencing).

- ✓ **Speech disorder (dislalia)**Its main characteristic is the inability to use the sounds of speech that are developmentally appropriate given a child's age and language.

It may involve errors in the production, use, representation or organization of sounds.

- ✓ **Stuttering**It is the disruption of normal fluency and temporal structure of speech given a patient's age.

It is characterized by frequent repetitions or prolongations of sounds or syllables. There may also be interjections, word fragmentation, blockage (audible or silent), circumlocutions, words produced with an excess of physical tension and repetition of monosyllables.

It does not usually occur during oral reading, singing or talking to inanimate objects or animals.

5. <u>Autism Spectrum Disorders (ASD)</u> They are a group of developmental disabilities that can cause serious, and even chronic, socialization, communication and behavioural problems.

People with ASD process information in their brain differently than others and they develop at different rates in each area. They present with clinically significant and persistent difficulties in social communication (marked difficulty in nonverbal and verbal communication used in interactions, lack of social reciprocity and difficulty developing and maintaining peer relationships appropriate to their developmental level), stereotypical motor or verbal behaviour, unusual sensory behaviour, and excessive adherence to routines and ritualistic patterns of behaviour and limited interests.

Conclusion: The great diversity of neuro-developmental disorders is reflected in the fact that some of those affected show **specific deficits** (e.g., difficulty maintaining focus) that do not prevent them from having an independent and fulfilling life. Others, however, will need **lifelong assistance** with basic living skills necessary for independent living, such as the ability to walk and feed oneself.

CHARACTERISTICS OF LOCOMOTOR AND MULTIPLE DISABILITY

LOCOMOTOR DISABILITY

Meaning

Locomotor Disability means problem in moving from one place to another – i.e. disability in legs. But, in general, it is taken as a disability related with bones, joints and muscles. It causes problems in person's movements like walking, picking or holding things in hands etc.

Some common conditions giving raise to locomotor disability could be cerebral palsy, poliomyelitis, amputation, injuries of spine, head, soft tissues, fractures, muscular dystrophies etc.

Characteristics

- Thechild is not able to raise both the arms fully without any difficulties.
- The child is not able to grasp objects without any difficulty.
- The child has absence of any part of the limb.
- The child has a difficulty in walking.
- Impairment may cause functional limitations which are partial or total inability to perform these activities necessary for motor, sensory or mental function with the range or manner of which being is normally capable.

MULTIPLE DISABILITY
Meaning

Multiple Disability means having a combination of various disabilities that may include – speech, physical mobility, learning, mental retardation, visual, hearing, brain injury and possibly others. Along with multiple disability they can also exhibit sensory losses and behavior and or social problems.

Children with multiple disabilities – also referred to as multiple exceptionalities will vary in severity and characteristics.

Characteristics

The characteristics are broadly classified into 3 groups namely; Psychological, Behavioral, Physical. These are stated below;

1. Psychological –
   - The child may feel ostracized.
   - The child may have tendency to withdraw from society.
   - The child may become fearful, angry, and upset in the face of forced or unexpected changes.
   - The child may execute self – injuries behavior.

2. Behavioral –
   - The child may display an immature behavior inconsistent with chronological age.
   - The child may exhibit an impulsive behavior and low frustration level.
   - The child may have difficulty forming interpersonal relationships.
   - The child may have limited self – care skills and independent community living skills.

3. Physical/ health –
   - A variety of medical problems may accompany severe disabilities. Examples include seizures, sensory loss, hydrocephalus,' scoliosis.
   - The child may be physically clumsy and awkward.
   - The child may be unsuccessful in games involving motor skills.

2.C) Catering to special needs: - sensory, neuro-development, loco-motor and multiple disabilities.

- DEFINITION
  Sensory processing (sometimes called "sensory integration" or SI) is a term that refers to the way the nervous system receives messages from the senses and turns them into appropriate motor and behavioural responses.

- INTRODUCTION

What is sensory evaluation? Sensory evaluation is a scientific discipline that analyses and measures human responses to the composition of food and drink, e.g. appearance, touch, odour, texture, temperature and taste. In schools it provides an ideal opportunity for students to evaluate and give feedback on their dishes, test products and experimental designs.

Individual with disabilities such as blindness, deafness, deaf-blind, visually impaired and hearing impaired are referred to as sensory challenged children. Because of their impairment they cannot be deprived of their education as education is a fundamental right of every child and there is no child who 'cannot learn'.

- ✓ How to perform sensory evaluation
1. Decide on the type of test you want to perform – suitable for what you want to find out.
2. Preference test - asks whether people like or dislike a product, e.g. hedonic scale
   Discrimination test - asks people to describe a particular attribute of a product, e.g. paired comparison test.

3. This can be difficult in a busy classroom. Some schools have created areas within the food room for tasting to be held.
   - ✓ There are 3 possible components of dysfunction of sensory integration:

- **Sensory Modulation Disorder** is a problem with turning sensory messages into controlled behaviours that match the nature and intensity of the sensory information.
- **Sensory-Based Motor Disorder** is a problem with stabilising, moving or planning a series of movements in response to sensory demands.
- **Sensory Discrimination Disorder** is a problem with sensing similarities and differences between sensations.
  - ❖ <u>What are the common features of sensory processing disorder (SPD)?</u>

- Shows heightened reactivity to sound, touch or movement.

- Appears lethargic/disinterested; appearing to mostly be in their 'own world'.

- Has difficulty regulating their own behavioural and emotional responses; increased tantrums, emotional reactive, need for control, impulsive behaviours, easily frustrated or overly compliant.

- Is easily distracted, shows poor attention and concentration.

- Has poor motor skills; appears clumsy, has immature coordination, balance and motor planning skills, and/or poor handwriting skills,Has poor sleep patterns.

- Has restricted eating habits or is a picky eater.Becomes distressed during self-care tasks (e.g. hair-brushing, hair-washing, nail cutting, dressing, tying shoe laces, self-feeding).

- Loves movement. Seeks out intense pressure (e.g. constant spinning, running around, jumping, crashing in objects/people).

- Avoids movement based equipment (e.g. swings, slides).

- Performs tasks with too much force, has big movements, moves too fast, writes too light or too hard.

- Has delayed communication and social skills, is hard to engage in two-way interactions. Has difficulty engaging with peers and sustaining friendships.

- Prefers to play on their own or has difficulty in knowing how to play with other children.

  - ❖ Common difficulties often (but not always) experienced by the child with sensory processing disorder (SPD)?

- Being able to follow instructions at home and school.

- Adequately expressing ideas, thoughts and feelings using language.

- Poor planning and sequencing.Poor executive functioning, Working memory, playing

- Poor attention and concentration &organisational skills.

- Difficulties with gross and fine motor skills &Behavioural difficulties

  ❖ Management strategies that help support the child with sensory processing disorder (SPD) (at preschool, school and/or home):

- Giving advance notice of change to routine.
- Visual cues can be used at home and preschool/school to reduce anxiety regarding expectations of tasks, to support routine and to introduce new, or a change in, tasks.
- A good knowledge of the child's strengths and weaknesses and areas of extreme interest.
- Extra time/support to transition to school.
- 1:1 support at school (if available).
- The use of a sensory diet to maintain an optimal alertness level.

Neurodevelopmental needs

DEFINITION :Neurodevelopment is a term referring to the brain's development of neurological pathways that influence performance or functioning (e.g., intellectual functioning, reading ability, social skills, memory, attention or focus skills).

- When you learn to do just about anything, you are improving neurodevelopment. When you learn to ride a bike, play a musical instrument, improve your game of basketball, etc., your neurodevelopment can improve. As you improve, the structure of your brain changes and you usually get to keep the gains that you have made, especially if you stay at it long enough.

Introduction
By 3 years of age a child has the ability to ride a tricycle, speak sentences using a subject, verb and object which is understandable by strangers, asks questions what, where and who and understands more complex instructions.

Signs and Symptoms

Depending on the exact kind of neurodevelopmental disorder, the signs and symptoms of such disorder may include:

- Those that revolve around sociability, such as the inability to maintain eye contact during social interactions, a failure to respond to one's name, and a lack of facial expressions.

- Issues pertaining to emotion, such as mood swings, an irritable temper, and an easily frustrated state of mind.

- Learning based concerns, like problems performing even simple math, difficulty understanding a question, problems reading or spelling (dyslexia), difficulty speaking, the repetition of words without really understanding how to use them, and the inability to properly plan, prioritize, manage time, or focus on a task.

- Movement and impulse-control related issues, such as restlessness, issues coordinating movement (which can come off as clumsiness), and repetitive motions like rocking or hand flapping.

Locomotor Disabilities

Locomotor disability is the disability of the bones, joint or muscles leading to substancial restriction of the movement of the limbs or a usual form of cerebral palsy. Some common conditions giving raise to locomotor disability could be poliomyelitis, cerebral palsy, amputations, injuries of spine, head, soft tissues, fractures, muscular dystrophies etc.

A persons inability to execute distinctive activities associated with moving , both personally and objects , from place to place and such inability resulting from afflictions of musculo-skelatol and or nervous system has been defined as the locomotor disability.

Sign of locomotor disability
1. The child is not able to raise both the arms fully without any difficulties.
2. The child is not able to grasp objects without any difficulty.
3. The child has absence of any part of the limb.
4. The child has difficulty in walking.

Causes of locomotor disability.

1.Arthritis:Arthritis is defined as pain in joints, usually reducing range of motion and causing weakness .Rheumatoid arthritis is a chronic syndrome.osteoarthritis is a degenerative joint disease.

2. Cerebral palsy: Cerebral palsy is defined as damage to the motor areas of the brain prior to brain maturity.CP is a type of injury,not a disease and does not get worse over time it is also not curable.

3. Spinal cord injury: Spinal cord injury can result in paralysis or paresis (weakening). The extent of paralysis/paresis and the parts of the body effected are determined by how high or low on the spine the damage occurs and the type of damage to the cord.

4. Head injury(cerebral trauma):The term head injury is used to describe a wide array of injuries,includingconcussion,brain stem injury,closed head injury,cerebral hemorrhage, depressed skull, fracture,foreign object eg:bullet,anoxia, and post operative infections.

5. Stroke(cerebral vascular accident): The three main causes of stroke are thrombosis(blood clotin a blood vessel blocks blood flow past that point), hemorrhage(resulting in bleeding in to the brain tissue: associated with high blood pressure or ruptureof an aneurysm) and embolism(a large clot breaks off and blocks an artery)

6. Loss of limbs or digits(amputation or congenital): This may be due to trauma eg:explosions, mangling in a machine,severance,burns)or surgery(due to cancer,peripheral arterial disease,diabetes)

7. Multiple sclerosis: Multiple sclerosis is defined as a progressive disease of the central nervous system characterized by the destruction of the insulating material covering nerve fibers.

Categories of locomotor disabilities

1. Permanent physical impairment of upper limb
2. Permanent physical impairment of lower limb
3. Permanent physical impairment of trunk(spine)
4. Permanent physical impairment in case short stature/dwarfism
5. Permanent physical impairment in amputees longitudinal deficiencies.
6. Permanent physical impairment in neurological conditions.
7. Permanent physical impairment due to cardiopulmonary diseases.

MULTIPLE DISABILITIES

Multiple disabilities is a term for a person with several disabilities, such as a sensory disability associated with a motor disability. Multiple disabilities means concomitant impairments (such as mental retardation, blindness, mental retardation-orthopedic impairment etc.)

The combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments.

A severe intellectual disability may be included in multiple disability. Individual has more than one disabilities like movement difficulties, sensory loss, and behavior or emotional disorder.

Multiple disability, spasticity and cerebral palsy are used interchangeably.

Many organizations known as spastic societies are working in different areas in India as charitable bodies for people with cerebral palsy, autism, mental retardation, and multiple disabilities in care taking , rehabilitation and medical support of children with such neurological muscular development disabilities.

Causes of multiple disabilities

There are many social, environmental, and physical causes of multiple disorders.

1. Brain injury or infection before during of after birth
2. Growth or nutrition problems (prenatally, perinatally, or postnatally)
3. Abnormalities of chromosomes and genes
4. Birth along before the expected birth date also called extreme prematurity
5. Poor maternal diet and absent or minimal health care
6. Drug abuse during pregnancy including alcohol intake and smoking
7. Drug related prenatal developmental insult such as thalidomide
8. Severe physical maltreatment (child abuse) which may have caused brain injury and which can adversely affect a child's learning abilities and socio emotional development.

UNIT 3: Policies promoting inclusion.

3.a) International policies and significance of the policies: Salamanca 1994, UNCRPD, EFA (MDG)

Salamanca 1994

<u>**The Salamanca Statement.Definition**</u>

In 1994 over 300 participants – including 92 governments and 25 international organizations – met in **Salamanca**, Spain, with the purpose of furthering the objectives of inclusive education. The resulting **Salamanca Statement** (UNESCO, 1994) was framed by a rights-based perspective on education.

Introduction

The Salamanca Statement says that:

- every child has a basic right to education
- every child has unique characteristics, interests, abilities and learning needs
- education services should take into account these diverse characteristics and needs
- those with special educational needs must have access to regular schools
- regular schools with an inclusive ethos are the most effective way to combat discriminatory attitudes, create welcoming and inclusive communities and achieve education for all
- such schools provide effective education to the majority of children, improve efficiency and cost- effectiveness.
- The Salamanca Statement asks governments to:
- give the highest priority to making education systems inclusive
- adopt the principle of inclusive education as a matter of law or policy
- develop demonstration projects
- encourage exchanges with countries which have experience of inclusion
- set up ways to plan, monitor and evaluate educational provision for children and adults
- encourage and make easy the participation of parents and organizations of disabled people
- invest in early identification and intervention strategies
- invest in the vocational aspects of inclusive education
- make sure there are adequate teacher education programs

<u>**International policies**</u>

<u>**Reaffirming**</u> the right to education of every individual, as enshrined in the 1948 Universal Declaration of Human Rights, and renewing the pledge made by the world community at the 1990 World Conference on Education for All to ensure that right for all regardless of individual differences ,

<u>**Recalling**</u> the several United Nations declarations culminating in the 1993 United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities , which urges States to ensure that the education of persons with disabilities is an integral part of the education system,

<u>**Noting with satisfaction**</u> the increased involvement of governments, advocacy groups, community and parent groups, and in particular organizations of persons with disabilities, in seeking to improve access to education for the majority of those with special needs still unreached; and recognizing as evidence of this involvement the active participation of

highlevel representatives of numerous governments, specialized agencies and intergovernmental organizations in this World Conference.

