Disability and Implications on Learning

Advanced Certificate Course in Inclusive Education
(Cross Disability)
# Programme Credits Page

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**Acknowledgements:**
- Additional Contributor for Unit-1 and Unit-5 of Block 2: Ms. Manjula
- Additional Contributor for Unit-4 of Block 3: Ms. Pallavi
- Technical and Non-Technical Faculty & Staff of Society for Advance Study in Rehabilitation (SASR), Faridabad, Haryana.
Programme Editor’s Page
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The Advance Certificate Course in Inclusive Education (Cross Disability) is aimed to provide a detailed understanding of the Inclusive education philosophy and perspectives to the learners. It has been developed at an opportune time when we are aligning our nation’s policies, legislations, services, human-resource development etc in line with the UNCRPD and RPwD 2016. The programme aims to build competencies across learners to be inclusive in its reach. The study material is divided into 5 blocks, first four are the theoretical aspects to gear you towards the philosophy of inclusive education; and the last block will train you on practicum for inclusive education practices.

**Block 1** defines the various disabilities as mandated by RPwDA 2016 and its educational implications; that will help us screen and identify support needs of students. The block also trains us on conducting domain-based assessment in scholastic, co-scholastic, plus and expanded-core curriculum, functional curriculum and assessment of needs of high support learners. The blocks will also give you an insight to the recent developments in legislations and policies for inclusive education; and an understanding on the RPwDA from educational perspectives that will help us analyse and enlist the rights, entitlements and provisions for students with special needs.

**Block 2** explains the pedagogy for inclusive education is meant to help you, as prospective inclusive education teachers, to understand the principles of inclusive teaching learning, develop skills for creating inclusive learning environment at school, to understand the concept of Universal design for learning and its implementation which is the current method for developing inclusive practices besides knowing how to create and develop learning resources which is an intrinsic component of inclusive pedagogy. This block also has dealt with contemporary development in teacher education and the need for reflective practices to develop self-identity, human relationships, assumptions, beliefs and attitudes in the teacher.

**Block 3** helps us embrace the philosophy of curriculum differentiation, methodologies of teaching school subjects, and multi-level instruction. It also helps us have a better understanding of mainstream curriculum, the National Curriculum Framework from inclusive perspective; and teaching practices at elementary and secondary level. The block gives us strategies and activities to understand curriculum accommodations and adaptations; also provides strategies and learning activities for classroom transaction; use of co-curricular activities to facilitate learning; and alternate methods of evaluation to facilitate and support inclusive education.

**Block 4** describes the various communication disorders and their effect on academics. It also details the methods in which we can make the communication more effective and accessible at school and in community, by addressing the various concerns and issues related the communication and behaviours across different disabilities and also by maximum utilization of various verbal and non-verbal modes of communication. The block also trains you on the communication strategies and use of Augmentative and Alternative Communication system and other ICT for communication to support the communication needs of students with special needs in an inclusive environment.

**Block 5** provides you a training and exposure towards practicum for inclusive education practices.
## BLOCK – I: Disability and Implications on Learning

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1.1 Objectives

After going through this unit, you will:
- Understand how educational implications can impact learning.
- Know the implications on learning for different disabilities.
- Understand that implications may vary according to the nature of the disability or the level of severity.
- Understand the importance of knowing the implications on learning so as to be able to apply the appropriate learning style in the teaching and learning process.
- Acquire knowledge about how different individuals have different learning styles and can learn best when instructed differentially as per learning styles.

1.2 Introduction

Disability conditions can cause Educational barriers in student’s learning process. Knowing these implications can enhance instructional planning by Teachers to optimize student’s learning process and minimize barriers in their learning. Disability can have direct effect on learning, when disability restricts or limits a student’s potential to learn. These implications may vary in accordance to nature of disability its severity. Strategies and educational programs are identified as per disability implications.

However, no matter what the disability or its severity, students can still learn best, when their learning styles are identified through systematic assessment and appropriate teaching methods.
No one learning style is better than the other. Type of learning style does not indicate a student’s intelligence and their ability to learn.

There are different learning styles:
- Visual Learning Style - one learns best by using their sense of sight.
- Auditory Learning Style - those who are auditory learners learn best from their sense of hearing or auditory input.
- Tactile / Kinaesthetic Learning Style - here one learns best by touching, feeling, doing.
- Some people may learn from the combination of the three.

It is important to note that factors like trauma, distress, anxiety, social or cultural factors etc. can have implications and effect on a student’s learning potential. This is true for both student’s with and without disabilities.

It is therefore imperative to have knowledge about educational implications on learning potential of any student, so that appropriate educational planning to adapt to student’s learning style needs designed. This is the key component student’s success for optimum learning. Now, let us look at the educational implications and their impact on student’s learning ability in context of their Disability conditions.

1.3 Physical Disabilities

1.3.1 Locomotor Disabilities

Children with Loco-motor Disabilities can learn like their peer group in regular class only if they are provided appropriate educational teaching strategies, guidance and support of assistive technology. They may benefit from Teaching aids that suit visual, auditory and kinaesthetic learning styles. Negotiating in physical surroundings and environment through movement can be challenging.

Implications:
- Mobility restriction in exploring their physical environment and learning from it can be challenging.
- Speech may be impaired.
- May have difficulty using conventional chairs / tables in class / lab.
- Difficulty in finishing assignments / tests in prescribed time limit.
- Experiences fatigue when speaking to a person for a long.
- Requires additional time, support of compatible assistive technology and exemptions for coping with curricular demands.
- Student need specialized furniture or transport means.
- Difficulty in using regular writing tools like holding a pen to write for continuously for long time.
- Activities involving use of hands like turning pages, writing, taking out books from bag can be difficult hence have to be adapted suitably.
- Challenges with input, output and information processing when working on assignments, tests, and /or exams.

Both Visual and Hearing Impairment are termed as Sensory Disabilities

1.3.2 Visual Impairment

Visual impairment when present from birth will have more impact on learning than visual impairment that is acquired later in life. Some may have
low or distorted vision while others may have no vision at all. Children with Visual impairment are usually auditory learners. They also learn through touch and by practically doing a task. Type of assistance required for learning, will vary according to the degree and nature of their impairment.

**Implications:**
- Difficulty in learning when long passages are read and from visual inputs.
- Taking more time to interpret meaning as reading on Braille mode, requires longer time and involves higher degree of memorizing and synthesizing from wholeness of phrases, sentences etc.
- Difficulty in comprehending from verbal content, including geographical terms and concepts, like - latitude, longitudes, physical directions etc.
- Graphic and visual descriptions like map-reading, graphs, diagrams, paintings, inscriptions, symbols and monumental architecture.
- Poor in observing environment and space - land, climate, vegetation and wildlife, distribution of resources and services.
- Poor in developing spatial concepts and understanding the relationships between spatial concepts.
- Poor understanding of three-dimensional objects transformed into two-dimensional forms.
- Difficulty in understanding special characters (symbols) used in Mathematics.
- Difficulty in audio recording of mathematical text, for eg., equations, formulas etc.
- Difficulty in transcribing and reading mathematical text in Braille because of spatial arrangement and colour codes.
- Difficulty in learning of Nemeth or any other Mathematical Braille Code.
- Difficulty in comprehending abstract concepts.
- Difficulty in comprehending science experiments, especially in Chemistry.
- Require longer time for performing academic tasks.

1.3.3 Hearing Impairment

Students with hearing impairment are often visual learners. Hearing impairment may be congenital or acquired; some may have complete hearing loss, may have residual hearing. Impact on learning will depend on the degree of the impairment and cause of hearing loss.

**Implications:**
- Problem in taking meaningful notes.
- Poor or unintelligible reading.
- Difficulty in understanding verbal questions.
- Poor Vocabulary.
- Problem in responding to oral tests.
- Difficulty in following verbal / group conversations.
- Problem in understanding abstract concepts and figurative language (like similes, metaphors and idioms).
- Problem in reading and learning spellings (because of difficulty in phonemic awareness and speech / sound discrimination).
- Challenge in organizing or composing ideas.
- Deficits in communicating ideas due to restricted vocabulary.
- Problem in comprehending new vocabulary.
- Poor in discriminating difference between sounds and words.
- Problem in understanding / using phrases / words with multiple meanings, terminologies/technical terms, abstract concepts, facts,
- Challenge in forming connections between ideas or concepts
- Challenge in grammar usage and sentence construction.
- Poor in understanding of comparisons, cause effect relationships and chronology of events.
- Poor in reading heavy text and making inferences from text.
- Delay in linguistic growth, leading to lack of general vocabulary and technical vocabulary of mathematics and mathematical problems.
- Inadequate in distinguishing mathematical words while student is reading verbally.
- Limited use of cognitive strategies to select relevant information and approaches necessary for solving problems.
- Poor in solving problems that involve more than one dimension.

1.3.4 Speech & Language Disorders Implications

Inability to communicate in classroom can be very challenging for a student, as they struggle academically and experience socialization problems. These children will learn best using tactile, visual and auditory cues.

