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## UNIT 8 CONCEPT OF CWSN

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Notes

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### 8.0 INTRODUCTION

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In the previous unit you have studied about who are the children with special needs, in this unit we will discuss in detail. Children who require special attention



and specific necessities that other children do not, are said to be children with special needs. All classrooms have children with different abilities. It is important to recognize the diversity in class rooms. Each one of us have experienced some special need during our school/college years.

A special need is nothing but the need for additional help in order to understand a concept or perform an activity (music, art and so on). No one is perfect, any problem either social, intellectual, sensory, motor or long term illness will manifest itself as a difficulty in learning. This unit will tell you about the meanings, causes, early intervention and identification and national policies concerning children with special needs

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## 8.1 LEARNING OBJECTIVES

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**After Studying this Unit, you will be able to**

- Explain the meaning of Children with Special Needs
- Identify different types of disabilities (Cognitive Disability, Hearing Impaired, Locomotors, Speech Impairment, Learning Difficulties and Multiple disabilities)
- Justify the needs for Early Identification, intervention and assessment in each category of disability
- Define the role of teachers in identifying and addressing the issues of CWSN
- Suggest the learning requirements for each group of disabilities.
- Highlight the main issues discussed in PWD ACT 1995, UNCRPD
- Explain the role of Central and State Governments with respect to CWSN

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## 8.2 UNDERSTANDING CHILDREN WITH SPECIAL NEEDS

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Does My Child Have Special Needs? is a question that many parents of young children ask, This is soon followed by another key question, what is a special need? A 14 month old child may not yet walk like many of the other children. Does that child have a special need? Another child repeats back everything she hears, including what is on television. Is that a special need? And if a child does have one or more special needs, where can the family go to get services and supports that can help?

A teacher will be the first person to whom worried parents approach. First the teacher has to know who the children with special needs are. Any child requiring attention due to physical problems or suffering physical or emotional distress



could be considered as children with special needs. Delayed milestones, activities that cannot be done, Food that cannot be eaten and everyday tasks that we may take for granted, that cannot be achieved without help.

“Special needs” is a term with many definitions, ranging from mild learning disabilities to severe cognitive disability (mental retardation), terminal illnesses, food allergies or developmental delays. When a child needs help, outside of the ordinary, they have different needs that have to be met and different goals to achieve.

**Definition of Disability:** According to WHO the term disability should be changed to difficulties –difficulty in seeing, listening, communication, moving, learning,

In order to understand children with special needs we must know the different adjectives or terms by which they are often described. Impairment, Disability and Handicaps are terms which are frequently used interchangeably. However, there are conceptual differences among the terms. The difference has been clearly outlined in the definition of each of the terms by WHO in the international classification of impairment, disability and Handicaps.

Impairment is any structural loss, disability is functional incapability and handicap is a social disadvantage experienced by a person.

Now, let us discuss about meaning, causes and probable affects of disability:

### **8.2.1 COGNITIVE DISABILITY**

A term used when a person has certain limitations in mental functioning and in skills such as communicating, taking care of him or herself, and social skills. These limitations will cause a child to learn and develop more slowly than a typical child. Children with mental retardation may take longer to learn to speak, walk, and take care of their personal needs such as dressing or eating. They are likely to have trouble learning in school. They will learn, but it will take them longer. There may be some things they cannot learn.

A mentally challenged child is one who has sub average general intellectual potential and slow intellectual development. The retardation may range from mild to severe. It occurs early in life during developmental period.

- a) **Meaning:** Currently Cognitive disability is used to replace the old terms mental retardation , mentally handicapped ., The change in terminology is to remove the effect of labeling or stigma associated with words such as ‘handicapped’ or ‘disabled’ .

A mentally challenged child’s IQ is also less than average. Some of them can be trained in a class for normal children and can be made useful for themselves and the nation. But others are so mentally deficient that they cannot trained for any work. Thus, some mentally deficient children are ‘educable’ while others with severely deficient are ‘trainable’ only.



Depending on their IQ, Mental Retardation has be classified into:

#### Classification Of (Mental Retardation) Cognitive Disability

Severity Levels	Range of IQ
Mild Mentally Retarded	50-75
Moderate Mentally Retarded	35-49
Severe Mentally Retarded	20-34
Profound Mentally Retarded	Below 20

**b) Causes :** Some of the important and known causes of cognitive disabilities can be

- a. Infections and intoxication (For ex rubella, syphilis, encephalitis, meningitis)
- b. Trauma and physical agent (for ex accidents, before during and after birth, anoxia)
- c. Metabolism and nutrition (for ex phenyl ketoneuria )
- d. Gross brain disease ( such as tumours)
- e. Prenatal influence ( for ex hydrocephalus, micro cephalus)
- f. Chromosomal abnormality ( such as Down's Syndrome)
- g. Psychiatric disorders (seldom cited as a cause till today)

**c) Factors that are Influenced due to Cognitive Impairment:** A child with a cognitive disability may have memory problems, awareness problems, difficulty in problem solving, language difficulties which cause difficulties in understanding and/or expression of written and /or spoken language.

The type of cognitive impairment can vary widely, from severe retardation to inability to remember, to the absence or impairment of specific cognitive functions (most particularly, language). Therefore, the types of functional limitations which can result also vary widely

### 8.2.2 HEARING AND SPEECH IMPAIRMENT

**a) Meaning:** Hearing impairment means any degree and type of auditory disorder, while deafness means an extreme inability to discriminate conversational speech through the ear. Children with hearing impaired, then, are those who cannot use their hearing for communication. People with a lesser degree of hearing impairment are called hard of hearing. Usually, a person is considered deaf when sound must reach at least 90 decibels (5 to 10 times louder than normal speech) to be heard, and even amplified speech cannot be understood.