Significance of the policies

S ALAMANC A 1994

1 .**We believe and pro claim that**: • every child has a fundamental right to education , and must be given the opportunity to achieve and maintain an accept able level of learning.

, • every child has unique characteristics,interests,abilities and learning needs.

• Education systems should be designed and educational programmes implemented to take into account the wide diversity of these characteristics and needs.

• Those with special educational needs must have access to regular schools which should accommodate them within a childcentered pedagogy cap able of meeting these needs.

2.**We believe and pro claim that** : • every child has a fundamental right to education , and must be given the opportunity to achieve and maintain an acceptable   level of learning.

• every child has unique characteristics , interests , abilities and learning needs.

• education systems should be designed and educational programmes implemented to take into account the wide diversity of these characteristics and needs.

3. **We call upon all governments and urge them to:** • give the highest policy and budget priority to improve their education systems to enable them to include all children regardless of individual differences or difficulties .

 • adopt as a matter of law or policy the principle of inclusive education, enrolling all children in regular schools , unless there are compelling reasons for doing otherwise.

• develop demonstration projects and encourage exchanges with countries having experience with inclusive schools.

• establish decentralized and participatory mechanisms for planning, monitoring and evaluating educational provision for children and adults with special education needs.

4. We also call upon the intern ational communityin particular we call upon:

• governments with international cooperation programmes and international funding agencies , especially the sponsors of the World Conference on Education for All , the United Nations Educational , Scientific and Cultural Organization (UNESCO), the United Nations Children 's Fund (UNICEF), United Nations Development Programme (UNDP), and the World Bank : - to endorse the app roach of inclusive schooling and to support the development of special needs education as an integral part of all education programmes; - the United Nations and its specialized agencies , in particular the International Labour Office (ILO), the World Health Organization (WHO), UNESCO and UNICEF: - to strengthen their inputs for technical cooperation , as we l l as to reinforce their cooperation and networking for more efficient support to the expanded and integrated provision of special needs education .

5. Finally, we express our warm appreciation to the Government of Spain and to UNESCO for the organization of the Conference, and we urge them to make every effort to bring this Statement and the accompanying Framework for Action to the attention of the world

community, especially at such important forums as the World Summit for Social Development (Copenhagen, 1995) and the World Conference on Women (Beijing, 1995). Adopted by acclamation, in the city of Salamanca, Spain , on this 10th of June, 1994 .

UNCRPD

What is UNCRPD?

UNCRPD stands for United Nations Convention on the Rights of Persons with Disabilities

1. The Convention was adopted by the United Nations General Assembly on **13 December 2006**
2. Opened for signatures on **30 March 2007**
3. It came into force on **03 May 2008** after ratification by 20 parties

The Convention requires the signing countries to ensure that they take measures to ensure fulfillment of the objectives stated in the UNCRPD treaty.

The purpose

The purpose of the UN Convention on the Rights of Persons with Disabilities is to:-

1. Promote, defend and reinforce the human rights of all persons with disabilities. Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

2. The Convention is intended as a human rights instrument with an explicit, **social development** dimension. It adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms.

3. It clarifies and qualifies how all categories of rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where protection of rights must be reinforced.

Guiding principles of the Convention

There are eight guiding principles that underlie the Convention:

1. Respect for inherent dignity, individual autonomyincluding the freedom to make one's own choices, and independence of persons
2. Non-discrimination
3. Full and effective participation and inclusionin society
4. Respect for difference and acceptance of persons with disabilities as part of human diversityand humanity

5. Equality of opportunity
6. Accessibility
7. Equality between men and women
8. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities

Articles of UNCRPD: The Convention has a total of 50 articles of which only a few are listed below.

1. Equality and non-discrimination
2. Women and disabilities
3. Children and disabilities
4. Awareness-raising and accessibility
5. Right to life, education health
6. Equal recognition before the law and access to justice
7. Freedom from exploitation, violence and abuse
8. Liberty of movement and nationality
9. Living independently and being included in the community, personal mobility
10. Respect for privacy, home, family
11. Work and employment etc.

In these articles, States Parties address the purpose of UNCRPD, its principles, the obligations undertaken by States Parties and a number of specific measures intended to give effect through concrete measures to the principles of the Convention.

Significance of the Convention on the Rights of Persons with Disabilities

1. People with disabilities are often denied chances to work, go to school and participate fully in society - which creates barriers for their prosperity and well-being. The Convention on the Rights of Persons with Disabilities is important because it is a tool for ensuring that people with disabilities have access to the same rights and opportunities as everybody else. There are around 1 billion people with disabilities in the world. They are often the poorest of the poor. The stigma and discrimination they suffer are common in all societies.

2. The Convention is a human rights treaty designed by representatives of the international community - including people with disabilities, government officials, representatives of nongovernmental organizations and others - to change the way people with disabilities are viewed and treated in their societies.

3. Rather than considering disability as an issue of medicine, charity or dependency, the Convention challenges people worldwide to understand disability as a human rights issue.

4. The Convention covers many areas where obstacles can arise, such as physical access to buildings, roads and transportation, and access to information through written and electronic communications.

5. The Convention also aims to reduce stigma and discrimination, which are often reasons why people with disabilities are excluded from education, employment and health and other services.

6. The Convention incorporates a social development perspective. The Convention recognizes the importance of international cooperation and its promotion to support national implementation efforts. An innovation in this regard concerns specific references to actions the international community could take to promote international cooperation such as:
   • ensuring that international development programmes are inclusive of and accessible to persons with disabilities;
   • facilitating and supporting capacity-building;
   • facilitating cooperation in research and access to scientific and technical knowledge;
   • providing technical and economic assistance as appropriate.

7. For the first time, a legally binding international instrument now exists to guarantee that States that have ratified the treaty will promote and protect the rights of people with disabilities. These States will next work on passing their own national civil rights legislation to improve the lives of people with disabilities.

8. Thus, the Convention not only clarifies that States should not discriminate against persons with disabilities, it also sets out the many steps that States must take to create an enabling environment so that persons with disabilities can enjoy real equality in society.

For example, the Convention requires States to take measures to ensure accessibility of the physical environment and information and communications technology. Similarly, States have obligations in relation to raising awareness, promoting access to justice, ensuring personal mobility, and collecting disaggregated data relevant to the Convention. In this way, the Convention goes into much greater depth than other human rights treaties in setting out the steps that States should take to prohibit discrimination and achieve equality for all.

Conclusion The Convention marks a 'paradigm shift' in attitudes and approaches to persons with disabilities. It takes to a new height the movement from viewing persons with disabilities as 'objects' of charity, medical treatment and social protection towards viewing persons with disabilities as 'subjects' with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society.

International Policy-EFA(MDG)

Introduction: Education For All (EFA) is a global movement led by UNESCO (United Nation Educational, Scientific and Cultural Organization), aiming to meet the learning needs of all children, youth and adults by 2015.

The EFA goals also contribute to the global pursuit of the eight Millennium Development Goals (MDGs), especially MDG 2 on universal primary education and MDG 3 on gender equality in education, by 2015.

The United Nations Millennium Development Goals are eight goals that all 191 UN member states have agreed to try to achieve by the year 2015. The United Nations Millennium Declaration, signed in September 2000 commits world leaders to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women. The MDGs are derived from this Declaration, and all have specific targets and indicatorsTwo of the MDGs directly deal with education:

The Eight Millennium Development Goals are:

1. to eradicate extreme poverty and hunger;
2. to achieve universal primary education;
3. to promote gender equality and empower women;
4. to reduce child mortality;
5. to improve maternal health;
6. to combat HIV/AIDS, malaria, and other diseases;
7. to ensure environmental sustainability; and
8. to develop a global partnership for development.

The MDGs are inter-dependent; all the MDG influence health, and health influences all the MDGs. For example, better health enables children to learn and adults to earn. Gender equality is essential to the achievement of better health. Reducing poverty, hunger and environmental degradation positively influences, but also depends on, better health.

EFA was adopted by The Dakar Framework in April 2000 at the World Education Forum in Senegal, Africa, with the goal in mind that all children would receive primary education by 2015.Not all children receive the education they need or want, therefore this goal was put in place to help those children.

UNESCO has been mandated to lead the movement and coordinate the international efforts to reach Education for All. Governments, development agencies, civil society, non-government organizations and the media are but some of the partners working toward reaching these goals.

In 1990 at the World Conference on Education for All in Jomtien, Thailand, representatives of the international community from 155 countries, as well as representatives from 150 organizations agreed to "universalize primary education and massively reduce illiteracy by the end of the decade".

In 2000, with many countries being far from having reached this goal, the international community met again in the 2000 World Education Forumin Dakar, Senegal. They affirmed their commitment to achieving Education for All (EFA) by the year 2015, and identified **six key measurable education goals** which aim to meet the learning needs of all children, youth and adults by 2015. NEA was a member of EI delegation in the meeting.

The **six EFA goals** can be summarized as follows:

1. Expand early childhood care and education

2. Provide free and compulsory primary education for all

3. Promote learning and life skills for young people and adults

4. Increase adult literacy by 50%

5. Achieve gender parity by 2005 and gender equality by 2015

6. Improve the quality of education

The United Nations Education, Scientific and Cultural Organization (UNESCO) have led the EFA global movement since 1990. The annual Education for All Global Monitoring Reportfirst published in 2002, has played a vital role in reporting progress.

Conclusion: Despite efforts by the U.S. and the international community, over 57 million children of primary school age (53% of them girls) and 69 million adolescents are still out of school. 774 million adults, two-thirds of them women, remain illiterate. 250 million children – nearly 40 percent of the world's children of primary school age – cannot read, write, or count. We must continuing work together to get all children into school and learning.

3.b) National policies and significance of the policies.

Constitutional obligations for education of diverse groups

Emergence of Integrated Education in India-

Integrated education received its main impetus through response to request of parents, who objected to sending their children to special schools far away. Since India is a big democratic society based on unity in diversity, which affects the practical application of the philosophy of inclusive education

National Laws-

1. Article 21 A of the Indian constitution guarantees education as a fundamental right.
2. The 86th constitutional amendment of India act 2002 makes it mandatory for the Government to provide free and compulsory education to all children of the age of 6-14 years. All includes children with disabilities.
3. The persons with disabilities (equal opportunities protection of rights and full participation) Act, 1995, chpt. 5, Sec 26 ensures the above and more.

Basic concept of the introductory para of the national policy for persons with disabilities - 2006

The constitution of India ensures equality, freedom, justice and dignity of all individuals and implicitly mandates an inclusive society for all including persons with disabilities. The government of India has enacted three legislations for persons with disabilities.

1. Persons with disability Act 1995, which provides for education, employment, creation of barrier free environment, social security etc.
2. National Trust for welfare of persons with Autism, cerebral palsy, mental retardation and multiple disability act, 1999 has provisions for legal guardianship of the four categories and creation of enabling environment for as much independent living as possible.

3. Rehabilitation council of India act, 1992 deals with the development of manpower for providing rehabilitation services.

Rehabilitation Council of India Act (RCI) ,1992 : RCI Act is landmark legislation for the well being of all categories of disabled persons. The RCI was established in 1986. It became a statutory body by promulgation of the RCI Act 1992. It was first in India, first in Asia and first in World of its kind. The RCI has been established by the government of India to regulate training programmes in the field of rehabilitation. The importance of this council is that it takes care of manpower development of different categories of professionals for comprehensive rehabilitation of persons with disabilities. It meets the following rehabilitation needs of disabled persons:

1. Physical – medical rehabilitation
2. Educational rehabilitation
3. Vocational rehabilitation and
4. Social rehabilitation

Main objectives of RCI-

1. To regulate training policies and programmes in the field of rehabilitation of disabled persons.
2. To prescribe minimum standards of education and training of various categories of professionals dealing with people with disabilities.
3. To bring about standardisation of training courses for rehabilitating professionals dealing with person with disabilities.
4. To recognise the institutions running masters/ bachelors degree courses in the field of rehabilitation of persons with disabilities.
5. To promote research in the rehabilitation and special education.

Persons with disability act, 1995

Persons with Disability Act was passed in 1995 which appeared in the Gazette of Government of India in January ,1996.The persons with disability act ,1995 was a landmark legislation in the disability movement in India. The main purpose of the act is to define the responsibilities of the Central and state Governments with regard to the services for the disabled persons. The Act also ensures full life to the disabled persons so as to make full contribution in accordance with their disability conditions. Blindness, Low Vision, Leprosy – cured, hearing impairment, locomotor disability, mental illness and mental retardation are the seven disabilities covered under the Act.

Main provisions-

1. The Central Government, State Government and the local authorities shall ensure that every child with disability has access to free education in an appropriate environment till he attains the age of eighteen years.
2. Promote setting up special schools in government and private sectors.
3. To equip the special schools for children with disabilities with vocational training facilities.
4. Make scheme for conducting part- time classes in respect of children with disabilities who have completed education upto fifth class and cannot continue their studies.

