

SPECIAL Children ATTENTION

Let's all work towards a more inclusive society



Some of the common scientific terms used in the document

Memory retention: Storing the information in order to use it in the future

Cognitive: Connected with thinking and conscious mental processes

Motor: Relating to the parts of nerves system that controls the movement of muscles

Socio-emotional: Relating to an individual's emotions and relationship with society

Manual dexterity: Ability to make coordinated hand and finger movements to grasp and manipulate objects

Visuomotor: The coordination of movement and visual perception by the brain

Gross motor: Ability to control the large muscles of the body for walking, running, sitting, crawling etc.

Pedagogical: Relating to teaching

Spatial: Relating to space

Amanuensis: Literary assistant who takes dictation or copies manuscripts

Inter-Disciplinary: Relating to more than one branch of knowledge

Psychologist: A person who has studied the human mind and tries to explain why people behave in the way that they do

Psychiatrist: A medical practitioner specializing in the diagnosis and treatment of mental illness and prescribes medicine (Psychiatry is a PG course after MBBS)

Counsellor: A person whose job is to provide advice, help and encouragement on personal or psychological problems

Categories of Mental Retardation amongst Disabled population

	Mild	Moderate	Severe
Population	Nearly 85%	Nearly 10%	Nearly 3-4%
IQ	55 to 75	35 to 55	20 to 35
Mainstreaming	Become fairly self-sufficient and more independent	Acquire proper communication skills but need a supervised environment to live	Learn basic self-care skills but need a supervised accommodation

Index

Introduction	06
List of commonly found disabilities	09
Types of assessment tools most prevalent in India	20
Mainstreaming techniques	22
Legal acts and benefits	30
Special centers in India	32
Disability certificate guidelines	32
Conclusion	33
List of resources facilitators can refer	34
List of movies and documentaries	36



Introduction



What is Special Education and who are people with special needs?

Special education meets the needs of those children who are different from average children either mentally, physically and/or socially. Also it is the practice of educating students in a way that addresses their individual needs and differences. The children may differ from various problems which in a way hamper their intellectual growth. Ideally, special education involves individually planned and systematically monitored arrangements of teaching procedures, adapted equipments and materials. These interventions are designed to help individuals achieve a higher level of personal self-sufficiency and success in schools as well as their community which otherwise may not be available if the students were only given access to a typical classroom education.

Special education includes learning disabilities (LD), communication disorders, emotional and behavioural disorders, physical disabilities, developmental disabilities and many other disabilities. The teaching methods in special education schools also differ from standard schools; they are designed and executed according to the individual's needs. As per individuals' condition, s/he may or may not be admitted to a normal school. There are a lot of remedial centers and teachers available; also there are schools that have made up a special classroom with all the required material for these special children in their normal school. For severe cases, special schools/classrooms are recommended. Some of the normal schools have started including students with mild conditions and they are allowed in a regular school/classroom for a limited or full period of time.

However, Indian government has made it officially clear under 'Sarva Siksha Abhyan' that no child shall be denied admission on grounds of special needs they have, and shall be included in a regular school. Additionally, children are not to be segregated or labeled at any point of time before or after admission. But the reality is different because the

schools are not equipped to handle children with special needs in regular classrooms. Majority of the "normal schools" do not have enough materials to set up a resource room or appoint a special educator, which increases the burden on the general teacher who is typically not equipped/trained to cater to the needs of a special child.

As mentioned above, students require additional care and attention. Special education is also referred as 'Special Needs Education' or 'Exceptional Children Education'. Similarly like a normal school, special school teachers receive specialized education training from educational institutes skilled in this particular area.

Schools for special children also have certain norms and infrastructure which facilitates the development of these children; earlier the scenario was different - not many people were aware about special education and were unfair to these children, nobody knew how to take care of these children.

The above led to the origin of special education.

Earlier, special schools in India were a voluntary program. But by 1950s, we had around 10 special schools working. In the next decade, our government began awarding grants to NGOs for the creation of special schools. 1990s was a period where there was an incredible growth in special schools; we had around thousand plus special schools created and spread all around the country. This growth was mainly due to the creation of Acts regarding Equal Opportunities, Protection and Rights of Full Participation and Right to Education. Also, availability of more number of trained professionals equipped to teach in special schools increased.

Special education also includes "Inclusive Education". Inclusive education is nothing but education imparted without any discrimination. Regular students and students who are differently abled come together to acquire knowledge and education in the same classroom/school. This policy is based on a belief that education is the birth right of every individual and nobody can be denied of this right. In an inclusive classroom, children come from various backgrounds and they may differ from one another in various ways including physical abilities, mental capacities, different learning styles – in spite of this, the children will enjoy all the privileges together. They remain in the same classroom, participating in all the activities of learning as other children do.

Each classroom has to be an inclusive classroom welcoming all different types of learners who may or may not be differently abled, and provide them an open space where they can participate in different learning activities.

Inclusive Education has many advantages such as it helps regular school children to become more sensitive towards differently abled children. It also helps special children to become more confident and accept their strengths as well as weaknesses. Close interaction with special children also enhances the regular children's emotional quotient as they develop patience, tolerance and compassion towards their peers.

Every child is unique in his/her own way, which definitely includes children who are differently abled or gifted; therefore all of the children are to be treated equally.

How Special Education helps the special child?



Special Education includes different teaching methods which provide creative solutions enabling individuals become more independent, productive and included in society as well as in their community life. As mentioned above, special education includes different methods of mainstreaming children such as shadow teaching, co-teaching and inclusive approach which makes the transition less problematic. Children with disabilities are often overwhelmed by the difficulties they face in a group-learning environment. Special education enables individuals to:

- Have greater control over their own lives
- Participate and contribute more to activities in their home, school, work and in the community
- Interact with people in society
- Take benefits from the individualized attention and teaching the child gets

Special education creates user-friendly environment which:

- Increases self-motivation
- Increases independence
- Has integrated and required participation
- Higher accountability
- Expand learning and life experiences
- Gives new opportunities for interactions and communication

Special Education also helps identify individual's learning styles. As mentioned above, special education also supports build confidence. It makes the students more comfortable which leads to fewer behavioural issues and problems with anger, frustration, anxiety and depression. It also prepares individuals for lifelong success by developing the best possible understanding of their disorders and needs. With the help of special education, individuals can rise above their limitations, can pursue and attain their personal and professional goals and excellence. Ultimately, it can be said that Special Education largely is an inclusive program in the education system which opens up a way for differently abled students to feel included in the society.

This year's planner is focusing more on creating awareness and sensitize the layman regarding learning disabilities, largely Special Education.

List of commonly found disabilities

Dyslexia

Details

It is a most common language-based learning disability. Students usually experience difficulties with language skills such as spelling, writing and pronouncing words. It affects individuals throughout their lives; however, its impact can change at different stages in a person's life. It is referred to as a learning disability because it can make things very difficult for a student to succeed academically in the typical instructional environment. Sometimes in its more severe form, it will qualify a student for special education, special accommodations or extra support services. Dyslexia is more prevalent amongst men than women and also commonly accompanied by Attention Deficit Hyperactivity Disorder (ADHD). Nearly 70 - 80% of students diagnosed with LD have deficits in reading. It has a worldwide incidence of 5 - 20%. Dyslexia in India is believed to be 15% - many of these children are not diagnosed and treated at an early stage.

Dyꞥl ə xiꞥ

Identification signs

- Difficulty in learning to read
- Reach milestones later; for example delayed crawling, walking and riding a bicycle
- Delayed speech development
- Slow at learning new concepts and sets of data
- Poorer eye-hand coordination
- Problem understanding directions
- Difficulty in spelling formation
- Less concentration span

Treatment

Compensatory strategies can help people cope with dyslexia in daily life. Early diagnosis and support can lead to long-term improvements. Psychological testing, guidance and support are helpful strategies to improve dyslexia.