Hearing impairment may be sensorineural or conductive. Sensorineural



hearing loss involves damage to the auditory pathways within the central nervous system, beginning with the cochlea and auditory nerve, and including the brain stem and cerebral cortex (this prevents or disrupts interpretation of the auditory signal). Conductive hearing loss is damage to the outer or middle ear which interferes with sound waves reaching the cochlea

**b) Causes:**

The main causes of deafness are heredity, accident and illness. In about 50% of all cases of deafness, genetic factors/heredity are probable cause of deafness. Environmental factors (accidents, illness, auto toxic drugs, etc.) are responsible for deafness in many cases. Rubella or other viral infections contracted by the pregnant mother may deafen an unborn child. Hazards associated with process of birth, e.g. a cut-off in the oxygen supply may affect hearing. Illness or infection may cause deafness in young children. Constant high noise level can cause progressive and eventually severe sensory-neural hearing loss. Similarly, tumors, exposure to explosive sound, injury to skull or ear could lead to deafness.

**c) Factors that are Influenced due to Hearing Impairment:**

A Hearing Impaired child (mainly who suffers from severe to profound hearing loss) needs to spend considerable time on learning language and speech as communication skills that will help him to gain education and develop social skills.

### 8.2.3 SPEECH IMPAIRMENT

**a) Meaning :** Speech Impairment may range from problems with expression or voice strength to complete voicelessness, chronic hoarseness, stuttering or stammering. Speech difficulties can also be associated with cerebral palsy, hearing impairment and brain injury. Children with speech difficulties may have difficulty to understand and have difficulty in expressing ideas.

**b) Causes :**

Delayed Speech: A number of conditions- Mental Retardation hearing Impairment and behavioral disorders may cause delayed speech. Cleft Palate: The structural defects in the palate mouth and lip cause speech disabilities, speech defects also have emotional and psychological origin. Lack of stimulation, Maladaptive behaviours such as hyperactivity motor in coordination and general behavioural disorders. Heredity

**c) Factors that are Influenced due to Hearing Impairment:** Suffering from a speech disorder can have negative social effects, especially among young children. Those with a speech disorder can be targets of bullying because of their disorder. The bullying can result in decreased self-esteem. Later in life, bullying is experienced less by a general population, as people become more understanding as they age.



## Notes

## 8.2.4 VISUAL IMPAIRMENT

- a) **Meaning:** Visual impairment for children with poor vision, to children who can see light but no shapes, to children who have no perception of light at all. However, for general discussion it is useful to think of this population as representing two broad groups: those with low vision and those who are legally blind.

A child is termed legally blind when its visual acuity (sharpness of vision) is 20/200 or worse after correction, or when their field of vision is less than 20 degrees; in the best eye after correction. Low vision includes problems (after correction) such as dimness of vision, haziness, film over the eye, foggy vision, extreme near- or farsightedness, distortion of vision, spots before the eyes, color distortions, visual field defects, tunnel vision, no peripheral vision, abnormal sensitivity to light or glare, and night blindness.

- b) **Causes :**Major causes of visual impairment are:

1. Vitamin A deficiency
2. Congenital Cataracts caused by some abnormalities during pregnancy or inheritance.
3. Pre maturity in the administration of high concentration of oxygen in the incubator giving rise to retinopathy of prematurity , this may result total loss of sight.
4. Cataracts- usually occurring in middle old age. This condition is amendable to treatment by surgery.
5. Glaucoma-High pressure in the eye resulting in damage of retina.

- c) **Factors that are Influenced due to Visual Impairment:** Those with visual impairments have the most difficulty with visual displays and other visual output (e.g., hazard warnings). In addition, there are problems in utilizing controls where labeling or actual operation is dependent on vision (e.g., where eye-hand coordination is required, as with a computer “mouse”). Written operating instructions and other documentation may be unusable, and there can be difficulties in manipulation (e.g., insertion/placement, assembly).

Those with color blindness may have difficulty differentiating between certain color pairs. This generally doesn't pose much of a problem except in those instances when information is color coded or where color pairs are chosen which result in poor figure ground contrast.

## 8.2.5 LOCOMOTOR IMPAIRMENT

- a) **Meaning**

Locomotor Impaired children are one of the categories of special needs children



and essentially members of society, like others. There is not much difference between these children and normal ones in their psychological make-up. They have their own exceptionalities and influences in society. Previously, they were looked upon with sympathy or pity but with the awakening of social awareness the general attitude towards the differently abled has also under gone change.

A locomotor impaired condition is the state of the body which hinder the child from making normal progress in school activities as average children do. They require special attention and equipment to control or overcome different abilities.

**b) Causes :**

**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

**Cerebral Palsy (CP).** Cerebral palsy is defined as damage to the motor areas of the brain prior to brain maturity (most cases of CP occur before, during or shortly following birth). CP is a type of injury, not a disease (although it can be caused by a disease), and does not get worse over time; it is also not “curable.”

**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.

**Head Injury (cerebral trauma).** The term “head injury” is used to describe a wide array of injuries, including concussion, brain stem injury, closed head injury, cerebral hemorrhage, depressed skull fracture, foreign object (e.g., bullet), anoxia, and post-operative infections.

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

**Loss of Limbs or Digits (Amputation or Congenital).** This may be due to trauma (e.g., explosions, mangle in a machine, severance, burns) or surgery (due to cancer, peripheral arterial disease, diabetes).

**Parkinson’s Disease.** This is a progressive disease of older adults characterized by muscle rigidity, slowness of movements, and a unique type of tremor. There is no actual paralysis.

**Multiple Sclerosis (MS).** Multiple sclerosis is defined as a progressive disease of the central nervous system characterized by the destruction of the insulating material covering nerve fibers.



**Muscular Dystrophy (MD).** Muscular dystrophy is a group of hereditary diseases causing progressive muscular weakness, loss of muscular control, contractions and difficulty in walking, breathing, reaching, and use of hands involving strength.

**Factors that are Influenced due to Locomotorimpairment** Problems faced by individuals with Locomotor impairments include poor muscle control, weakness and fatigue, difficulty walking, talking, seeing, speaking, sensing or grasping (due to pain or weakness), difficulty reaching things, and difficulty doing complex or compound manipulations (push and turn). Individuals with spinal cord injuries may be unable to use their limbs. Twisting motions may be difficult or impossible for people with many types of physical disabilities (including cerebral palsy, spinal cord injury, arthritis, multiple sclerosis, muscular dystrophy, etc.).