Authorities shall make schemes for imparting education through open schools and universities.

REHABILITATION COUNCIL, 1992.

INTROUDUCTION:

The Rehabilitation Council of India(RCI) was set up as a registered society in 1986.On September,1992 the RCI Act was enacted by Parliament and it became a Statutory Body on 22 June 1993. The Act was amended by Parliament in 2000 to make it more broad based.

The mandate given to RCI is:

❏ To regulate and monitor services given to persons with disability,
❏ To standardise syllabi and
❏ To maintain a Central Rehabilitation Register of all qualified professionals and personnel working in the field of Rehabilitation and Special Education.

The Act also prescribes punitive action against unqualified persons delivering services to persons with disability

According to RCI ACT 1992 "**handicapped**" means a person-

(i) visually handicapped;

(ii) hearing handicapped;

(iii) suffering from locomotor disability; or

(iv) suffering from mental retardation;

The Rehabilitation Council of India (RCI)

It is responsible for maintaining standards and creating   training in the area of disability.

RCI provides accreditation for courses.

IMPORTANCE/SIGNIFICANCE OF RCI ACT,1992:

The significance of the RCI Act is that it enshrines the rights of children with disabilities to be taught by trained special needs teachers.

1. Standard methods of teaching should be adapted to most disability conditions

2. Training for mainstream teachers in inclusive education

3. Diploma, degree, and high level courses in special needs education

4. Training of care-givers for home-based education

5. Register of qualified rehabilitation professionals

OBJECTIVES:

- ❏ To regulate the training policies and programmes in the field of rehabilitation of persons with disabilities.
- ❏ To bring about standardization of training courses for professionals dealing with persons with disabilities.
- ❏ To prescribe minimum standards of education and training of various categories of professionals/ personnel dealing with people with disabilities .
- ❏ To regulate these standards in all training institutions uniformly throughout the country.
- ❏ To recognize institutions/ organizations/ universities running master's degree/ bachelor's degree/ P. G. Diploma/ Diploma/ Certificate courses in the field of rehabilitation of persons with disabilities.
- ❏ To recognize degree/diploma/certificate awarded by foreign universities/ institutions on reciprocal basis.
- ❏ To promote research in Rehabilitation and Special Education To maintain Central Rehabilitation Register for registration of professionals/ personnel.
- ❏ To collect information on a regular basis on education and training in the field of rehabilitation of people with disabilities from institutions in India and abroad.
- ❏ To encourage continuing education in the field of rehabilitation and special education by way of collaboration with organizations working in the field of disability.
- ❏ To recognize Vocational Rehabilitation Centres as manpower development centres .
- ❏ To register vocational instructors and other personnel working in the Vocational Rehabilitation Centres.
- ❏ To recognize the national institutes and apex institutions on disability as manpower development centres.
- ❏ To register personnel working in national institutes and apex institutions on disability under the Ministry of Social Justice & Empowerment.

National Policy for person with Disability (2006)

The Government of India February 2006 also focuses upon

- rehabilitation of women and children with disabilities,
- barrier free environment,
- social security,
- Research etc.

NATIONAL POLICY STATEMENT

National policy for persons with Disabilities recognizes that PWD are valuable human resources for the country & seeks to create an environment that provide the equal opportunities, protection of their rights & full participation in Society.

The focus of the policy shall be on the following:

- Prevention of Disabilities: Since disability, in a large number of cases, is preventable, there will be strong emphasis on prevention of disabilities. Programme for prevention of diseases, which result in disability and the creation of awareness regarding measures

to be taken for prevention of disabilities during the period of pregnancy and thereafter will be intensified and their coverage expanded.

- Rehabilitation Measures: Rehabilitation measures can be classified into three distinct groups:
  - o physical rehabilitation, which includes early detection and intervention, counseling & medical interventions and provision of aids & appliances. It will also include the development of rehabilitation professionals.
  - o educational rehabilitation including vocational education and
  - o economic rehabilitation for a dignified life in society.

FOCUS OF THE POLICY

The focus of the policy is on the following

1. **Prevention of Disabilities** - Since disability, in a large number of cases, is preventable, the policy lays a strong emphasis on prevention of disabilities. It calls for programme for prevention of diseases, which result in disability and the creation of awareness regarding measures to be taken for prevention of disabilities during the period of pregnancy and thereafter to be intensified and their coverage expanded.

2. **Rehabilitation Measures** - Rehabilitation measures can be classified into three distinct groups:
   a. Physical rehabilitation, which includes early detection and intervention, counseling & medical interventions and provision of aids & appliances. It will also include the development of rehabilitation professionals.
   b. Educational rehabilitation including vocational education and
   c. Economic rehabilitation for a dignified life in society.

3. **Women with disabilities -** Women with disabilities require protection against exploitation and abuse. Special programmes will be developed for education, employment and providing of other rehabilitation services to women with disabilities keeping in view their special needs. Special educational and vocation training facilities will be setup. Programmes will be undertaken to rehabilitate abandoned disabled women/ girls by encouraging their adoption in families, support to house them and impart them training for gainful employment skills. The Government will encourage the projects where representation of women with disabilities is ensured at least to the extent of twenty five percent of total beneficiaries.

4. **Children with Disabilities** - Children with disabilities are the most vulnerable group and need special attention. The Government would strive to: -
   a. Ensure right to care, protection and security for children with disabilities;

b. Ensure the right to development with dignity and equality creating an enabling environment where children can exercise their rights, enjoy equal opportunities and full participation in accordance with various statutes.

c. Ensure inclusion and effective access to education, health, vocational training along with specialized rehabilitation services to children with disabilities.

d. Ensure the right to development as well as recognition of special needs and of care, and protection of children with severe disabilities.

5. **Barrier-free environment** - Barrier-free environment enables people with disabilities to move about safely and freely, and use the facilities within the built environment. The goal of barrier free design is to provide an environment that supports the independent functioning of individuals so that they can participate without assistance, in every day activities. Therefore, to the maximum extent possible, buildings / places / transportation systems for public use will be made barrier free.

6. **Issue of Disability Certificates** - The Government of India has notified guidelines for evaluation of the disabilities and procedure for certification. The Government will ensure that the persons with disabilities obtain the disability certificates without any difficulty in the shortest possible time by adoption of simple, transparent and client-friendly procedures.

7. **Social Security** - Disabled persons, their families and care givers incur substantial additional expenditure for facilitating activities of daily living, medical care, transportation, assistive devices, etc. Therefore, there is a need to provide them social security by various means. Central Government has been providing tax relief to persons with disabilities and their guardians. The State Governments / U.T. Administrations have been providing unemployment allowance or disability pension. The State Governments will be encouraged to develop a comprehensive social security policy for persons with disabilities.

8. **Promotion of Non-Governmental Organizations (NGOs) -** The National Policy recognizes the NGO sector as a very important institutional mechanism to provide affordable services to complement the endeavors of the Government. The NGO sector is a vibrant and growing one. It has played a significant role in the provisions of services for persons with disabilities. Some of the NGOs are also undertaking human resource development and research activities. Government has also been actively involving them in policy formulation, planning, implementation, monitoring and has been seeking their advice on various issues relating to persons with disabilities. Interaction with NGOs will be enhanced on various disability issues regarding planning, policy formulation and implementation. Networking, exchange of information and sharing of good practices amongst NGOs will be encouraged and facilitated. Steps will be taken to encourage and

accord preference to NGOs working in the underserved and inaccessible areas. Reputed NGOs shall also be encouraged to take up projects in such areas.

9. **Collection of regular information on Persons with Disabilities** - There is a need for regular collection, compilation and analysis of data relating to socio-economic conditions of persons with disabilities. The National Sample Survey Organization has been collecting information on Socio-economic conditions of persons with disabilities on regular basis once in ten years since 1981. The Census has also started collection of information on persons with disabilities from the Census-2001. The National Sample Survey Organization will have to collect the information on persons with disabilities at least once in five years. The differences in the definitions adopted by the two agencies will be reconciled.

10. **Research** - For improving the quality of life of persons with disabilities, research will be supported on their socio-economic and cultural context, cause of disabilities, early childhood education methodologies, development of user-friendly aids and appliances and all matters connected with disabilities which will significantly alter the quality of their life and civil society's ability to respond to their concerns. Wherever persons with disabilities are subjected to research interventions, their or their family member or caregiver's consent is mandatory.

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

RESPONSIBILITY FOR IMPLEMENTATION

- Nodal Ministry - Ministry of Social Justice & Empowerment
- Inter-ministerial body will be formed
- Other ministries will setup necessary mechanism for implementation of the policy (NGOs, Disabled Peoples Organizations, advocacy groups and family associations of parents / guardians, experts and professionals)
- Chief Commissioner for Disabilities at Central level and State Commissioners at the State level shall play key role in implementation of National Policy, apart from their statutory responsibilities. Chief Commissioner for Disabilities at Central level and State Commissioners at the State level shall play key role in implementation of National Policy, apart from their statutory responsibilities.
- Panchayati Raj Institutions will play a crucial role in the implementation of the National Policy to address local level issues and draw up suitable programmes, which will be integrated with the district and State plans.

- Infrastructure created during the course of implementation will be required to be maintained and effectively used for a long period.

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

RTE Act 2009

What is the **right to education**?

Education as a human **right** means; the **right to education** is legally guaranteed for all without any discrimination. States have the obligation to protect,respect and fulfil the **right to education.** There are ways to hold states accountable for violations or deprivations of the **right to education.**

What is **right to education(RTE)** act?

The **Right of Children to Free and Compulsory Education Act** or **Right to Education Act(RTE)** is an Act of the Parliament of India. It was enactedon 4August 2009, which describes the modalities of the importance of free and compulsory education for children between the age of 6 to 14 years in India under Article 21A of the Indian Constitution.

Right of Children to Free and Compulsory Education Bill,2008, passed in both Houses of Parliament in 2009. The law received President's assent in August 2009.

Article 21-A and the RTE Act come into effect on April 1, 2010.

The title of the RTE Act incorporates the words 'free and compulsory'.

'Free education' means that no child ,other than a child who has been admitted by his/her parents to a non-government school, shall be liable to pay any kind of fee or charges or expenses which may prevent him/her from pursuing and completing elementary education.

'Compulsory education' casts an obligation on the appropriate Government and local authorities to provide and ensure admission,attendance and completion of elementary education by all children in the 6-14 age group**.**

Salient Features of RTE Act

- Every child in the age group of 6-14 years has the right to free and compulsory education in a neighbourhood school, till the completion of elementary education.

- Private school will have to take 25 percent of their class strength from the weaker section and the disadvantaged groups of the society through a random selection process. Government will fund for these children.
- No donation and capitation fee is allowed.

- No admission test or interview either for parents or teachers.

- No child can be held back, expelled and required to pass the board examination till the completion of elementary education.

- A fixed student and teacher ratio is to be maintained.

- All schools have to adhere to rules and regulations laid down in this act, failing which the school will not be allowed to function.

- Norms for teachers training and qualifications are also clearly mentioned in the act.

- All schools except private unaided schools are to be managed by School Management Committees with 75percent of parents and guardians as members.

Problems in the implications of RTE -2009 Act

(Anomalies and Challenges)

- Why only 6-14 ; Why not 0-18 years?
- Disabled left out of education bill.
- Requirement of qualified and trained teachers
- No standard definition of teacher education.
- Reservation of seats in unaided private schools.
- Status of poor kids in the private schools.
- Input oriented act.
- Admission according to age but no facility for bridge courses.
- Automatic passage to next class may be counter productive.
- School recognition.
- School management Committee.

Measures to overcome the Challenges of RTE -2009 Act

- Give incentives for schooling.
  - (a) Monetary support to parents for sending kids to schools.
  - (b) Mid-day meal schemes.
  - (c) "lack of interest" is responsible for major school drop-outs.
- Establish ownership and responsibility.
- Focus on teacher training programs
- Use computer and satellite technology to create awareness and interest.

3.C) Educational concessions, facilities and provisions for CWSN.

Inclusive **Education** For **CWSN** (Children With Special Needs) Under SSA , efforts are made to give quality **education** to children with special needs. ... The Council has provided the

platform to discuss family, social, **education**, rehabilitation issues and various psychological barriers related to disabilities.

They're **children** who have a disability or a combination of disabilities that makes learning or other activities difficult. **Special-needs children** include those who have: Mental Retardation, which causes them to develop more slowly than other **children**.

There are **four** major types of special needs children: Physical – muscular dystrophy, multiple sclerosis, chronic asthma, epilepsy, etc. Developmental – down syndrome, autism, dyslexia, processing disorders. Behavioral/Emotional – ADD, bi-polar, oppositional defiance disorder, etc.

Disability Specific Exemptions, Concessions and Facilities:-

Sl. No.	Name of the Disability	Exemptions & Concessions to be provided from the academic year: 2018 -19
(1)	(2)	(3)
01	Blind	The qualifying criteria and pass marks in examinations should be reduced from 35 to 20 (Thirty five to Twenty) marks for all subjects to students with Blindness from classes VI to X. . For the purpose of valuation, like Grammatical mistakes and punctuation errors etc., shall be ignored. To provide suitable assistive devices (Abacus, Tyler frame) etc. as per the requirement.
02	Hearing Impairment	The qualifying criteria and pass marks in final examinations, i.e., classes VI to X should be reduced from 35 to 20 (Thirty five to Twenty) marks for all subjects to students with Hearing impairment. Students with Hearing Impairment to study only one Language out of three. For the purpose of valuation, like Grammatical mistakes and punctuation errors etc., shall be ignored. To provide suitable assistive devices etc. as per requirement.
03	Specific Learning Disabilities	Exemption from writing 3rd language paper to students with Learning Disabilities. For the purpose of valuation, like Grammatical mistakes and punctuation errors etc., shall be ignored. A concession of 20 (Twenty) marks for single subject or 20(Twenty) marks divided totally among all subjects would be given to a student who do not get minimum qualifying marks in his/her examinations from classes VI to X. To provide suitable assistive devices viz., calculator etc., as per requirement.