Dysgraphia

Details

It is a specific learning disability (SLD) that affects written expression. Many people have poor handwriting, but dysgraphia is more serious. It is a neurological disorder that generally appears when children are at the initial stages of writing. It can be a language based or non-language based disorder. Since so many people with dysgraphia remain undiagnosed, it is difficult to estimate just how many are living with the condition. In children, the rate is often estimated between 5 to 20 percent. Dysgraphia affects men more often than women, and can go hand-in-hand with other learning disabilities or related condition like ADHD.



Identification signs

- Illegible writing
- Inconsistencies in writing; For example, mixtures of printing and cursive writing, upper and lower case or irregular sizes, shapes or slant of letters
- Unfinished words or letters and omitted words
- Inconsistent position of letters on the page with respect to lines and margins
- Inconsistent spaces between words and letters
- Cramped or unusual grip of the writing instrument
- Strange wrist, body or paper position
- Slow or laboured copying or writing
- Large gap between written ideas and understanding demonstrated through speech
- Difficulty organizing thoughts on paper

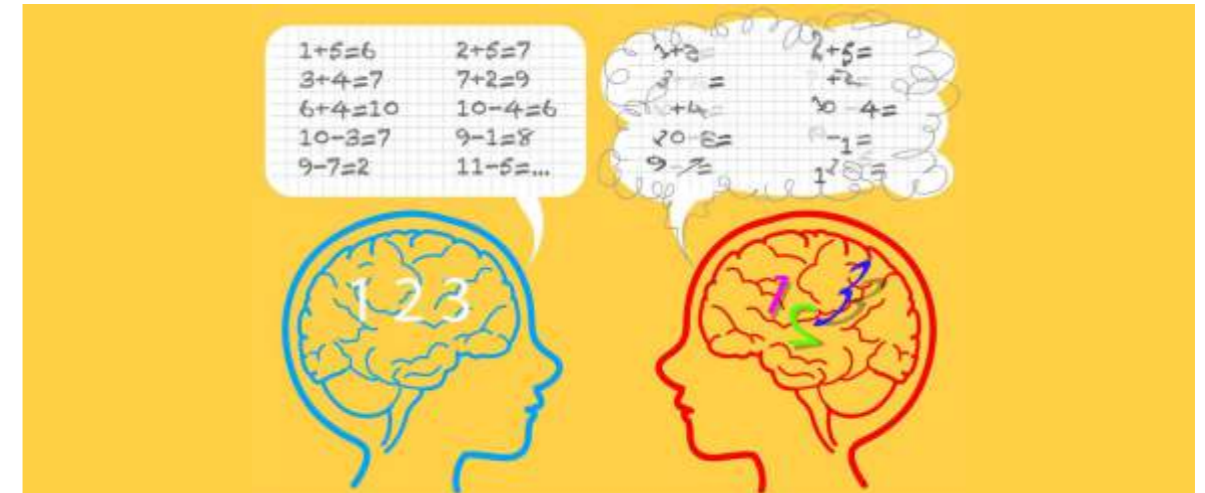
Treatment

Depending on the type of dysgraphia - spatial, motor or dyslexic - occupational therapy can also be helpful. There is no cure for dysgraphia and medication will not help. But problems associated with writing and finer motor skills can be improved by practice - especially if one starts early.

Dyscalculia

Details

It is a math learning disability that impairs an individual's ability to represent and process numerical magnitude in a typical way. They may also struggle with math symbols and more complex math. Having dyscalculia does not mean children are not smart, but they may have a hard time applying what they know to solve math problems. There are no significant gender differences seen in dyscalculia. However, mathematical and reading disabilities (dyslexia) co-occur more frequently. The co-morbidity rate varies from 20% to 53%.



Identification signs

- Difficulty counting backwards
- Difficulty remembering 'basic' facts
- Slow to perform calculations
- Weak mental arithmetic skills
- A poor sense of numbers and estimation
- Difficulty in understanding place value
- High levels of mathematics anxiety

Treatment

Learning specialists, educational psychologists or neuropsychologists who specialize in dyscalculia recommend the following to help a child's understanding of math:

- Specially designed teaching plans
- Math-based learning games
- Practicing math skills a lot more often than other students

Dyspraxia

Details

Also known as Development Co-ordination Disorder (DCD). It is a neurological disorder that impacts an individual's ability to plan and process motor tasks. Developmental dyspraxia is an immaturity of the organization of movement. The brain does not process information in a way that allows for a full transmission of neural messages. A person with dyspraxia finds it difficult to plan what to do and how to do it.

Experts say that about 10 percent of people have some degree of dyspraxia, while approximately 2 percent have it severely. Four out of every 5 children with evident dyspraxia are boys, although there is some debate as to whether dyspraxia might be under-diagnosed in girls.



Identification signs

- Poor balance
- Poor posture and fatigue
- Poor eye-hand co-ordination
- Lack of rhythm when dancing
- Tendency to fall, trip, bump into things and people

Treatment

There is no cure for dyspraxia, but a number of therapies can make it easier for the child to cope with his/her problems. These include speech and language therapy to improve speech and communication skills, occupational therapy to find ways to remain independent and complete everyday tasks. Physiotherapy can help improve motor development.

Autism

Details

It is a neurological developmental disability that hampers normal brain development, affecting communication, social interaction, cognition and behaviour. Autism mostly has other disorders in combination, such as ADHD, OCD, eating disorders, Dyslexia etc. According to researches done in India, estimation of autism varied from the rural to the urban population from 14/10,000 to 12/10,000, which ranges from 0.09% to 1.07% among children in the age group of 0 to 17 years. Correspondingly, boys are four times more likely to be diagnosed than girls.



Identification signs

The early signs of Autism can be observed during the first years of a child's life. Below are some of the signs:

- Difficulty communicating with others even if they have extensive vocabulary
- Repetition of words, actions, and play; generally rigid
- Difficulty socializing with others and tend to play alone rather making new friends
- Very sensitive to touch, sound, light, colour, taste and smell
- Show unusual attachment to toys/objects
- Sudden mood changes and short attention span

Treatment

No cure exists for autism, and there is no one-size-fits-all treatment. The goal of treatment is to maximize the child's ability to function by reducing autism signs and supporting development and learning. Early intervention during the pre-school years can help the child learn critical social, communication, functional and behavioural skills.

ADHD

Details

It is a disorder that makes it difficult for a person to pay attention and control impulsive behaviours. S/he may also be restless and almost constantly active. It affects children and teens and can continue into adulthood. ADHD is the most commonly diagnosed mental disorder of children. These behaviours interfere with school and home life. It is usually discovered during the early school years, when a child begins to have problems paying attention. It is more common amongst boys than in girls. A significant numbers of children with ADHD have additional disorders such as learning disabilities, Tourette's syndrome, conduct disorder, depression, anxiety etc. The prevalence of ADHD amongst primary school children was found to be 11 to 15%.



Identification signs

- Easily distracted and makes careless mistakes
- Does not stay seated
- Forgets about daily activities and problem organizing daily tasks
- Does not like to do things that require sitting still
- Has trouble playing quietly and talk excessively
- Always moving, such as running or climbing on things
- Always "on the go" as if "driven by a motor"
- Has trouble waiting for his or her turn and interrupts others

Symptoms of ADHD may change as a person gets older.

Treatment

Many symptoms of ADHD can be managed with medication and therapy. Having structure and a routine can help children with ADHD a lot. Counselling helps both parties; the child as well as the parents and family to better understand the person with ADHD.