- Difficulty in thinking skills including perception, memory, awareness, reasoning, judgment, intellect and imagination.
- Problem due to stuttering which may interruption of the flow of speech that may include hesitations, repetitions, prolongations of sounds or words.
- May struggle with reading, due to difficulty in understanding and expressing language.
- Misunderstands social cues.
- Avoids attending school.
- Shows poor judgment.
- Difficulty with taking tests.
- Reluctance to contribute during discussions.
- Difficulty in organizing ideas.
- Difficulty in producing sounds.
- Failure to follow directions.
- Difficulty in finding the right word for things.
- Reluctance to interact with other children.
- Problems in negotiating with rules for games
- Difficulty in organizing information for recall.
- Slow in responding.
- Inattentiveness

1.4 Intellectual Disabilities, including Specific Learning Disabilities & Autism Spectrum Disorder

**Intellectual disability**  A student with intellectual disability learns and understands at a much slower pace than the average peer. Their intellectual development will always be significantly lagging behind due to intellectual impairment. Use of real objects
in natural environments is an essential component in teaching students with intellectual disabilities. Visual supports and learning by practical tasks will help facilitate learning, among persons with intellectual disabilities.

**Implications:**
- Difficulty in understanding and learning from new experiences and information.
- Short attention span
- Difficulty with memory retention
- Lack of ability to learn from incidental experiences.
- Difficulty in transferring learning from routine experiences to new situations.
- Difficulty with communication and social skills.
- Slow in cognitive processing time.
- Difficulty in sequential processing of information, planning, organizing and generalizing.
- Slow in comprehending abstract concepts.
- Poor in listening, expressing ideas / speaking fluently and coherently.
- Poor reading including decoding, phonetic knowledge and word recognition.
- Poor in eye-hand coordination and writing skills.
- Poor language comprehension.
- Poor in understanding figurative language - idioms, metaphors, similes etc.
- Difficulty in accessing written work, illustrations, charts, graphs and maps.
- Challenge in extracting relevant information from bulk information.
- Poor in mathematical calculations (computations), copying problems etc.
- Difficulty in sequencing, step wise problem solving and comprehending number place value
- Confusion in mathematics operational symbols.
- Poor comprehension of word problems.
- Slow in understanding technical language.
- Poor in inferring meaningful linkages/relationships between concepts.

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**Learning Disabilities**

Common types of Specific Learning Disabilities: *Perceptual Disorders, Dyslexia, Dyscalculia, Dysgraphia, Dyspraxia, Aphasia.* They are visual, auditory and kinaesthetic learners.

**Implications:**
- Language processing disabilities can make reading and writing slow and challenging.
- Have memory deficits.
- Need more time to process information before answering questions or replying when spoken to, which can result in difficulties contributing to classroom or group discussions.
- May also have difficulty in paying attention.
- Poor in organizing and planning
- Difficulty in tracking assignments or supplies and submitting work on time.
- Inability to organize and interpret information coming through visual or auditory input.
- Inability to monitor and evaluate performance.
- Difficulty in reading and spelling, word analysis, fluency and reading comprehension.
- Poor in understanding underlying meanings, such as ironical or figurative language and adjusting language for different uses and purposes.
- May skip words, lose place, mistake one word for another, reversals of pronouncing words etc.
- Difficulty in writing due to inadequate planning and organizing sentence structure;
- Limited and repetitive use of vocabulary; unnecessary or unrelated information or details; commits errors in spelling, punctuation, grammar, and handwriting.
- Difficulty with numbers, remembering facts and sequencing, comprehending concepts related to direction, place value, decimals, fractions and time.
- Poor comprehension of word problems.

**Autism Spectrum Disorder**

Children with Autism Spectrum Disorder (ASD) have deficits in social and communication skills, thought / behaviour and sensory processing. Learning is best facilitated when exposed to various appropriate teaching methods and teaching learning materials suitable for respective learning styles and teaching methods. Since students with ASD are visual learners and concrete thinkers, they learn best with use of visual cues and supports. There are few who are good auditory learners.

**Implications:**
- Difficulty in communication skills, social skills, thought and behaviour and sensory processing.
- Challenge in motor planning and organizational skills.
- Short Attention Span.
- Poor imitative skills.
- Difficulty in comprehension.
- Challenge with social environment of the school.
- Weak on motor skills.
- Conventional behavior management techniques may not work.
- Poor verbal abilities, but inability to report / description of a problem / answer / converse.
  - They are detailed learners, they may see a part but not perceive whole picture.
  - Poor auditory learners and reading comprehension.
  - Difficulty in generalizing.
  - Difficulty in adapting to language used at home, when it different from one used in school.
  - Understanding of abstract concepts and figurative language (like similes, metaphors and idioms).
  - Slow in acquiring pre-academic concepts.
  - Lack of motivation.
  - May not comprehend academic concepts taught.
  - Difficulty in understanding / adhering to behaviors necessary for academic learning.
  - Excellent rote memory skills, but difficulty in comprehending meaning.
  - Sensory processing challenges may hinder the way they learn.
1.5 Mental Behaviour

**Mental Behaviour (Mental Illness)**

Mental behaviour or mental illness disorder has varying degrees of symptoms. Well-planned and well implemented social and emotional programming can have positive effects on academic outcomes. As each individual is different, it is important to address students learning styles (auditory, visual, kinaesthetic or a combination of styles). Incorporating experiential learning activities will help increase learning outcomes.

**Implications:**
- Inability to filter environmental stimuli such as sounds, sights or smells.
- Inability to concentrate due to feeling of restlessness, short attention span, easily distracted, or have difficulty in remembering verbal directions.
- May not have enough energy to spend a whole day in school or do an activity for a long time at a stretch due to drowsiness from medication.
- Difficulty handling time based deadlines, pressures and multiple tasks, managing assignments, setting priorities or meeting deadlines.
- Difficulty in interacting with others.
- Difficulty in handling negative feedback, understanding and interpreting criticism.
- Difficulty in responding to change.
- May refuse to begin due to fear of not being able to do anything right.
- May experience fluctuations in mood, energy and motivation.
- Has difficulty in taking notes during class.
- Submits late or incomplete assignments with careless mistakes.
- Repeated absenteeism.
- High level of anxiety and frustration.
- Student is easily fatigued or exhausted.
- Worries about getting everything right, as a result take longer to complete given tasks.
- Refusal to begin tasks or avoidance of classes /school out of fear of failure.

1.6 Disabilities due to Neurological Chronic Conditions

In Neurological Chronic Conditions it is important to address differential learning styles (auditory, visual, kinaesthetic or a combination of styles) and find each individual’s learning style, as each case will be different from the next.

**Multiple Sclerosis**

**Implications**
- Schooling may be interrupted by relapses
- Difficulties with concentration, memory, emotional expression and self-control
- Vision may be blurry or may have double vision which will impact reading, writing or attention.
- A child's attention span and thinking abilities - such as the ability to reason and process and remember information - may be hindered / impacted.
Writing can be affected due to acute attacks or lingering symptoms that can cause numbness, weakness, fatigue, poor posture or coordination difficulties.

Trouble socializing because of their physical symptoms

**Parkinson’s Disease**

There will be educational implications students who have juvenile Parkinson's disease (onset before age 20 years) which is rare and is also usually an inherited form of Parkinson's disease.

**Implications:**

- Tremors and dystonia
- Falls and postural instability.
- Rigidity, muscle tension and spasms.
- Weakness in hands and poor dexterity.
- Cognitive skills may be affected.

1.7 **Multiple Disabilities including Deafblindness**

**Multiple Disability**

Children with multiple disabilities may learn best visually and by doing. However as multiple-disability is a combination of two or more disabilities, their learning styles will be determined by their nature and severity of disability condition and combinations.

**Implications:**

- Challenge in mobility like walking, standing or bending.
- Communication difficulties in child’s ability to effectively communicate with teachers, support staff and peers.
- Poor thinking and focusing ability.
- Cognitive impairment.
- Challenge in identifying suitable instructional setting to match intelligence level.
- Challenge to function in the classroom.
- Problem in providing appropriate assessment and compensating instructional strategies for visual or hearing impairments.
- Deficits in motor development.
- Sensory impairments.
- May have difficulty attaining skills and memorizing / transferring learnt skills from routine to life situations.

**Deafblind**

Deafblind condition is a combination of visual and hearing impairment. Students with Deafblind condition have unique educational needs. They cannot learn by sight or hearing, they can only learn by doing and with tactile mode.

**Implications:**

- Cannot understand conventional classroom lectures.
- Challenge for participation in class discussions.
- Challenge in presenting oral reports.
- Problem in fulfilling reading assignments.
- Difficulty with communication.
- Distorted perception.
- Difficulty in imaging the whole picture or relating an element to the
§ Anticipation: Difficulty in knowing what is going to happen next.
§ Motivation: The motivating factors may be missing from a situation, going unseen or unheard.

1.8 Summary

- Disability can have implications on learning.
- These implications on learning for children with disabilities may vary according to the nature of the disability or according to the level of severity.
- No matter what the disability or the severity, children can still learn best when they are exposed to various styles of learning and teaching methods.
- Visual learning style - one learns best by using their sense of sight.
- Auditory style - those who are auditory learners learn best from their sense of hearing or auditory input.
- Tactile or Kinaesthetic style of learning - here one learns best by doing.
- Children with disabilities learn through these learning styles, hence adaptations and assistive technology are required for them.
- Other factors like trauma, distress, anxiety, social or cultural factors etc. can also have implications on a child’s learning which is true for both children with and without disabilities.
- Most social behaviours also involve learning.
- The correct learning style is the key component to a child’s success in learning.