04	Intellectual Disability (Mental Retardation)	The qualifying criteria and pass marks in examinations should be reduced from 35 to 10 (Thirty five to Ten) marks for all subjects to students with Intellectual Disability of classes VI to X For the purpose of valuation, like grammatical mistakes and punctuation errors, Graphs, Geometry and Maps shall be ignored. To provide suitable assistive devices like calculators etc. as per requirement.
05	Autism Spectrum Disorder (ASD)	The qualifying criteria and pass marks in examinations should be reduced from 35 to 10 (Thirty five to Ten) marks for all subjects to students with ASD of classes VI to X. For the purpose of valuation, like Grammatical mistakes and punctuation errors, Graphs, Geometry and Maps shall be ignored. Separate answer scripts (Thick paper) to be provided to their examinations. To provide suitable assistive devices like calculators etc., as per requirement.

06	Cerebral Palsy (CP)	The qualifying criteria and pass marks in examinations should be reduced from 35 to 10(Thirty five to Ten) marks for all subjects to students with Cerebral Palsy of classes VI to X. For the purpose of valuation, like Grammatical mistakes and punctuation errors, Graphs, Geometry and Maps shall be ignored. Separate answer scripts (Thick paper) to be provided to their examinations. To provide suitable assistive devices like calculators and facilities like appropriate chair & table etc.
07	Low Vision (LV)	To provide suitable assistive devices like magnifiers, optical devices, calculators as per requirement from classes VI to X.
08	Orthopedically Impaired (OI)	Scribe to be provided for the students with Orthopedically Impaired whose upper limbs are affected. To provide suitable facilities like appropriate chair & table.

SPECIFIC EXEMPTIONS/CONCESSIONS (CLASS X) - CBSE
Exemption from third language: Exemption from examination in the third language from Classes VI to VIII is granted to

- Visually impaired candidates

- Candidates suffering from speech / hearing defects

- Dyslexic candidates

- Candidates with disabilities as defined in the Persons with Disabilities Act, 1995.

Provisions for CWSN under SSA

SSA provides upto Rs.1200/- per child for the inclusion of disabled children, as per specific proposal, per year. District plan for children with special needs is formulated within the Rs.1200/- per child norm. The interventions under SSA for inclusive education are identification, functional and formal assessment, appropriate educational placement, preparation of Individualized Educational Plan, provision of aids and appliances, teacher training, resource support, removal of architectural barriers, research, monitoring and evaluation and a special focus on girls with special needs. SSA ensures that every child with special needs, irrespective of the kind, category and degree of disability, is provided meaningful and quality education. Hence, SSA has adopted a zero rejection policy.

This means that no child having special needs should be deprived of the right to education and taught in an environment, which is best, suited to his/her learning needs. These include special schools, EGS, AIE or even home-based education. The major thrust of SSA is on inclusion or mainstreaming CWSN into the fabric of formal elementary schooling.

Experiences of programmes like DPEP and various research findings have shown that inclusion is best determined by the individual needs of the child. Most children with special needs can be enrolled and retained in regular schools if adequate resource support is provided to them, whereas there are others who might have to be provided some kind of pre-integration programmes, before they can be mainstreamed in a classroom.

NIOS: Collaboration with NIOS / SOS and NGO (as the case may be) at state level for CWSN to complete secondary education. The provisions for CWSN for open schooling education are -:

☐ Fee concession to the extent of 50% for CWSN.

☐ A distance learner is registered for a period of five years in which a candidate gets nine chances to appear in a given course/programme. ☐ CWSN can appear in one/two subjects at a time as per his/her preparation. Credit is accumulated till a candidate successfully completes the requirement of a course.

☐ Study-centres are taken as examination centre.

☐ General and specific relaxations (Disability wise) during examination. Amanuensis are given as per disability wise

☐ Flexibility in selecting examination dates. ☐ Flexibility in choice of subjects.

☐ There is no age limitation for admission in NOS programmes.

Assessment of CWSN: Assessment of all CWSN entering the class IX must be carried out to ascertain the development level of the child, the nature of support services, assistive devices required and the most appropriate form of special training to be given to the child. Thereafter students with certain types of disabilities like MI, MR, Autism, etc. should be assessed periodically. The assessment professional team may include an interdisciplinary expert team of special educators, clinical psychologists, therapists, doctors and any other professional support based on the students' needs to ensure quality of assessment. Assessment should also be done to identify the educational needs of CWSN. States may also seek the assistance of NGOs in carrying out assessment.

Enrolment of Girls- In order to cover and enrol more CWSN girls and retain them in the Secondary classes, the State Govt. has undertaken major steps through massive social drives in the local community involving the community leaders and the Headmaster playing a leadership role by making parents aware of the provisions in the Scheme with regard to availability of Gender sensitive interventions like availability of transport, helper support, secure environment, disabled friendly separate toilets for Girls, residential facilities ,transport & escort allowance and stipends to girl's students.

Aids and Appliances- Based on assessment, all children requiring assistive devices should be provided with aids and appliances procured in convergence with the Ministry of MoSJE, State Welfare Departments, National Institutions, and ALIMCO, voluntary organisations or NGOs.

UNIT 4: Curricular issues

4.a) Curriculum adoption modifications disability wise curricular adoptions modifications in instructions.

Curriculum adoption is an ongoing dynamic process that modifies and adopts the prescribed program of studies to meet the learning requirements of a student which special needs it enables the teaching team to welcome learners of all abilities and insurers that every student is challenged to learn.

Curricular adoptions as changes permissible in educational events which allow the student equal opportunity to obtain excess results benefits and leaves of achievement.
In contrast a modification refers two curricular adoptions which change your expectations or standards for instance se and English course required reading The Adventures of Tom.

Sawyer students who struggle with reading cool instead read the simplified virgin published by great illustrated classics
Individual educational plans

IEP list what accommodations modifications a child should receive every student with documented special needs goes through the I EP process

The collaborative IEP

How parents and teachers can work together

- The parents play a vital role seek wisdom from the special education professionals on kids IEP team to pinpoint which adaptions could help the child Excel academically.
- Go beyond this team as well ask your doctor, outside therapists and any other relevant professionals for suggestions prior to the IEP meeting.

Application inside the classroom

- Once IEP team successful identifies the proper curricular adaptions for a student, the challenges becomes implementing them into the classroom
- Special education teachers are there to help and when general education teachers established strong working relationships with them the odds of student success increase.

Curricular adaptions lead to new educational possibilities

Student participates in least restrictive learning environment and are held accountable for performance in those environment through curricular adaptions

Definition

Curricular adoptions are changes permissible in educational environments which allows the student equal opportunity to obtain access, results, benefits and levels of achievement.

Some adoptions do alter or lower standards expectations and can be termed modifications.

These modifications, although providing access, will necessitate careful selection of assessment components to achieve accountability for performance.

Disability
A physical or mental condition that limits a person's movements, senses or activities.

1) **Specific Learning Disability**

A disorder in one or more of the basic psychological processes involved in understanding are in using language spoken or written imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations.

2) **Autism**

It means a developmental disability significantly affecting verbal and nonverbal communication and social interaction engagement in respective activities and stereotyped movements unusual response to sensory experiences

3) **Emotional disturbance**

Inability to learn not explained by other factors, inability to build a maintain satisfactory interpersonal relationships with peers and teachers
General pervasive of unhappiness or depression.
Inappropriate types of behaviour or feelings under normal circumstances

4) **Attention deficit hyperactivity disorder**

- Include severe problems of inattention hyperactivity or impulsivity
- Live seat in classroom

- Open talks excessively
- Feelings of restlessness (adolescents)

5) **Down syndrome**

A genetic chromosome 21 disorder causing developmental and intellectual delays
Wide range of developmental delays and physical disability caused by genetic disorder

The obstacles to learning that students with down syndrome face are very real but do not preclude them from academic learning
With the positive attitude teachers have the keys to preparing a welcoming classroom for students with Down syndrome

The following components are the key to creating a welcoming classroom for students with down syndrome.

Adoption: Attitudes

Teachers model, through their words and actions, acceptance and understanding of the unique needs of individual students and reflect the attitude to student as a value and equal member.
- Calls on him to contribute in group activities.
- Excepts him to learn classroom rules for courtesy and cooperation.
- Recognizes is his achievements in meaningful ways.
- Prepare lesson plans that speak to all students
- Teaches classmates to view the student as a peer despite his ability level or small size
- Enforces consequences for teasing and bullying.

Education Assistant Support

To provide supervision tutoring and material preparation

- The assistant allocation is determined by reviewing learning needs of an individual student basis.
- The students
-Receptive and excessive language abilities
-Proficiency in reading and printing
-Behaviour and social skills
-Emotional and physical well being
-Fine motor and gross motor development
-Curriculum requirements
-Class size and pupil or teacher ratio
-Diversity of student needs in the classroom
-Physical environment and classroom organisation

Modification: Material

It the right tools for the task. Provide student with proper size desk. Appropriate developmental age tools and materials
- Pencil grips

- Special scissors
- Raised line paper

Colour coding health student identify and classify information (visual)

Instructions: Strategies and Techniques

The framework for adopting lesson plans consist simple three step formula

1) **Knowledge**–

   Identify what does student will learn. The goals have meaning for the student the knowledge gained will further his learning.

2) **Process** –

   Identify how the student will be taught and what tools will be used.
   Ex. How : is reducing the number of items that student is expected to complete on a test or research topic.
   Ex. What : is providing the correct writing tools for the student is not limited by fine motor skills

3) **Demonstration**-Identify how the student will demonstrate learning it is OK that student will represent what he has learnt using different techniques and modalities.

4.b) Strategies for differentiating content in an inclusive Classroom

Introduction

Over the last few decades, the development of inclusion has become to central international education policy and has forced changes in legislation in many countries. The inclusion of students with barriers to learning in ordinary schools is a part of the global movement for human rights. All learners have a right to education, regardless of their individual characteristics or difficulties. The RTE Act - 2009 provides a legal framework that supports free and compulsory elementary education for all the children of India, between the age group of 6-14 years. It also advocates for an education that is free from fear, stress and anxiety and of reasonable quality, based on principles of equity and non-discrimination. Need to work on for the barriers in education.

Differentiated Instruction: Planning for all

Differentiated instruction can be defined as a philosophy of teaching that is based on the premise that students learn best when their teachers accommodate the difference in readiness levels, interests and learning profiles . Differentiated instruction is a process to teaching and learning for students of differing abilities in the same class.

Differentiated instruction seeks to move away from teaching to the whole class in the same manner and addresses the needs of all learners, including those who are at risk and the gifted, through various forms of well planned, well-organized, flexible curriculum and instructional strategies. Differentiated instruction can enable students with a wide range of abilities—from gifted students to those with mild or even severe disabilities—to receive an appropriate education in inclusive classrooms. In order to understand differentiated instruction, the principles for practicing must be articulated

i.   Every child can learn.
ii.   All children have the right to high quality education.
iii.   Progress for all will be expected, recognized and rewarded.
iv.   Learners in a classroom have common needs, distinct needs, and individual needs .

Theoretical Bases of Differentiated Instruction

The foundational belief for differentiation is that every student is different, and he learns differently from others. The rationale behind differentiated instruction is Piaget's constructivist theory, Vygotsky's zone of proximal development, and Gardner's theory of multiple intelligences.

Piaget's theory, the learner interacts with objects and events available in the physical and social environment and thereby comprehends the features held by such objects or events using the process of assimilation, accommodation and equilibration. The learners, therefore, construct their own conceptualizations and use those conceptualizations to generate solutions to problems. In the differentiated classroom, teachers should facilitate the learning process by organizing learning activities and using variety of aid material according to the level of functioning of student's cognitive structure to enable him to construct knowledge through his experiences.

Vygotsky's zone of proximal development is the distance between student's ability to perform a task with assistance i.e. under adult guidance or with peer collaboration and the student's ability to perform the task without any assistance14. According to Vygotsky learning occurs in this zone. In differentiated instruction, first the teacher need to identify what the students can achieve independently (level of actual development) and for further learning of the more challenging tasks, differentiate learning tasks accordingly and provide academic support from teacher as well as from more proficient peers so that students acquire necessary academic skills for independent learning (level of potential development).

Gardner stated that human beings possess a basic set of intelligences at varying levels, and that no intelligences should be viewed as bad or good . Gardner identified the existence of eight distinct intelligences: visual-spatial, verbal-linguistic, musical, logical-mathematical, bodily kinaesthetic, interpersonal, intrapersonal, and naturalistic. Gardner suggested that one of the intelligences may be stronger than the other, but they all are utilized by an ordinary person. In the differentiated classroom, teachers should provide educational opportunities in such a way that nurture the strong area of intelligences but also allow students to use all their intelligences.

Critical areas/elements by which teacher can differentiate

For implementing differentiated instruction in their classrooms, teachers need to modify curriculum and instruction by selecting and organizing content on the basis of learning objectives, choosing instructional approaches for its effective transaction, designing learning activities and assessments according to students' interests, learning styles and readiness levels.

Based on Content	- Utilize pre-tests to assess where individual students need to begin study of a given topic or unit. - Objectives should be framed at various levels of Bloom's taxonomy. - Break learning tasks into smaller, more manageable parts that include structured directions for each part.