Epilepsy

Details

It is a neurological disorder in which brain activity becomes abnormal, causing seizures or periods of unusual behaviour, sensations and sometimes loss of awareness. Epilepsy affects both males and females of all ages. Having a single seizure does not mean one has epilepsy. At least two unprovoked seizures are generally required for an epilepsy diagnosis. Treatment with medications or sometimes surgery can control seizures for the majority of people with epilepsy. Some people require lifelong treatment to control seizures, but for others, the seizures eventually go away. Some children with epilepsy may outgrow the condition with age. Seizures can affect any process the brain coordinates. In most cases, a person with epilepsy will tend to have the same type of seizure each time, so the symptoms will be similar from episode to episode. Seizure's signs and symptoms may include:

- Temporary confusion and a staring spell
- Uncontrollable jerking movements of the arms and legs
- Loss of consciousness or awareness
- Psychic symptoms such as fear, anxiety or déjà vu (a feeling of having already experienced the present situation)



Tourette Syndrome

Details

It is a problem with the nervous system that causes people to make sudden movements or sounds, called tics that they can not control. The early symptoms are typically noticed first in childhood, with the average onset between the ages of 3 to 9 years. Males are affected about three to four times more often than females. Stress, excitement, being sick or tired can make them worse. Treatment normally involves medication and non-pharmacological treatments. In rare cases, surgery may be an option.

There are two types of tics:

Motor tics involve movement such as:

- Arm or head jerking, shoulder shrugging
- Blinking, making a face and mouth twitching

Vocal tics such as:

- Barking, yelping, coughing, grunting, shouting, sniffing and swearing
- Repeating what someone says



Down Syndrome

Details

It is a genetic disorder caused when abnormal cell division results in an extra full or partial copy of chromosome 21. This extra genetic material causes the developmental changes and physical features. There is no way to prevent Down syndrome. If one is at a high risk of having a child with Down syndrome or already have one child with Down syndrome, one may want to consult a doctor before becoming pregnant. Not all people with Down syndrome have the same features, some of the more common features include:

- Flattened face, small head, protruding tongue, poor muscle tone and short height
- Upward slanting eye lids (palpebral fissures)
- Unusually shaped or small ears
- Broad, short fingers and hands with a single crease in the palm
- Tiny white spots on the colored part (iris) of the eye called Brushfield's spots

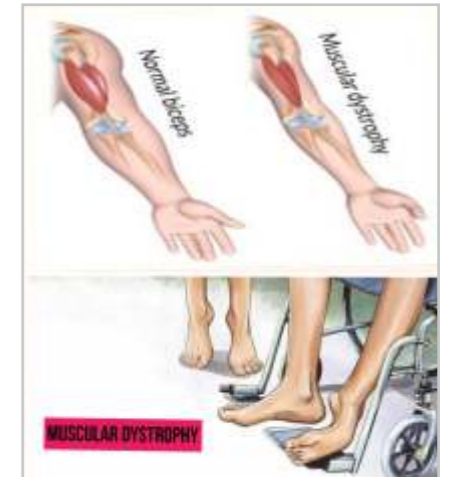


Muscular Dystrophy (MD)

Details

It is a genetic disorder that gradually weakens the body's muscles. It is caused by incorrect or missing genetic information that prevents the body from making the proteins needed to build and maintain healthy muscles. There are several major forms of MD, which can affect the muscles to varying degrees. In some cases, it starts causing muscle problems in infancy; in others, symptoms do not appear until adulthood. Many kids with MD follow a normal pattern of development during their first few years of life. But in time they develop problems with movement. Currently, there is no cure for MD. Medications and various therapies help slow the progression of the disease and keep the patient mobile for the longest possible time. Physical therapy has proven to be effective. Below are the signs:

- Stumble, waddle and have difficulty going up stairs
- Toe walk (walk on the toes without the heels hitting the floor)
- Struggle to get up from a sitting position
- Have a hard time pushing things, like a tricycle
- Develop enlarged calf muscles as muscle tissue is destroyed and replaced by fat



Spina Bifida

Details

It is a birth defect that occurs when the spine and spinal cord do not form properly. It falls under the broader category of neural tube defects. The neural tube is the embryonic structure that eventually develops into the baby's brain and spinal cord and the tissues that enclose them. Spina Bifida can range from mild to severe, depending on the type of defect, size, location and complications. Early treatment for Spina Bifida is necessary; it is done surgically, although such treatment does not always completely resolve the problem. Signs and symptoms of Spina Bifida vary by type and severity.

It can also differ for each person, which includes:

- An abnormal tuft of hair or a small dimple or birthmark on the newborn's skin above the spinal cord
- Fluid sac around the spinal cord
- Tissues and nerves usually are exposed, though sometimes skin covers the sac



Processing Deficits

Details

Processing deficits are problems with the processes of recognizing and interpreting information taken in. The two most common areas of processing difficulty associated with learning disabilities are visual and auditory perception. Treatments may include modifying the environment to reduce or eliminate certain sounds, teaching skills to compensate for the disorder. Vision therapy can help with eye coordination issues and Educational therapy can help with visual and audio processing issues which help them learn to work around their weaknesses. Below are some of the signs of Processing Deficits:

- Find it hard to see the differences between similar-looking shapes or letters like O and Q
- Find it hard to tell the difference between similar-sounding words like fifty and fifteen
- Struggle to locate something specific on a page and to stay in the lines when writing
- Skip lines when s/he reads or read the same line repeatedly
- Struggle to understand spoken language
- Have trouble following directions and remember details s/he has heard

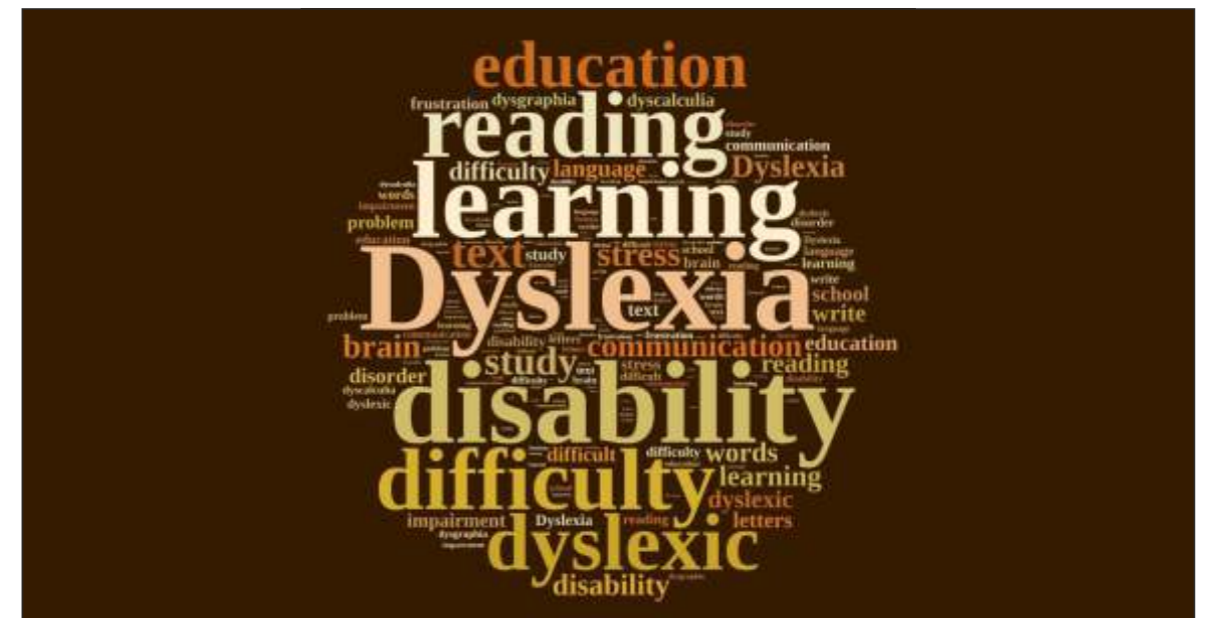
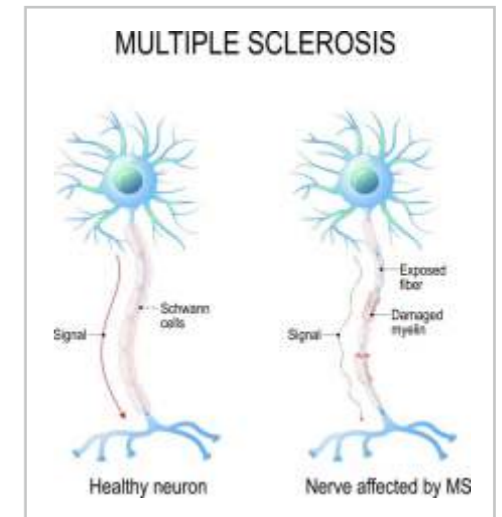