1.9 Experiential Learning

1) Do a case study on any five children with different disabilities and find out the educational implications that might affect their progress in learning. How do you think they can learn best through your observation?

1.10 Check Your Progress

i. How do implications on learning for children with disabilities affect them in a classroom?
ii. Are implications on learning the same for all children with disabilities?
iii. What are the different factors that can have implications on learning for any child in the classroom?
iv. What are the different learning styles?
v. How can addressing different styles of learning, help facilitate a child’s learning?
vi. Mention any three implications on learning of the following disabilities that you think can have the most impact on the process of learning of the children who have them:
   a) Speech and Language Disorders
   b) Deaf Blind
   c) Hearing Impairment
   d) Multiple sclerosis
   e) Cerebral Palsy
1.11 Unit End Assignments

1. Write down the implications for learning for the following disabilities:
   i. Neurological Chronic Conditions
   ii. Specific Learning Disabilities
   iii. Multiple disabilities

2. Provide some suggestions that you think will help in the learning of children with Speech and Language Disorders, Autism Spectrum Disorder and Visual Impairment.

3. What do you think are the differences or similarities in educational implications for children with Locomotor Disabilities, Intellectual disabilities and Mental Behaviour

1.12 Assignment for Self-Evaluation

What are the implications for learning for children with Hearing Impairment, Visual impairment and Autism Spectrum Disorder? What do you think are:
   a) Similarities between Hearing Impairment and Autism Spectrum Disorder,
   b) Differences between Hearing Impairment and Visual Impairment?

1.13 References


Young-Onset Parkinson's Foundation, Young-Onset Parkinson's, Retrieved from, http://www.parkinson.org/Understanding-Parkinsons/What-is-Parkinsons/Young-Onset-Parkinsons-
**Unit 2: Understanding Disability as Mandated by RPwD ACT 2016**

2.1 Objectives

After going through this unit, you will:
- Understand Disability as mandated by the RPwD Act - 2016.
- Know about benchmarked Disabilities and Person With Disability (PWDs) having high support needs.
- Learn about the 21 Disabilities as per the RPwD Act - 2016.
- Know the definitions of some Disabilities types as given in the RPwD Act 2016.
- Acquire knowledge about Disabilities characteristics.

2.2 Introduction

The PWD (Equal Opportunities, Protection of Rights, and Full Participations) Act, 1995, has been amended as RPwD (Rights of Persons with Disabilities) Act, 2016, where types of Disabilities have increased from existing “7 to 21” conditions. Central Government has the power to add more if necessary.

The RPwD Act 2016 has defined disability based on an evolving and dynamic concept:

“person with disability” means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others;

“person with benchmark disability” means a person with not less than forty percent of a specified disability where specified disability has not been defined in measurable terms and includes a person with disability where specified disability has been defined in measurable terms, as certified by the certifying authority;

“person with disability having high support needs” means a person with benchmark disability, who needs high support certified under section 58 (2) of the RPwD Act - 2016.
Division of Disabilities as recognized in RPwD Act - 2016 shown in flow chart below. The star mark (☆) indicates names of 21 Disabilities approved by Act.

2.3. Physical Disabilities: Definition, Types, Characteristics:

A physical disability is limitation on person's physical functioning, mobility, dexterity or stamina. Other physical disabilities include impairments limiting other facets of daily-living.
2.3.1. **Locomotor disability** (a person's inability to execute distinctive functions associated with movement by self and objects, resulting from affliction of musculoskeletal or nervous system or both) *(RPwD Act 2016)*

2.3.2. **"leprosy cured person"** means a person who has been cured of leprosy but suffers -
(i) loss of sensation in hands / feet, loss of sensation and paresis in eye and eye-lids but with no deformity;
(ii) manifest deformity and paresis, but has sufficient mobility in hands /feet to enable engagement of normal (economic) functions;
(iii) extreme physical deformity, as well as advanced age which prevents him / her from gainful occupation / expression "leprosy cured" shall be construed accordingly. *(RPwD Act 2016)*

**Types:**
- **Paucibacillary / tuberculoid:** Mild, less severe form of leprosy.
- **Multibacillary / lepromatous:** More severe form of the disease.

**Characteristics:**
- Severe pain
- Loss of fingers and toes
- Eye problems, leading to blindness
- Enlarged nerves around the elbow / knee
- Symmetrical skin rash commonly found on face / ear / wrist / elbow / knees / buttocks
- Thinning of eyebrow and eyelash
- Laryngitis
- Growth on skin
- Numbness in hand / arm / feet / leg
- Nose bleeding / stuffy nose
- Lesions on body that are not as sensitive to touch / heat /pain
- Skin lesions lighter than person's skin colour
- Lesions that do not heal fast
- Ulcers on feet soles
- Thick, stiff or dry skin
- Muscle weakness or paralysis (especially in hands / feet)

2.3.3. **"cerebral palsy"** means group of non-progressive neurological condition, affecting body movements / muscle coordination, caused by damage to one / more specific areas in brain, occurring before / during / shortly after birth. *(RPwD Act 2016)*

**Types:** Common type of CP. It is divided into 4 types as in figure below:

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**Source:**
Types: Common type of CP. It is divided into 4 types as in figure below:

Spastic: Most common type of Cerebral Palsy. It is further divided into 4 types:

- **Spastic.**
  - Muscle stiffness / rigid body
  - Movements are slow / awkward
  - Position of head triggers position of whole body

- **Athetoid**
  - Involuntary movements
  - Slow, wriggly movements often repetitive /rhythmic / sudden irregular / large jerky
  - Poor balance
  - Constant change in muscle tone

- **Ataxia:**
  - Difficulty in balance / coordination
  - Has ‘drunken’ gait
  - Muscle tone low

- **Mixed:**
  - It is a combination of any two types of Cerebral Palsy (usually spastic and athetoid type)
2.3.4. "dwarfism" means medical / genetic condition resulting in adult height of 4 feet 10 inches (147 centimeters) or less.  *(RPwD Act 2016)*

Types:

*Proportionate Dwarfism*: Body parts are in proportion, but shortened.

*Disproportionate Dwarfism*: Average-size torso and shorter arms and legs / shortened trunk with longer limbs.

**Characteristics:**

- Large head with prominent forehead
- Flattened bridge of nose
- Protruding jaw
- Crowded and mis-aligned teeth
- Forward curvature of the lower spine
- Bowed legs
- Flat / short / broad feet
- "Double-jointedness"
- Cleft palate
- Severe osteoarthritis in hips
- Weak hands and feet
- Barrel - chested appearance
- Deformed hands and feet
- Limited range of motion
- Ears with cauliflower appearance

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**Achondroplasia**

*Source: SAn Interactive Image by Ricardo, https://www.thinglink.com/scene/649005203047055362*
2.3.5. "muscular dystrophy" means a group of hereditary genetic muscle disease that weakens muscles that move human body. Persons with muscular dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterised by progressive skeletal muscle weakness, defects in muscle proteins and death of muscle cells and tissue. *(RPwD Act 2016)*

**Types:** The primary types of Muscular Dystrophy are mentioned below:

Duchenne Muscular Dystrophy (DMD): The most common and severe form of muscular dystrophy among children, caused by a deficiency of a protein dystrophin. DMD appears typically in boys between ages 3 and 5, progresses rapidly. They usually die in their late teens or early 20s from heart trouble, respiratory complications, or infection.

**Characteristics:**
Weakness begins in the upper legs and pelvis
Fall frequently
Have trouble rising from lying /sitting position
Gower’s sign is observed
Waddle when walking
Have difficulty running and jumping
Walk on toes
Muscle pain and stiffness
Have calf muscles that appear large because of fat accumulation

*Source: 6http://drustapbio.wikia.com/wiki/Duchenne_Muscular_Dystrophy*
Other types

**Becker Muscular Dystrophy**: Similar to Duchenne muscular dystrophy but milder and progress more slowly.

**Myotonic**: Facial and neck muscles are affected first.

**Facioscapulohumeral (FSHD)**: Face and shoulders are affected.

**Congenital**: Apparent at birth or before age 2.

**Limb-girdle**: Hip and shoulder muscles are first affected.

2.3.6. "acid attack victims" means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance. *(RPwD Act 2016)*

**Characteristics**:
Lips, eyelids and skull are partly destroyed / deformed with hair lost
Ear cartilage is usually partly or totally destroyed; deafness may occur
The nose can become shrunken and deformed; the nostrils may close off completely
The chin, neck and mouth become shrunken and lose full range of motion
Eating / speaking can become difficult
Permanent scarring of the face and body
Respiratory problems
Social / psychological / economic difficulties

2.3.7. Visual impairment—Visual impairment falls under physical / sensory disabilities.

**Types**:
There are two types:

(i) "blindness" means condition where person has any of the following conditions, after best correction—
   (i) Total absence of sight; or
   (ii) Visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or
   (iii) Limitation in field of vision subtending an angle of less than 10 degree.
(ii) "low-vision" means condition where a person has any of the following conditions:

(i.a) Visual acuity not exceeding 6/18 / less than 20/60 upto 3/60 /upto 10/200 (Snellen) in the better eye with best possible corrections;

(i.b) Limitation in field of vision subtending an angle of less than 40 degree up to 10 degree.