### 8.2.6 MULTIPLE IMPAIRMENTS

- a) **Meaning** : It is common to find that whatever caused a single type of impairment also caused others. This is particularly true where disease or trauma is severe, or in the case of impairments caused by aging.

Deaf-blindness is one commonly identified combination. Most of these individuals are neither profoundly deaf nor legally blind, but are both visual and hearing impaired to the extent that strategies for deafness or blindness alone won't work. People with developmental disabilities may have a combination of mental and physical impairments that result in substantial functional limitations in three or more areas of major life activity. Diabetes, which can cause blindness, also often causes loss of sensation in the fingers. This makes braille or raised lettering impossible to read. Cerebral palsy is often accompanied by visual impairments, by hearing and language disorders, or by cognitive impairments.

- b) **Causes** There are many social, environmental and physical causes of multiple disorders, although for some a definitive cause may never be determined. Common factors causing multiple disorders include:

- Brain injury or infection before, during or after birth;
- Growth or nutrition problems (prenatally, perinatally, or postnatally);
- Abnormalities of chromosomes and genes;
- Birth long before the expected birth date - also called extreme prematurity;
- Poor maternal diet and absent or minimal health care;
- Drug abuse during pregnancy, including alcohol intake and smoking;
- Drug-related prenatal developmental insult, such as thalidomide;
- 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;



### 8.2.7 LEARNING DISABILITY

- a) **Meaning** : Learning disability is any one of a diverse group of conditions, believed to be of neurological origin, that cause significant difficulties in perceiving and /or processing auditory, visual or spatial information, or any combination of these information forms.

Learning Difficulties often occur in children with average or above average intelligence and they involve one or more of the basic processes used in understanding or using spoken or written language.

They include disorders that impair functions such as reading(dyslexia) writing (dysgraphia) and mathematical calculation (dyscalculia). They vary widely within each category in the patterns they exhibit. The marked discrepancy between intellectual capacity, and achievement and output (expressing information and responding) is what characterizes a learning difficulty.

- b) **Causes**

The causes for learning disabilities are not well understood, and sometimes there is no apparent cause for a learning disability. However, some causes of neurological impairments include:

- Heredity - Learning disabilities often run in the family.
- Problems during pregnancy and birth - Learning disabilities can result from anomalies in the developing brain, illness or injury, fetal exposure to alcohol or drugs, low birth weight, oxygen deprivation, or by premature or prolonged labor.
- Accidents after birth - Learning disabilities can also be caused by head injuries, malnutrition, or by toxic exposure (such as heavy metals or pesticides).

### 8.2.8 EMOTIONAL AND BEHAVIORAL DISORDERS

- a) **Meaning:** Emotional and behavioral disorders (EBD) is a broad category which is used commonly in educational settings, to group a range of more specific perceived difficulties of children and adolescents

A child exhibiting one or more of the following characteristics to a marked degree for a long duration of time that adversely affects their education:

1. Difficulty to learn that cannot be explained by intellectual, sensory, or health factors.



2. Difficulty to build or maintain satisfactory interpersonal relationships with peers and teachers.
3. Inappropriate types of behavior or feelings under normal circumstances.
4. A general pervasive mood of unhappiness or depression.
5. A tendency to develop physical symptoms or fears associated with personal or school problems.

**b) Causes:**

Biology can be a factor. Emotional and Behavior disorders may be inherited through one's genes, due to a chemical imbalance in the brain or occur as a result of brain injury. The person's surroundings can also come into play. If the youth has been exposed to abuse, extreme stress, a death or loss in the family, and/or violence, he/she is more likely to develop these disorders

### 8.2.9 CONCEPT OF “WAITING CHILDREN”

Children who are waiting to be adopted, that is, children who are legally free for adoption. They are in the care of the public child welfare system, cannot return to their birth homes and need permanent families

This term generally refers to non-infant, school age children, who have become legally available for adoption. They will generally be under the legal jurisdiction and care of public foster care agencies, and will have come into the foster care system for a variety of reasons, which could include neglect, abandonment, abuse and/or some other dysfunction within their family environment.

Many waiting children will have siblings who are also available for adoption, and who would prefer to stay together as a family unit. In most geographic locations, more than half of the waiting children will be ethnically diverse or will be children of color. Two things that all “Waiting Children” will have in common are: 1) their need to become a permanent part of a responsible and nurturing family, where they will be loved and encouraged to achieve their full potential, and 2) although imperfect and most often challenging, they can bring tremendous joy and satisfaction for their new families.

According to the Indian Adoption system; Except for adoption by Hindus, Indian law has no provision for adoption. Children are placed under guardianship of adopting parents to exit the country, and adoption must take place in the parents' home country.



**Check your progress: 1**

1. Children who are waiting to be adopted, that is, children who are legally free for adoption are known as \_\_\_\_\_.

2. A child is termed legally blind when its visual acuity is \_\_\_\_\_  
\_\_\_\_\_ (20/20,20/200,10/200,20/2000)
3. A Hearing Impaired child needs to spend considerable time on learning  
\_\_\_\_\_ (Language, Braille, Writing, Reading)
4. Vitamin A deficiency is one of the causes for \_\_\_\_\_  
(hearing impairment, locomotor impairment, cognitive disability, visual impairment)

**Notes**

### **8.3 EARLY IDENTIFICATION, ASSESSMENT AND INTERVENTION**

The need for Early Childhood Care and Development is recognized by both Central and State governments in India. Early Intervention is also recognized for its effectiveness in preparing the child for schooling as well as in preventing primary and secondary handicaps. It is also intrinsically important to make optimum use of the residual potential in every child as it lays the foundation for the child's future and promotes the overall development of children.

The benefits of early identification and intervention have been acknowledged and documented by experts in the field of rehabilitation. ICDS, started as a comprehensive child development program, laid special emphasis on nutrition. This program later expanded to reach out to adolescent girls, pre and post-natal care and pre-school education up to 6 years. As a training component for the grassroots worker (Anganwadi worker), an awareness module on disabilities was included. However, children with disabilities were not included by design in the Anganwadi centers.