Multiple Sclerosis (MS)

Details

It is a chronic disease that affects the central nervous system, especially the brain, spinal cord and optic nerves. This can lead to a wide range of symptoms throughout the body. The protective coverings of nerve cells are damaged, which leads to diminished function in the brain and spinal cord. The system designed to keep your body healthy mistakenly attacks parts of your body that is vital to everyday function. There is no cure, but treatment is available that can slow the progression and reduce the number and severity of relapses. Some people also use complementary and alternative therapies, but research does not always confirm the usefulness of these. Common early signs of MS include:

- Cognitive and vision problems
- Tingling and numbness
- Pains and spasms
- Weakness or fatigue
- Balance problems or dizziness
- Bladder issues
- Sexual dysfunction



Types of assessment tools most prevalent in India

The identification of children with special needs is not the only reason why there are various assessment instruments. Assessment and testing are also crucial for students who are already in the special education program. Besides monitoring the academic performance of special students, these assessment tools also help the teachers in modifying the treatment according to the students' response. The result is the creation of more effective, more responsive and more dynamic Individualized Education Plans (IEPs).

Here is a short list of the most common assessment instruments according to disorders that are used in the field of special education in India:

To assess Autism

Gilliam Autism Rating Scale: This scale assists teachers, parents, and clinicians in identifying ASD in individuals and estimating its severity in individuals from 3 to 22 years of age.

To assess ADHD or ADD (Attention Deficit Disorder)

Child Behaviour Checklist: This type of assessment relies on the input of the parent or the guardian and primarily focuses on the child's behaviour, especially one who is suffering from ADHD or ADD. The assessment, which is applicable for children from preschool age to young adulthood, is supposed to quantify social competencies.

To assess Learning Disabilities

WRAT - Wide Range Achievement Test: This test is a norm-referenced test that measures the basic academic skills of word reading, sentence comprehension, spelling and math computation in individuals from 5 to 94 years of age.

To assess General Intelligence and Developmental Milestones

Stanford-Binet Intelligence Scale: This type of assessment is typically used to measure a person's general intelligence. It is administered on individuals between the ages of 2 to 23. The general intelligence also includes the individual's memory retention and basic cognitive abilities.

The Bayley Scale of Infant Development: This scale is an individually administered instrument designed to assess the developmental functioning of infants, toddlers, and young children aged between 1 to 42 months. The Bayley-III provides coverage of the following five domains: cognitive, language, motor, adaptive and social-emotional development.



DASII – Developmental Assessment Scales for Indian Infants: This test is conducted for infants between 3 months to 2.5 years of age. This test basically checks the child's motor and mental development. It also covers the development of communication and language comprehension, spatial relationship and manual dexterity, imitative behaviour, social interaction and manipulative behaviour.

Wechsler Intelligence Scale for Children: This test focuses on different aspects of intelligence and is designed for children between the ages of 6 to 16. It is most often used as a clinical tool to measure individual cognitive abilities. It majorly helps in identification of giftedness, learning disabilities or general strengths and weakness a child may have in their cognitive ability.

Seguin Form Board Test: This test is to evaluate eye-hand coordination, shape concept, visual perception and cognitive ability through nonverbal means. It is used to assess the participants' motor dexterity, visuomotor coordination, spatial organization, speed and accuracy of performance - this can be used in children as young as 3 years. It is used for preliminary assessment of mental age in a normal population.

MISIC - Malin's Intelligence Scale for Indian Children: It measures verbal and performance abilities and can be administered by a trained psychologist to assess intelligence from 6 years onward. The verbal scale measures verbal information, language development and comprehension. The performance scale assesses picture completion, picture arrangement, block design and object assembly.

DDST - Denver Developmental Screening Test: The DDST was introduced to identify young children upto age six, with developmental problems. The tests address four domains of child development: personal-social, finer motor and adaptive, language and gross motor.

Vineland Adaptive behaviour Scale: This type of assessment focuses on the social abilities of an individual, from preschool age to 18 years old. The measurement of social abilities includes fundamental socialization skills, communication skills, basic motor skills and daily living adeptness.

Mainstreaming techniques

Role of Educational institutions and Teachers



Shadow teaching: A shadow teacher is an assistant teacher who works directly with a child during his/her early years, especially from 3 to 8 years of age. Such teachers understand different learning disorders and also supporting strategies, accordingly. Shadow teachers are often referred to as para-professionals, student aides, teacher aides and even student tutors. Shadow teachers help students to realize their abilities, uniqueness and potential, while assisting the classroom teacher to do the same. Ultimately, shadow teachers establish the foundation for students to have an equal opportunity for quality education. The key ingredients for successful shadow teaching are patience and cooperation.

In school, children are supported to develop academic skills, social skills and independence. However, not all children learn at the same pace as others and may need additional support in some areas. This is where the role of a shadow teacher or one-to-one support begins. The role of a shadow teacher is to support the student at school by helping fill in the gaps in the learning process, to help build self-confidence, help completing school tasks regularly, help them participate appropriately in classrooms, function in an environment where there are many distractions available; the shadow teacher also promotes positive interaction in the classroom by helping the student focus on important concepts and overall help them to develop academic and social skills. Communication and collaboration between the shadow teacher, the classroom teacher and the parents is essential when striving for success. Meaningful relationships must be established to best meet the needs of the child.

Every child is unique; therefore the approach, teaching methods and techniques used by each shadow teacher is designed based on the needs of the individual student.

Co-teaching: Co-teaching is the practice of pairing teachers together in a classroom to share the responsibilities of planning, instructing and assessing students. In a co-teaching setting, the teachers are considered equally responsible and accountable for the classroom. Co-teaching is often implemented with general and special education teachers, paired together as part of an initiative to create a more inclusive classroom.

An inclusive classroom is often chosen as the least restrictive environment since it allows students with special educational needs to receive the support they require as part of their Individualized Education Program (IEP), build a stronger social connection with their peers and benefit from the curriculum of the general education class they otherwise would not take part in. Also, they get more opportunities for one-on-one interaction between students and teachers, leading to stronger relationships and increased independence.

Inclusive approach: Successful inclusive education happens primarily through accepting, understanding and attending to student differences and diversity which can include physical, cognitive, academic, social and emotional. Inclusive education happens when all students, regardless of any challenges they may have, are placed in age-appropriate general education classes that are in their own neighborhood schools to receive high-quality instructions, interventions and support that enable them to meet success in the core curriculum.