	● To have students' access to a variety of materials that target their learning preferences.
Based on Process	● To develop variety of activities that targets various learning styles and multiple intelligences. ● To establish stations for inquiry-based, independent learning activities. ● To create activities that vary in level of complexity and that require some degree of abstract thinking. ● To make use of flexible grouping to group and regroup students based on factors including content, ability of students, and assessment results.
Based on Product	● Variety of assessment strategies should be used viz. projects, assignments, performance based tests, open-ended Questions that reflect a variety of learning styles and interests. ● Balance teacher-assigned and student-selected projects. Make assessment an ongoing, interactive process.

Strategies of differentiation in inclusive classroom

It can be beneficial to know about certain types of disabilities before teaching students with labels, often teachers are effective when they are accepting, look for strengths in their students, provide personal attention when necessary, and allow for differences in the ways students approach tasks and complete classroom work20. Some of the easy strategies are as:

A. Big Question Teaching: The easiest way to differentiate for all learners is to frame lessons and units as questions, issues, or problems, especially in humanities. Questions or problems based on critical issues stimulates the students to think innovatively and the best way of getting different responses from different students and also encouraging some of them for further learning and investigation.

Example: some learners will provide answers that are more concrete while others will be able to answer in ways that are more complex and abstract.

B. Centres or stations: Centres or stations involve setting up different spots in the classroom where students work on various tasks simultaneously on their pace and abilities. Stations involve flexible grouping because not all students need to utilize all stations. Centres or station teaching is ideal for use in the inclusive classroom since it allows teachers to work with individual students or small groups of learners without needing to push them to achieve the desired objectives.

Example: In a high school mathematics classroom, learners might rotate through five stations according to their potentials:

i.   Working with the teacher to learn about surface areas and volumes
ii.   Solving problems of surface areas and volumes from the textbook
iii. To generate a list of applications related to surface areas and volumes from the real world,
iv.   Working on problems related to surface area and volumes on computer (designed by teacher or downloaded from internet) with a small group
v.   Completing a review worksheet from the last unit if last unit not mastered.

C. Project-based instruction: Project-based instruction is one of the best ways to differentiate instruction as number of student needs and learning styles can be addressed. Projects

independent or group based can be assigned by the teacher or can be chosen by the students. If it is a group project, there are increased opportunities for peer support and the development of relationships. Students can work at their own pace; and a number of skills and disciplines can be incorporated into any project. Projects are ideal for those who thrive when given opportunities to immerse themselves in one topic.

D. Curriculum overlapping: Students needing more enrichment or more support might work on objectives that are different from those being addressed by their peers. When teachers use curriculum overlapping, some students focus on objectives that are different from but clearly connected to those being addressed by the class.

Example:1 A student who already knows a lot about various tribes of various states can opt out some lessons of geography class to design a classroom website that helps classmates' study about those tribes and connect to various internet resources (student works on refining and learning technology skills while practicing geography skills).

Example:2 A student who has already read and studied a certain novel which is now being studied by other students in the class can take time to adapt that novel into a play.

E. Tiered assignments: Tiered assignments are basically the learning tasks designed at different levels of complexity according to students' readiness levels, or at times keeping the learning outcomes same the learning tasks can be designed according to students' learning preferences viz. Learning styles or Gardner's multiple intelligences.

Example: tiered in Process in high school science class, based on the students' learning style, learning tasks can be differentiated to achieve the same objective viz.

Tier 1: The students who have visual/spatial mode of learning style or artistic qualities can be asked to prepare the model or sketch of oxygen atom by clearly showing its subatomic particles.

 Tier 2: The students who have bodily/kinaesthetic mode of learning style may be asked to demonstrate how the nitrogen atom will look like by considering themselves as sub atomic particles. Tier 3: The students who have verbal/linguistic learning style can be asked to describe the structure of potassium atom with its sub atomic particles.

The assignments also meet the needs of at-risk students. Since most teachers are under time constraints, teachers work together in teams to plan activities for a subject. Activities can be designed for small groups as well as individual students.

Conclusion

Differentiation is an organized, yet flexible way of adjusting teaching and learning methods to accommodate each child's learning needs and preferences in order to achieve his or her maximum growth as a learner. Differentiated instruction provides multiple approaches to content, process, and product, is student-centred, a blend of whole-class, group, and individual instruction. Designed for small groups as well as individual students.

For teachers and students, the challenge is to move comfortably into a new instructional paradigm. For administrators, the challenge is to support teachers' professional development, provide teachers access to a variety of instructional materials, and encourage them to use new methodologies and teacher support networks or peer coaching.

4.C) Alternative means for assessment and evaluation in an inclusive classroom

Changing and Evolving Educational Paradigms

From the perspective of assessing students for the inclusive classroom, some aspects of the composition of international schools are unique. The admissions process tends to foster self-selection with the results that students with severely handicapping conditions rarely apply for admission. Students tend to come from families with professional backgrounds, representing multi-cultural and multi-linguistic backgrounds. For most, English, the language of instruction, is a second or third language.

Changing Assessment Paradigms

The overall objectives for assessing students with special needs have changed with the movement towards inclusion. The earlier, traditional emphasis was on testing to establish a diagnosis and determine eligibility for services with norm-referenced assessment tools, whereas current emphasis is on developing a profile of student's strengths and weaknesses based on data obtained from a variety of sources and with a variety of approaches to assessment. This has resulted in increased

Checklists and criterion-referenced probes have also been developed that focus on

 (a) basic skills and strategies for listening, speaking, reading, and writing,

(b) responses to curriculum demands (e.g. social science),

(c) classroom interactions between teachers, peers and the student;

and (d) effective classroom practices for management and instruction. The student is seen as a multi-faceted entity with behaviors that change as a function of external demands.

- Planning oral and written statements, questions and discourse;
- Making predictions, inferences, and forming hypotheses based on what they hear and read (i.e. metalinguistic and metacognitive aspects);
- Developing options for spoken and written communication and selecting which option may be most effective in a given context (i.e. strategic language use);
- Self-monitoring, correcting, and editing spoken and written language (i.e., executive functions).

Gardner (1991) stresses the importance of word and concept knowledge for academic achievement, literacy, and lifelong learning.

He and others differentiate two concept categories: spontaneous concepts, developed from reflections on everyday life, and scientific concepts, originating in the structured, specialized activities of education and subject area instruction.

Deficits in the knowledge of scientific concepts are common in students with language and learning disabilities and can limit a student's equity of access to school and life-long learning. The implications are that the teacher in an inclusive classroom must understand how to support concept formation and conceptual thinking.

Multi-Perspective, Collaborative Assessment

Educational specialists now complement norm-referenced testing of academic and other skills by descriptive, qualitative assessment procedures, such as checklists, interviews, and self-evaluation, to obtain data about a student's potential for inclusion. Because the classroom will be the primary context for learning, assessments explore how language, literacy, reasoning, and other competencies are used to respond to classroom management, teacher instruction, peer socialization, evaluation of knowledge, and requirements for listening, speaking, reading, and writing for literacy.

Multi-perspective, holistic assessments can assist in putting together the puzzle of which strengths or weaknesses a given student brings to learning and living. It can also illuminate how the demands of different contexts and environments (e.g., teacher, classroom, curriculum, or culture) may impinge on the student to cause either success or failure. The process of gaining insight into the nature and degree of a child's potential for learning can be formal and standardized or informal and descriptive in nature.

Multi-perspective assessment views a person's abilities, such as language and reasoning, from several professional and personal perspectives (e.g., clinician, teacher, parent, student, and others). It uses qualitative (e.g., observation, checklists, or interviews), as well as quantitative (e.g., norm-referenced or standardized) assessment tools (Wiig & Story, 1993). This implies that assessment for inclusion is a process of detection in which all the concerned parties are involved in fact finding about the child.
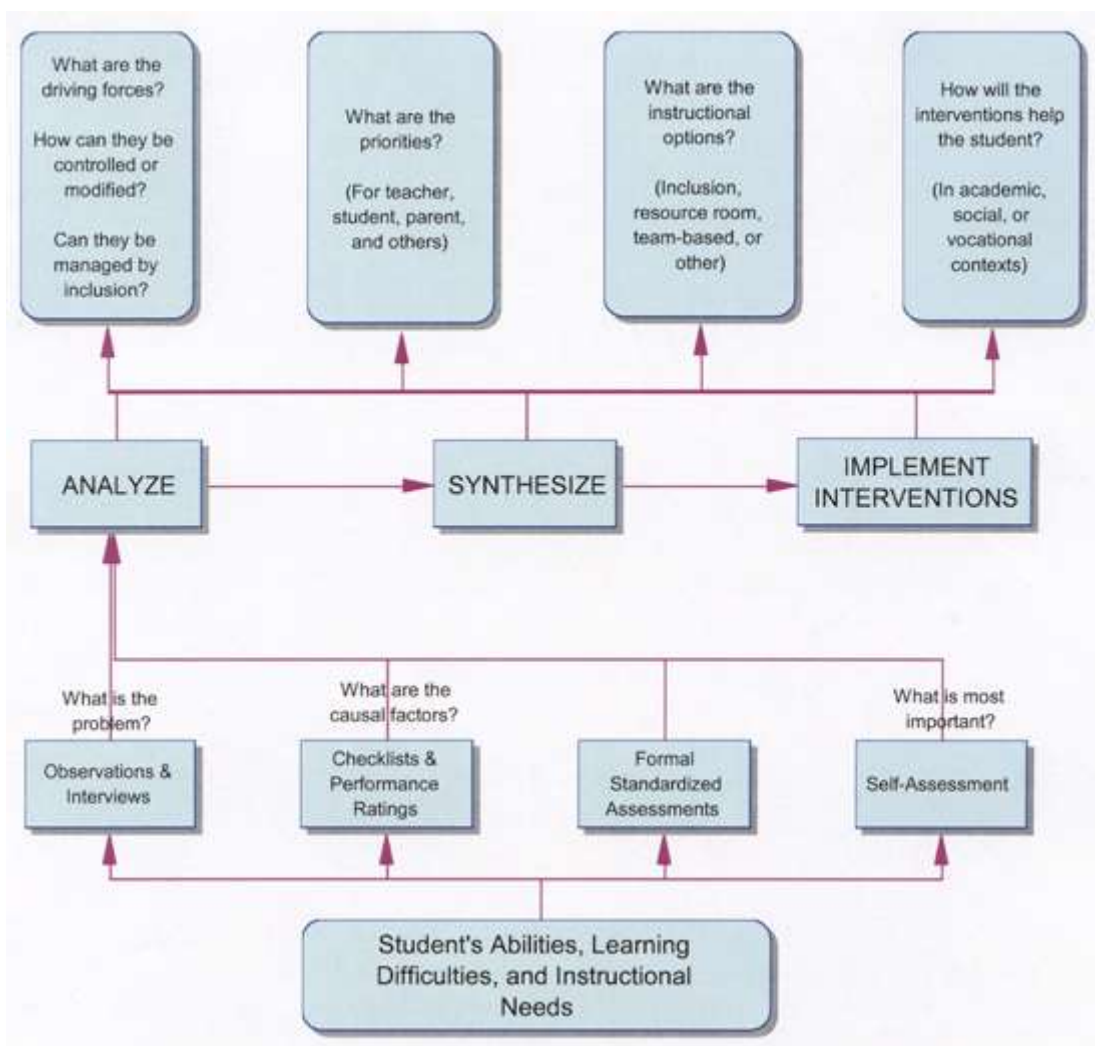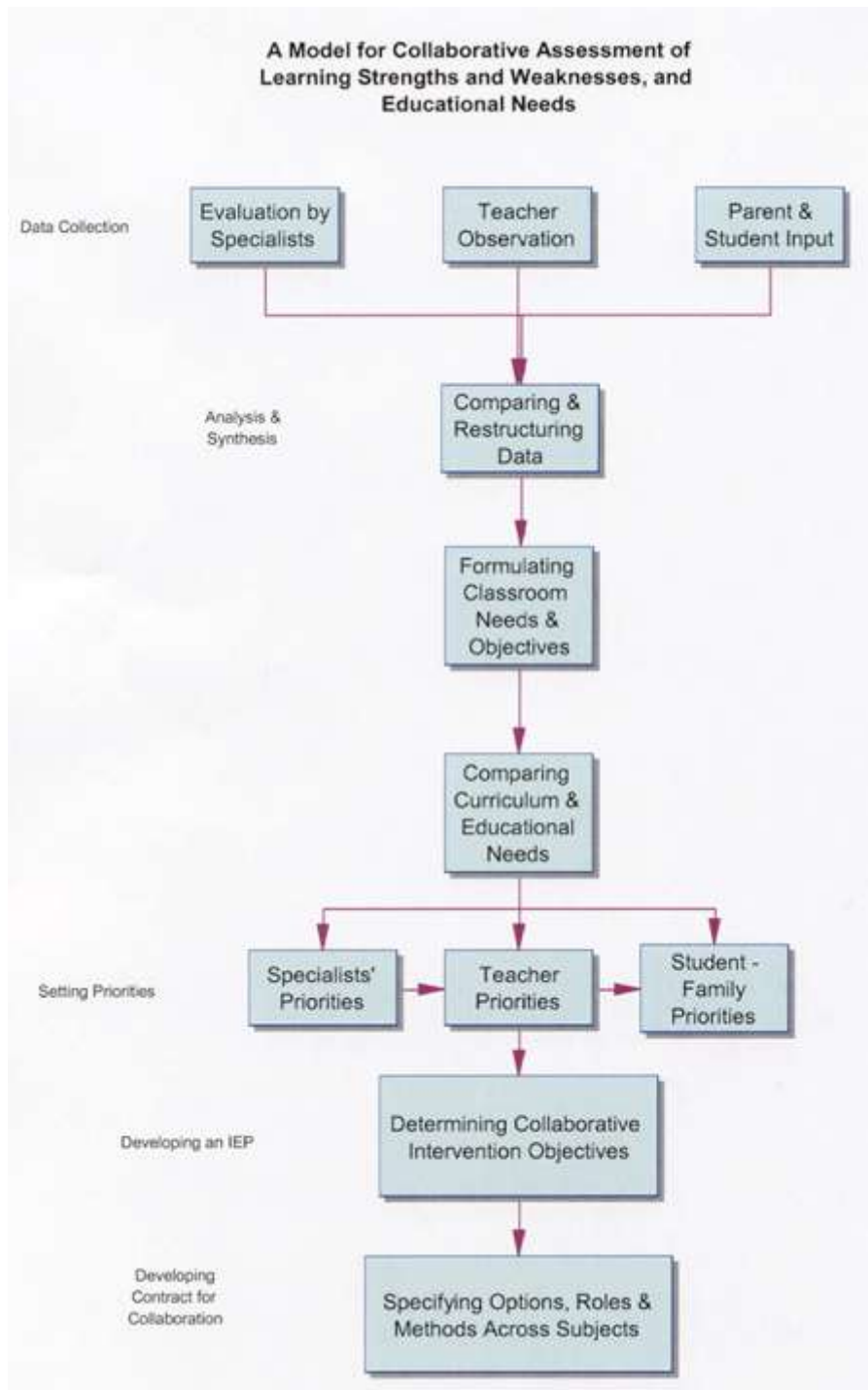
Outline of Diagram

The first step in the process is to gather a broad base of information regarding the student's behaviors, perceptions, and reactions. Educational specialists can engage in fact-finding through formal testing, direct and indirect observations, conversations and interviews, review of previous educational or diagnostic records, and other appropriate means. As information becomes available, teachers and educational specialists must analyze, evaluate, and integrate it to arrive at a holistic view (i.e., a schema or gestalt) of where the child is at the point of assessment and weigh it against classroom demands. The purpose is to determine the child's potential for inclusion and develop an educational plan for the inclusion. At this point, the professional team must determine and delineate what can be done to respond to a student's identified needs over the long- and short-term of his or her educational life span.