*(RPwD Act 2016)*

**Characteristics:**

- Generally, has the same academic ability as their peers
- Tends to perform poorly in mathematics
- Appears "clumsy," especially in new situations
- Holds head in awkward position / holds objects in peculiar position to look at them
- Constantly asks neighbour to tell him / her, what is going on
- Exhibits poor self - concept
- Less effective use of gestures
- Uses less of lip movement to articulate sounds
- Rubs eyes excessively
- Has difficulty in reading or work requiring close use of eyes
- Blinks more than usual
- Squints eyelids together / frowns
- Inflamed / watery eyes
- Recurring styes
- Eyes itch / burn
- Cannot see well
- Dizziness, headaches, or nausea
- Blurred or double vision
- Difficulty in orientation
- Difficulties in object manipulation


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**Examples of Physical Observations**

- Drooping eyelid which obscures the pupil.

- Obvious abnormalities in the shape or structure of the eyes.

- Absence of a clear, black pupil, i.e. cataracts.
2.3.8. Hearing impairment — Hearing impairment falls under physical / sensory disability.

Types:
There are two types:
(i) "deaf" means persons having 70 DB hearing loss in speech frequencies in both ears;
(ii) "hard of hearing" means persons having 60 DB to 70 DB hearing loss in speech frequencies in both ears. (RPwD Act 2016)

What are the common types of Hearing Loss?

- **Conductive:** When hearing loss is due to problems with the ear canal, ear drum, or middle ear and its little bones.

- **Sensory Neural:** When hearing loss is due to problems of the inner ear, also known as nerve-related hearing loss.

- **Mixed:** In this type of hearing loss, there may be damage in the outer or middle ear and in the inner ear (cochlea) or auditory nerve.

Types of Hearing loss:
- Conductive
- Sensori-neural
- Mixed

Characteristics:
- Difficulty following verbal directions
- Difficulty with oral expression
- Difficulty with social / emotional or interpersonal skills
- Language delay
- Often follows and rarely leads
- Exhibits difficulty in speech / articulation
- Gets easily frustrated
- Loss of sound directionality
- Difficulty in speech discrimination against background sounds
- Sounds or speech become unclear, dull or muffled
- Pain or pressure in ears
- Makes repeated mistakes in dictation
- Complains that other's voice or sound is too low
- Suddenly seems inattentive
2.3.9. "speech and language disability" means permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.  

(RPwD Act 2016)

Types: There are many kinds of speech and language disorders, two types are mentioned below:
Laryngectomy is the removal of larynx and separation of airway from the mouth, nose and oesophagus.

Apasia is communication disorder resulting from damage / injury to language parts in brain.
The four major areas in which impairments occur are:
Articulation disorders - Errors in production of speech sounds.
Fluency disorders - Fluency refers to flow of speech.
Voice disorders - Problems with quality of voice resulting from disorders in larynx.
Language disorder - Impaired ability to understand / use words in context.

Characteristics:
Difficulty in producing sounds
Addition, Omission, Substitution or Distortion of sounds of words
Stuttering: repetitions, hesitations, or prolongations of words or sentences
Problems with pitch, loudness, resonance, or quality of the voice
Loss of voice
Loss of endurance
Improper use of words and their meanings
Inability to express ideas
Inappropriate grammatical patterns
Reduced vocabulary
Inability to follow directions
Trouble communicating or comprehending

2.4 Intellectual Disabilities: Definition, Types, Characteristics

2.4.1. Intellectual Disability: The nomenclature Mental Retardation is replaced by “Intellectual Disability” which is defined as “a condition characterized by significant limitation both in intellectual functioning (reasoning, learning, problem-solving) and in adaptive behaviour which covers range of daily social and practical skills, including specific learning difficulties and autism spectrum disorders.”  

(RPwD Act 2016)

Types: Based on :IQ

<table>
<thead>
<tr>
<th>Type</th>
<th>IQ</th>
<th>Educational Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>50 -69</td>
<td>Educable</td>
</tr>
<tr>
<td>Moderate</td>
<td>35 – 49</td>
<td>Trainable</td>
</tr>
<tr>
<td>Severe</td>
<td>20 – 34</td>
<td></td>
</tr>
<tr>
<td>Profound</td>
<td>Below 20</td>
<td>Custodial</td>
</tr>
</tbody>
</table>
**Characteristics:**
- Global delay in development (physical, cognitive, social, language & communication etc)
- Slow to react
- Difficulty in setting goals and problem solving
- Poor co-ordination
- Short attention span and easily distractible
- Poor memory
- Difficulty in learning concepts
- Difficulty or Low achievement in academic skills / strategies (e.g. note taking, memorizing definitions)
- Slow rate of learning as compared to peer students
- Difficulty with generalization
- Difficulty with advanced academic skills
- Delays in language affecting reading
- Poor receptive and expressive language
- Weak vocabulary
- Thinks at concrete level
- Limitations in Activities of Daily Living (ADL)
- Speech delayed or absent
- Lacks understanding of personal safety / community navigation issues
- Poor Social skills
- Difficulty in linking actions to consequences
- Uses simple language with short sentences
- Exhibits challenging behaviours
- Difficulty following rules and routine
- Associated with Down’s Syndrome features

![Diagram of Down’s Syndrome features](http://www.dreamresearchgroup.com/2014/01/mental-retardation.html)
2.4.2. "specific learning disabilities" a heterogeneous group of conditions with deficit in processing language, spoken or written, that may manifest in difficulty to comprehend, speak, read, write, spell, or do mathematical calculations. This includes conditions of perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia.

(RPwD Act 2016)

**Perceptual Disabilities** occurs when a person in spite of having normal sight and hearing, has deficits in perceiving information that is received by the brain. Perceptual disabilities are distinguished by the sensory areas affected:
- Visual
- Auditory
- Tactile
- Smell and taste
- Proprioceptive
- Vestibular

**Characteristics:**
- Visual perception deficits: Problems with organization, positioning, judging distance, eye-hand coordination (inability to read social cues / facial expressions).
- Auditory perception deficits: Inability to distinguish differences between sounds / trouble staying focused / keeping up with auditory input
- Smell and taste perception deficits: Inability to distinguish odours and tastes
- Tactile perception deficits: Hypo (less than normal) or hyper (more than normal) sensitivity to stimuli
- Vestibular perception deficit: Difficulty in balance and equilibrium
- Proprioceptive perception deficit: Poor body self-awareness

**Dyslexia:** Difficulty with words which affect reading and spelling.

**Characteristics:**
- Delayed speech / language development
- Labelled – lazy, dumb, careless, “not trying enough”, having problematic behaviors
- Slows progress in acquiring reading skills with remedial help
- Fear / avoidance of reading aloud
- Reading is slow and labored
- Reading shows repetition, addition, omission or substitution of words / letters
- Spelling may be poor / inconsistent.
- Spells phonetically
- Complains of headaches, dizziness, feeling or seeing non-existent movement while reading or writing (blurry, swimming etc.)
- Unable to associate letters with associated / represented sounds
- Mispronounce words and immature speech
- Inability to learn simple nursery rhymes
- Difficulty in learning and remembering letters / alphabet

Source: 12https://mrcheeversclass.wordpress.com/2016/06/24/writing-exercise-show-dont-tell-ftm-04/
Problem in sequencing
Reversals in reading / writing letters, numbers, words
May have problems copying from black-board, as they frequently lose their place
Illegible handwriting
Difficulty repeating what is said and following oral instructions
Difficulty remembering / understanding what they have just read
Difficulty putting their thoughts on paper, though they may be able to orally express well
May have confusion in left – right directionality
May have trouble telling time
Difficulty in sustaining attention
Poor short term memory
Average or high I.Q

**Dysgraphia:** Difficulty in writing which affects writing abilities.

**Characteristics:**
Tight, awkward pencil grip and body position
Illegible handwriting
Avoids writing / drawing tasks
Tires quickly while writing
Says words aloud while writing
Adds / substitutes / omits letters /words
Difficulty organizing thoughts on paper
Difficulty with syntax structure and grammar
Inconsistencies like mixing of print and cursive, upper and lower case letters / irregular sizes / shapes of letters / spaces between words / letters
Inconsistent position on page with respect to lines / margins
Content which does not reflect the student's other language skills
Poor in spellings
Omits / Substitutes / Adds words / Letters
Has difficulty pre-visualizing letter formation / word closure
Writing is slow or laboured

**Dyscalculia:** Difficulty with numbers affecting ability to perform arithmetic skills.

**Characteristics:**
Difficulty with number value / placement
Difficulty to count
Trouble recognizing printed numbers
Difficulty with idea of number, with what value it represents in practice
Poor memory for numbers
Trouble organizing things in logical way / sorting by shape /size /color etc.
Trouble recognizing groups / patterns
Trouble learning math facts
Difficulty developing math problem solving skills
Poor sense of direction, confusion with left / right orientation
Easily disoriented and easily confused by changes in routine
Avoiding games that require strategy
Difficulty reading time on a clock / with concept of time
Difficulty learning math concepts beyond basic math facts
Trouble with mental math
Good memory for printed words, but difficulty reading numbers or recalling numbers in sequence
Inability to write numerals and mathematical symbols correctly
Difficulty in mathematical calculations / computation
Difficulty in grasping basic concepts, dimensions, measuring units
Poor comprehending place value of numbers
Difficulty estimating cost (shopping, groceries).