The school and classroom operate on the premise that students with disabilities are as fundamentally competent as students without disabilities. Therefore all students can be full participants in their classrooms and in the local school community. Much of the movement is related to legislation that students receive their education in the least restrictive environment. This means they are with their peers without disabilities to the maximum degree possible, with general education the placement of first choice for all students.

The driving principle is to make all students feel welcomed, appropriately challenged and supported in their efforts. It is also critically important that the adults are supported, too. This includes the regular education teacher and the special education teacher, as well as all other staff and faculty who are key stakeholders - and that also includes parents.

Advantages of Inclusive Education:

- Children learn to respect their own as well as others individuality
- Regular students enhance their emotional quotient as they develop patience, tolerance and compassion for their peers with special needs
- Regular students learn to accept the strengths and weaknesses of their classmates who are differently abled
- When regular children involve in helping their peers, they not only derive immense satisfaction out of it, but often develop lifelong friendships with them
- Both, regular and special needs children learn teamwork and collaboration in inclusive schools

India is culturally diverse that strives for unity in diversity and an inclusive school provide opportunities for playing together, learning together, being together and growing together with different students with different needs.





Peer-to-peer learning: Peer learning in special education is a strategy where higher performing students are paired with lower performing students or students with disabilities to review or teach academic materials. Peer learning has been implemented with students of all ages and levels, in all subject areas. Introducing a peer learning program to help students with disabilities may be an effective and efficient way to boost academic achievement. It is proven that some students with disabilities respond better to peers than adults. It also provides them more individual attention, which leads to immediate and frequent feedbacks and positive reinforcement that eventually results in higher academic performance. This technique has benefits at both ends, which are:

Benefits for students with disabilities

- Builds friendship
- Increased participation in school, largely in the society
- Peer role models for academic, social and behaviour skills
- Increased achievement of IEP goals
- Greater access to general curriculum
- Enhanced skill acquisition

Benefits for students without disabilities

- Meaningful friendships
- Increased sensitivity and becomes more empathetic towards special children
- Prepares them for adult life in an inclusive society
- Opportunities to master activities by practicing and teaching others
- Greater academic outcomes

Special programs

- **IEP - Individualized Education Program:** An IEP provides a plan to help a special student meet individual outcomes or goals beyond his/her current skills. For this reason, an understanding of what a student can and cannot do is essential for the IEP process.

An IEP is usually an ongoing planning and a written record that is developed by the school including special and general teachers, as well as parents. IEP outlines the specific needs and goals of a special child. Teachers and parents work together as a team to set personal goals, also to meet the needs of individual students who require a range of support. An IEP is always upgrading, it is an evolving document based on the needs of the special child. Each IEP is unique to the student for whom it is designed. IEPs can be provided in regular schools and classrooms or a special resource room can serve a group of people having similar needs brought together for help.

- **ILP - Individual Learning Plan:** An ILP is a documented planning, delivery and evaluation of an educational program designed by a team which includes general teachers, authority person from the school, special educators and parents. This team knows and has involvement with the special student and is well aware of the special student's educational needs. ILP outlines a student's current level of ability and identifies specific goals for future attainment. ILP's major goal is to include meaningful curriculum suited to particular needs. It is planned considering current level of learning, cultural, linguistic and socio-economic background.

The special student is well aware of his/her goals and target which are self explanatory and easily measurable. The process of ILP is accepted within the school as a normal part of school procedures.

- **IFSP - Individual Family Service Plan:** An IFSP is a plan that guides the family and the child during the early years of development. Infants to children who are three years old can qualify for an IFSP and receive early prevention services. A key principle of this plan is that it occurs in a natural setting where the child and parents feel most comfortable, which is usually the house. This plan can have different locations but aim should be the comfortness of the child and the family.

An IFSP clearly elaborates the special child's level of functioning, specific needs and goals that need to be treated. IFSP is a family based approach which is developed with inputs from the child's entire family and it includes features that are specifically designed to support the entire family.





Activity Based Learning (ABL): ABL is an excellent technique for schools and teachers to support the traditional education methods with a modern and advanced learning approach that brings confidence, innovation and creativity amongst students of all kinds. Key feature of this technique is that it uses child-friendly educational aids to foster self-learning and give freedom to a special child to study according to his/her skills and preferences. ABL serves as a model of child-centered, child-friendly education which is the commandment of the Right to Education Act (RTE) in India.

ABL encourages the students to relate learning to their immediate environment. Interdisciplinary and thematic linkages are made using these different activities. Once the children are familiar with different activities, they become easy to handle, they connect immediately and they need little help and guidance to use different activities. ABL not just make the learning fun but also supports the child to retain the knowledge and classroom learning in their mind for longer period of time. All of the materials and activities of ABL support learners of different styles and intelligence.

For ABL, schools have different corners according to themes which include:

- Health corner where they get familiar with concepts of physical health
- Sensory corner where they have different materials for different sensory needs
- Math corner where they learn different concepts of mathematics in a simpler way
- Science corner where they learn concepts of science
- Games corner where they have different indoor and outdoor games
- Language corner where they get familiar with different languages
- Music corner which makes them more calm, soothes them

Apart from these corners, they have different activities to learn different concepts like safety, environment, ecology, technology etc. All of these corners and activities are most suited for children with special needs. It makes the learning easier for them.

A lot of researches were done to observe the effectiveness of ABL; it was found out that ABL has created a visible improvement in children's learning and psychology. Children learn to make independent decisions at a young age.

Apart from these techniques, there are few general roles of schools and teachers which need to be considered and taken care of:

- Proper infrastructure should be planned for accommodation of different needs students
- All teachers should be trained in various teaching strategies to satisfy different types of learners so that learning becomes meaningful and easier for them in the class
- Teachers need to be sensitive enough to cater all the children with compassion by respecting individualities
- Schools should always have a "Buddy System" or "Peer Strategy" in classrooms so that children become responsible and helpful to each other and learning becomes better

Above mentioned techniques are very useful and effective when one is catering children with special needs. All of these techniques are planned and implemented after intensive researches by scholars of the field. However, as a responsible member of the society, we really need to ask ourselves about implementation of these techniques in regular schools as well as special schools. There are still a lot of stigmas attached to these special people which makes all of us insensitive about their needs and the sad part is majority of the population is not even ready to talk about their issues.

When we talk about physically challenged individuals, we are somehow aware of their needs because it is clearly visible, but we still lack in making infrastructural changes. But the scenario is worse for those special children whose needs are not visible. All of the techniques we talked about are not present in most of the regular schools, though it is made compulsory by the government laws. Because of this, many students stop attending schools and do not get proper education. Even though students with learning disabilities are comparatively easy to cater, the schools are not ready to take an extra mile for them. Most of the schools are worried about their overall annual results and hence they are brutally ignoring the rights of special needs children. Ultimately, it becomes very difficult for the special population to get employment and they end up living a very difficult life.



Role of Parents

When teachers and parents work together to support the learning and social/emotional needs of students, those students fare better in schools; not only does it help students learn and achieve academically, it also helps students develop positive peer relationships. It is important to note that parents have a shared responsibility in educating students.

Parental responsibilities can vary depending on factors such as the child's disabling condition. As a result, parental responsibilities are less clearly defined than are parental rights.