Early Identification, Intervention and Stimulation of children with disabilities, of age under five years, using appropriate technology and skills will help prevent secondary handicaps and severity of problems

Many parents are worried that by labeling their child with a special need, their child will be stigmatized. They are concerned that identifying a special need may pose a risk to the child, such as excluding the child from normal programs and activities for children that age.

So it is very important for practical purposes that children who have special needs be identified as early as possible and that they be defined as such, so that they can receive the special help they need in order to live the best lives possible.

The role of the teacher here is very crucial, first the teacher finds some of the symptoms mentioned in this unit in a child, then the teacher has to use the



screening form and later send the child to a professional for assessment.

Some of the **warning signs** of early childhood developmental delay:

- No reaction to loud noises
- Has not discovered their hands, and they don't put their hands in their mouth.
- Don't follow objects with their eyes or turn their head towards a sound.
- Can't reach for toys or grasp them
- Have either very stiff or very floppy limbs
- Prefers one side of their body more than the other.
- Can't pick up small objects
- Is clumsy, and falls often
- Continuous drooling
- Is not interested in playing with other children
- Cannot follow simple instructions
- Suffers from separation anxiety, when taken away from mother
- Is scared of strangers
- Cannot throw a ball, run or jump
- Loses interest in an activity very quickly

### 8.3.1 IDENTIFICATION OF DISABILITIES

Timely identification of impairments, a secondary prevention, can reduce the impact of the impairment on the functional level of the individual and also in checking the impairments from becoming a disabling condition. Initially they need to be identified as soon as possible at home by the parents and outside (in the anganwadicentres/schools/sub-health centres/through camps), and then they need to be assessed by a team of specialists in order to plan necessary interventions.

Teachers in all the primary, upper primary and secondary government schools have a responsibility to identify children with disabilities. Check list for identification of children with special needs (School teachers and parents should use this check list):

Impairment	Symptoms	
<b>Visual</b>	<ul style="list-style-type: none"> <li>(a) Watering of eyes.</li> <li>(b) Recurrent redness.</li> <li>(c) Frequent irritation.</li> <li>(d) Frequent blinking.</li> <li>(e) Squint.</li> <li>(f) Inappropriate stumbling upon objects or bumping into other people.</li> <li>(g) Titling of the head or closure of one eye.</li> <li>(h) Difficulty in counting the fingers of an outstretched hand at a distance of one meter.</li> <li>(i) Moving head side to side while reading.</li> <li>(j) Difficulty in recognizing distant objects.</li> <li>(k) Difficulty in doing fine work requiring perfect vision.</li> <li>(l) Holding books too close or too far from the eyes.</li> <li>(m) Frequently ask other children when taking down notes from the blackboard.</li> <li>(n) Exhibit difficulty in reading from the blackboard.</li> <li>(o) Hitting against the objects on the side.</li> </ul>	<p>If any of the four conditions are present, then the child should be properly examined by a qualified ophthalmologist to see if the existing condition can be improved by medical treatment or by using spectacles.</p>
<b>Hearing</b>	<ul style="list-style-type: none"> <li>(a) Malformation of the ear.</li> <li>(b) Discharge from ear.</li> <li>(c) Pain in ear.</li> <li>(d) Irritation in ear.</li> <li>(e) Trying to listen from a closer distance.</li> <li>(f) Ask for the instructions repeatedly.</li> <li>(g) Not able to write properly.</li> <li>(h) Trying to listen to the echo reflection rather than to the speaker.</li> <li>(i) Make errors while copying from blackboard.</li> <li>(j) Frequently ask a colleague to show his workbook.</li> <li>(k) Problems in paying attention in the class.</li> <li>(l) Favour one ear for listening purposes.</li> <li>(m) Problems when anyone speaks from behind.</li> <li>(n) Child speaks loudly or too softly.</li> <li>(o) Exhibit voice problem and mispronunciation.</li> <li>(p) Tune the TV/Radio too loud.</li> <li>(q) Irrelevant answers.</li> <li>(r) The child keeps away from his age mates.</li> <li>(s) The child is unable to respond when called from the other room.</li> <li>(t) The child understands only after few repetitions.</li> </ul>	<p>If any 3 to 4 of the conditions are present, it indicates some kind of hearing/speech loss. Then the child should be carefully examined by a qualified ENT specialist an audiologist, and also by a speech therapist for complete evaluation. In case the child is below 4-5 years, a psychologist should also be consulted to identify and address any associated psychological problems which may not be overtly evident.</p>

<b>Speech</b>	<ul style="list-style-type: none"> <li>(a) Inappropriate sounds in speech.</li> <li>(b) Stammering.</li> <li>(c) Baby speech.</li> <li>(d) Inability to learn correct sound, and use incorrect speech.</li> <li>(e) Incomprehensible speech.</li> </ul>	
<b>Locomotor Disabilities</b>	<ul style="list-style-type: none"> <li>(a) Deformity in the neck, hand, finger, waist or legs.</li> <li>(b) Difficulty in sitting, standing or walking.</li> <li>(c) Difficulty in lifting, holding or keeping things on floor.</li> <li>(d) Difficulty in moving or using any part of body.</li> <li>(e) Difficulty in holding a pen.</li> <li>(f) Using a stick to walk.</li> <li>(g) Jerks during walking.</li> <li>(h) Lack bodily coordination.</li> <li>(i) Epileptic movements or tremors.</li> <li>(j) Joint pains.</li> <li>(k) Any part of the body is amputated.</li> </ul>	<p>If any of the conditions is/are present, the child should be carefully examined by a qualified orthopaedic surgeon and referred to a physiotherapist &amp;/or prosthetic/orthotic technician as needed.</p>
<b>Cognitive Disability (Mental Retardation)</b>	<ul style="list-style-type: none"> <li>(a) If the child does not sit unassisted even after 12-15 months.</li> <li>(b) Or does not walk even after 2½ years.</li> <li>(c) Or does not talk even after 2 ½ years.</li> <li>(d) If a child has undue problems in doing independently any of the following activities by the age of 6 years: <ul style="list-style-type: none"> <li>— Eating</li> <li>— Dressing</li> <li>— Toilet activity</li> </ul> </li> <li>(e) Problems in holding a pencil/or using a pair of scissors.</li> <li>(f) Unable to play with a ball or play 'guilli-danda' with the peers.</li> <li>(g) Frequent tantrums, while playing with the peers.</li> <li>(h) Usual inattentiveness to the spoken speech or addressal.</li> <li>(i) Requires too many repetitions to remember simple things.</li> <li>(j) Problems in naming even five fruits, vegetables or plants.</li> </ul>	<p>If the responses to any of the four indicators is positive when compared to the average school going peers of the same age group and class, then the child should be properly assessed by a qualified psychologist or a teacher who is specially trained to taken care of the mentally challenged children.</p>