**Dyspraxia:** Difficulty in activities requiring coordination and movement.

**Characteristics:**

- Difficulty in holding a pen properly
- Poor sense of direction and gets lost easily
- Organisational difficulties including workload
- Difficulties in learning new complex skills / tasks such as driving a car, dancing
- Difficulty in understanding body language
- May become withdrawn, isolated
- Difficulties in developing relationships
- Walks awkwardly or clumsily, they may fall over easily
- Poor stance or posture
- Difficulties in playing ball games
- Forgetful, gets easily frustrated
- Obsessive behaviour or phobias may be present
- Individuals may be far more impatient and agitated than their peers

**Aphasia:** A communication disorder resulting from damage or injury to language parts in brain. It’s more common in old adults, particularly those who had stroke.

**Characteristics:**

- Does not affect thinking skills or impair intelligence
- Has trouble speaking
- Struggles with finding right words
- Uses meaningless or inappropriate words / sentences in conversations
- Fails to realize they are saying the wrong word
- Says a word that is close to what they intend, but not the exact word
- May get out a few words at a time but may leave out words like “is” or “the.”
- May have difficulty communicating about daily activities
- Have difficulty in forming word sentences
- Recognizes if someone is asking a question or expressing anger
- Difficulty in understanding words / sentences but may comprehend meanings
- Difficulty following directions
Trouble using numbers or doing simple calculations

Sub - Types:
Expressive Aphasia/ Broca’s Aphasia (non-fluent): The person knows what he / she wants to say, yet has difficulty communicating it.
Receptive Aphasia/ Wernicke’s Aphasia (fluent): The person can hear a voice or read print, but may not understand meaning of message.
Anomic Aphasia: Difficulty in finding right words for speaking and writing.
Global Aphasia: This is the most severe type of aphasia where both Expressive and Receptive language are impaired.

Primary Progressive Aphasia: It is type of dementia.

2.4.3. "autism spectrum disorder" means a neuro-developmental condition typically appearing in the first three years of life that significantly affect person's ability to communicate, understand relationships and relate to others, it is frequently associated with unusual or stereotypical rituals or behaviours. (RPwD Act 2016)

Types:
Earlier Autism was classified into different types:
Autistic Disorder or Classic Autism
Asperger’s Syndrome
Pervasive Developmental Disorder – Not Otherwise Specified or Atypical Autism
Childhood Disintegrative Disorder.
Now all of these are put under one umbrella term called “Autism Spectrum Disorder”.

Characteristics:
- Withdrawn, prefers isolated play / be alone may not readily respond when called
- Uneven skill development
- Repetitive or odd rigid behaviours
- Overly focused interest or attachment to preferred objects

Source: 18 https://www.dealwithautism.com/types-of-autism/
Lasting, intense interest in certain topics
Verbal children can talk at length about a favourite subject
Gets upset by change in routine or in a new setting, needs sameness
Avoids or makes little or inconsistent eye contact
Delayed or absent Speech and language difficulties
Echolalic speech - repetitive use of words, phrases, sentences
Hyperlexic
May have low, average or above-average intelligence
Strong visual / auditory learners
Concrete thinkers
Answers incoherently to questions
Difficulty with verbal communication (non-verbal)
Pronoun reversal
Speech – meaningless, idiosyncratic
May play in presence of others but not with them
Difficulty with Social imitative, pretend play / reciprocal play
Memory – excellent in remembering people / facts but finds difficulty remembering multiple commands
Doesn’t perceive fear / danger
May be aggressive and self - injurious
Challenges with sensory processing (very sensitive to light/ noise/tactile like clothing or temperature)
Unusual tone modulation of voice
Sleep problems, digestion problems and irritability.

2.5. Mental Behaviour: Definition, Types, Characteristics

2.5.1. Mental behaviour - "mental illness" means substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet ordinary life demands, but does not result in mental retardation, which is condition of arrested / incomplete development of mind, characterised by sub-normality of intelligence. (RPwD Act 2016)

Mental-Illness affects emotions, thought and behaviour.

Types: Some of the major types are:

Anxiety and Depression: are the two most common disorders of mental-illness. Tension, anxiety or sadness becomes so intense that it disturbs and makes it difficult for a person to cope with day-to-day activities or maintain relationships.

Psychosis: Less common, includes Schizophrenia and Bipolar Mood Disorder. People experiencing an acute episode of psychosis, lose touch with reality and perceive world differently. Their ability to make sense of thoughts, feelings and the world around them is
seriously affected. A psychotic episode may involve delusions such as false beliefs of persecution, guilt or grandeur; hallucinations where person sees, hears, smells or tastes things that are illusionary.

**Personality Disorder:** Type of mental disorder in which one has rigid and unhealthy pattern of thinking, functioning and behaving; has trouble perceiving and relating to situations and people. This causes significant problems and limitations in relationships, social activities, work and school.

Types of personality disorders.

**Post-Traumatic Stress Disorder** (PTSD): Is mental health condition triggered by a terrifying event - either experiencing it or witnessing it.

**Eating Disorders:** This is serious condition with persistent eating behaviours that negatively impact health, emotions and ability to function in important areas of life. The most common eating disorders are anorexia nervosa, bulimia nervosa and binge-eating disorder. Most eating disorders involve focusing too much on weight, body shape and food, leading to risky eating behaviours.

![Mental illness and the Brain](http://familyfurore.com/kats-blog/societys-stigma-mental-illness/)

**Characteristics:**
- Confusion in thinking / inadequate concentration, difficulty expressing thoughts logically
- Excessive and intense fear, suspiciousness, worry or anxiety
- Extreme feelings of guilt
- Withdrawal from friends / daily activities
- Significant tiredness, low energy / problem in sleeping
- Detachment from reality (delusions), paranoia or hallucinations
- Inability to cope with daily problems / stress
- Trouble understanding and relating to situations and to people
- Substance abuse
- Sex drive changes
- Frequent outbursts of anger
- Suicidal thoughts / Attempts suicide
- Acts in a disturbing, aggressive, bizarre, hostile or violent manner
- Thinks or talks about killing other person
Memory impairment
Deterioration in appearance or neglect of grooming
Feeling of powerfulness / invincibility
Disproportionate response to sensory stimulation (noise, smell, light)
Changes in mood
Erratic thinking
Impulsive actions
Prolonged depression (sadness or irritability)
Major changes in eating or sleeping habits
Inability to cope with daily problems / activities
Numerous unexplained physical ailments
Changes in ability to manage responsibilities - at home / school
Defiance of authority, truancy, theft / vandalism
Prolonged negative mood, often accompanied by poor appetite or thoughts of death

*In Younger Children:*
Change school performance
Poor grades despite efforts
Changes in sleep / eating habits
Excessive worry or anxiety (i.e. refusing to go to bed or school)
Hyperactivity
Persistent nightmares
Persistent disobedience or aggression
Frequent temper tantrums

2.6 **Disabilities due to Neurological Chronic Conditions : Definition, Types, Characteristics**

2.6.1 "chronic neurological conditions." “chronic neurological conditions” means a condition that has its origin in some part of person’s nervous system lasting for a long period of time or marked by frequent recurrence. *(RPwD BILL, 2014)*

2.6.2. "multiple sclerosis" means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other. *(RPwD Act 2016)*

Types:

*Relapsing-remitting MS (RRMS):* This is the most common form of MS
*Primary-progressive MS (PPMS):* This type of MS is less common.
*Secondary-progressive MS (SPMS):* SPMS is similar to RRMS.
Progressive-relapsing MS (PRMS): PRMS is considered to be a progressive form of MS.

Characteristics:
- Fatigue
- Weakness
- Numbness
- Walking (gait), balance & coordination problems
- Bladder dysfunction
- Bowel dysfunction
- Vision problems
- Dizziness and vertigo
- Sexual dysfunction
- Pain
- Cognitive dysfunction
- Emotional changes
- Depression
- Spasticity
- Speech disorders
- Swallowing problems
- Headache
- Hearing Loss
- Seizures
- Tremors
- Respiration/breathing problems
- Itching

2.6.3. "parkinson's disease" progressive disease of nervous system marked by tremor, muscular rigidity, slow, imprecise movement, chiefly affecting middle-aged and elderly people are associated with degeneration of the basal ganglia of the brain and deficiency of neurotransmitter dopamine. (RPwD Act 2016)

Types:

Parkinson's disease: Appears in five different stages.

Stage one: Mild symptoms, such as tremors or shaking of limbs, poor posture, loss of balance and atypical facial expressions.

Stage two: Symptoms are bilateral, affecting both limbs / both sides of body / problems in walking / maintaining balance / inability to complete normal physical tasks becomes challenging.

Stage three: Severe inability to walk straight / stand. There is noticeable slowing of physical movements.

Stage four: Walking may still occur, but is often limited and rigid / bradykinesia (slowing of movements are often visible). Most patients are unable to complete day-to-day tasks, usually cannot live on their own.

Stage five: Person is unable to take care of him or herself.
Characteristics:

- Slowness of voluntary movements, especially initiation of movements like walking / rolling on bed
- Decreased facial expressions / monotonous speech / decreased eye blinking
- Mask - like appearance due to diminished facial expressions
- Shuffling gait with poor arm swing / stooped posture
- Unsteady balance (difficulty in rising from sitting position)
- Continuous "pill-rolling" motion of the thumb and forefinger
- Abnormal tone / stiffness of trunk and extremities
- Difficulty swallowing / chewing (swallowing problems in later stages)
- Stooded posture (when the head is bowed and shoulders slumped)
- Head shaking
- Voice / speech changes (voice will become softer with poor pronunciation)
- Loss of motor skills
- Memory problems
- Change in handwriting (smaller writing)
- Constipation
- Depression
- Feelings of fear and anxiety
- Confusion
- Dementia
- Fatigue
- Drooling
- Skin problems (dandruff)
- Sleep disturbances
- Urinary problems
- Sexual dysfunction

Most individuals with Parkinson's disease are diagnosed when they are 60 years or older, but early-onset of Parkinson's disease where an individual is diagnosed with PD before age of 50 and Juvenile Parkinson’s that affects children and young people under the age of 20 years.