However, some of the following suggestions may be helpful to ensure that the child's rights are being protected:

- Develop a partnership with the school and share relevant information about the special child's education and development
- The parent should ask for clarification of any aspect of the program that is unclear
- Make sure the parent understands the program specified in the IEP or IFSP, reviews the details before agreeing to it
- Consider and discuss with the child's teacher, how the child might be included in the regular school activities including lunch, recess, art, music etc.
- Monitor the child's progress and periodically ask for a report. If the child is not progressing, discuss this with the teacher and determine whether the program should be modified
- Keeping records of all of the milestone a child is achieving, so that it can be discussed later with the concerned person
- Join parents' groups which gives opportunities to share knowledge, gain support and provide an open space to discuss whatever problems parents may face
- Keep in mind to never compare the special child with any other child and never force the special child to perform anything that s/he may not like
- Do not label the special child as lazy or dumb and hide the actual problem a child is facing; be encouraging and address the problem correctly
- Never feel ashamed of the special child and his/her disability, embrace the difference and help the special child to positively develop
- Always be conscious about their needs and give them proper time and attention
- Provide them with activities where they develop self sufficiency and become more and more independent in whatever they wish to do
- Whatever situation may come, never give-up on the special child



Role of Society

As seen above, the roles of the special child's parents, family and the teachers are quite prominent and crucial. But the society at large is still not very sensitized with these children. The apathetic attitude of people towards the differently abled is indeed a matter of concern and is also an obstacle in the path of inclusion. The 'special' children have to be given a place in the society amongst all the mainstream society. As a society, all of us have to change our attitude towards these children and bring inclusion in a true sense. Inclusion is not just about making them a part of the regular schools but also to make them a part of the society they are born in. It is a need of the hour that all of us from our society come forward to provide support. Society can help these special people in various ways, which include:

- Ensuring that the educators have correct training, flexibility and resources to facilitate students with diverse needs as well as different learning styles
- Ensuring that pre-schools and schools receive appropriate, adequate and sustainable financial support so that all activities and services are fully inclusive
- Empower parents for putting their voice assertively for their child's right to get education in inclusive settings
- Enable the entire community, including general and special educators, social workers, parents and students to work together and participate in the design, delivery, and monitoring of education, thereby reframing inclusive education as a shared responsibility
- Holding governments accountable for implementing anti-discrimination legislation, legal mandates for inclusion and policies to remove barriers for inclusion
- Ensuring that companies/industries have few percentages reserved for these special people to help them get employment, ultimately to help them become financially independent

Legal acts and benefits

Concessions for students with Learning Disabilities (LD's)

The Rights of Persons with Disability Act (2016) only mentions about detecting LDs in children at the earliest and taking suitable pedagogical and other measures to overcome them. But the scenario across the nation varies from one state to another and also across various boards of examination. There are only 4 states – Maharashtra, Karnataka, Kerala and Delhi that have taken various measures for the identification and diagnosis of SLDs in India.

Similar provisions exist for students with LD attending schools affiliated to the ICSE and CBSE education board as shown below.

ICSE

Depending on the nature and degree of the Special Difficulty, the Council is prepared to make special arrangements, subject to the Convener concerned being convinced of the need and being able to provide the necessary facilities and if the candidate accepts the responsibility for any additional expenses which may be incurred. The following special arrangements are the most common, either singly or in various combinations:

- **Allowance of additional time:** The normal maximum additional allowance is at the rate of 15 minutes in a 1-hour paper, 30 minutes in a 2-hour paper, and 45 minutes in a 3-hour paper, but these allowances may be varied according to circumstances. When a candidate's speed of writing is affected by his handicap, a greater allowance may be granted in a paper requiring extensive writing such as English Literature or history than in a paper of, for example, the short answer type.
- **Allow Use of an amanuensis:** When a candidate's performance is affected to such an extent that any reasonable allowance of extra time would not meet the difficulty, the use of an amanuensis may be permitted (with or without extra time). The amanuensis normally would be a fellow pupil, who has not reached the same academic standard in the subject as the candidate. Similar arrangements may be permitted in practical examinations.
- The typing of answers by the candidate.
- The question paper may be read out, but not explained in any way, to candidates who have defective eyesight or a certified reading disability.
- For detailed information, please visit <https://www.cisce.org/Concessions.aspx>

CBSE

The following concessions are available to the Candidates with disabilities as defined in 'The Rights of Persons with Disabilities Act' 2016

- **Allowance of additional time:** The normal maximum additional allowance is at the rate of 30 minutes in a 1½-hour paper, 40 minutes in a 2-hour paper, 50 minutes in a 2½-hour paper and 60 minutes in a 3-hour paper
- **Allow use of Scribe:** The candidate shall have the discretion of opting for his own scribe/reader or request the examination centre for the same.

• CLASS X

- Exemption from third language
- Candidates with disabilities as defined in The Rights of Persons with Disabilities Act 2016 have the option of studying one compulsory language as against two
- Alternative type questions are provided in lieu of questions having visual inputs for visually impaired candidates in the subject Social Science
- With effect from 2020, in lieu of large font Question Papers, candidates will be allowed to use magnifying glasses/portable video magnifiers

• CLASS XII

- Flexibility in choosing subjects
- Disabled candidates are given separate question papers containing Multiple choice questions based on Practical component in lieu of practical's in the subjects of Physics, Chemistry and Biology
- Question papers administered in the subjects of Physics, Chemistry, Mathematics and Biology are without any visual input
- Alternative type questions are provided in lieu of questions having visual inputs in the subjects of History, Geography and Economics

For detailed information, please visit <http://cbse.nic.in/newsite/attach/CWSN%20April%202019.pdf>

In the 29 States and 7 Union Territories in India, only these 4 states have taken an initiative to certify and diagnose learning disabilities. But considering the magnitude of students with LDs in India, the efforts by these states are negligible. A national policy must be framed by the Central Government and it should contain uniform guidelines for recognition and certification of these disorders. The assessment pattern that should be followed in schools for LD should be the same. The guidelines should be common for all schools irrespective of the boards. Only when there are uniform methods, efforts will be taken by all other states.



Special centers in India

Special education in India as a subject picked up in the 1960's; gradually the number of schools, centers, special teachers and organizations increased. Urban areas would prominently have more number of resources compared to rural areas. Below is a government link where centers, schools and organizations are listed state and city wise:

<http://niepid.nic.in/nimh-directory.php>

There might be new NGOs, schools and centers which are not listed. Most of the times, it happens that rural facilitation centers are not registered. There might be home tutors who have not registered themselves and hence they are not seen in the data. These are the data which are not mentioned in the link but one can explore non-registered centers, teachers and schools around them who might be most useful, but are not available on the above website.

Disability Certificate Guidelines

The 'Persons with Disabilities Act' (2016) provides a broad guideline for issue of the disability certificate. The act lays down a rule of authorizing a Medical Board to issue a 'Disability Certificate', which should be correctly established by the Central and State Government. The certificate issued by the Medical Board makes a person eligible to apply for facilities, concessions and benefits permissible under different schemes available by Central or State government framework.

The guidelines issued by the Government are:

- Arrangement of the issue of the certificate is a responsibility of schools' Principals/Headmasters.
- School authority also makes arrangements to carry out certain tests with the equipments available in the District Hospital and therefore the student should be brought to the hospital. The expenditure will be done by the Education Department of the State Government/UT Administration. Written request from the Principal needs to be made.
- On the written request of the school authorities, the District Medical Board visits the school for evaluation of the disability of the student and issues certificate as per the notified guidelines and format of certificate.
- The certificate will be issued before the completion of schooling of the disabled student along with their 'School Leaving Certificate' or/and as and when required.

“No fee should be charged from the disabled students for issue of disability certificate”

For the Disability Certificate, the Medical Board fixes a particular time frame and day in a week or month, for meeting and assessing the applicant. Also, few camps might be organized at taluka/block level for issuing of certificates – this is often in conjunction with other government programs such as rural development and poverty alleviation. In case of any difficulties faced in the issue of the certificate because of the non-availability of the psychiatrist/clinical psychologist/pediatrician in the Medical Board, private practitioners of repute may be co-opted in the Medical Board.