	<ul style="list-style-type: none"> <li>(k) Problems in naming the days of the week.</li> <li>(l) Exhibit problems in expressing the needs in a clear language unlike the other peers.</li> <li>(m) Unable to concentrate on tasks even for a short period of time.</li> <li>(n) Inappropriate oral responses.</li> <li>(o) Difficulty in learning new things.</li> <li>(p) Poor comprehension of lessons taught in the school class.</li> <li>(q) Difficulty in learning new things.</li> <li>(r) Difficulty in conceptualization.</li> <li>(s) Does not get well along with the children of same age group.</li> <li>(t) More efforts are required in learning or practicing as compare to the peers.</li> <li>(u) Takes an unreasonable amount of time in perfecting any work.</li> <li>(v) Poor academic achievements.</li> <li>(w) Show an undue dependency on visual clues or material for learning</li> </ul>	
<p><b>Learning Disabilities</b></p>	<ul style="list-style-type: none"> <li>(a) Difficulty in counting.</li> <li>(b) Lack of concentration, or easily distracted by the surroundings, either at home or school.</li> <li>(c) Difficulty in sitting quietly in the classroom.</li> <li>(d) Does not write down the spoken words correctly.</li> <li>(e) Inappropriate additions to the right word, e.g., 'school' in place of school.</li> <li>(f) Always confused between right and left.</li> <li>(g) Unreasonable difficulty in remembering the verbal instructions.</li> <li>(h) General difficulty in memorizing the things.</li> <li>(i) Extreme restlessness in a child which significantly interferes with the timely completion of various tasks.</li> <li>(j) Reverses letters or symbols too frequently while reading for example, b as d, saw as was, etc.</li> <li>(k) Reverses numbers too frequently while reading, for example, 31 as 13, 6 as 9, etc.</li> <li>(l) Excessive errors during reading like loses place/repeat/insert/substitute/omit words.</li> <li>(m) Poor in mathematical calculations.</li> <li>(n) Problems in accurate copying from the common sources like a book or a blackboard, even though the vision is normal.</li> <li>(o) Write letters or words either too close or too far (spacing problems).</li> <li>(p) The child appears to comprehend satisfactorily but is not able to answer the relevant questions.</li> </ul>	<p>If any of the three to five conditions are present, the child should be examined by a qualified psychologist, pediatrician or a special educator for initial screening and further consultations. One of the main characteristics of children with learning disabilities is that their verbal skills are often much better than the writing skills.</p> <p>Therefore, they should be formally tested .</p>



### 8.3.2 ASSESSMENT

Early Identification and intervention for young children with special needs often leads to better school adjustment and performance . The assessment will help determine the child’s individual needs. Some children may have difficulties learning at a particular time and may require short term assistance. However many special needs may have lifelong needs. The child’s needs may change, depending on the environment and the coping strategies he or she develops. Many other factors can affect a child’s educational needs, and it is important that the school team meet regularly to identify and discuss these factors, and adjust the child’s programming as needed.

After the parents give consent to the school for referral of their child to a resource teacher or clinician, an assessment plan will be developed. Parents can be involved in the assessment process in various ways.

How an Assessment is carried out?

assessment procedure addresses the following questions:

1. Who is the child? — including: interests, likes and dislikes, skills, and other strengths
2. What are the child’s “special needs”? Why is the child receiving special education?
3. Who is the child’s family and “circle of support”? — including: hopes and dreams, needs and concerns
4. What are the student’s routines and daily activities?
5. Looking first hand at the routines and activities, one at a time, what might help the child be more successful? Including,
  - talking and communicating?
  - moving and getting around?
  - playing and socializing?
  - learning and remembering?
  - making choices and having control?
  - participating with friends?
  - increasing independence?
  - helping others?
6. Which IEP goals and objectives should we look at for Assistive Technology? (prioritizing 2 or 3), including
  - language and communication



- play and socialization
- nutrition
- mobility and positioning
- “readiness” skills
- self help
- activities of daily living
- behavior
- Circle of Friends

Depending on the child’s needs, a number of specialists could include a resource teacher, reading clinician, speech language pathologist, psychologist, occupational therapist, or others. Different professional are qualified to assess different areas of the child’s development. For example a psychologist assesses a child’s cognitive ability or potential. A class room teacher or resource teacher can assess children’s learning skills .A questionnaire could be used by teachers for preliminary assessment of disabilities (given in appendix)

After Developing an Assessment plan for the child and when all the assessment results for the child are completed, the school could contact the parents and arrange for a meeting with the staff who participated in the assessment to explain the results, discuss the recommendation and involve the parents in making any related decisions. A written report is shared with parents, the teacher, and/or others working with the child.

### **8.3.3 EARLY INTERVENTION**

The term early intervention (or EI) , refers to services given to very young children with special needs, with the purpose of lessening the effects of the condition. Services may include speech, physical or occupational therapy, and can be provided in the home or at an office.

The hope is that these services, provided early, will help any delays in development so that the child will not need therapy later on. If, however, when the child reaches a school going age and still needs therapy, there are remedial schools catering for a variety of special needs.

At many of these schools, therapies are worked into the child’s day as part of the remedial curriculum.