2.7. **Multiple Disabilities: Definition, Types, Characteristics**

2.7.1. **Multiple Disabilities** (more than one of above specified disabilities) including
Deafblindness: In this a person may have combination of hearing and visual impairments simultaneously, causing severe communication / developmental / educational problems.  

(RPwD Act 2016)
There can be many types of multiple disabilities, depending on combination of disabilities with wide range of characteristics exhibited, as follows

**Characteristics:**

- Poor short / long term memory
- Problem processing information
- Inability to organize / problem solving responses
- Communication is affected
- May have speech characterized by substitution, omissions
- Lacks high level thinking and comprehension skills
- Temper tantrums
- Trouble in abstract thinking
- Problems in carrying out ADL / self-care skills
- Difficulty in mobility
- Poor in learning (education is affected)
- Interaction with people is limited
- Usually dependent on others
- Tendency to withdraw from society
- May become fearful, angry and upset in the face of forced or unexpected changes
- May execute self-injurious behaviour
- Displays immature behaviour not at par with their chronological age
- Exhibit impulsive behaviour
- Medical problems may accompany severe disabilities (include seizures, sensory loss, hydrocephalus, sclerosis)
- Physically clumsy and awkward
- Difficulty participating in games involving motor-skills
- Experience fine-motor deficits
- Forgets skills through disuse
- Trouble generalizing skills from one situation to another
- Poor in problem-solving skills
- Poor test taker due to limiting factors of disabilities
- May have difficulty locating sound direction
- Difficulty learning about objects and their relationships

**2.7.2. Deafblindness:** “Deafblindness” is a combination of hearing and visual impairments causing severe communication, developmental/educational problems like -

(i) Moderate to profound hearing and significant visual impairments;
(ii) Moderate to profound hearing and significant visual impairments and other significant disabilities;
(iii) Central processing problems of vision and hearing domains;
(iv) Progressive sensory impairments or significant visual impairment;
(v) Possible loss of auditory processing mechanisms (associated with severe physical disability or severe cognitive disability) and severe communication delay.

*(RPwD Act, 2016)*

**Characteristics:**

- Difficulty bonding with caregivers and establishing / maintaining interpersonal relationships
- Feelings of vulnerability: generally (learner feels safer in a seated position)
- Difficulty in communication skills
Trouble learning object permanence
- Delayed understanding that there are consequences to actions
- Inconsistent responses to sounds / visual inputs
- Distorted perception of world (typically perceive time differently - time seems to pass much more slowly)
- Unusual responses via the impact senses (e.g., tactile sensitivity or tactile defensiveness, particularly around face)
- An overactive startle response
- Difficulty interacting with things in environment in a meaningful way / generalizing information
- Stereo-typical responses (because of fear/confusion / sensory deprivation)
- Delayed motor skills, such as crawling and reaching; difficulties interpreting movement; problems in maintaining and restoring balance

2.8 Summary:
- The PWD (Equal Opportunities, Protection of Rights, and Full Participations) Act, 1995, has been amended as “RPwD (Rights of Persons with Disabilities) Act, 2016”
- Types of disabilities have been increased from existing 7 to 21. The Central Government now have the power to add more types of disabilities.
- Dwarfism, Muscular Dystrophy, Acid Attack Victims, Speech and Language Disability, Specific Learning Disability, Autism Spectrum Disorder, Multiple Sclerosis, Parkinson’s Disease, Multiple Disabilities, Deafblindness, three blood disorders: Thalassemia, Hemophilia and Sickle Cell disease have also been included in the new act.
- Persons with "benchmark disabilities" are defined as those certified to have at least 40 per cent of the disabilities specified in the act.
- Person with disability having high support needs” means a person with benchmark disability certified under clause (a) of sub-section (2) of section 58.
- Physical Disability is divided into four categories: Locomotor Disability, Visual Impairment, Hearing Impairment and Speech & Language Disorders.
- Locomotor Disability is further subdivided into five types: Leprosy Cured, Cerebral Palsy, Dwarfism, Muscular Dystrophy and Acid Attack Victims.
- Intellectual Disability includes Specific Learning Disabilities and Autism Spectrum Disorder.
- Specific Learning Disabilities include Perceptual Learning Disabilities, Dyslexia, Dysgraphia, Dyscalculia, Dyspraxia and Developmental Aphasia.
- Neurological Chronic Conditions include Multiple Sclerosis and Parkinson’s Disease.

2.9 Experiential Learning
i. Interact with at least 2 children having different types of Cerebral Palsy in schools. Observe and write down the types and characteristics (differences and similarities) between them.
ii. Conduct case study for two children with Special needs (select individuals with Intellectual disability, Autism Spectrum Disorder). Write down characteristics observed.
iv. Observe children with Hearing Impairment / Deafblind. Write down the characteristics and list their similarities and differences.
v. Find any two cases of either Acid Attack Victims or Parkinson’s Disease or Multiple Sclerosis Mental Illness. Write down the characteristics you observe. (You can look for cases in the internet)

2.10 Check Your Progress

i. Give the definition of ‘disability’ as per the RPwD Act 2016?
ii. How many disabilities are included under RPwD Act 2016? Name them?
iii. List different types of specific learning disabilities under the RPwD Act (2016)?
iv. What are speech and language disorders? List 5 characteristics?
v. What is mental behavior? List few characteristics?
vi. What is the difference between multiple disabilities and Deafblindness?
    Write down some common characteristics?
vii. What are Neurological Chronic Conditions? List types and characteristics of each type?
viii. What are the different types of blood disorders mentioned under RPwD Act 2016?
ix. What is the difference between Cerebral Palsy and Intellectual Disability?
x. What do you understand by the term “Autism Spectrum Disorder” and “Specific Learning Disabilities”?

2.11 Unit End Assignments

i. Define ‘disability’ as per Rights of Persons with Disability Act – 2016? What do you understand by ‘benchmark disabilities’ and ‘persons with high support needs’? Divide disabilities into categories under RPwD Act (2016)? You may present a flowchart?

ii. Find pictures on the different types of loco-motor disabilities and make a collage and list a few characteristics of each.

iii. Write down what you think are the common characteristics between the different types of specific learning disabilities, Autism Spectrum Disorder and Intellectual Disabilities.

2.12 Assignment for Self-Evaluation

i. List down 21 disabilities of Rights of Persons with Disability Act (2016)? Write down the disabilities that fall under physical disabilities categories, with their characteristics, and reasons for putting them under one category?

2.13 References


British Dyslexia Association, Specific Learning Disabilities, Retrieved from,
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Center for Music Learning, Multiple-Sclerosis, Retrieved from, https://cml.music.utexas.edu/online-resources/disabilities-information/multiple-sclerosis/


Wikipedia, (19 December 2017), Multiple disabilities, Retrieved from, https://en.wikipedia.org/wiki/Multiple_disabilities-

Unit 3: Domain Based Assessment

3.1 Objectives

After reading this unit, you will be able to:

- Enumerate the different domains of assessment
- Elaborate on various learning activities into scholastic and co-scholastic domain
- Identify the appropriate tools to assess various abilities in different domains
- Describe the plus and expanded core curriculum
- Establish the need and importance of functional assessment
- Portray the assessment needs of individuals with high-support learners

3.2 Introduction

In the world of education, quantity does not ensure quality. Educators require multiple measures to ensure they gain accurate data of a student’s performance, compared with other peer at same grade level. This is essential, because a student might not do well on a specific assessment tool, but an alternate test tool might demonstrate that the same student can function under different conditions. The purpose of comprehensive assessment and evaluation is essential to accurately identify student's strengths and educational needs. The term assessment is used in different contexts for a variety of purposes, in educational settings including individual / group, standardized / informal, formative / summative. Some professionals use materials to broadly to include assessment and evaluation outcomes.

Educational assessment is a systematic process of documenting and using empirical data on the knowledge, skill, attitudes, and beliefs to refine programs and improve student learning outcomes. A single assessment cannot capture a child’s spectrum of strengths and challenges across domains like academic, physical, sensory, adaptive behaviour, and communication performance. Assessment data enables Educator’s guidance, to provide best services and educational support for students with special needs.

In this unit, we focus our discussion on the meaning and significance of differential abilities to be assessed and evaluated through appropriate materials. The unit will also discuss and
make you familiar with comprehensive domain areas that you as Teacher would need to assess and evaluate on periodical basis.

3.3 Scholastic

Scholastic aspects include curricular or subject specific learning / performance. The desirable learning behaviours, related to learner's knowledge, understanding, analysis, application, evaluation, in subject specific curriculum and the ability to apply it in life situations are major objectives of scholastic domain. Scholastic subjects like Language, Social Science, Mathematics, Science, Physical and Health Education, Work Experience, Art Education and Computer Studies are all included for Scholastic domain performance.

