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Inclusive Education

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UNIT I: EXCEPTIONALITY

Meaning, Significance And Scope:

We live in a world full of diversities. Every form of living & non living being is quite unique & different form each other. At time we lack words to appreciate the unimaginable creatively of god when we find no single creation of his is an exact replica of the other. As a result, a child comes to this earth with as own unique abilities & capacities, while these are averages or even suffer from so many defects & deficiencies since from the birth. This gap between the abilities & capacities of the children related to their learning, adjustment & development found at the time of their birth, may further be widened by the nature of the environment at differences encountered by them in their nourishment & education. It results in labeling them as exceptionally superior or inferior, capable or incapable in one or other aspects of their personality development.

Meaning & concept of exceptionality:

In its linguistic sense it is the quality or attribute of being exceptional. In other words, one is labelled as exceptional in one or other field or trait of one’s personality on account of the possession of some exceptionality i.e. uniqueness are being different from others i.e. possession of that trait or quality.

As said earlier, the uniqueness is the fundamental characteristic of every creation of god and in this sense, all children we have at our home and the school must be quiet unique, specific, special and therefore exceptionality in themselves. Therefore, exceptionality is essentially a relative attribute. One is always unique, different, Special and exceptional in his relation to other.

The models or approaches like statistical model, medical, biological model and behavioristic or social model may be used for understanding the concept of exceptionality. According to the statistical model, the children lying beyond $2\sigma$ distance at both the positive and negative side of two sides of the main of the normal distribution curve are termed as exceptional. According to the biological & medical science model, the children who are biologically or medically more favoured are rejected in comparison to the normal children of their age or group are termed as exceptional. The third behavioral or social model propose that behavior that are quite mismatched with the norms prevailing in a social system are termed as exceptional.

Both heredity & environmental factors play their decisive role in causing exceptionalities. In fact, it is the result of consequences of a progressive interaction of heredity and environment.
Definitions:-

Crow & Crow (1973): "The term atypical or exceptional is applied to a trait or to a person possessing the trait up to the extend of the trait is so great that because of it the individual warrants or receives special attention from his fallows as his behavior response & activities & there by affected".

Telford & Sawrey (1977): "The term exceptional children refers to those children who deviates from the normal in physical, mental, emotional or social characteristics to such a degree that they require special social & educational services to develop their maximum capacity".

Cruick Shank (1974): "Also holds similar view when he defines an exceptional child as a child who deviates intellectually, physically, socially or emotionally so much from what is considered to be normally growth & development that he cannot receive maximum benefit from regular school program & requires a special class or supplementary instruction & services".

Nature Or Characteristics Of Exceptionality:

1. Exceptionality refers to uniqueness. The uniqueness of the exceptional child may be noticed in one or more of the following dimensions - vision, hearing, movement, perceptual, motor, communication, social, emotional & intelligence.
2. Exceptionality is related, impart, to the amount & quality of previous experiences received in the home.
3. The uniqueness of the exceptional child may be in the negative direction or in the positive direction.
4. Exceptionality is more quantitative than qualitative.
5. Exceptionality has direction as well as intensity.
6. Exceptionality is also characterized by its extensity & breadth. Extensity is indicated by the degree to which the primary deviation affects other aspects of one’s personality & behaviour.

Concept of Deviations:

The term deviation stands for a process or quality & the characteristic of deviating, differing or going away from something that is supposed to be fixed or decided. An exceptional child deviates somewhat seriously from what is supposed to be a normal standard for the possession of the trait in the group of his age & grade peers. Different types of deviations are as:
1. **Positive deviation**: Deviation of the children with respect to the possession of one or other traits of their personality in a greater degree on the positive side in comparison to the norms or mean value of that trait among the population of their age or grade peers is referred as positive deviation. e.g. gifted, talented, creative.

2. **Negative deviation**: In contrast to positive, negative deviation may take an exceptional child to drift along the negative side of one's growth & development. As a result, the child may be found to lag behind in comparison to the peers of his age. e.g. physically challenged, visually impaired.

3. **Multiple deviation**: It is a bit complex concept than simple positive and negative. Here a child is found to demonstrate a complex blend of either positive, negative or a mixture of both deviations simultaneously at one or other period of his life. It is of three types:
   a) **Multiple positive**: Such deviation is characterized with two or more deviations simultaneously running on positive side of growth & development of one's peers. e.g. gifted as well as creative.
   b) **Multiple negative**: It is characterized with two or more negative deviations associated at a time with the growth & development of one's peers. e.g. blind as well as deaf.
   c) **Multiple mixed**: It is a mixed blend of positive & negative deviation. e.g. a child may be found highly gifted or creative besides suffering from one or other disabilities like deafness, blindness etc.

**LEVELS OF INTERVENTION:**

Special education is an intervention designed to eliminate or, at least reduce, the obstacles that might keep a child from full and active participation in school & society. There are three levels of intervention efforts such as preventive, remedial, & compensatory efforts.

- **PREVENTIVE EFFORTS**: Preventive effort is based on the notion that "prevention is better than cure". Preventive efforts in special education aims at keeping possible problems from becoming a serious handicap. e.g. a low vision child has a problem of seeing things or reading what is written on the blackboard clearly. As a preventive measure, the classroom should have adequate illumination. Similarly, a hard of hearing child has difficulty in listening to what teacher says. Seating arrangement for such a child should be made in such a way that his better ear is directed towards teacher. A wheel chair child has difficulty towards the climbing the staircase. He has the problem of movement. As a preventive measure, architectural barriers should be removed from the school. The problems of a delinquent child who is rejected by peers in the school or unwanted by the parents in the home can be reduced by love, affection & care of the
teacher. It is not enough for the teacher to say, "we love you ". Love, affection & care of teacher should be reflected in their attitude & behaviour towards the delinquent child.

- **REMEDIALLY EFFORTS**: It constitutes the second level of intervention. Remedial programmes aim at helping the child to overcome his disability through training or education in special schools, special classes or resource room in the regular school. This is particularly useful for those disabled children who had a very little or no previous training in the home. e.g. a deaf child has problem of understanding speech for such a child training in lip reading, speech reading & use of residual hearing is useful for overcoming his disability. A blind child has a difficulty in reading & writing. Such a child can be trained in Braille reading & Braille writing. Mobility training & orientation training are essential for blind children to overcome their disability to understand the environment & their problem of movement in & around the environment. Training in daily living skills are useful for mentally challenged children.

- **COMPENSATORY EFFORTS**: compensatory efforts constitute the third level of intervention. This level of intervention aims at giving the child new ways to deal with the disability. Disability handicaps the child to function effectively in the school & the society. He needs compensatory aids & equipments to proceed satisfactory according to his abilities & interest. e.g. a low vision child needs to read large print materials & use magnifying glass. A blind child needs a braille writer & braille materials to compensate for his loss of vision. A hearing impaired child needs to use hearing aid (single cord or V card) regularly to compensate for his loss of hearing. Compensatory efforts for orthopedically handicapped children constitute providing such children with crutches/wheel chairs and thick pens depending upon their specific impairment.

**SPECIAL EDUCATION: MEANING**

Special education is that education which is given to handicapped or gifted children but not to the majority of an average or normal children. The term special is defined by Webster as distinguished by some unusual quality, uncommon extraordinary & additional i.e. employed for a certain purpose in addition to the ordinary special education, in fact, is a special form of education with its own tools, techniques, research facilities & efforts, all focused upon improving instructional arrangement & procedures for evaluating & meeting the learning needs of exceptional children.