#### **WHY EARLY INTERVENTION IS SO IMPORTANT.**

There are three main reasons why early intervention is so important and needs to begin as early as possible;

It helps to promote the child’s development, it is a support system not only for



the child, but also for the family, and finally it gives the child the abilities to become a function member of society.

The intervention process will include the following team activities:

- design an intervention plan
- consultation and partnership with parents.
- create and/or locate appropriate media
- create and/or locate appropriate material (both commercial and “locally” developed)
- create and/or locate other appropriate Assistive Technology (e.g., switch toys)
- implement the plan on a daily basis for a minimum of 4-weeks
- evaluate the student learning outcomes, and
- propose “next steps” for Assistive Technology supports

Interventions may be school-based interventions or home-based interventions that are integrated with a system for positive behavioral support intended to enable children’s success in school. The long-term outcome of this program will be an array of tools and strategies (e.g., assessments tools, preschool curricula) that have been documented to be effective for improving the cognitive, linguistic, social, and emotional needs of young children with disabilities or at high risk for specific learning disabilities from pre-kindergarten through kindergarten.

The learning requirements for each child differ individually according to their impairment, and abilities. Individual Education Plan can be used. The activities should be simple to complex. The teacher plays a very important role in planning the curriculum for each child. Observation is the only way she can plan a perfect curriculum based on the needs of the child.

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## 8.4 DISABILITY ACT AND POLICIES

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The Persons with Disabilities Act, 1995 was proposed to be replaced by a new legislation in the light of the experience gained in the implementation of the Act, developments that have taken place in the disability sector over the years, and also the commitments under the UN Convention on the Rights of Persons with Disabilities (UNCRPD),” the statement said.

In this unit we shall discuss about the current acts and policies:

### **What are the human rights of persons with disabilities?**

All members of society have the same human rights - they include civil, cultural, economic, political and social rights. Examples of these rights include the following:



- equality before the law without discrimination
- right to life, liberty and security of the person
- equal recognition before the law and legal capacity
- freedom from torture
- freedom from exploitation, violence and abuse
- right to respect physical and mental integrity
- freedom of movement and nationality
- right to live in the community
- freedom of expression and opinion
- respect for privacy
- respect for home and the family
- right to education
- right to health
- right to work
- right to an adequate standard of living
- right to participate in political and public life
- right to participate in cultural life

All persons with disabilities have the right to be free from discrimination in the enjoyment of their rights. This includes the right to be free from discrimination on the basis of disability, but also on any other basis such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

#### **8.4.1 CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES?**

The Convention on the Rights of Persons with Disabilities is an international treaty that identifies the rights of persons with disabilities as well as the obligations of States parties to the Convention to promote, protect and ensure those rights. The Convention also establishes two implementation mechanisms: the Committee on the Rights of Persons with Disabilities, established to monitor implementation, and the Conference of States Parties, established to consider matters regarding implementation.



States negotiated the Convention with the participation of civil society organizations, national human rights institutions and inter-governmental organizations. The United Nations General Assembly adopted the Convention on 13 December 2006 and it was opened for signature on 30 March 2007. States that ratify the Convention are legally bound to respect the standards in the Convention. For other States, the Convention represents an international standard that they should endeavour to respect.

The existing Act is in the process of amendment. The document that is used in this chapter is the Act prior to amendment.

In most of the countries in South Asia disability is a state subject and local governments have the responsibility of translating UNCRPD commitments into action. For example in India under Indian constitution, there are three lists of subjects divided into central, concurrent and state responsibilities. The subjects that fall under central list such as defense, external affairs are the responsibilities of central government. Under concurrent list there are subjects such as education, health etc. Disability is listed under the State list. This means the main responsibility of implementation of UNCRPD at the state level is with state or provincial Governments. Further down at village level Panchayath raj institutions or local governments have the responsibility to address disability issues.

As we know Disability ACT in India was passed and it is a mixture of all the above. It talks about policies, plans and legislations all in a Single document.

### **8.4.2 PERSONS WITH DISABILITY ACT 1995**

Legal definitions of the terms used in the Act are given. Disability means :

- Blindness - No vision at all.
- Low vision - Person capable of execution of a task with appropriate assistive devices.
- Leprosy cured - cured but loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye lid
- Hearing Impairment - Loss of 60 decibels or more in the conversational range of frequencies.
- Locomotor Disability - Disability of the bone joints or muscles leading to substantial restriction of limb movements or any of cerebral palsy.
- Mental Illness - Any mental disorder other than mental retardation
- Mental Retardation - Condition of arrested or incomplete development of the mind of a person.

A person with disability has to be certified by a medical authority that he or she is suffering from not less than 40% of the disability.



## Prevention and Early Detection of Disabilities

Within the limits of their economic capacity and development, the appropriate Governments and the local authorities, with a view to preventing the occurrence of disabilities, shall -

- a) undertake or cause to be undertaken surveys, investigations and research concerning the cause of occurrence of disabilities;
- b) promote various methods of preventing disabilities;
- c) screen all the children at least once in a year for the purpose of identifying at-risk cases;
- d) provide facilities for training to the staff at the primary health centers;
- e) sponsor or cause to be sponsored awareness campaigns and disseminate or cause to be disseminated information for general hygiene health and sanitation;
- f) take measures for pre-natal, peri-natal, and post-natal care of mother and child;
- g) educate the public through the pre-schools, primary health centers, village level workers and anganwadi workers;
- h) Create awareness amongst masses through television, radio and other mass media on the causes of disabilities and the preventive measures to be adopted.

## Education

The Central and State Governments and local authorities shall ensure that every child with disability has access to free and adequate education till the age of 18,

## Employment

Government shall identify posts which can be reserved for persons with disabilities. These reservations shall not be less than 3% of which 1% will be reserved for each of the below mentioned disabilities.

1. Blindness or low vision
  1. Hearing Impairment
  2. Locomotor disability or Cerebral palsy

## Affirmative Action

The Govt. shall provide aids and appliances to persons with disabilities and shall provide land at concessional rates for allotment to persons with disabilities for housing, business, special recreation centers, special schools, research centers and factories by entrepreneurs with disabilities.