For further information please visit www.disabilityaffairs.gov.in

Conclusion

Learning disability indicates difficulties in acquiring language skills such as spelling, writing, reading and comprehension during conventional classroom instruction. Presently, in India, it is very difficult for a special student to succeed academically in the normal instructional environment and based on the severity, it qualifies students for special education or extra support services.

Since 2012, Delhi High Court has made a rule for all government and private schools that it is mandatory to equip the mainstream schools to handle special children with various disabilities, including learning disability. Additionally in 2016, the 'Person with Disability Act' was revised and Learning Disability has been added in the act since then.

Integrated education started happening in India long back during 1950s. Over the period, a lot of changes happened and presently we have many special schools, as well as special classrooms in mainstream schools for special population. Inclusive education is not limited between classroom walls or school compound, but it helps bring the changes in the attitude of regular children and adults towards special children's life, in general. One learns to accept the strengths and weaknesses of others and get along with each other. This ability to adjust and adapt is a valuable trait in every individual so that they develop excellent interpersonal skills and live in harmony. Such an attitude helps in understanding each other and can solve majority of relationship problems faced in today's world. This is how we can ensure that regular children are being sensitized toward special children, which ultimately is a major aim of inclusion.

Inclusion does not only begin with school but it begins when we free our psychological barriers towards people who are different from us. So, as a responsible member of the society, do we not have the liability of changing our attitude? What is our attitude towards children with special needs? Will we encourage the regular child to interact with children who have special needs? This question is simple to answer only if we have the time to think about our attitude toward children with special needs, which will in turn be reflected in our children, who are the future of our nation.

Rousseau, a philosopher believed that children are born good, but are corrupted by formal education and society, that ruins them to believe in a lot of disbeliefs. It is only when the child comes out in contact with the outside world that s/he starts forming boundaries of bias, culture and status in the mind. Presently, as educators, parents and society at large, we all are responsible for creating an imbalanced society. All of us need to consider this issue in a serious manner and shape the future generation to be more sensitive towards differently abled population.

Inclusive Education aims to create a society which is presently made of normal people where “I” matters, to a society which is made of people where “WE” matters.

List of resources facilitators can refer

ADHD

Websites

<https://www.additudemag.com/what-is-adhd-symptomscauses-treatments/>
<https://www.healthline.com/health/adhd>
<https://www.webmd.com/add-adhd/guide/attention-deficithyperactivity-disorder-adhd#1>
<https://www.psycom.net/adhd>

Apps

<https://www.healthline.com/health/adhd/top-iphoneandroid-apps>

Books

Beyond ADHD - Overcoming the Label and Thriving by *Jess Emmerson and Robert Yehling*
The ADHD Workbook for Kids by *Lawrence Shapiro, Ph.D.*
The Survival Guide for Kids with ADD or ADHD by *John .F. Taylor, Ph.D.*

SLD

Websites

<https://dsf.net.au/what-are-learning-disabilities/>
<https://ldaamerica.org/types-of-learning-disabilities/>
<https://ldaamerica.org/symptoms-of-learning-disabilities/>

Books

Learning Disabilities: From Identification to Intervention by *G. Reid Lyon, Jack M. Fletcher, Lynn Fuchs, and Marcia A. Barnes*
Overcoming Dyslexia by *Sally E. Shaywitz*
Teaching students with learning problems by *Cecil D. Mercer*
The Complete Learning Disabilities Handbook: Ready-to-Use Strategies and Activities for Teaching Students with Learning Disabilities by *Joan M. Harwell and Rebecca Williams Jackson*
Using Technology to Engage Students with Learning Disabilities by *Billy Krakower and Sharon LePage Plante*

Intellectual Disabilities

Websites

<https://www.webmd.com/parenting/baby/intellectual-disabilitymental-retardation#1>
<https://www.psychiatry.org/patients-families/intellectualdisability/what-is-intellectual-disability>
https://en.wikipedia.org/wiki/Intellectual_disability

Autism

Websites

<https://www.autismspeaks.org/what-autism>
<https://www.healthline.com/health/autism>
<https://www.webmd.com/brain/autism/understanding-autism-basics#1>

Books

Thinking In Pictures By *Temple Grandin*
Look Me In The Eye By *John Elder Robinson*
The Survival Guide for Kids with Autism Spectrum Disorders (and Their Parents) By *Elizabeth Reeve and Elizabeth Verdick*
There's a Boy in Here: Emerging from the Bonds of Autism by *Judy Barron and Sean Barron*

General recommendation

Websites

<https://www.early-childhood-education-degrees.com/features/50-best-books-on-special-education/>

Books

Totto Chan: The little girl at the window by *Tetsuko Kuroyanagi*
Educating Exceptional Children by *SK Mangal*
A Mind at a Time by *Mel Levine*
Whole Brain Teaching for Challenging Kids by *Chris Biffle*

List of Movies and Documentaries

- Backwards: The Riddle of Dyslexia, 1984
- A mind of her own, 2006
- bAd, 2007
- Taare Zameen Par, 2007
- Embracing Dyslexia, 2013 – documentary
- I can't do this but I can do that
- The address
- My glass is half full
- ADHD: Not just for Kids, 2012
- ADD and loving it? 2009
- Thumbsucker, 2005
- A boy called Po
- The story of Luke, 2012
- Temple Grandin, 2012
- Please Stand by Me, 2017
- Fly Away, 2011
- Autism: The Musical, 2007
- The Horse Boy, 2009
- The Black Balloon, 2008
- Miracle Run, 2004

Apart from the above, there are many more movies and documentaries available on **YouTube** related to this topic.

List of YouTube channels

- Special books by special kids
- The national center for Learning Disabilities
- Federation for Children with Special Needs

List of web search engines for scholarly literature (Researches)

- Shodhganga
- Google Scholar
- JStore



Dear Special Child

Special child, who came to us
With a need and a dependence
I pray the world will understand
The message of your innocence
At times the giving is hard for all
We must admit it's true
But you give back so much more
Than will ever be given you
You awe us with your courage
When obstacles are many
And when we're short on love
You're there to give us plenty
The laughter in your eyes
Every rainy day
Can make the sun so shine
And roll the clouds away
God said it would be like you
His kingdom up above
Dear Special Child - Gift from God
With your simple faith and love



WEEK		WED 01	THR 02	FRI 03	SAT 04	SUN 05
1	"If I waited till I felt like writing, I'd never write at all"					
2	MON 06	TUE 07	WED 08	THR 09	FRI 10	SAT 11
3	MON 13	TUE 14 Makar Sankranti/Pongal	WED 15	THR 16	FRI 17	SAT 18
4	MON 20	TUE 21	WED 22	THR 23	FRI 24	SAT 25
5	MON 27	TUE 28	WED 29	THR 30	FRI 31	SUN 26 Republic Day

WEEK						SAT 01	SUN
5	"If the child can't learn what we teach, maybe we should teach the way they learn."						02
6	MON 03	TUE 04	WED 05	THR 06	FRI 07	SAT 08	SUN 09
7	MON 10	TUE 11	WED 12	THR 13	FRI 14	SAT 15	SUN 16
8	MON 17	TUE 18	WED 19	THR 20	FRI 21 Maha Shivratri	SAT 22	SUN 23
9	MON 24	TUE 25	WED 26	THR 27	FRI 28	SAT 29	

WEEK	MON 30	TUE 31	"In life you have a choice: Bitter or Better? Choose better, forget bitter."				SUN
9						01	
	MON 02	TUE 03	WED 04	THR 05	FRI 06	SAT 07	SUN
10						08	
	MON 09	TUE 10 <small>Holi (Dhuleti)</small>	WED 11	THR 12	FRI 13	SAT 14	SUN
11						15	
	MON 16	TUE 17	WED 18	THR 19	FRI 20	SAT 21	SUN
12						22	
	MON 23	TUE 24	WED 25 <small>Gudi Padwa</small>	THR 26 <small>Cheti Chand</small>	FRI 27	SAT 28	SUN
13						29	