Special education in its simple meaning stands for a type of education that is quit specific and special in nature. Thus through its name it is capable of reminding us that it is capable of reminding us that it is sum what different from the education meant for the general population of the students, it would be worthwhile for to take into consideration the view points of some well known thinkers and educationists in this field to understand the meaning, nature and purpose of the term special education.
DEFINITIONS:

Kirk & Gallagher (1986): “when youngsters in the same classroom are remarkable different, it is difficult for the teacher to help them reach their educational potential without some kind of assistance. The help that the school devise for children who differ significantly from the norm is called special education”

Heward (2000): “Special education is a profession with its own history, cultural practices, tools and research base, focused on the learning needs of exceptional children and adults. But at the level, where exceptional children most meaningfully and frequently contact it, special education is an individually planned, specialized, intensive, goal directed instruction. When practiced most effectively and ethically special education is also characterized by the use of research based teaching method, the application of which is guided by direct and frequent measures of students performance”

Ysseldyke and Algozzine (1990): “Special education is the instruction designed for students with special learning needs. Some of these students have difficulty in learning in the regular classrooms; they need special education to function in school. Others generally do well in regular classroom; they need special education to help them master additional skills to reach their full potential in short. Special education is evidence of society’s willingness to recognize and respond to the individual needs of students and time limits of regular school programs to accommodate these needs”.

NATURE AND CHARACTERISTICS OF SPECIAL EDUCATION

The foregoing definitions of special education help us to draw following conclusions about the nature and characteristics of special education.

1. By its nomenclature as well as definitions, special education is always meant for meeting the special needs and requirements of the exceptional children.

2. It is diagnostic in nature in the sense that it calls upon the necessity of diagnosing and identifying the nature and degree of the deviations of the children from their normal peers and consequently labeling and classifying them into one or the other type of exceptionality for providing special care and education.

3. It is inventory in nature in the sense that it always aims to provide a purposeful intervention for preventing, eliminating for overcoming the problems lying on the path of the child on account of his exceptionality in the field of learning and adjustment.

4. Special education is developmental in nature, meaning thereby that it follows a child from womb to tomb. A mother should be given an adequate guidance through the special education services for nourishing and nurturing her special child right from the pre-natal period.
5. Special education is quite specific and quite specialized in nature. So it needs special teachers, special students, special methods, aids and special learning environment for making the special students to learn.

6. Special education is highly individualized in the sense that it takes care of the exceptionality, speciality or disability of an individual child and helps to develop his potentiality to the maximum.

7. Special education is highly mobile in the sense that it reaches or moves towards the child instead of expecting from the child to move for receiving it.

8. Special education is continuous in the sense that it is provided to the child from the very beginning till the end or at least up to the time it is needed for the welfare, progress and adjustment of the child.

9. Special education is intensive in nature that all-round total efforts are done at a quite intensive level for addressing there individualized specific needs of the exceptional children.

10. Special education is goal directed in the sense that it always carries purposeful instructions and well thought, planned learning experiences to the children to help them in the realization of their needs and attaining maximum adjustment and progress as much as possible.

11. Special education is research oriented and experimental in character. What we practice in special education is always supported through active research and experimentation.

12. Special education is quite technical and enriched into the sense that it demands and makes use of specialised techniques, methods, materials, aids and equipments for providing needed special education to the exceptional children besides taking care of their needs and adjustment.

A mere of the above cited nature and characteristics of special education may lead us to agree that special education is quite vast in its objectives, methodology and scope, It stands to serve the varying needs of the exceptional children at all their levels of span and all places of their availability. Such wide thinking about the concept of special education may then, persuade us to adopt a functional definition in the following words for use of this text:

Special education is that specially planned and organised education that is imparted in a special way to all types of exceptional children irrespective of their of the nature of their exceptionality in proper tune with their well diagnosed special needs for helping them to develop their potentiality and adjust as well as progress in the life as effectively as possible.

**Elements Of Special Education**

Executive children need special education services comprising of three elements:

1. Trained professional personal including teacher educator's consultants, physiotherapists, psychotherapists, psychologists, counselors etc.
2. Special curricular content suiting different areas of exceptionally-giftedness mental retardation, deafness, dumbness, (speech retardation), orthopedic handicap, social and emotional maladjustment.

3. Facilities including special building features, special equipment, special extra literary materials and special crafts according to interests, aptitude and other potentialities of exceptional children.

**Objectives of Special Education**

1. To provide better instructional arrangement and procedures for evaluating and meeting the instructional needs of exceptional children.
2. To help the gifted children in making the best use of their potentialities and achieving the maximum so as to be an asset to human social benefits.
3. To help the backward children in achieving the maximum level of effectiveness and making adequate adjustment both for individual and resource development.
4. To know the problems of delinquent children and to develop them in solving their problems, for making adequate achievements and adjustment.
5. To help the physically handicapped children in making the best use of their potentialities and developing normal attitude towards their deformity.
6. To help the mentally handicapped children in providing suitable education, keeping in view their mental deficiency.

**Importance of Special Education**

1. Insight to Parents and Teachers: Special education provides insight to parents and teachers of the gifted and the handicapped which help in the process of adjustment of these children in the society.
2. Correct Solution: Special education aims at developing confidence and competencies in handicapped children to earn their livelihood independently. If they are trained properly, they can become assets for the society.
3. Solution of Problems: Special education will solve many problems of the institutions, which they face because of their disabilities.
4. Active Participation: Special educational arrangements will create in the handicapped desire to participate in the activities with non-handicapped children. It will develop self-reliance and self-sufficiency in them and socialize their behaviour.
5. Realistic Concept: Special education develops a realistic concept in handicapped children through this service the children will appraise their abilities, aptitudes, interests and personality qualities. The children get the chance to understand themselves in a better way. In order to compensate their disabilities, they excel in some other fields and get recognition, which helps them as well as the society, in terms of adjustment.
6. Suitable Placement: As disabled children are handicapped in various ways, they may not fit in all jobs. Special education helps the pupils in getting a good start in the vocation, which is both, suitable to them in the light of their disability.

7. Individual Differences: Special education is needed for exceptional children because they differ with regard to their interests, motivation and aims of life, Special education should be provided with modified curriculum, special instructional strategies and use of special aids.
UNIT 2nd :- CATEGORIES OF SPECIAL CHILDREN.

PHYSICALLY CHALLENGED:

Physical Impairment by virtue of its definition may be understood as a certain type of dysfunction of disturbances in the body resulting into its malfunctioning & there by making one physically disabled or handicapped on one account or the other.

In this was physical disability represents a condition of such physical impairment of a child that interferes with his /her ability to participate in many activities e.g., routine school, home or community activities.

Orthopaedic impairments in general constitute as one of the most common or more prevalent physical impairment in human beings.

TVER & TVER (1991):- An orthopaedic impairment is an impairment that interferes with normal functioning of bones, joints or muscles.

HUNT & MARSHALL (2002):- orthopaedic impairment causing physical disability refers to a condition that incapacitates the skeletal, muscular or neurological system of the body to some degree.

Kirk, Gallagher & Anastasiow(1993):- The term orthopaedic impairment generally refers to conditions of the muscular or skeletal system & sometimes to physically disability condition of the nervous system.

Functional Limitations Caused By Orthopaedic Impairment:

1. Poor muscle control.
2. Weakness & Fatigue.
3. Difficulty in working, talking, climbing, steps, seeing, speaking or grasping.
4. Inability in using the limbs.
5. Difficulty in moving from one place to another.
6. Paralysis/ total lack of muscular control in part or most of the body.
7. Difficulties & inabilities faced in motor functioning due to smallness of limbs.