At the highest conceptual level, often reached after diagnostic teaching, teachers and specialists may understand (a) the nature of the problem situation; (b) the student's knowledge and use of language, communication, and mental models; and (c) the driving forces behind the situation (e.g., neurobehavioral deficits, lack of motivation).

They can then identify alternatives and options for dealing with the situation (e.g., inclusion, resource room, team-based intervention), decide which intervention alternatives to pursue, and plan how to implement them (e.g., IEP development). Figure 1 shows a representation of assessment as a process of detection at the levels of fact finding and conceptualization.

Multi-perspective assessment is most effective through collaboration. Figure 2 shows a diagram of a collaborative assessment process (Secord & Wiig, 1991). In this process, the norm-referenced, standardized and other quantitative measures used by specialists are complemented by performance-based evaluations with qualitative measures used by teachers. The findings are augmented by parental input and self-evaluation by the student. This leads to the integration of three or more sets of data into a whole (gestalt), which reflects the student's potential classroom difficulties and instructional needs. The student's
After integrating quantitative and qualitative data, comparing these to the curriculum objectives, and determining the potential for inclusion, the educational priorities must be explored from the specialist's, teachers', families and student's perspectives. The premises for inclusion, long- and short-term objectives for classroom instruction, and needed interventions are then discussed and specified collaboratively. Staff and resources are identified next and the functions, roles, and responsibilities of each participant in the educational process for inclusion are delineated.

**A Model for Collaborative Assessment of
Learning Strengths and Weaknesses, and
Educational Needs**

Data Collection	Evaluation by Specialists	Teacher Observation	Parent & Student Input
Analysis & Synthesis		Comparing & Restructuring Data	
		Formulating Classroom Needs & Objectives	
		Comparing Curriculum & Educational Needs	
Setting Priorities	Specialists' Priorities	Teacher Priorities	Student - Family Priorities
Developing an IEP		Determining Collaborative Intervention Objectives	
Developing Contract for Collaboration		Specifying Options, Roles & Methods Across Subjects	

Source: Adapted from Secord &Wiid, 1991.

Outline of Diagram

Norm-Referenced Assessment

Norm-referenced tests allow educators to obtain quantitative measures for evaluating and comparing prerequisite language behaviors and other competencies for inclusion. There is a need for determining the extent and primary nature of a student's language or learning difficulties. The quantitative data from norm-referenced tests also play a role in establishing a student's need for special support services and the potential for learning in the inclusive classroom.

Norm-referencing allows test developers to minimize gender and other biases through controlled studies. They can identify inadequacies in basic skills, acquisition of rules and

strategies, or higher level knowledge (metaknowledge) and provide suggestions for extended evaluation. They may assist in determining whether or not a student's inadequacies stem from factors related to differences in, for example, language or motivation or from inherent neuro-psychological deficits and disorders. When results from norm-referenced tests are available to teachers, performances and clinical interpretations should be taken into account. However, these data should be complemented by other information about the student.

Criterion-Referenced Assessment

Criterion-referenced assessment uses a series of items, usually with ten items each, to evaluate the acquisition of specific academic or language and communication skills and rules. Each probe is designed to contain items with a specific content, skill, or rule focus. As examples, a probe for the acquisition of English morphological rules may focus exclusively on forming noun plurals, while another may focus on forming the past tense of regular English verbs. Because the probes in a criterion-referenced inventory have such a specific focus and evaluate specific curriculum objectives or educational outcomes, they do not provide a differential diagnosis of language or learning disabilities. The focus in criterion-referenced testing is on skill acquisition, and usually does not allow for evaluation of neuro-psychological functions or deficits (e.g., naming, word finding, or working memory).

An examiner can select probes that are appropriate for a wide age or educational range. Probes in a criterion-referenced test can be re-administered over time to track a child's progress in a specific area of skill acquisition (e.g., vocabulary, morphology, syntax, decoding for reading, or spelling).

Criterion-referenced test results validate norm-referenced test scores, teacher observations, or classroom evaluations of, for example, reading comprehension or math skills. They can also be used to determine focused targets for intervention, identify appropriate educational objectives, and establish educational outcomes. For example, a criterion-referenced language test can evaluate the adequacy of basic linguistic content, rule, and use systems and of the strategies for language comprehension and use that are internalized by a child (Wiig, 1989).

The degree of fairness in using and interpreting the results of criterion-referenced assessments depends on, among others, selecting appropriate content and objectives and interpreting the

Portfolio Assessment with Focused-Holistic Scoring

The rationales and objectives for the given, specific assignment (e.g., "To evaluate the student's ability to give a coherent, descriptive account of a movie shown in class.")

- The expected content and scope of the assignment (e.g., the topic, theme, and narrative structure expected for a written assignment)

- The representative task formats that will reveal the expected competence, (e.g., asking for an oral narrative rather than a written one to evaluate aspects of the mechanics of story telling such as articulation, intonation, and style)

- The performance standards for the assignment (e.g., whether they are general or quite specific in nature)

- The measures that will be used in scoring the work sample (e.g., whether they will be qualitative or quantitative in nature, or a combination of both)

- The criteria that will be used for evaluation (e.g., whether they are holistic or focused-holistic in nature).

Holistic Scoring - The holistic scheme for evaluating portfolio samples is rightfully said to be authentic and to capture the interrelations and interactions among the external driving forces, such as the curriculum, and internal, inherent student interests and capabilities. It can be time efficient, because scoring is automatic and intuitive for the trained and experienced educator. The holistic approach is appealing to teachers, because they know intuitively whether or not a student can respond to language-based instructional activities (e.g., whole language or formats (e.g., discussion).

Holistic scoring of portfolio samples easily identifies those children who are outliers in overall performance on a given task. However, children who perform in the average or below average range may not be differentiated well enough to identify the child with specific learning difficulties. A purely holistic approach may often lack in reliability, validity, and sensitivity, when it is used to assess children with special needs for inclusion in the regular classroom. It may also be less than effective for planning and implementing classroom interventions, and fostering progress toward higher levels of academic and cognitive functioning.

Focused-Holistic Scoring - Focused-holistic assessment has a relatively recent history in education. Portfolio scoring methods that are published usually evaluate fairly well-defined academic abilities and performances, for example, oral language interpretation and expression (e.g., retelling a story), reading comprehension for text, and creating written language projects (e.g., rewriting a heard story or writing an essay) (Farr & Farr, 1990; Semel, Wiig, & Secord, 1989; Wiig &Kusuma-Powell, in press; Wiig & Wilson, 1998).

Focused-holistic assessment provides a conceptual scheme for evaluating dimensions and levels of performance along a continuum from least to most acceptable. In focused-holistic analysis, the educational specialist judges an identified set of dimensions - usually four or five - that constitute significant and separable components of the integrated work.

Designing Rubrics for Focused Holistic Scoring

The primary task in developing an **S-MAP** is to identify and design a conceptual schema - usually a four-by-four matrix or rubric - for the assessment that accounts for the following:

- *The task's critical dimensions* - Usually there are four or five critical dimensions in performing an assigned academic task and producing the expected outcome (e.g., essay, lab report, or other work sample).

- *The major, identifiable levels of performance* - Usually we specify four levels along a continuum from performing as a "beginner" to performing as an "expert."

- *The differentiating characteristics at each level of performance for each of the major dimensions identified for analysis* - This requires the design team to describe the behaviors and characteristics they expect at each performance level and for each dimension to be judged.

The first objective in designing an S-MAP is to identify four or five critical, inherent dimensions required for performing the specific task.

Illustrative Assessment Rubrics (S-MAPs)
The first example of designing an S-MAP rates performances on a tell-a-story task. Four critical dimensions were identified for evaluating organization, details and elaboration, language content and structure, and story-telling mechanics. The dimensions are characterized as follows:

Rules for Focused-Holistic Scoring
There are some general rules to follow in using an S-MAP for focused-holistic assessment. They facilitate observation and rating of performances and can make the ratings more reliable. They are as follows:

- Select and focus on one dimension of performance (e.g*., conceptualization, creativity, perspectives, or content*) at a time for observation and rating.

- Compare the observed performance or behaviors to the descriptions given in the four performance-level rubrics (e.g., *expert performer, competent performer, active performer, or beginner*) for the chosen dimension.

- Identify the rubric which best describes the majority of the observed behaviors (80% or more or four out of five instances) and mark it on an empty S-MAP for recording performances.

- Select a second dimension of performance and go through the same procedure of comparing, rating, and recording the performance level.

- Use the same procedure to observe, compare, rate, and record the two remaining dimensions.

Observations, Behavioral Ratings, and Interviews
For example, checklist and interview questions can be grouped in the following educational categories: (a) listening; (b) speaking; (c) reading; and (c) writing. Psycho-educational functions that affect the potential for inclusion might include (a) auditory and visual attention, processing, memory, and recall, and naming and word finding. Observations of behaviors can be judged for their educational, social, or vocational relevance. The end result should be a report of strengths as well as weaknesses to form a broad-based profile of the child's situation.

The statements and questions in the data-base are stated in a positive voice and focus on a student's strengths. The data-base can provide guidelines for obtaining naturalistic, holistic observations of the interfaces among:

- Inherent language and communication abilities - in other words, what skills and strategies for language and communication the child brings to the learning situation;
- Classroom performances - in other words, how the child responds and achieves in the regular classroom;
- Educational or environmental demands on language and communication - in other words, demands of the physical environment and curriculum on the child and how she or he responds to these demands and constraints.

Interview Procedures

Interviewing the teacher, parent, or student is also an option for obtaining information about a child or for administering checklist items or probes. The interview approach can be individualized and modified on the basis of the answers and other feedback (e.g., nonverbal communication cues) obtained. The primary purpose of an interview may be to complete a checklist in order to explore the frequency of occurrence of prerequisite behaviors for inclusion. There are many other purposes for interviewing, among them to get an understanding of the child's background culture, family dynamics, and support system. It is often helpful to develop a conceptual map of the aspects to be explored in an interview. In one educational setting, the educational specialist, responsible for interviewing incoming students or children being considered for inclusion, developed a map to guide the interview.

The interviewer can immediately collect additional information by following up on a question-answer sequence and asking about special concerns and issues. When the interview has been completed, the teacher, student or parent should be told that the evaluation team will review the responses, summarize the findings in terms of the child's strengths and weaknesses, and clarify any questions or concerns.

Self-Assessments

Self-assessments can be elicited by using interview procedures, structured question-answer interactions or checklists, categorically focused performance accounts, anecdotal accounts, or exchanges of letters or notes. Each procedure has assets and limitations which should be considered before choosing a specific approach. The methods used for self-assessment (e.g., audio-taping an account, interviewing) should be decided in collaboration between the child, parents, and educational specialists or teachers. Self-assessments can be compared to the outcomes of other behavioral and standardized evaluations to assist in (a) analyzing and evaluating facts, (b) generating instructional needs and alternatives; (c) deciding if inclusion is appropriate; and (d) reframing to arrive at an overall strategy for the child's educational management. Table 5 shows a checklist probe designed for self-evaluation of reading processes and strategies used by the student.

UNIT 5: Inclusion in classrooms

5.a) Barriers and facilitators of Inclusion: Attitudinal, social and infrastructural.

Barriers and Facilitators of Inclusive Education

Introduction:

Inclusive education is concerned with removing all barriers to learning, and with the participation of all learners vulnerable to exclusion and marginalization. It is a strategic approach designed to facilitate learning success for all children.

Inclusive Education means that all students attend and are welcomed by their neighbourhood schools in age-appropriate, regular classes and are supported to learn, contributed and participatein all aspects of the life of the school.