WEEK		WED 01	THR 02	FRI 03	SAT 04	SUN 05
14	“Able does not mean enabled. Disabled does not mean less abled.”		THR 02 Ram Navmi	FRI 03	SAT 04	SUN 05
15	MON 06 Mahavir Jayanti	TUE 07	WED 08	THR 09	FRI 10 Good Friday	SAT 11 SUN 12 Easter
16	MON 13	TUE 14	WED 15	THR 16	FRI 17	SAT 18 SUN 19
17	MON 20	TUE 21	WED 22	THR 23	FRI 24	SAT 25 SUN 26
18	MON 27	TUE 28	WED 29	THR 30		

WEEK							FRI 01	SAT 02	SUN
18	"Know them for their abilities and not for their disabilities"								03
19	MON 04	TUE 05	WED 06	THR 07 Buddha Purnima	FRI 08	SAT 09		SUN 10	
20	MON 11	TUE 12	WED 13	THR 14	FRI 15	SAT 16		SUN 17	
21	MON 18	TUE 19	WED 20	THR 21	FRI 22	SAT 23		SUN 24 Eid-ul-fitr	
22	MON 25	TUE 26	WED 27	THR 28	FRI 29	SAT 30		SUN 31	

WEEK	MON 01	TUE 02	WED 03	THR 04	FRI 05	SAT 06	SUN	
23							07	
24	MON 08	TUE 09	WED 10	THR 11	FRI 12	SAT 13	SUN	
							14	
25	MON 15	TUE 16	WED 17	THR 18	FRI 19	SAT 20	SUN	
							21	
26	MON 22	TUE 23	WED 24	THR 25	FRI 26	SAT 27	SUN	
							28	
27	MON 29	TUE 30	"If you desire to make a difference in the world, you must be different from the world."					

WEEK						WED 01	THR 02	FRI 03	SAT 04	SUN
27	"Every child is gifted. They just un-wrap their packages at different times."									05
28	MON 06	TUE 07	WED 08	THR 09	FRI 10	SAT 11				SUN 12
29	MON 13	TUE 14	WED 15	THR 16	FRI 17	SAT 18				SUN 19
30	MON 20	TUE 21	WED 22	THR 23	FRI 24	SAT 25				SUN 26
31	MON 27	TUE 28	WED 29	THR 30	FRI 31 Eid al-Adha					

WEEK							
31	MON 31 Onam	<p>“It shouldn’t matter how slowly a child learns. What matters is that we encourage them to never stop trying.”</p>				SAT 01	SUN 02
32	MON 03 Raksha Bandhan	TUE 04	WED 05	THR 06	FRI 07	SAT 08	SUN 09
33	MON 10	TUE 11	WED 12 Janmashtami	THR 13	FRI 14	SAT 15 Independence day	SUN 16
34	MON 17	TUE 18	WED 19	THR 20	FRI 21	SAT 22 Ganesh Chaturthi	SUN 23
35	MON 24	TUE 25	WED 26	THR 27	FRI 28	SAT 29 Muharram	SUN 30

WEEK						
36		TUE 01	WED 02	THR 03	FRI 04	SAT 05
						SUN 06
37	MON 07	TUE 08	WED 09	THR 10	FRI 11	SAT 12
						SUN 13
38	MON 14	TUE 15	WED 16	THR 17	FRI 18	SAT 19
						SUN 20
39	MON 21	TUE 22	WED 23	THR 24	FRI 25	SAT 26
						SUN 27
40	MON 28	TUE 29	WED 30	"Some of the most wonderful people are those who don't fit into boxes."		

WEEK						THR 01	FRI 02 Gandhi Jayanti	SAT 03	SUN
40	“Why fit in when you born to stand out?”								04
41	MON 05	TUE 06	WED 07	THR 08	FRI 09	SAT 10	SUN	11	
42	MON 12	TUE 13	WED 14	THR 17	FRI 16	SAT 17	SUN	18	
43	MON 19	TUE 20	WED 21	THR 22	FRI 23	SAT 24	SUN Dussehra	25	
44	MON 26	TUE 27	WED 28	THR 29	FRI 30	SAT 31			

WEEK							SUN
44	MON 30 Guru Nanak Jayanti	“Being challenged in life is inevitable, being defeated is optional.”					SUN 01
45	MON 02	TUE 03	WED 04	THR 05	FRI 06	SAT 07	SUN 08
46	MON 09	TUE 10	WED 11	THR 12	FRI 13	SAT 14 Diwali	Hindu New Year SUN 15
47	MON 16 Bhai Beej	TUE 17	WED 18	THR 19	FRI 20	SAT 21	SUN 22
48	MON 23	TUE 24	WED 25	THR 26	FRI 27	SAT 28	SUN 29

WEEK						
49		TUE 01	WED 02	THR 03	FRI 04	SAT 05
						SUN 06
50	MON 07	TUE 08	WED 09	THR 10	FRI 11	SAT 12
						SUN 13
51	MON 14	TUE 15	WED 16	THR 17	FRI 18	SAT 19
						SUN 20
52	MON 21	TUE 22	WED 23	THR 24	FRI 25 <small>Christmas</small>	SAT 26
						SUN 27
53	MON 28	TUE 29	WED 30	THR 31	"Limitations live only in our minds."	

Way ahead

Times and lifestyles are changing / improving, for most of us – technology is entering most areas of our lives, yet some structural challenges remain - that's true for Indian education, as well as the Special Education system.

Though Special Education has been acknowledged as an area to work long back, India has laws for the same, teachers have a whole set of guidelines to follow, training programmes for the same etc., the crux of the issue i.e.: mainstreaming and inclusivity is still not happening in most of the schools.

Indian government laws could not stop the unreserved discrimination faced by special children while seeking admission in schools. Schools predominantly reject them because these children's mental set-up is not exactly oriented towards getting grades under the present education system, which hinders the overall result and the school's reputation.

Similarly, a lot of governmental schemes meant for helping these special students do not reach the intended audience. Teachers, because of the typical high student-teacher ratio are more frustrated rather than supportive when they have to face the special needs of a child.

Sadly, many such students are left labelled as lazy or troublemakers. Even after identification, the acute shortage of practicing school psychologists in India prevents these children from availing the proper help. Add to the mix, our schools does not have proper assessment tools therefore these children end up with the same assessment structure as normal children, which does not align with and justify their needs.

So when we look at the inclusion of children with special needs in the education system, our government has made excellent plans, but most of the plans are only documented on paper and a serious question can arise on the implementation of those plans. And the beneficiaries of such rules are still unrecognised.

Let us become more empathetic to the needs of this special section of Citizens in our society and make inclusivity a reality, rather than an idea ...



Maa Foundation is a unique Indian NGO that understands the problems and hurdles faced by the Indian education system. The not-for-profit organisation is promoted by Bilakhia Group, who has created global scale printing inks and crop protection chemical industries. It has had partnerships with two international giants; the group has also entered the emerging field of life sciences - Meril Life Sciences (www.merillife.com) and education - Mexus Education (www.mexuseducation.com). Our dedicated team of Maa foundation works tirelessly at the grass root level, in order to induce large scale reform in quality of education imparted in the schools. Maa Foundation strives to create a working role model in Valsad district, which can be replicated by other like-minded organisations. We have started with one district in one state, but we are building a model that is scalable, replicable, sustainable, process-driven and result oriented.

In all its endeavours, Bilakhia group stays committed to its people, the community and planet at large.



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