Causes Of Orthopeadic Impairments.

1. Genetic or Heredity
2. Causes operative in the womb of the mother.
3. Causes operative at the time of birth.
4. Causes lying in the poverty& lower socio-economic conditions.
5. Child abuse.
6. Oxygen deprivation.
7. Accidental & incidental factors.
8. Nutritional deficiency.

**Education & Adjustment of orthopaedic impairment.**

8. *Kirk & Weinev (1963)* also write that “Educational management of the physically handicapped requires school plan changes and alterations in physical arrangements rather than special teaching techniques” Consequently there is no harm to adopt the idea of integration and normalization in the education of the orthopaedic impaired.

The environmental as well as educational efforts need desired enrichment in terms of curricular and co-curricular planning & experiences, methodology of providing experiences, modifications & adaptation to the school environment according to the needs & adjustment, guidance & counselling etc.

- We have to adopt the team approach like:
  9. Medical professionals and experts.
  11. Occupational therapists.
  12. Social workers.

  e.g., A student who needs physical therapy in terms of exercises for leaving to walk needs much help on the part of his or her regular class teachers/school personal/parents to complete mobility exercises several times a day.

- Development of enriched educational programmes & their implementation: for soon educational programme, we must take care of five basic goals.

  a). Physical independence to acquire leadership of daily living skills.
  b). Self awareness & social moderation.
  c). Communication.
  d). Academic growth including balanced personality development.
  e). Life skills training including economic independence & employment abilities.

- Proper education of adjustment of the impaired children should be translated into action as effectively and honestly as possible by adopting following measures.

  1). The prime need of orthopaedic is to make them self reliant in terms of the disability and handicap felt by than in managing their day to day affairs.
2). They must be given all opportunities through curricular and co-curricular experiences for their proper academic growth and personality development.

3). The vocational training and learning of such concrete experience, knowledge and skill that may successfully equipped them for their better adjustment in their future life activities and socio psycho-physical environment.

4). Nature has every compensation for the disabilities, handicapped and limitations felt by the impaired children in one area by rewarding them to have necessary abilities directed by the govt.

**VISUALLY IMPAIRED:**

Senses are set to be the gateway to knowledge but of five sense organs, the sense of sight possesses the most unique advantage of providing knowledge and information of the environment suffering us in a most comprehensive and stable way that is why the knowledge gained through a picture of the object, person or event is set to be 100 times better than its mere description in words.

Visual impairment as an umbrella term, includes all levels of vision and thus may represent a continuum from individuals with poor vision, to individuals who can see light but no shapes, to individuals who have no perception of light at all. We may use a number of terms interchangeably to describe children to visual impairment such as visually impaired, visually disabled, visually handicapped, partially sighted children, having low vision, legally blind and totally blind etc.

- **LOVE (1975):** Visually impaired children are those children who have such marked visual difficulties that even with the best medical and optical care, they cannot see well enough to profit by the education facilities that provided for children with normal vision.

- **BARRAGA (1983):** A VISUALLY handicapped child is one whose visual impairment interfere with his optimal learning and achievement, unless adaptations are made in the methods of presenting learning experiences, the nature of materials used or in the learning environment.

Thus visual impairment means weakness or defect in the power of seeing to the extent that it becomes a hurdle in the way of an individual or a child in the act of reacting or studying, in carrying out various duties of daily routine which require the help of vision or eye sight.
Causes Of Visual Impairment Or Disability:

The causes regarding the visual impairment and disability of the children lie well within one's hereditary endowment as well as socio-psychological and physical environment. The main causes in this respect are as:

1). The transfer of genes and chromosomes associated with visual impairments to the children from their parents at the time of conception.
2). The carelessness adopted by the pregnant mothers in their diets, malnutrition, use of strong drugs, unhealthy living and socio-psychological environmental conditions faced by the mothers during pregnancy.
3). Starvation, malnutrition, unhygienic, un congenial and unfavourable conditions faced by the children in their early years.
4). The disease of the eye and infection.
5). The deficiency of the vitamins and other nutrition components, essential for maintaining health and well being of the eyes.
6). The ill effects of fatal disease like cancer growth of tumours, skin diseases, typhoid, malaria etc.
7). The ill effects of the external objects like dust, smoke & pollution.

Symptoms Of Visual Impairment:

Blindness is a visible disability. Hence by looking at the eyes of a person we can know that he is blind. But there are some blind persons whose eyes appear to be almost normal. The totally blind person has a variety of symbols – cane, think & darkened glass, a guide etc.

The low vision person are the partially sighted person shows certain symptoms which may be behavioural and physical in nature. These symptoms of visual impairment are as follows:

1). Crossed eyes
2). Watery eyes
3). Red simmed, swollen eyelids.
4). Blurred or double vision.
5). Rubbing eyes excessively.
6). Blinking frequently.
7). Squiting eye lids together.
8). Holding objects or books close to the eyes.
9). Excessive sensitivity to light.
10). Dizziness, headaches, or nausea, following close eyework.
**Education And Training Of Visually Impaired.**

Every child whether normal, hearing impaired or visually impaired has a right to appropriate education and training. Every society must grant this right to the visually impaired so that they become useful member of the society.

The visually impaired children constitute a heterogeneous group. Some are totally blind, some are partially sighted, some low vision and some one eyed. The care and training of such children must therefore match with the nature of their loss of vision. Some modifications in the methodology may be needed.

1. **Use of remaining sight.** The visually impaired children will have to rely on sensory modalities other than vision to acquire information. But they are to be encouraged to use their remaining sight as such as possible.

2. **Closed circuit T.V:** A closed circuit T.V reads has been developed to aid partially sighted students in western countries. A camera with a zoom lens photographs parts of a page of print and projects a magnified image on the T.V screen.

3. **Magnifying glasses and hand magnifiers:** The partially sighted and low vision children should be encouraged to read through magnifying glass or hand magnifiers which present enlarged image of print.

4. **Large print materials:** The Partially sighted low vision children should be provided with large print materials.

5. **Braille:** Visually impaired children who can’t treat regular print even with magnifying or large print materials should be trained to use Braille.

Braille consists of six dot cell that provides for sixty three different characters. 26 combinations of dots are used for 26 letters of alphabet. In addition to Braille code for reading and writing there are codes for music, math, computer science and chemistry.

6. **Talking calculator:** Both the partially sighted and the blind may profit from a talking calculator. In the talking calculator, numerical entries are read aloud to the students through and ear plug.

7. **Tape recording:** Reading materials from both standard texts and books for leisure reading can be transcribed by the teacher and presented to the blind that visually profit from audio-aural cues more than visual cues.

8. General curriculum with modified experience.
9. **Co-curricular activities**: Visually impaired children should be given the opportunity for participation in co-circular activities in the school.

**GIFTED CHILDREN**

There is no unanimous agreement about the definition of giftedness. The profusion of definitions is great which is probably due to the fact there are many kinds of gifted children. Moreover each culture defines giftedness in its own image. In terms of the abilities that the culture values e.g. ancient Greece honoured the philosopher and the orator and the Romans value the engineer and the soldier.

Giftedness as a very gift5 form the almighty or nature exists on this earth since its very inception. The term giftedness and gifted children as its historical evolution have a quite comprehensive and wide meaning instead of merely confined to the measurement of IQ or achievement in academic subject.