These scholastic subject areas are concerned with cognitive knowledge aspects. These are assessed for compiling factual data on concepts, with reference to a class / grade level standards of:

i. Oral Expression
ii. Listening Comprehension
iii. Written Expression
iv. Basic Reading Skill
v. Reading Fluency Skill
vi. Reading Comprehension
vii. Mathematics Calculation
viii. Mathematics Problem Solving

In order to understand scholastic aspects, one has to focus on cognitive domain objectives, as well as content in subjects specified at a particular class / grade level. One must correlate between subject matter and cognitive objectives, to ensure learning outcomes set for students in scholastic subjects. Cognitive objectives can be classified according to taxonomy of educational objectives, identified by Bloom et al (1956):

a) Knowledge: Includes knowledge of specifics, universals and abstractions in a field.
b) Comprehension: Focuses on translation, interpretation and extrapolation.
c) Application: Ability to use a theory, a principle or method to solve a problem involving a new or unfamiliar situation.
d) Analysis: Analysis of elements (identifying assumptions and logical misbelief), relationships and organizational principles.
e) Synthesis: Emphasizes production of a unique communication, plan or a set of operations and derivation of a set of abstract relations.
f) Evaluation: Judgments in terms of internal criteria as well as external criteria.

Anderson added detailed taxonomy of educational objectives in categories presented in table below, to further examine relevance of domains (by Bloom), during 1990’s:

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remembering</td>
<td>Recognizing, Listing, Describing, Identifying, Retrieving, Naming</td>
</tr>
<tr>
<td>Understanding</td>
<td>Interpreting, Exemplifying, Classifying, Summarizing, Inferring, Comparing, Explaining</td>
</tr>
<tr>
<td>Applying</td>
<td>Executing, Implementing, Carrying-Out, Using</td>
</tr>
<tr>
<td>Evaluating</td>
<td>Differentiating, Organizing, Attributing, Comparing, Deconstructing</td>
</tr>
<tr>
<td>Creating</td>
<td>Generating, Planning, Designing, Producing, Constructing</td>
</tr>
</tbody>
</table>
To achieve these objectives, a teacher has to ensure that the student participates in various activities associated with relevant subject-areas under scholastic domains; Language, Mathematics, IT, Science, Social Science etc.

### 3.3.1 How to assess Scholastic domain

To improve the teaching learning process in Scholastic subjects (or grade-level/curricular/academic subjects) assessment is conducted at two levels; Formative and Summative levels of assessment. The figure depicts these methods:

![Scholastic Assessment](Picture Source - CCE Manual, CBSE)

The common methodologies for assessment of scholastic domain includes usage of multiple techniques of evaluation conducted continuously and periodically resulting into diagnostic evaluation that helps provide appropriate feedback to the student.

**Formative Assessment** is used to continuously monitor student progress in a non-threatening and supportive environment. It involves regular descriptive feedback, a chance for the student to perform, gain from guidance and improve performance. If used effectively, it can enhance student performance while raising self-esteem of the student. Formative Assessment is carried out during a course of instruction for providing continuous feedback to both the teachers and the learners. It is also carried out for making educational decisions regarding appropriate modifications in the transactional procedures and selecting appropriate learning activities.

**Features of Formative Assessment:**
- Is diagnostic and remedial
- Makes provision for effective feedback
- Provides a platform for the active involvement of students in their own learning
• Enables teachers to adjust teaching, to take account of the results of assessment
• Encourages students to understand the expected performance
• Helps students to support their peer group and vice-versa

**Summative Assessment** is carried out at the end of a course of learning. It is a graded test, i.e., it is marked according to a scale or a set of marks. The results of summative assessment at the end of term are compared against some standard or benchmark; at the end of a defined instructional period. However, research proves that assessment of predominantly summative nature does not by itself yield a valid measure of the growth and development of the student. It can only certify the level of achievement at a given point of time. Besides encouraging unhealthy competition, an overemphasis on Summative methods can also produce enormous stress and anxiety among the learners.

*Features of Summative Assessment:*

• Assessment of learning
• Generally taken by students at the end of a unit or term / semester to demonstrate the “sum” of what they have or have not learned
• Summative assessment methods are the most traditional way of evaluating students

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<table>
<thead>
<tr>
<th>Formative Assessment (Flexible Timing)</th>
<th>Summative Assessment (Written, End of Term)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tools</strong></td>
<td><strong>Techniques</strong></td>
</tr>
<tr>
<td>Questions</td>
<td>Examination</td>
</tr>
<tr>
<td>Observation schedule</td>
<td>Assignments</td>
</tr>
<tr>
<td>Interview schedule</td>
<td>Quizzes and competitions</td>
</tr>
<tr>
<td>Checklist</td>
<td>Projects</td>
</tr>
<tr>
<td>Rating scale</td>
<td>Debates</td>
</tr>
<tr>
<td>Anecdotal records</td>
<td>Elocution</td>
</tr>
<tr>
<td>Document analysis</td>
<td>Group discussions</td>
</tr>
<tr>
<td>Tests and inventories</td>
<td>Club activities</td>
</tr>
<tr>
<td>Portfolio analysis</td>
<td>Experiments</td>
</tr>
<tr>
<td></td>
<td>Research</td>
</tr>
<tr>
<td><strong>Objective type</strong></td>
<td><strong>Short answer</strong></td>
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<td></td>
<td><strong>Long answers</strong></td>
</tr>
</tbody>
</table>

Following are examples of general scheme of scholastic assessment framework that is commonly used for subject areas of Language, Mathematics and Science

*Science – Scholastic Assessment:*

| • Experimental Work                  | • Peer Assessment |
| • Planning/Designing Experiments     | • Presentations including use of IT       |
| • Guided Research Work               | • Science Quiz                             |
| • Group Work – Research/Experiment   | • Seminar                                  |
3.3.2 Tools for Assessing Scholastic Domain

In terms of learning in universal instructional design, offering a support of alternative methods of assessment and grading is beneficial for all students. And with advent of “Continuous and Comprehensive Evaluation” (CCE) there has been a shift of emphasis from testing on part of subject to holistic learning among students. A teacher must use multiple measures using standardized and informal instruments and procedures to yield comprehensive quantitative and qualitative data about an individual student learning outcomes.

Also, it is essential to extend specific concessions and flexibility for individuals with special needs, during assessment procedures, in terms of:
- Rapport with teacher/others involved
- Place of assessment
- Duration of assessment
- Time of assessment \((on-demand)\)
- Modes/Modality of assessment \((written, computer based, oral, gestural etc)\)
- Error Analysis and its remediation etc.

Following are some of the strategies and tools to collect information about the learner progress in subjects and across curricular boundaries:

a) **Unit Tests**: These are formal procedures to evaluate and are based on learning objectives formulated for given subject unit. For students with special needs, a teacher must adapt CCE indicators for unit-tests and use alternate methods like short-answer based questions, one-word answers based questions or objective-type questions, oral questions, etc. to assess / evaluate student progress for a unit.
b) **Achievement Tests:** These are used in annual examination or term-end examination for assessment of abilities in scholastic domain. They are used as summative assessment tests. Teachers use them to measure and assign grades based on student achievement against objectives of planned instruction. Here, a question paper intended to evaluate the achievement of the student with respect to a range of learning outcomes, with test items evolved on given subject content (eg. Essay, Short Answer, Objective type questions to assess the knowledge, understanding, application and skill).

c) **Oral Tests:** Teacher or group of teachers ask students a set of pre-determined oral test questions and listen to and evaluate their responses. Teachers take detailed note of each student’s response, usually by using rating sheets that contain answers to the questions. A structured procedure is used to assign score on the student’s response.

d) **Assignments:** They help in assessing skills like presentation of observation or information in a systematic way, organization of data, originality, creativity etc. Assignments can be categorized into different types depending upon their purpose, for example: extension of classroom lesson, self-evaluation assignment for home-work, detailed study of specific topic for synthesis of relevant knowledge etc. While designing assignments, always adhere to instructional objectives for a subject content.

e) **Quiz:** It is a form of game or mind-sport in which the learner (individual or in team) attempt to answer questions correctly. It highlights the subject areas and skill-sets in which they are particularly strong. The quiz may be question-based, pictorial, multiple – choice response, or in form of puzzles etc.

f) **Other Methods:** Apart from these tools, CCE provides ample flexibility to use a variety of tools as per the need and nature of abilities to be assessed. Some other methods that may be used for assessment of scholastic domain include:
   - Checklists
   - Matrix
   - Diagram based worksheet
   - Crossword worksheet
   - Presentations
   - Experiments
   - Projects etc.

3.4 **Co-Scholastic**

To ensure extent of child’s learning needs to be comprehensive, assessment must measure total development and all round learning. The co-scholastic domain is concerned with the learner’s participation in different co-curricular activities, her / his attitudes, interests, values, feelings, habits, life-skills, social interaction, physical health etc. It is essential that every child acquires not only knowledge and skills, but also ability to use competencies in real life situations. Thus, it is always desirable that co-scholastic activities are assessed by a team of cross subject teachers using systematic and methodical assessment.
3.4.1 Areas of co-scholastic curriculum

This domain covers the following areas for assessment of the learner abilities:

(a) **Life Skills**: Abilities for adaptive and positive behavior enable individuals to deal effectively with the demands and challenges of everyday life. These abilities facilitate physical, mental and emotional well-being of an individual (WHO). Term ‘Adaptive’ means that person is flexible in approach and is able to adjust to different life situations. Term ‘Positive Behavior’ implies that a person is forward looking and faces challenges with ray of hope, ability for problem solving in difficult situations.