Inclusion is a process by which schools, local education authorities and others develop cultures, policies and practices to include pupils. With the right training, strategies and support nearly all children with special educational needs can be successfully included in mainstream education

"These inclusive schools must recognize and respond to the diverse needs of their students, accommodating both different styles of learning and ensuring quality education to all through appropriate curricula, organizational, arrangements, teaching strategies, resource use and partnerships with their communities". (UNESCO, 1994, Framework for Action on Special Needs Education, p.11-12)

But in all the way, these provisions are only on papers. Not as much as the provisions, efforts are made. We are lacking in the inclusive education due to various barriers that interfere with its successful implementation.

Inclusive education does away with the practice of segregating students with learning and/or physical challenges from the rest of the student body. While the practice of inclusion places extra demands on students and facility logistics, there are numerous benefits to all students, both disabled and non-disabled.

Teachers in inclusive classrooms must incorporate a variety of teaching methods in order to best reach students of varying learning abilities. This has benefits even for those students who would be placed in a traditional classroom, as this increases their engagement in the learning process. Even gifted and accelerated learners benefit from an environment that stresses responsiveness from all students.

Perhaps most importantly, inclusive classrooms encourage open and frank dialogue about differences as well as a respect for those with different abilities, cultural backgrounds and needs.
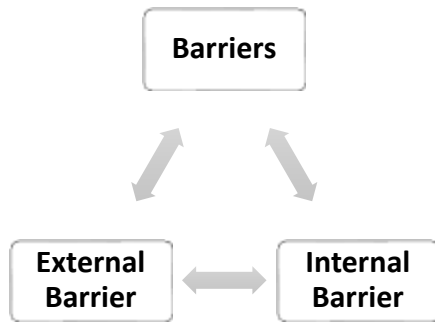
- INTERNAL BARRIERS

Attitudinal Barriers, Infrastructural barrier, Inappropriate Curriculum, Untrained Teachers, Organization of Education System

- EXTERNAL BARRIER

School location, School enrolment, Educational barrier, Social and Economical Condition.

- INTERNAL BARRIERS
1. AttitudinalBarriers:

   One of the most significant barriers is the attitudes of administrators, parents, teachers and students. Many parents fear allowing children with disabilities into the classroom with their child. Teachers and administrators fear their time will be monopolized by the students with special needs and keep them from providing appropriate education to other students.

   Attitude to disability are major barriers to disabled people's full participation in the society. From pity, awkwardness and fear, to low expectations about what disabled people can contribute, stereotypical and negative attitude hold people back.

   Societal norms often are the biggest barrier to inclusion. Old attitudes die hard, and many still resist the accommodation of students with disabilities and learning issues, as well as those from minority cultures. Prejudices against those with differences can lead to discrimination, which inhibits the educational process. The challenges of inclusive education might be blamed on the students' challenges instead of the shortcomings of the educational system.

   Another major obstacle for inclusion is negative experiences parents of children with disabilities have had with teachers and administrators. Sometimes, parents feel their child needs a "break" from the general education program to ease these frustrations. Sometimes, a community may be unfamiliar with a particular characteristic of a person or a group. There may be some doubt or caution in accepting the person as a part of their community.

2. Infrastructural/ Physical Barrier:

   Young people with disabilities often face both physical and perceived barriers to participation. Few activity venues are fully adapted to ensure the active participation of all young people with a wide variety of disabilities. Although more and more venues are beginning to have adaptations made, this is a slow process and levels of accessibility vary wildly. As many young people with disabilities will have experienced

access problems in the past, they are often also reluctant to join new organizations, fearing the stigma and awkwardness of not being able to access the activity.

In some districts, students with physical disabilities are expected to attend schools that are inaccessible to them. In economically-deprived school systems, especially those in rural areas, dilapidated and poorly-cared-for buildings can restrict accessibility. Some of these facilities are not safe or healthy for any students. Many schools don't have the facilities to properly accommodate students with special needs, and local governments lack either the funds or the resolve to provide financial help. Environmental barriers can include doors, passageways, stairs and ramps, and recreational areas. These can create a barrier for some students to simply enter the school building or classroom.

Children face external barriers before coming to and getting enrolled in schools. The nature of such barriers could be physical location of schools, social stigmatization or economic conditions of children. Sometimes non-availability of school or its location in area that cannot be accessed becomes the major barrier for children to get education. Children with disabilities face barriers if the building has not been constructed with their mobility needs in mind.

3. **Socio-economic Barriers:**
   Areas that are traditionally poor and those with higher-than-average unemployment rates tend to have schools that reflect that environment, such as run-down facilities, students who are unable to afford basic necessities and other barriers to the learning process. Violence, poor health services, and other social factors make create barriers even for traditional learners, and these challenges make inclusion all but impossible. The combination of poverty and disability results in a condition of "simultaneous deprivation"

Conclusion
The majority of children with disabilities in developing countries are currently out of school, while many of those enrolled are not learning. Removing barriers to accessing education and to learning for persons with disabilities are prerequisites for the realization of Education for All. To ensure that all children have access to quality education, education policies and practices must be inclusive of all learners, encourage the full participation of all, and promote diversity as a resource, rather than as an obstacle. Inclusive education for all will pave the way to prosperity for individuals and for the society, at large. This prosperity will, in turn, lead to a more peaceful and sustainable development of humanity.

5.b) Use of ICT in inclusive classrooms.

ICT & Inclusion

Technology

→ A broad concept that deals with usage and knowledge of tools and crafts, and how it affects ability to control and adapt to environment
→ The human race's use of technology began with the conversion of natural resources into simple tools

→ Today it has penetrated in every aspect of a human's life. On one hand where it has revolutionized and added values to the life of normal human beings, it has been proved to be a boon for differently abled

ICT (Information & Communication Technology)

→ Information and communications technology usually called *ICT*, is often used as a synonym for information technology (IT) but is usually a more general term that stresses the role of communications in modern information technology. ICT consists of all technical means used to handle information and aid communication, including both computer and network hardware as well as necessary software.

ICT for Persons with Disabilities

• Provides enhancements to or changed methods of interaction with world
• Promotes greater independence by enabling them to perform tasks that they were formerly unable to accomplish, or had great difficulty accomplishing

What is Inclusion?

Inclusive education means that all students in a school, regardless of their strengths or weaknesses in any area, become part of the school community. They are included in the feeling of belonging among other students, teachers, and support staff.

ICT as AT – Types:

• Low-tech or high-tech tools and strategies that match a person's needs, abilities, and tasks
• Selection of appropriate technology as per individual case

ICT for Inclusion

• At Individual level
• At Systemic/Institutional level

ICT for Inclusion – At Individual Level:

→ Assistive technology (AT) is any item, piece of equipment, service or product system whether acquired commercially on the shelf, modified or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.
→ It can be a very complex and multifaceted field, yet in some cases be a relatively easy and creative problem-solving process
→ Includes a range of technologies, which enable people to build on their abilities and participate as fully as possible at home, school, work and in their community

• Assistive devices
• Content Delivery Systems
• Content generation & archiving
• Education - Braille. Pictorial communication. Large Print. Personalized environment
• Rehabilitation/Inclusion - Physiotherapy, Beauty care, Call centre/office jobs, Bank, Court etc.
• Communication - Voice commands, Descriptors, Large Print

Some Gadgets available:
Visual Impairment
• Braille shorthand machine
• Distance vision telescopes
• Hand held magnifiers

- KNFB portable reader for blind people
- Talking dictionary
- Smart Cane

Speech Impairment
- Delayed Auditory Feedback (DAF)

Hearing Impairment
- Advanced Digital Speech Audiometer
- Hearing Aid
- Wireless FM Assistive Listening System

Locomotor Impairment
- Battery Powered Joystick Operated Wheelchair
- Aluminum Crutches
- Ankle Brace for ankle support
- Prosthetic limbs
- Cervical Immobilizer
- Child model tricycle
- Folding sticks and folding walkers

Mental Retardation
- Basic Skill Wooden Puzzles
- We can (daily living activities)
- Calendar of seasons
- Punnarjani

Cerebral Palsy
- Sanyog
- Gupshup
- Switches

Adapted Tools
➢ Touch screen
➢ Adapted keyboard

➢ Ball mouse

➢ Specific software (Super-Nova for poor-sighted or blind people.)

## ICT for Inclusion/Inclusive Education– At Systemic/Institutional Level:
- Any tool or service that is helpful in advancing student learning
- An evidence-based applied science derived from basic educational andpsychologicalresearch
- Enhances capabilities of exploring ideas, innovations and communicating

Examples of some AT to help PWDs in education includes –
- Braille Duplicators and Writers
- Group Hearing Aid for classrooms
- Alternative & Augmentative Communication software/devices
- Multi-Sensory systems
- Tactile mathematical devices
- Tactile geography devices
- Tactile science devices
- Screen readers & magnifiers
- Assessment & evaluation tool
- Models
- Multimedia Content
- Content Development Software
- Word Bank & Prediction Systems
- Text-to-Speech Engines & Speech Recognition
- Special Access Switches & Mechanism
- Sign Language & Braille Learning Software etc.
- Web-Portal
- Edusat
- M-Learning
- Web-cast
- Online learning
- On demand examination

National Network for Education and Empowerment of the disabled
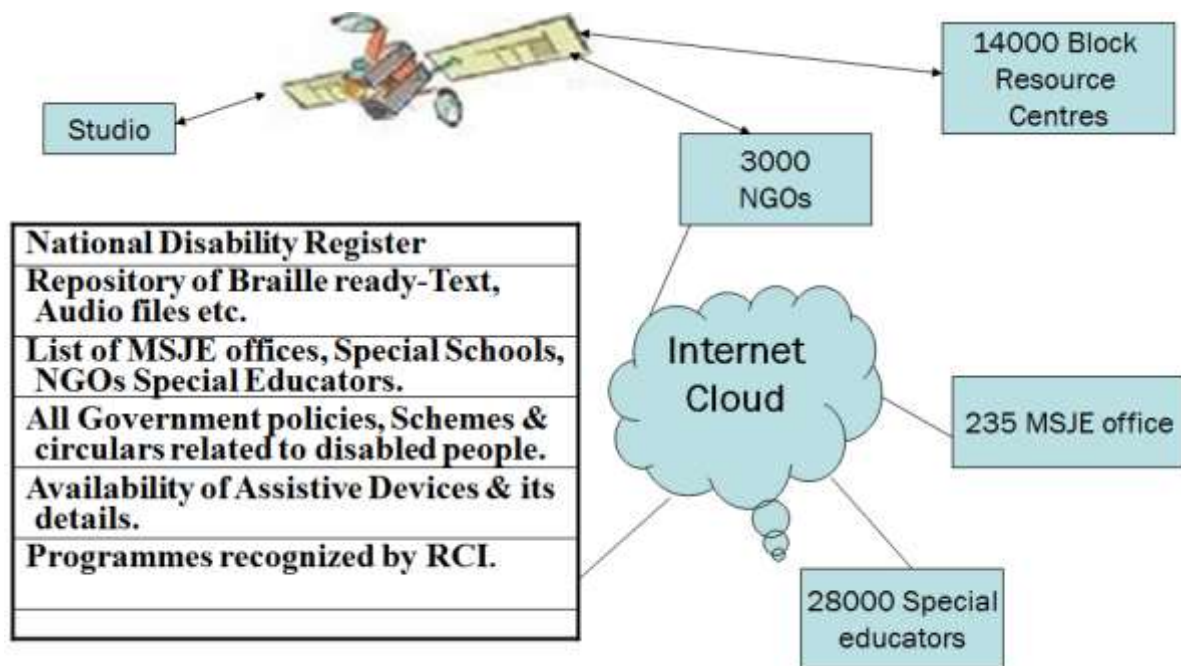
Benefits of ICT

Some of the claimed benefits of ICT for Education are:

- **Easy-to-access Course Material** – Multimedia/easy to understand course material can be posted on web which learners can access at a time and location they prefer

- **Motivation** - Computer-based instruction can give instant feedback to students and explain correct answers. Moreover, a computer is patient and non-judgmental, which can give the student motivation to continue learning

- **Wide Participation** - Learning material can be used for long distance learning and are accessible to a wider audience

- **Improved student writing** - Convenient for students to edit their written work which can, in turn, improve the quality of their writing

- **Subjects made easier to learn** - Many different types of educational software are designed and developed to help users to learn specific subjects/topics easily

- More amenable structure to measure and improve outcomes. With proper structuring it can become easier to monitor and maintain student work while also quickly gauging modifications to the instruction necessary to enhance student learning.

There may be many questions regarding the application of technology in serving persons with disabilities but use of technology becomes inevitable in the growing technological world.

Suggested measures to promote ICT among persons with disabilities:

- Information to be provided in dual communication mode for the benefit of persons with disabilities.
- Assistive devices to be adapted for improving access to technology.
- Indigenous production of devices to be taken up to increase the affordability by persons with disabilities.
- The existing curriculum for persons with disability to be expanded to include information technology inputs.
- Open learning system to be encouraged to offer information technology-oriented courses for persons with disabilities.
- Some IT related jobs in public and private sectors to be earmarked for persons with disabilities.
- In order to promote information technology among persons with disabilities, the organizations working for them should also inculcate the IT culture in their activities.

5.c) Individualised Educational Plan

The Individualized Education Program, also called the IEP, is a document that is developed for each public school child who needs special education. The IEP is created through a team effort, reviewed periodically. In the **United States**, this program is known as an **Individualized Education Program(IEP)**, and similarly in **Canada** it is referred to as an **Individualized Education Plan** or a **Special Education Plan (SEP)**. In the **United Kingdom**, an equivalent document is called an **Individual Education System**. In **Saudi Arabia**, the document is known as an **Individual Education Program**.

An IEP defines the individualized objectives of a child who has been determined to have a disability or requires specialized accommodation, as defined by federal regulations. The IEP is intended to help children reach educational goals more easily than they otherwise would, four component goals are: conditions, learner, behaviour, and criteria. In all cases the IEP must be tailored to the individual student's needs as identified by the IEP evaluation process, and must

especially help teachers and related service providers (such as paraprofessional educators) understand the student's disability and how the disability affects the learning process.