- **Havighurst (1958)**: “The talented or gifted child is one who shows consistent remarkable performance in any worthwhile line of endeavour.”
- **Sidney Marland (1972)**: “Gifted and talented children are those identified by professionally qualified persons, who by virtue of outstanding abilities are capable of high performance. There are children who required differentiated educational programmes and services beyond those normally provided by the regular programmes in order to realise their contribution to self and society. Children capable of high performance include those with demonstrated achievement and /or potential ability in any of the area like i) General intellectual ability ii) Specific academic aptitude iii) Creative or productive thinking iv) leadership ability and visual and performance arts”

**Characteristics Of Gifted Children:**

1. Gifted Children learn rapidly and easily. Retain what they have heard or read without much more drill & are capable of making use of learned things.
2. Reason things out, think clearly, recognise relationship, comprehend meanings & possess the ability of making sound judgement and generalization.
3. Possess the ability to acquire & manipulate abstract symbol systems.
4. Demonstrate superiority in terms of language development like i) having a large vocabulary & getting it used easily & accurately.
5. Possesses ability to solve problems by refraining the questions & creating novel solutions.
6. Possesses the ability to leadership more particularly in the areas of their giftedness.
7. Demonstrate the ability to perform difficult mental task, academic work or the activities related their areas of giftedness one or two years in advance of their age & grade peers
8. Demonstrate the potential of high energy levels by remaining alert, keenly observant & responding quickly in the class & work situations.

**Identification Of Gifted Children**

Our society has a special interest in children who are gifted. As individuals they have the same right to appropriate education as do all children. In addition, of the leaders, scientists, engineers and doctors of the twentieth century comes from the current group of gifted children. This necessitates early identification of gifted children and provision of suitable education & other services for them.

Gifted adolescents are usually identified by subjective and identified methods, such as the following:

A) Intelligent Scores  
B) Creativity measures  
C) Achievement measures  
D) Measures of special Aptitude (such as in Maths)  
E) Nomination of peers & by parents  
F) Self nomination

It is important to note that no single method can identify all gifted & talented children. A combination of subjective and objective method is desirable for identifying gifted and talented.

**Identification Checklist For Parents:-**

1. The early use of a large & accurately employed vocabulary.  
2. The use of entire sentences & ability to tell or reproduce a story at an early date.  
3. Interest in & liking for books  
4. Demonstration of proficiency in drawing, music or other art form.  
5. Interest in exploration & discovery of cause & effect relationships

**Identification Checklist For Teachers:**

1. Learn rapidly & easily  
2. Uses a lot of common sense & practical knowledge  
3. Reasons things out, thinks clearly, recognizes relationships & comprehends meanings  
4. Asks many questions.  
5. Is alert, keenly observant & responds quickly.
MENTAL RETARDATION – (MR)

**Meaning and Definition**
Mentally retarded, as the name suggests from the retardation of the normal growth, development & functioning of their mental capacities.

Actually retardation as a term is frequently used in physics & engineering as antonym of a for uniform increase in the velocity of a moving object & retardation for a gradual decrease. Thus, the rate of a growth & development of one’s intellectual powers gets diminished & arrested.

In our society we have people with different mental abilities-average, more than average & less than average. People with less than average mental ability are commonly called mentally retarded. M.R Children are previously called idiots, feeble minded, moron, imbecile etc. Now, mentally retarded are called mentally challenged or intellectually challenged. Some of the definitions of mentally retardation are:-

- **Page (1976)** “Mental deficiency is a condition of subnormal mental development present at birth or early childhood & characterised mainly by limited intelligence & social inadequacy”.

- **American Association of Mental Retardation (AAMR) 1983:**
  “Mental retardation refers to significantly sub average general intellectual functioning. It is characterized by significantly sub average intellectual functioning, existing concurrently & with related limitations in two or more of the following applicable adaptive areas: communication, self care, home living, social skills, community use, self direction, health & safety, functional academics, leisure & work. Mental retardation manifests before age 18”.

**Characteristics Of Mentally Retarded Children**

1. The circumferences of their head are comparatively less than the normal children especially children diagnosed with microcephaly.
2. Many of them have thick fingers or club finger & toes, short of stout in structure & many usually have moon shaped eyes, short nose, open mouth & fissures in the tongue.
3. Many of them have unusual voice distinguished as hoarse voice or broken voice.
4. They suffer from attention problems like lack of concentration & inattention.
5. They are quite poor in terms of memorization & forget things quickly.
6. They are very poor at abstraction. They can only think in terms of covered objective, visualization and situations.
7. They have motivational problems for talking initiative or proceeding with or task.
8. They are deficient in terms of emotional & social maturity & have very poor sensitivity to incidental cues.
9. They have a very poor self concept & lack more in self confidence.
10. The creative aspect is almost absent in such child.
CLASSIFICATION OF MR

1) On The Basis Of Severity:-
   a) **Mild** (55-70): A majority of approx. 85% of the retarded are only mildly retarded as grown ups, these individuals attain intellectual levels Comparable to those of the average 10 yea old boy.
   b) **Moderate** (40-54): Approx. Of the 10 % of the total mentally retarded have moderate mental retardation. In adult life these individuals attain an intellectual level similar to that of the average 6 year old child. Physically they appear clumsy, suffer from motor incardination.
   c) **Severe** (25-39): Nearly 3.5 % of all retarded individuals are mostly children and adolescents suffer from severe MR. They never attain an intellectual level greater than that of average four year old boy. The mortality rate due to high susceptibility to disease is quite high among these individuals.
   d) **Profound** (below 25): The profoundly retarded constitutes 1.5% of the totally mentally retarded population. They are characterized by the most severe symptoms of the MR. The individuals belong to this category never attain the intellectual level greater than that of the old boy.

2) On The Basis Of The IQ
   a) **MORONS** ----- 51 to 70
   b) **IMBECILES** ---- 25 to 50
   c) **IDIOTS** ------ Below 25

3) On The Basis Of Education
   a) **Educable Mentally Retarded (EMR)** : (IQ 50 to 75)
      EMR are those who can be taught the basic academic subjects.
   b) **Trainable Mentally Retarded (TMR)** : (IQ 25 to 50)
      TMR are those children who can be taught functional academics with emphasis on self help & vocational skills.
   c) **Custodial Mentally retarded (CMR)** (IQ below 25)
      CMR are those children who require constant & special care specially in a residential institution. They are completely dependent on others.

**Causes Of MR:**
Research has indicated that mental retardation is highly inherited. It is organic in nature. Both non-organic or environmental factors also cause mental retardation.
1) Organic factors:

- Pre natal
- Cerebral mal development
- Chromosomal deviations
- Placental dysfunction
- Intra uterine infections
- Diabetes and malnutrition of mother

2) Prenatal:-

- Complications of prematurity
- Birth trauma
- Suffocation of the baby born due to lack of oxygen at the time of birth.

3) Post natal

- Cerbero vascular accident
- Neuro toxins
- Intra cranial infections
- Hormonal imbalances
- Nutritional deficiencies

Environmental Factors
It refers to those factors not in the chromosomes or genes of the parents but in their surroundings that affect the babies brain. These factors affect before birth, during birth and after birth.

1) Prenatal (During pregnancy):
- Infections /illness of mother like anaemia
- Diabeties
- High blood pressure
- Malaria, Measels, Mumps
- Poor diet

2) During Birth (Natal)
- Premature o/ prolonged labour
- Complicated or instrumental delivery
- Shortage of oxygen to the brain
3) Post natal (After Birth)
- High Fever
- Viral infection like meningitis
- Prolonged diarrhoea
- Jaundice /Typhoid/Tuberculosis
- Accidents/head injuries
- Lead/Mercury Poisoning
- Inadequate environmental stimulation.