## **Non Discrimination**

Govt. transport shall take special measures to adopt their facilities and amenities so that they permit easy access to persons with disabilities, inclusive of persons on wheel chairs.

Government and local authorities shall also within their capacity, provide auditory signals along red lights, crossing constructions shall be designed for wheel chair users and engraving on zebra crossing for blind people. Warning signals shall be provided at appropriate places for the people with disabilities etc. Building and toilets shall be constructed with ramps and other features so that wheel chair users can have access to them. No employer shall terminate an employee who acquires a disability during service. No employer shall also deny promotion to an employee on grounds of disability, but provide for circumventing this, based on the type of work.

## **Research and Manpower Development**

Government and local authorities shall promote and sponsor research in order to prevent disability, rehabilitate the disabled, develop assistive devices, identify jobs for disabled and develop pre-disabled structural features in factories and offices.

## **Institution for Persons with Severe Disabilities**

Person having eighty per cent or more of one or more disabilities are considered persons with severe disability. Governments shall establish and maintain institutions for them. Where private institutionsexists, which meet Government standards, they shall be recognized as institutions fit for persons with severe disabilities.

## **The Chief Commissioner and Commissioners for Persons with Disabilities**

The Central Government shall appoint a Chief Commissioner for persons with disabilities for the implementation of this Act. The Chief Commissioner shall coordinate the work of the Commissioners, monitor the utilization of funds given by the Central Government for persons with disabilities, ensure that rights and facilities made available to persons with disabilities are protected, and submit an annual report to the Central Government on the implementation of this Act.

## **8.4.3 THE RIGHTS OF PERSONS WITH DISABILITIES BILL, 2011**

The proposed bill recognizes the equality of persons with disabilities and Prepared by Centre for Disability Studies, NALSAR University of Law. The Persons with Disabilities Act, 1995 has provided for an impairment based exhaustive definition



of disability. Consequently, people with impairments not expressly mentioned in the Act have often been denied the rights and entitlements recognized in the Act.

**The salient features of the proposed legislation are as follows:**

- guarantee equality and non-discrimination to all persons with disabilities; The Rights of Persons with Disabilities Bill, 2011
- recognize legal capacity of all persons with disabilities and make provision for support where required to exercise such legal capacity;
- recognize the multiple and aggravated discrimination faced by women with disabilities and induct a gendered understanding in both the rights and the programmatic interventions;
- recognize the special vulnerabilities of children with disabilities and ensure that they are treated on an equal basis with other children;
- mandate proactive interventions for persons with disabilities who are elderly, confined to their homes, abandoned and segregated or living in institutions and also those who need high support;
- establish National and State Disability Rights Authorities which facilitate the formulation of disability policy and law with active participation of persons with disabilities; dismantle structural discrimination existing against persons with disabilities and enforce due observance of regulations promulgated under this Act for the protection, promotion and enjoyment of all rights guaranteed in this Act;
- specify civil and criminal sanctions for wrongful acts and omissions.

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## **8.5 LET US SUM UP**

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As any individual knows, every child comes into a family with an abundance of needs: to be loved and cared for, nurtured, fed, clothed and educated, among other things. A child with special needs is basically a child who, because of his or her unique medical or developmental difficulties, has needs in addition to those of his or her peers. Special needs may range from mild to more severe. Most special needs respond well to treatment or special programs and services.

The teacher plays a very important role in accomplishing most of the needs of the child. The Disability Act 1995 and UNCRPD rights is an important aspect for the teacher to explain it to the parents and other stake holders.



Role of the teacher is very crucial while dealing with CWSN, She has to understand the meanings of each disability, identify the child and classify it to which group of disability it belongs to, and later send the child to a professional for assessment and once the assessment is done, she can plan for further intervention jointly working with professionals, parents

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## 8.6 ANSWER TO CHECK YOUR PROGRESS

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### Check your progress 1

- 1) Waiting Children
- 2) 20/200
- 3) Language
- 4) Visual Impairment

### Check your Progress 2

- 1) UNCRPD      United Nations Convention on the Rights of Persons with Disabilities
- 2) PWD Act      Persons with Disability Act
- 3) Central      Defense
- 4) Concurrent : Health
- 5) State :      Disability

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## 8.7 SUGGESTED READINGS AND REFERENCES

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**RaoIndumathi ; *A Text book on Inclusive Education*(2003), CBR Network, Bangalore**

**RaoIndumathi ; *ABC of CBR* (2010), CBR Network, Bangalore**

<http://rehabcouncil.nic.in>

<http://trace.wisc.edu>

<http://en.wikipedia.org>

Appendix 1

The following questionnaires could be used by teachers for preliminary assessment

FORM # 4



Notes

**In the age group of 6 – 14 years**

<b>Name of the village:</b>	<b>House Number:</b>	<b>Number of children</b>
a) Name of the child:		
b) Age:		
c) Father's Name:		
d) Mother's Name:		
Mark (√) against the correct answers for the following questions		
1	Did delivery takes place before due date?	Yes No Don't know
2	Is there any delay in speech development?	Yes No Don't know
3	Compared to other children of his/ her age was there delay in the following? Sitting Standing Walking Speaking Yes No Don't know	
4	Does the child runs well? Yes	No Don't know
5	Does the child use signs instead of talking?	Yes No Don't know
6	Is there any difficulty in using eyes- for reading lessons and carrying out daily activities	Yes No Don't know
7	Is there any difficulty in understanding the child while talking to him/ her?	Yes No Don't know
8	Is there any difficulty in hearing for the child? Yes	No Don't know
9	When compared to other children of his /her age, does the child have difficulty in learning in understanding in remembering and in other activities	Yes No Don't know
10	Does the child mix well with others?	Yes No Don't know
11	Is there any physical disability in the child?	Yes No Don't know
12	Is there any difficulty for others to understand your child's talk.	Yes No Don't know
13	Is there any problem in understanding your child's talk by people outside the child's family	Yes No Don't know