Before an IEP is written for a child with a disability, the school must first determine whether the child qualifies for special education services. To qualify, the child's disability must have an adverse effect on the child's educational progress. To determine eligibility, the school must conduct a full evaluation of the child in all areas of suspected disability. Based in part on the results of the evaluation, the school along with the parents meet to review the results and the child's current level of performance and to determine whether special education services are needed. In some cases people may go undiagnosed because of strong visual memories and oral skills they poses, this can mask symptoms of having of a impaired leaning disorder.

If the child is found eligible for services, the school is required to create an IEP team and develop an appropriate educational plan for the child. The IEP should be implemented as soon as possible after the child is determined eligible. Each state determines its own laws for identifying the criteria regarding education and how it should be followed. States have added specific timelines that schools must follow for the eligibility, IEP development, and IEP implementation milestones.

Steps

1. The IEP describes how the student learns, how the student best demonstrates that learning and what teachers and service providers will do to help the student learn more effectively.

2. Developing an IEP requires evaluating students in all areas related to the suspected disabilities, simultaneously considering ability to access the general curriculum, considering how the disability affects the student's learning, forming goals and objectives that correspond to the needs of the student, and choosing a placement in the least restrictive environment possible for the student.

3. As long as a student qualifies for special education, the IEP is mandated to be regularly maintained and updated up to the point of high school graduation, or prior to the 21st birthday or 22nd birthday.

4. If a student in special education attends university upon graduation, the university's own system and procedures take over.

5. Placements often occur in general education, mainstream classes, and specialized classes or sub-specialties taught by a special education teacher, sometimes within a resource room.

Significance

An IEP is meant to ensure that students receive an appropriate placement, not only in special education classrooms or special schools. It is meant to give the student a chance to participate in regular school culture and academics as much as is possible for that individual student. In this way, the student is able to have specialized assistance only when such assistance is absolutely necessary, and otherwise maintains the freedom to interact with and participate in the activities of his or her more general school peers.

UNIT 6: Functionaries in inclusive settings.

6.a) PROFILE AND ROLE OF TEACHERS: GENERAL AND RESOURCE TEACHER

Profile of a General Teacher:

1. **A teacher should have an Engaging Personality and Teaching Style**
   A great teacher is very engaging and holds the attention of students in all discussions.
2. **Clear Objectives for Lessons**
   A teacher should establish clear objectives for each lesson and work to meet those specific objectives during each class.
3. **Effective Discipline Skills**
   Effective discipline skills can promote positive behaviors and change in the classroom.
4. **Good Classroom Management Skills**
   Good classroom management skills can ensure good student behavior, effective study and work habits, and an overall sense of respect in the classroom.
5. **Good Communication with Parents**
   An open communication with parents keep them informed of what is going on in the classroom as far as curriculum, discipline, and other issues.
6. **High Expectations**
   A teacher should have high expectations of their students and encourage everyone to always work at their best level.
7. **Knowledge of Curriculum and Standards**
   A teacher should have a thorough knowledge of the school's curriculum and other standards that they must uphold in the classroom.
8. **Knowledge of Subject Matter**
   A teacher should have incredible knowledge and enthusiasm for the subject matter they are teaching.
9. **Passion for Children and Teaching**
   Passion about teaching and working with children.
10. **Strong Rapport with Students**
    She should develop a strong rapport with students and establish trusting relationships.
11. **Superior listening skills**
12. **Friendliness and approachability**

Role of a General Teacher:

The diversity of student populations demands that teachers use a variety of instructional approaches, rather than a "one-size-fits-all" approach. Teachers need to plan actively for appropriate educational programming that enhances the full participation of students with exceptional learning needs in the classroom.

A teacher develops schemes of work and lesson plans in line with curriculum objectives. He/she facilitates learning by establishing a relationship with pupils, keeping the learning resources organised and creating a positive learning environment in the classroom.

The teacher's role is to develop and foster the appropriate skills and social abilities to enable the optimum development of children, according to age, ability and aptitude.

The teacher assesses and records progress and prepares pupils for national tests. He/she links pupils' knowledge to earlier learning and develop ways to encourage it further, challenging and inspiring pupils to help them deepen their knowledge and understanding.

A teacher supports, observes and records the progress of pupils. He/she ensures a healthy culture of learning.

Teachers keep up to date with developments in their subject area, new resources, methods and national objectives. The role involves liaising and networking with other professionals, parents and careers, both informally and formally.

A teacher must act as the support person when the student needs this help. Support can come in many forms such as a coach, leader and even a counselor.

Teacher's Role:

- Teaching all areas of the curriculum
- Taking responsibility for the progress of a class of pupils
- Organising the classroom and learning resources and creating displays to encourage a positive learning environment
- Planning, preparing and presenting lessons that cater for the needs of the whole ability range within the class
- Motivating pupils with enthusiastic, imaginative presentation
- Maintaining discipline
- Research new topic areas, maintaining up-to-date subject knowledge, and devise and write new curriculum materials
- Select and use a range of different learning resources and equipment, including podcasts and interactive whiteboards
- Prepare pupils for qualifications and external examinations
- Manage pupil behaviour in the classroom and on school premises, and apply appropriate and effective measures in cases of misbehavior.
- Meeting with other professionals such as education welfare officers and educational psychologists, if required.

PROFILE AND ROLE OF A RESOURCE TEACHER

Profile of a Resource teacher:

Resource room teachers need a lot of patience, superb communication skills and the ability to tailor their teaching methods to meet the needs of their students. They must have a bachelor's, or even a master's degree, along with the appropriate state licensure and certification.

The role of the Resource Teacher:

1) Resource room teachers are also known as special education teachers. These educators generally stay within a designated resource room and work with special-needs students, such as those who have learning, physical, emotional, or mental disabilities or challenges.

2) Resource room teachers may work with students in kindergarten through grade 12, but some teachers also work with students up to age 21.

3) Teachers assess individual students to determine most appropriate teaching strategies and develop a teaching plan, commonly known as an individualized education program (IEP).

4) Resource room teachers usually create or modify lesson plans, so that it helps children and adolescents to develop the academic, behavioral, and social skills to fully grasp curriculum.

5) Resource room teachers collaborate with other teachers concerning each student's IEP, and provide general classroom teachers with instruction or advice on how to alter lesson plans to meet IEP requirements.

6) He/she will be responsible for monitoring and assessing and recording the progress of the child alongside the classroom teacher.

7) Resource room teachers also communicate with parents, counselors, and others to discuss each student's progress.

8) Besides academic pursuits, resource room teachers may help special-needs students develop certain life skills. For example, teachers may help older students learn how to manage a bank account or communicate more effectively with others.

9) Some resource room teachers also help students gain a better understanding of time management, especially with balancing daily living tasks and study schedules.

10) Resource teachers must attend regular professional development to learn new instructional strategies.

UNIT 6B) Role of NGO in supporting inclusive school

Role of NGO in supporting inclusive school

There are many international, national and local NGOs involved with disability issues in India. Many local NGOs, while diverse and widespread, tend to be based oncharity/ welfare approach (Thomas 2004) and informed by the medical model (Hoojacited in Mukhopadhyay,2003) Although the exact number is unknown , there are at least 1000 NGOs and voluntary organizations actively engaged in education (GOI,2000) , of which the government funded 701 with grants in aid in 2004-05 (GOI,2005)

NGOs are perceived by the government as widening the implementation network and bringing flexibility and innovation and much of the IEDC scheme, as the job of including children with disabilities in education nationwide is too vast for the government to be able to undertake alone. NGO's are important stakeholders in social development programmes and are also repository of knowledge of grassroots realities because of their proximity to the people.

Many national and local NGOs support special institution, perhaps because its easier to raise public support for residential centres than the promotion of inclusive education. However, a NGO that combines both specialist and inclusive aims is the national institution for the blind (NAB) . While it can be criticised for its roots in the medical model, it is important to remember that the specialist support they provide can assist with literacy (through Braille) and mobility (with cane) for the mainstream classroom and beyond.

Some NGOs has metamorphosed their specialist institutions into resource centres in order to support inclusive education.

For examples the spastics society of India (SSI) advocates for better understanding that many children with cerebral palsy do not have learning disabilities. However, SSI's impact is currently mostly limited to the cities of Mumbai, Bangalore and Chennai. Similarly, the Jesuit - run divine light trust for the blind near Bangalore has become a resource centre to train teachers in mainstream schools in order to encourage the inclusion of blind children in their classroom.

Involvement of NGOs in implementing inclusive education

- **Programs**

  ✓ There is more than one million NGO's working in India. Although not all of them are working in education sector, a large number still provide educational services to children with disabilities.
  ✓ These organizations can play a significant role in implementing integrated education because they are widely located in India and can serve both urban and rural school communities.

- **Assistance in inclusion by NGO**

  ✓ The key role of NGOs is in mobilising community participation. The NGO's have made a significantcontribution in the area of inclusion through the activities if early intervention, assessment, therapeutic.
  ✓ Services, parents' education, formation of self-help groups. Their objective also covers organizing training.
  ✓ Program for rural rehabilitation workers, special and other educators, teachers and parents, CWSN and the community.

- **Adoption of innovativestrategies: -**

  ✓ A number of NGOs have adopted innovative philosophies and strategies for educating children with disabilities, primarily through encouraging the use of integrated and inclusive approach.
  ✓ The national association for the blind working in various states, Ramakrishna Vidyalaya in Tamil Nadu, and the blind people association in Ahmedabad have developed teachers training programs and learning material.

- **Promotion of inclusion by NGO**

  ✓ The task performed by the NGOs in promoting inclusive education under the SSA in Tamil Nadu state were twofold: management of educational settings and employment of personnel.
  ✓ It was found that the twotypes of NGOs (metropolitan and rural) were different in their service capabilities. Issues related to service provisions through NGOs were also discussed from two perspectives.

- **External agencies –** such as Special school and Special educators

  Involvement of special school and special educators: -

  With inclusion came a new wave of modifying the role of special schools to promote inclusion. This role can be broadly summarised as follows: -

  ✓ To develop special schools as specialist/ resource centres for children whose disabilities are multiple and severe and who require additional therapy and counselling support.
  ✓ To use special schools as demonstration centres for professionals and others.

- ✓ To draw upon the expertise of special schools to train teachers to tech more effectively in inclusive
- ✓ Setting to deal with pupil diversity, particularly in the context of the large class sizes.
- ✓ To utilise special schools for the development of education material that will benefit the children, including those who have physical and/or communication difficulties.
- ✓ Enhancing the capacity of special schools as resource centres to promote planned inclusion of CWSN.
- ✓ Enhancing linkages between special and mainstream education
- ✓ Greater overlap between 'special' and 'general teachers' training.
- ✓ There is a need for convergence of services in special schools, inclusive schools, home-based services, and community-based rehabilitation programmes for promoting inclusive education.

Unit 6 c) Pre-support and pre-vocational training program for children with special needs

Special education (also known as **special needs education**, **aided education**, **exceptional education** or **Special Ed**) is the practice of educating students in a way that addresses their individual differences and needs. Ideally, this process involves the individually planned and systematically monitored arrangement of teaching procedures, adapted equipment and materials, and accessible settings. These interventions are designed to help individuals with special needs achieve a higher level of personal self-sufficiency and success in school and in their community which may not be available if the student were only given access to a typical classroom education.

Involvement Of special school and special educators: With inclusion came a new wave of modifying the role of special schools to promote inclusion**. There** is a need for convergence of services in special school, inclusive schools, home- based services and community-based rehabilitation programmes for promoting inclusive education.

Pre-school training programmes:

a. For children:

- To provide early intervention and preschool training services for children with all kinds of disabilities/developmental delay.
- This should be given with the help of Multidisciplinary team of specialists.

b. For Parents:

- To provide guidelines, consulting services and awareness programs to parents, family members and communities to reduce the risk of disabilities.

Services Available:

Physio therapy:

- ➢ Detailed assessment should be carried out for children who have motor problems,i.e. delayed development, cerebral palsy and other physical handicaps and therapeutic programs to improve gross motor skills like posture and movement.

Occupational Therapy:

➢ Mentally retarded and physically disabled children may have problems in fine motor skills and self care activities. Training to improve fine motor skills i.e. hand skills like grip, grasp and also activities of daily living.

Speech Therapy:

Training should be given for children who have hearing problems and those who require speech and language training. After conducting detailed assessment children should be given intervention according to individual needs.

Cognitive Training:

➢ Cognitive training for children who have
- Low intellectual capacity
- Learning problems due to lack of concentration and coordination

Pre-Vocational Training Programme:

To provide Pre-vocational skills like

- Computer training
- Packing
- Making paper bags
- Envelope making
- Art work etc.

It is given for

- Improving their economic condition
- Improving employability
- Preparing for future life situations and
- Improving quality of life

Overall duties of liaising officer or team:

1. To promote inclusion for children with disabilities in partnership with regular pre-schools
2. Creating awareness
3. To work in a flexible, pro-active manner and carry out such duties those are necessary to ensure effective delivery of student advice services.
4. To provide appropriate support to students at risk of non-completion or achievement.
5. To provide support to teaching staff in the achievement of every child.
6. To provide information and guidance to groups about the school/college offer and support services available.
7. To support the effective admission of students.
8. To provide impartial guidance to individuals.
9. Improving quality of life.

10. To train parents and family members to care for the developmental needs of their children.

Today many people with disabilities are breaking barriers through the use of technology. For some individuals with disabilities, assistive technology is a necessary tool that enables them to engage in or perform many tasks. Integrating technology will allow students to increase their self-confidence, self-motivation, independence and they will also be able to engage in different activities within the school.