**Education Of The MR.**
From time to time ,Govt has initiated various schemes of early identification, assessment, & education of mildly and educable MR in general schools. Most of the children are already in the schools unidentified. Unless EMR children are identified early & unless adequate steps are taken for their care, training & education they will face failure & later dropout from the school before completing the schooling. They will not only remain as burden for the society but target of universalisation of elementary education will not be achieved.EMR, like any other normal children have same fundamental rights to exist, training, education & work & this calls for greater public understanding and awareness of the problems and special needs of such children.

**Provision for EMR:** EMR are fit for making progress in normal schools. The special methods which are usually followed are as
1. Individualisation
2. Learning by doing
4. Graded curriculum
5. Repetition
6. Short periods
7. Appropriate school work

**Education Provision for TMR:** Less emphasis is given to the teaching of academic subjects and more time is devoted to development of sensory motor, self care and daily living skills. The curriculum should cover the following measures
1. Self care
2. Social training
3. Sensory trainings
4. Language development
5. Craftwork and music
Besides all these factors, emphasis put on the group of activities. However, individual study of each child is necessary for initiating individual programmes related to different aspects of personality growth. It is true that this programme is quite difficult and time consuming. It is also expensive to manage individual basic programme. In developing country like India, it is quite unthinkable; however emphasis should be made on experiment.

**HEARING IMPAIRED CHILDREN**

**Meaning and Definitions**

- Hearing is the ability to perceive sound; a person suffering from hearing impairment has difficulty in perceiving or identifying sound clearly due to auditory problems. Hearing impairment refers to a defect in or damage to the hearing mechanism. This damage or defect occur in any part of ear, out ear ot the middle ear, or the inner ear. Hearing impairment leads to hearing loss.
- Hearing disability or hearing loss may range in severity from mild to moderate to profound. A person may become deaf or hard of hearing depending upon the nature of impairment and the degree of hearing loss. A child may be born with some impairment in the hearing mechanism or the impairment may occur after birth due to infection disease and obstruction or damage due to accident

**Definitions:**

- According to Brill 1986, defined as , “ a generic term indicating a hearing disability which may range from mild to profound”.
- According to U.S.A public law “deaf means a hearing impairment ,which is so severe that the child is impaired in processing linguistic information through hearing with or without amplification which adversely affects his educational performances.”

**Types Of Hearing Impairment**

Based on the degree of hearing loss:

1. Deaf
2. Hard of Hearing

Hearing impairment is classified into five sub groups, depending upon the degree the hearing loss, hearing loss is measured in decibels (dB)
Degree Of Hearing Loss In Terms Of Db Level And %Age.

<table>
<thead>
<tr>
<th>Category</th>
<th>Type of Impairment</th>
<th>dB Level</th>
<th>% age of Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Mild</td>
<td>26-40</td>
<td>&lt; 40%</td>
</tr>
<tr>
<td>II</td>
<td>Moderate</td>
<td>41-55</td>
<td>40-50%</td>
</tr>
<tr>
<td>III</td>
<td>Severe</td>
<td>56-70</td>
<td>50-75%</td>
</tr>
<tr>
<td>IV</td>
<td>Profound</td>
<td>71-90</td>
<td>75-100%</td>
</tr>
<tr>
<td>V</td>
<td>Near total deafness</td>
<td>91 % above</td>
<td>100 %</td>
</tr>
<tr>
<td>VI</td>
<td>Total Deafness</td>
<td>no hearing</td>
<td>100%</td>
</tr>
</tbody>
</table>

Types Based On Age Of Onset.
1. **Congenitally Deaf**: Is one who is born with impaired hearing such a child has not heard any sound or speech.
2. **Adventitiously Deaf**: is one who is born with normal hearing. He has acquired speech, but later has lost hearing ability due to infection, disease or some damage to the hearing mechanism.

Types Based On Language Experience
1. **Pre-lingual deaf**: Is one who is born with little or no hearing. He has suffered the loss of hearing early in infancy before speech and language are acquired.
2. **Post-Lingual deaf**: are those who had language exposure for some time but later they became deaf owing to environmental factors.

Types Based On Location Of Problem
1. **Conducive loss**: If the hearing problem is located in the outer ear and the middle ear.
2. **Sensory neural loss**: If the problem arises out of the defects in the inner ear. It is called sensory neural loss.
3. **Mixed loss**: It is the combination of conducive loss & sensory neural loss.

**CENTRAL DEAFNESS:**

when the sound vibrations reach the inner ear, the inner ear transforms these vibrations and sends them to auditory centre in the brain. The brain perceives these sounds meaningfully and understands the message if there is any defect in the auditory centre in the brain, we cannot hear anything. This type of hearing known as central deafness.

**Symptoms Of Hearing Impairment:**
1. Observable deformity of the ear.
2. Discharge from the ear.
3. Frequent pain in the ear.
4. Scratching the ear frequently.
5. Asking for repetition of instruction.
6. Turning the head frequently towards speaker.
7. Inability to follow instruction.
8. Focusing on the speakers face while listening to him, restless and inattention.
9. Asking for help from peers for taking notes in the class room.

Causes Of Hearing Impairment:
   a. Hereditary factor.
   b. Environmental factor.

   Hereditary Factor
   Genetic Cause : the child may inherit the genes and chromosomes related with hearing impairment at the time of conception. E.g, down's syndrome.
   Blood types incompatibility: E.g, Rh – ve mother carrying Rh +ve foetus, every chance that survived child will have high frequency of hearing loss.

   Environmental factors:
   Uncongenial environment: The body has unavailable environment in the womb of mother.
      a. Physical and mental health of mother.
      b. Her food habits
      c. Malnutrition and starvation
      d. Chronic diseases, addiction to drugs, intoxicating substances, poisoning, exposure of radioactive elements.
      e. Rubella infection.
      f. Meningitis

Preventive Measures:
   ✓ Disease and infections in the ear should be immediately treated by specialist doctors.
   ✓ Use of hearing aids.
   ✓ Discharges, dust should be cleared regularly with the helf sterilized sticks.
   ✓ While bathing ear plugs should be used.
   ✓ Don’t blow or slap to tender kids.

Identification Of Assessment Of The Hearing Impaired Children:

The principle “earlier the better” should be employed.
Parents, family members, day care centers, staff may play significant role.
   1. By the age of six months normal babies usually start bubbling, impaired babies too bubbles but his bubbling is nothing but a chance vocalization as he is unable to imitate the voice of others.
2. By the age of 9 months or 1 year, normal hearing child is expected to locate sound source by turning his head, but the hearing impaired unable to do so. He can only imitate respond or obey the observed gestures.

3. By the age of 2 years, a normal hearing child exhibits signs of normal speech and language development. The hearing impaired child is quite unable to demonstrate such type of abilities.

**PROVISIONS IN EDUCATION:**

Since these children needs some educational provisions, special arrangements can be made to fulfil their needs. Some educational facilities arise

1. The hearing aid is very essential for learning impaired children for their further training and education, It has been proved effective. But hearing aid should be selected according to degree of hearing loss.

2. Different experts have laid emphasis on the vocational training of hearing impaired children. These children can be more benefited in residential type of schools.

3. Sign language should be taught. Comprehensive of various speeches, sounds is possible through training. Through auditory training, the child can differentiate one voice from the other. Lip reading, speech development and testing of hearing educational diagnosis.

4. The hearing impaired children in the class should be made to sit on the front benches. Accordingly sitting arrangements should be made.