**Notes**

14	Does the child talk (For those who fill the form)	Yes	No	Don't know
15.	Do they refuse to give information?			
15.	Do the family members feel that there is no use in providing information to you?			
Remember: Even if there is a single {√} mark in the box in the brief records, detailed assessment forms have to be filled. Detailed form for the identification of Impairment in children				
<b>In the age group of 6 –14</b>				
<b>Village Name:</b>		<b>House Number:</b>		<b>Number of children:</b>
a)	Name of the child:			
b)	Age:			
c)	Father's Name:			
d)	Mother's Name:			
Mark {√} against the correct answer for the following questions.				
1	When compared to other children does your child have difficulty in walking? Yes	No	Don't know	
2	Does the child sit without support?	Yes	No	Don't know
3	Does the child carry out daily activities like Bathing, eating etc. on its own? Yes	No	Don't know	
4	Does the child understand talks & instructions?	Yes	No	Don't know
5	Is there any difficulty in seeing?	Yes	No	Don't know
6	Does the child can count the fingers at a distance of ten feet? Can count	Can't count	Don't know	
7	Does the child can count the fingers at a distance of five feet? Can count	Can't count	Don't know	
8	Does the child identify the figures in the Table's book? Can identify	Can't count	Don't know	
9	Is there any difficulty in hearing? Yes	No	Don't know	
10	Does the child respond when called his name from behind at a distance of 10 feet? Can respond	Can't respond	Don't know	

## Concept of CWSN



Notes

11	Does the child respond when called his name from behind at a distance of 5 feet?	Can respond	Can't respond	Don't know
12	Does the child talk clearly?	Yes	No	Don't know
13	Is there any difficulty for others to understand child's talk?	Yes	No	Don't know
14	Does the child have the fits? If yes, Does the child have an attack Don't know a) Daily? b) Once a week? c) Once in a month? d) Once in six months? e) does the child take medicine f) Does the child examined by the doctor?	Yes	No	Don't know
15	While working petty jobs Does the child spill, drop not having the articles?	Yes	No	Don't know
16	Does the child keeps quiet while there is a discharge from the nose?	Yes	No	Don't know
17	When compared to other children of his age does the child seem to be less intelligent?	Yes	No	Don't know
18	Does the child appear to be dull always in his/ her activities?	Yes	No	Don't know
19	Is there any difficulty for the child to concentrate on work when compared to other children of his age?	Yes	No	Don't know
20	Compared to other children of his age, does the child play mischief?	Yes	No	Don't know
21	Does the child, instead of his own age children likes to mix with younger children?	Yes	No	Don't know
22	Does the child knows the dangers of fire, water etc.?	Yes	No	Don't know
23	Can the child tell his/her name? Don't know	Tells	Does not tell	



Notes

Concept of CWSN

24	Does the child suffer from utter discharge from the eyes?	Yes	No	Don't know
25	Does the child always rubbing his/ her eyes?	Rubs	Does not rub	Don't know
26	Is there any serious of eye sight problem in reading, writing and seeing?	Yes	No	Don't know
27	Does the child walks on his own without anybody's help?	Walks	Does not walk	Don't know
28	Is there any difficulty in running and doing exercises at school?	Yes	No	Don't know
29	Compared to others, is there less progress in studies/ play?	Yes	No	Don't know
31	Can he/she keeps the books and articles carefully and clearly just like other children of his/ her age	Yes	No	Don't know
32	Compared to other children of his age, do he/ she works slowly	Yes	No	Don't know
33	Does the child suffer from ear-ache?	Yes	No	Don't know
34	Is there any discharge from the ears?	Yes	No	Don't know
35	Is there any difficulty in telling stories and arithmetic?	Yes	No	Don't know
36	Does the child turns away completely to the sides while listening to talks?	Yes	No	Don't know
37	Does the child hurt himself/ herself often?	Yes	No	Don't know
38	Does the child produces sound, while talking to himself/ herself continuously	Yes	No	Don't know
39	Does the child use spectacles?	Yes	No	Don't know
40	Does the child use hearing aids?	Yes	No	Don't know
41	Is there slight difficulty in hearing?	Yes	No	Don't know
42	Can the child has total hearing problem?	Yes	No	Don't know
43	Is there any problem in one leg?	Yes	No	Don't know
44	Is there any problem in both legs?	Yes	No	Don't know
45	Does he/ she does not walk properly?	Yes	No	Don't know

## Concept of CWSN

46	Is there any problem in both hands?	Yes	No	Don't know
47	When compared to others of his age is there any difficulty in writing?	Yes	No	Don't know
48	Is there any difficulty	Yes	No	Don't know



Notes

## 8.8 UNIT- END EXERCISES

- List down the Important points from PWD ACT 1995
- List all the Impairments and probable causes



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## UNIT 9 EDUCATION OF CHILDREN WITH SPECIAL NEEDS

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### Structure

- 9.0 Introduction
- 9.1 Learning Objectives
- 9.2 Educational challenges of Children with Special Needs (CWSN)
  - 9.2.1 Learning characteristics of CWSN
  - 9.2.2 Educational system and the needs of CWSN
- 9.3 Curricular adaptations
  - 9.3.1 Need for curriculum adaptation
  - 9.3.2 Adaptation of curriculum to meet the needs of CWSN
  - 9.3.3 Adaptation of evaluation methods for CWSN
- 9.4 Facilities to cater to learning needs of CWSN
  - 9.4.1 At school, cluster, block, district and state levels,
  - 9.4.2 Inclusive education of children with disability
- 9.5 Inclusive class rooms
  - 9.5.1 Class room adjustment and management
  - 9.5.2 Use of suitable teaching learning material (TLM) and Information Communication and Technology (ICT)
- 9.6 Home based Education
  - 9.6.1 Concept
  - 9.6.2 Procedure for Home based education
- 9.7 Let us sum up
- 9.8 Answer to check your progress
- 9.9 Suggested readings
- 9.10 Unit End Exercises

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### 9.0 INTRODUCTION

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As a teacher, you have been teaching children with varying abilities. You would have also taught children having special needs. Some children have special needs due to disabilities that are visible such as limbs affected as in the case of birth