5. The teacher may use reasonable level of pitch while speaking. The lips of the teachers should be visible o the children so that they can be able to supplement listening by the lip reading.
Unit 3rd - INCLUSIVE EDUCATION

Historical Background Of Inclusive Education

History is said to be a chronological description of the persons, institution and societies in terms of their existences and major events of their lives since their inception till date. However, a history of special education and history of exceptionality, as Winzer (1993) observers, are not the same, one deals with educational and institutional arrangements first formally established in the 18th century, the other with the people who have been present in society since the beginnings. Let us have a brief discussion.

1. The era of exclusion - extermination and abandonment: - the earlier history of treating disability / exceptionality is almost dominated by the philosophy of exclusion i.e. totally excluding and exterminating the disabled from the main stream of the general population through a quit horrified majors like killing, mutilating, burning, exiling, abandoning or making them vanish from the scene some how or the other. Such practices where in vogue through out the globe in almost all the ancient civilization of the world.

2. The era of acceptance as a subject amusement and use: - disabled children, who happened to survive these draconian measures on one or the other accounts like undetected conditions, post natal deformities or humanistic tendencies grown in some societies against the brutal measures of infanticide and started in an era of accepting their existences, not as a normal human being, but as a subject of amusement and means of serving one or the other ulterior motives of the society.

3. The era of prohibition, legal discrimination and witchcraft: - The rise of church as a religious institution in the medieval period led to play a new tone in the treatment of attitudes towards disabilities the bible became a code of ethics in collaboration with churches the rulers in the European society established quite discriminatory legal laws depriving the disabled people of their rights of inheritance and forbidding there to testify in a course of justice, making a deed, contract note or will.

4. The era of sympathy and asylum - institutionalization: - with the advent of the second phase Christian era, attempts where in vogue to stop the abuse of the disabled children. disabled children where now regarded those poor souls who have been denied opportunities to lead a normal life on account of the annoyance of the Almighty for committing sins. they were now a subject of sympathy rather than of suspension or amusement.
5. The era of isolated setting(special schools):-the renaissance movement originated from Italy in 16th century & then spread throughout the western world in 17th century brought a new era of hope to the disabled population. The spirit of renaissance gave birth to most of the genuine efforts in the direction of special education for the disabled population. In this era, separate schools were established like special schools or special education for deaf, special education for blind, special education for mentally retarded etc.

6. The era of segregated settings special classes:--with the advent of 20th century, these began a new era in the history of the education for exceptional/disabled in the shape of moving from the isolated setting of special schools to the segregated settings of the special classes within the normal regular schools. It was the result of a new wave of humanism, coupled with the increasing demands of equality of educational opportunities to all children irrespective of their disabilities in the regular schools run by the government or founded or founded and supported by the public money.

7. The era of inclusive setting regular classes:--the era of inclusive settings i.e. educating all types of children whether exceptional or normal together in the regular classes of the mainstream schools, represents the modern era and latest development in the history of special/disability education. Apart from dissatisfaction with continuation of special classes in the regular schools, a new wave of change in the name of upholding human right providing equity & equality of educational opportunities to all children, gave birth to a strong build up in favor of inclusion i.e. placement of exceptional children in regular classroom without discrimination of any sort.

**Principles Of Inclusion & Necessary Resources:**

Inclusive education is an integral part of general system of education, hence the principles applicable to general /traditional form of education are equally important in inclusive education with only difference in their methodological difference because of varying characteristics and needs of various types of disabled persons. The principles of inclusive education are as:

1) **Teaching all students:** Educators should take several different approaches to teaching the same material so that information becomes more interesting and tangible to a greater number of students.
2) *Exploring multiple identities*: students who are proud of themselves and excited by the world around them will be more compassionate and understanding people the same is true for educators.

3) There should be well designed individualized education programs.

4) Time for teachers to plan, meet, create and evaluate the students together.

5) Reduced class size based on the severity of the student needs

6) Sufficient funding so that schools will be able to develop programs for students based on student need instead of the availability of funding

7) Collaboration between parents or guardians teachers or para educators, specialist, administration and outside agencies.

If inclusion is to be successful, the following parameters are to be taken care of:

I. Readiness of the general education system to accept responsibility for education of children with disabilities

II. Encouragement provided by the community for including children with disabilities in local schools

III. Readiness of parents of children with disabilities to admit children in local schools

IV. Basic knowledge of general classroom teachers about the education of children with disabilities

V. Admission of all types of disabled children in local schools irrespective of the extent of disability

VI. Enrollment rate of children with disabilities at least on par with that of non disabled children

**INCLUSION:**

Inclusion is a term which expresses commitment to educate each child to the maximum extent appropriate in the school & the classroom he or she would otherwise attend. It involves bringing the support services to the child (rather than moving the child to the services) & requires only that the child will benefit from being in the class (rather than having to keep up with the other students). Proponents of inclusion generally favor newer forms of education service delivery.

Inclusion describes much more than the acceptance of children with disabilities/exceptionalities in the mainstream. Inclusive education programmes do not forms on the accommodation of these children into a general education setting, but are focused on the reconstructing of schools to accept & provide for the needs of all students. In other words, no discrimination is made among the exceptional & non exceptional children. all the children in all shades of their exceptionality are welcome by making necessary
arrangements & accommodations for their education in the same school & classes along with their non disabled peers.

**Michael F.Giangreco(1997):** “Inclusive education is a set of values, principles & practices that seeks more effective & meaningful education for all students, regardless of whether they have exceptionality labels or not”.

**Stainback & Stainback(1992):** “Inclusive school or set up may be defined as a place where everyone belongs, is accepted, supports & is supported by his/her peers & other members of the school community in the course of having his/her educational needs met”.

**NATURE OF INCLUSIVE EDUCATION:**

1. It works on the principle of inclusion i.e. including all. So all the students are included in this system of education in their local schools.

2. Here, the general education classroom in the neighbourhood school is regarded as the first placement option for any exceptional child.

3. Exceptional children may get unique opportunities to get education with peers in the same age groups available to those without exceptionality.

4. It aims to integrate & include the education of the disabled children with the general system of education so that education of the disabled & nondisabled may proceed side by side by fulfilling the needs & objectives of both the groups without any differentiation.

5. It tries to bring desired educational opportunities at the doorstep of exceptional children rather than expecting from them to none & try for themselves to avail these opportunities.

6. An inclusion provides a foundation for exceptional in ways that are not possible in special schools & classes.

**TYPES OR MODELS OF INCLUSION:**

There are two models of inclusion:-

**Model of full inclusion:** It is the concept of inclusive or integrated mainstreaming education demands the education of the exceptional children in the regular classes & schools in the same way & to the same degree as received by the non disabled children. It is known as full term inclusion. It includes all students, regardless of their
exceptionality/disability or normality conditions in a regular classroom/programmes of the school on fulltime as practiced by a school in its regular time table.

**Model of partial inclusion:** In practical sense, however, such type of full inclusion is neither feasible nor proves more productive from the viewpoints of both the disabled and nondisabled children. Thereby, attempts are made to seek such integration that may work well in prevailing situation and needs of the disabled as well as non disabled children. It is named as partially inclusive education. It may vary in styles & functioning as:-

- Disabled attend regular classes along with their normal peers. They get required support from the teacher, special educator expert and itinerant teacher within the classroom set up without causing disturbance to the education of the non disabled.
- Disabled students attend special schools meant for their specific special education but gets opportunities for the academic, social &societal interaction with the non disabled in normal schools setup.

**INTEGRATION:**
Integration is a concept emerged as a philosophy in antitheses of segregation. It called halt to the system of providing education to the children in segregating settings of special schools & advocated to make provision for their education in the regular schools. In this way, historically, When disabled children were primarily educated in separate special schools, integration was term carried for describing their successful placement into regular schools.

In this way instead of subjecting the disabled students to a sort of segregation by putting them in separate special schools for their education, their integration(association) with the non disabled population of their peers was targeted to achieve through this new philosophy of integration. It can thus be safely called a proper step in putting the disabled children into the mainstream i.e. the place and the opportunities of getting education and training with the population of the non disabled peers in the regular schools

**Mainstreaming:**

The concept of mainstreaming has its origin in the work and ideas of Samuel Gridley Howe, an American physician who took keen interest in the education of blind and deaf children. As early as 1851, Howe had emphasised that blind children should be educated in regular schools because of social advantage of such a setting. He was defending in favour of "exposing the disabled to an educational experience as close to that of non disabled as possible”

In other words he was supporting the mainstreaming the handicapped children in general schools. It was in 1975 that the concept of mainstreaming was embarked in the "Education For All The Handicapped Act (U.S.A)".
Mainstreaming recommends to an educational placement procedure & process in which disabled children are educated in the least restrictive environment to satisfactory provide for their educational & related needs. According to Kauffman et-al (1975), "Mainstreaming refers to the temporal, instructional & social integration of eligible exceptional children with normal peers based on an ongoing, individually determined, educational planning & programming process & requires clarifications of responsibility among regular & special education, administration, instructional & supportive personal." Wang (1981), "The term mainstreaming is used to mean an integration of regular & exceptional children in a school setting where all children share the same resources & opportunities for learning on a fulltime basis."

Mainstreaming depends upon the following conditions:-

1) There should be temporal, social & instructional integration of handicapped children.
2) Educational programmes for the mainstreamed handicapped children should be planned with proper care to fulfill their special educational needs.
3) Supportive services & personal should be provide both to the children & regular class teacher.
4) The regular class teacher should lastly take the responsibility of educating the handicapped children in the general school.
5) Only mildly handicapped children should be exposed to mainstreaming situation.
6) The regular teachers must accept & agree to implement mainstreaming in their classrooms & schools.
7) In all class, parents should be involved in the case, training & placement of their handicapped children.
UNIT 4TH-NATIONAL INITIATIVES

Integrated education for disabled children (IEDC,1974)

IEDC is a centrally sponsored scheme which aims to provide educational opportunities to the "not so abled" (disabled) children. It has been regarded as one of the major initiatives from the govt. of India to promote "integrated education". This program was initiated in 1974 by the ministry of welfare, central govt. under this program children were to provided with financial support for books, stationery school uniforms, transportation, governments equipment & aids. The state governments were provided 50% of financial assistance to implement this program in regular schools. But due to certain limitative & shortcomings like non availability of trained & experienced teachers, lack of awareness of the problems of disabled children & their educational needs & non availability of equipment & educational materials, the program met little success. Moreover there was a lack of coordination among the various departments for its proper implementation. The IEDC, was revised in 1992. In the revised program 100% assistance was available to schools involved in the integration of students with disabilities various NGO’s are also now fully founded to implement the program. IEDC is being implemented in almost all the states & union territories.

Aim & objectives:-

The centrally sponsored schemes of IEDC purports to provide educational opportunities for the disabled children in common schools to facilitate their retention in the school system. The disabled children who are planned in special schools should also be integrated in common schools once they acquire the communication & daily living skills at the functional level.

Scope of scheme:-

1. It is proposed to provide educational facilities under this scheme for children with disabilities who can be integrated in general schools.
2. The scope of the scheme includes preschool training for the disabled children & counseling for the parents.
3. The education of the disabled children under this scheme will continue up to the senior secondary level & includes vocational courses equivalent to the senior secondary stage.
4. A disabled child in receipt of any scholarship/assistance under some outer scheme relating to disabilities from state/central Govt will not be eligible for any of the benefits under this scheme unless he/she is willing to for ago the other sources of assistance.
**Sarva Shiksha Abhiyan (SSA,2000)**

Sarva Shiksha Abhiyan was introduced during the ninth plan (1997-2002) to universalize elementary education. It is an effort to universalize elementary education by community ownership of the school system. It is response to the demand of quality basic education. It is also an attempt to provide an opportunity for improving human capabilities to all children, through provision of community owned quality education in a mission mode.

Article 21-A of the constitution of India & its consequent legislation, the right of children to free & compulsory education(RTE)Act, 2009 became operative in the country on 1st April 2010. This development implies that every child has a right to elementary education of satisfactory & equitable quality in formal school which satisfies certain essential norms &standards. The following points will help us in understanding the concept of SSA:-

1. It is a clear programme for universalize elementary education.
2. SSA is a time bound. According to it by the year 2010, the children of India by the age group of 8 years will be provided elementary education.
3. Quality education will be provided at elementary stage so that mental level can be raised.
4. It is a partnership between the central, state & local government.
5. SSA also envisages bridging of gender & social disparities at the elementary level.
6. A National mission for SSA was constituted in November 2000 with the Prime minister as chairman & minister for human resource development as vice chairman.
7. SSA is an effort to establish national unity & integration.

**OBJECTIVES OF SSA:-**

1. All children to be in schools, education guarantee scheme centres, alternate schools, back to school camp by 2003.
2. All children to complete five years of primary schooling by 2007.
3. All children to complete eight years of schooling by 2010.
4. focus on elementary education of satisfactory quality with emphasis on education for life.
5. Bridge all gender & social disparities at the primary stage by 2007 & upper primary level by 2010
6. Universal retention by 2010
7. Proper measures to be taken to link education to life.

SSA realizes the importance of early childhood care & education (ECCE) & looks at the 0 to 14 age as continuum. All efforts to support preschool learning in ICDS centers or special preschool centers in non ICDS areas will be made to supplement the efforts being made by the department of women and child development.
The program which aims to provide elementary education to all children in the 6 to 14 age group by 2010 is an effort to improve the performance of school system and provide community owner quality elementary education in the mission more. The SSA has a special focus on the educational needs of girls, SC & ST's & other children in difficult circumstances. The SSA envisages a close partnership of govt of India, the state Govt. local bodies & NGO

**REHABILITATION COUNCIL OF INDIA (1992)**

The rehabilitation council of India (RCI) was set up as a registered society in 1986. On September, 1992 the RCI act was enacted by parliament & it became a stationery on 22 June 1993. The act was amended by parliament in 2000 to make it more broad based. The mandate given to RCI is to regulate & monitor services given to person with disability to standardize syllabi and to maintain a central rehabilitation register of all qualified profession & personal working in the field of rehabilitation & special education. The act also prescribes punitive action against unqualified persons delivering services to person with disability.

**Objectives Of RCI:**

- To regulate the training policies & programmes in the field of rehabilitation of persons with disabilities.
- To bring about standardized training courses for professionals dealing with disabilities.
- To prescribe minimum standards of education & training of various categories of professionals/personal dealing with people with disabilities.
- To regulate these standards in all training institutions uniformly throughout the country.
- To recognize institutions/organizations/universities running masters degree/bachelors degree/ P.G.diploma/Diploma/certificate courses in the field of rehabilitation of persons with disabilities.
- To recognize degree/ diploma/ certificate awarded by foreign universities/institutions on reciprocal basis.
- To promote research in rehabilitation & special education.
- To encourage continuing education in the field of rehabilitation & special education by way of collaboration with organizations working in the field of disability.
- To recognize vocational Rehabilitation center as manpower development centers
- To register vocational instructors & other personnel working in the vocational rehabilitation centers.
NATIONAL CURRICULUM FRAME WORK (NCF)-2005


In 2004, the ministry of human resource development asked the NCERT to review the national curriculum framework for school education (NCFSE) 2000 in the light of report, 'learning without burden' (1993). A 35 member national steering committee was constituted under the chairmanship of Prof. Yashpal, former chairman of UGC. Out of 35 members 15 were drawn from the NCERT/ colleges of education. A draft national curriculum was prepared & circulated across different section. Consultations were held in all parts of the country. Advertisement were issued in national & regional newspapers to invite public opinion & a large number of responses were received.

Draft of national curriculum was placed before the central advisory board of education for its approval in June 2005. Some members suggested a few changes. This draft national curriculum underwent certain changes & came for approval of the CABE. Discussion took place on 6th & 7th sept. 2005. The national curriculum was approved by the CABE on September 7, 2005.

Chapters of NCF 2005:

1) Perspective
2) learning & knowledge
3) Curricular areas, school stage & assessment
4) School & classroom environment
5) Systematic reforms.

1) Perspective:

- Strengthening national system of education in a pluralistic society.
- Reducing curriculum load based on insights provided in “learning without burden”.
- Systematic changes in tune with curriculum reforms.
- Curricular practices based on the values shrined in the constitution such as social justice, equality, secularism.
- Ensuring quality education for all children.
- Building a citizenry committed to democratic practices, values, sensitivity towards gender justice, problems faced by the SC, ST, needs of disabled & capacities to participate in economic & political processes.

NCF 2005 proposes the following 4 principles for curriculum development:

1) Connecting knowledge to life outside the school.
2) Ensuring the learning is shifted away from vote methods.
3) Enriching the curriculum to provide for overall development of children rather than remain textbook centers.
4) Making examination more flexible & integrally then with classroom life.

2) **Learning & knowledge**

- Reorientation in our perception of learners & learning.
- Holistic approach in treatment of learners development & learning.
- Creating an inclusive environment in the classroom for all students.
- Learner engagement for construction of knowledge & fostering creativity.
- Active learning through experimental mode.
- Activities for developing critical perspectives on socio culture relatives need to find space in curricular practices.
- Connecting knowledge across disciplinary boundaries to provide a broader frame for insightful construction of knowledge.
- Local knowledge & children’s experiences are essential components of textbooks & pedagogic practices.
- Children engaged in understanding environment related projects may contribute to generation of knowledge.

3) **Curricular Areas, School Stages & Assessment**

The following subjects should be included in curriculum.

(A) Language:

- Language skills - reading, writing, listening & speech cut across school subjects & disciplines.
- A severed attempt should be made to implement 3-languages formula. Mother tongue as the medium of instruction.
- English needs to find its place along with other Indian language

Following provisions help us to achieve its aim as

- Mother should be medium of instruction.
- At primary level, children will study state or regional language as a compulsory subject.
- At middle, children continue studying state language & also study English.
- In high school, a classical language may be introduced & in the higher secondary foreign language may also be introduced.

(B) Mathematics:

- The main goal of teaching mathematics is developing children’s abilities for mathematics (ability to think logically, formulate & handle abstractions).
- Children learn to enjoy math’s rather than fear it.
- Children understand the basic structure of mathematics-arithmetic, algebra, geometry & trigonometry.

School stages:-
- At preprimary stage, all learning occurs through play children learn in the context of small sets, connection between word names & counting.
- At primary stages, it is important that children should develop positive attitude towards mathematics.
- At upper primary stage, students obtain a first taste of the power of mathematics through the application of powerful abstract concepts that compress previous learning & experience.
- At secondary stage, student became familiar with characteristics of mathematical communication.
- At higher secondary, the aim of mathematics is to provide the student with an appreciation of wide variety of applications of mathematics.

(C) Sciences:
- The teaching of science should be recast so that it enables children to examine & analyze, everyday experiences. Content, processes & language of science is must be commensurate with learners age-range & cognitive reach.
- At primary stage the student should be engaged in joyfully exploring the world around & harmonizing with it.
- At upper primary, the child should be engaged in learning principles of science through familiar experiences.
- A secondary stage, student should be engaged in learning science as a composite descriptive.
- A higher secondary, science should be introduced as a separate discipline.

(D) Social science:
- The social sciences encompass diverse elements of society & include a wide range of content drawn from disciplines of history, geography, political science, economics & sociology. Social science content needs to focus on conceptual understanding.
- At primary stage the natural & social environment should be taught.
- At upper primary the subject area of social science drawing its content from history, geography, political science & economics should be introduced.
- At secondary stage social science comprises distinct elements of history, geography, pol. Science & economics with adequate space offered to certain themes.
- At higher secondary:- diverse choice of streams to the students according to their need, interest & aptitude.

(E) Art education:
- The need to integrate art education in the formal schooling requires urgent attention if we are to retain our unique cultural identity in all its diversity & richness
- Art & heritage craft should be recognized as important component of school education.
- Art education must become tool & compulsory subject taught up to 10th class.
- Resource should be available & in higher sec. specialization should be done

(F) Health & physical education:
- Health & phy.edu programs are essential for overall development.
- It may be possible to handle successful the issues of enrolment, retention & completion through it.
- As a care part of curriculum, time allocated for graves & for yoga.
- Health & physical education could be offered as an elective at +2 level.
- Yoga is to be introduced from primary level onwards in informal ways but formal introduction of asaras & dhyana should began only from class 6th onwards.

(G) Work & education:
- Work is an activity that involves labour. It is making or doing something that is valued by society. Work implies commitment to other members of the society as one is contributing to ones labour & capability to fulfill their needs.
- Submitting to public standards of performance as one’s contribution made through work will be valued & judged by others

(H) Education for peace:
- Education is an important dimension of the long term process of building peace, tolerance, justice & civic responsibility.
- Peace education must be a concern that permeates the entire school life.
- Peace oriented values should be promoted in all subjects.

(I) Assessment & evaluation:
A good assessment & evaluation system can become an integral part of the learning process & benefit but learners & educational system by giving credible feedback.
Types of Assessment at different stages:
• At ECCE & Class 1st to 2nd, assessment must be purely qualitative judgments of children’s activities in various domains.
• At class 3rd to class 8th, a variety of methods like oral & written tests & observations may be used. Grades or marks along with qualitative judgments of achievements are very essential at this stage.
• Secondary & higher secondary: Assessment should be based on tests, examinations & progress reports, for the knowledge based areas of the curriculum along with self assessment.

4) **Class And School Environment.**

Learning takes place within a web of social relationships as students and teachers interact both formally and in formally.

• Physical Environment: availability of minimum infrastructure and material facilities and support for planning, a flexible daily schedule are critical for improved teacher performance.
• A school culture that nurtures children’s identities as learners, enhances the potential and interest of each child.
• Specific activities ensuring participation of all children (abled and disabled).
• Discipline in schools i.e. the nature of self discipline among learners is important.

5) **Systematic Reforms and Epilogue.**

The dimensions of national framework for school curriculum that have been outlined are defined from related aims of education with social conscience, focusing on learners who are actively engaged with constructing rather than receiving knowledge through their individual and collective endeavors.

• Concern for quality education at different stages.
• Common school system.
• Decentralized planning.
• Meaningful Academic planning.
• Monitoring quality.
• Teacher education for curriculum renewal.
• Setting up of nodal agency for coordinating & conducting entrance examinations.
• Encouraging innovations, new ideas & experimentation.