Learning and practice of life skills help improve personal and social competencies like self-esteem, compassion, respect, confidence etc. In particular, life skills are a group of psycho-social competencies and interpersonal skills, that help to think critically, creatively, make informed decisions, solve problems, communicate effectively, build healthy relationships, empathize with others, cope with stress / emotions and manage lives in healthy and productive manner.

The main components of life-skills can be segregated into following 3 groups:

*Thinking Skills*: Critical thinking, problem solving, decision making, self - awareness, information gathering etc.

*Social Skills*: Inter-personal, active listening, empathy (feeling for others) verbal & non-verbal communication, express feelings, ability to give feedback etc.

*Emotional Skills*: Coping with stress, managing emotions, empathy etc.

(b) **Attitudes &Values**: A student is a composite individual ingrained with core-values. These universal values need to be strengthened within educational system and in larger society. Attitude and behavior of student, play a very important role for improving academic performance and achievement level, towards the world around. Teachers need to carefully record purpose of assessment, which reviews child's attitude towards Teachers, school mates, school programs, educational environment, social value system etc.

ix. **Participation and achievements in Co-Curricular activities**: Today’s schools are giving attention to child’s health, hygiene, sanitation and safety. In addition, recreational games and activities are intelligently being designed to promote holistic development of the child. These co-curricular activities generally are classified into 5 categories:

*Literary Activities*: Debates, Subject-Club, School Magazine, Story Writing, Recitation etc.

*Physical Development Activities*: Indoor and Outdoor Games, Mass Drill, Parade, Yoga etc.
Civic Development Activities: Assembly, Religious Events, National and Social Festivals, School Panchayat / Parliament etc

Social Welfare Activities: Social Services events, Cultural Programs, Scouting / Guides events, First Aid etc.

Excursion Activities: Visits to Picnic, Museum, Zoo, Local Fairs etc.

Aesthetic Activities: Participating in Performing and Visual Art events, like Vocal Music / Dance / Drama / Craft / Painting / Instrumental Music / Sculpture / Puppetry / Folk Art etc.

One can use many activities within the frame of timetable. Care must be taken while selecting activities based on utility in the subject and daily situations of the students. One must motivate students to participate in comprehensive activities and ensure participation as per interest and abilities of the student.

![Figure 3: Co-Scholastic Assessment (Picture Source - CCE Manual, CBSE)](image)

### 3.4.2 Assessment Dimensions of Co-Scholastic domains:

The dimensions and components of assessment for co-scholastic domains include assessment of personal and social qualities including:

<table>
<thead>
<tr>
<th>Social Skills</th>
<th>Co-curricular Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Skills</td>
<td>Eco Club Activities</td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td>Health &amp; Wellness Clubs</td>
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<tr>
<td>Emotional Skills</td>
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<tr>
<td>Dealing With Emotions</td>
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<tr>
<td>Dealing with stress</td>
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<td>Self-awareness</td>
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<tr>
<td>Values</td>
<td>Creative &amp; Literary Activities</td>
</tr>
<tr>
<td>Attitudes Towards</td>
<td>Aesthetic Activities</td>
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<tr>
<td>Teachers</td>
<td></td>
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<tr>
<td>Students /peers</td>
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<tr>
<td>School Programmes</td>
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<td>Environment</td>
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Co-Scholastic Assessment

<table>
<thead>
<tr>
<th>Life Skills</th>
<th>Thinking Skills</th>
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<tbody>
<tr>
<td></td>
<td>Creative Thinking</td>
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<td></td>
<td>Critical Thinking</td>
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<td>Problem Solving</td>
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<td>Decision Making</td>
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<table>
<thead>
<tr>
<th>Thinking Skills</th>
<th>Co-Scholastic Assessment</th>
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<tbody>
<tr>
<td>Punctuality</td>
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<td>Discipline</td>
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<td>Habits of cleanliness</td>
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<td>Regularity</td>
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<tr>
<td>Initiative</td>
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<tr>
<td>Cooperation</td>
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<tr>
<td>Diligence</td>
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<tr>
<td>Civic consciousness</td>
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<tr>
<td>Spirit of social service</td>
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<tr>
<td>Emotional stability</td>
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<td>Motivation</td>
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<td>Concentration</td>
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<td>Independence</td>
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<td>Self-Discipline</td>
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<td>Self-Esteem</td>
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<td>Responsibility</td>
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<td>Leadership</td>
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<tr>
<td>Good Work and Study Habits</td>
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<tr>
<td>Communication skills</td>
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<tr>
<td>Confidence etc</td>
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</table>
3.4.3 How to assess Co-Scholastic domain?

To assess the non-scholastic domain, following steps need to be followed:

i. Identification of qualities to be assessed.
ii. Specification of behavioral indicators
iii. Collection of evidence through observation and other assessment methods
iv. Recording data on behavior
v. Analysis of the behavior
vi. Reporting

The above procedures may be employed in the following ways:

a) Individual Assessment: Focuses on assessment of an activity / task performed by the student.
b) Group Assessment: Focuses on learning and progress of a group of children working on a task collectively with common objective of completing it.
c) Self-Assessment: Refers to child’s own assessment of her / his progress on learning knowledge, skills, processes, interests, attitudes etc.
d) Peer - Assessment: Refers to one child assessing other children, individually, in pairs or groups.

It is essential to plan for assessment of the Co-Scholastic domains of children with special needs; by listing adaptations needed to cope with inherent manifestations of disability, as inherent indicators / characteristics like poor attention / memory / reasoning / motor skills (gross and fine) / vision / hearing / mobility / communication / speech / socialization etc.

3.4.4 Tools for Assessing Co-Scholastic Domain

There are various tools and techniques that can be used to assess learner’s behaviour with objectivity; which include:

a) Observation Schedule: Common method of gathering information, used systematically for collecting quantitative data to measure classroom behavior. It can be used in a variety of situations like Social Events, Debates, Elocution, Group Work, Practical and Laboratory activities, Projects, Play fields, School Prayers, Clubs and Festivals.

b) Rating Scale: Is a technique through which one can categorize objects, events or persons on a scale; represented by a series of continuous numerals or letters. This rating is applied to an expression of varying degree of dimension for opinion/judgement regarding some situation, object, character or attribute.

c) Inventories: Tools used to assess personality of students. It is constructed in the form of a questionnaire, consisting series of questions or statements to which student responds by answering yes / no or agree / disagree etc. Inventories are mainly used for measuring personality traits, interests, values, adjustment to an environment etc.

d) Anecdotal Record: These are informal observations / notes in the form of a story / narrative. A teacher records what students learn, academically perform, learnt
behavior, achievements and social interactions. These are written observations used to record day-to-day development of students and their specific behaviors of concern.

e) **Interview**: A formal interview consists of a series of well-selected questions which are designed to elicit a student’s understanding about a concept, opinion about objects/ events or people. The interview may be audio or video recorded for later analysis.

f) **Portfolio**: It is a collection of evidence of student’s work over a period of time. It encourages teachers and schools to focus on important student outcomes, provide parents and the community with credible evidence of the student’s achievements. It provides a cumulative record of growth and development of a skill or competency in the area / domain, over a period of time. This record may include - Photographs, Paintings, Audio-Video Recordings, Peer-Assessment / Self-Assessment / Parent-Assessment sheets etc.


### 3.5 Plus-Curriculum and Expanded Core Curriculum

Every student’s curriculum at school includes “core” subjects like math, language arts, science, social studies, vocational education, health and physical education etc. But in order to master these subjects, for eventually living and working independently, students with visually impaired must learn additional set of skills, known as the “expanded core curriculum (ECC)”. The “ECC” areas include:

- Compensatory skills, including communication modes (adaptations needed for students to access core subjects - such as braille, sign language, or tactile / total communication / symbols);
- Orientation and Mobility;
- Social interaction skills;
- Independent living skills;
- Recreation and leisure skills;
- Career education;
- Assistive technology;
- Sensory efficiency skills; and
- Self-determination.

#### 3.5.1 Components of Expanded Core Curriculum:

a) **Compensatory and Functional Academic Skills, including communication modes** – This involves adaptations to access the core - curriculum, that may include braille, tactile symbols, sign language and recorded materials. This area includes concept development, organization and study skills, access to print material, use of braille, tactile graphics, sign language, audio material etc.

b) **Orientation and Mobility (O&M)** – Skills required to orient children about their surroundings and skills required to travel for enabling independent and safe
movement in environment. Students learn about themselves and their environment, including home / school / community. It incorporates skills ranging from basic body image, spatial relationships and purposeful movement to cane usage, travel in community and use of public transportation.

c) **Social Interaction Skills** – Since most of the social skills are learnt through observation of their own environment and people. Students with special needs need careful, conscious and explicit instruction while being trained in this area. It includes awareness of body - language, gestures, facial expressions and personal space. Instruction also includes learning about interpersonal relationships, self-control and human sexuality.

d) **Independent Living Skills** – The tasks and functions performed in daily life to optimize independence for personal hygiene, eating, food preparation, time and money management, care of clothing, domestic chores etc. Individuals with Special Needs need a separate training curriculum, systematic instruction and frequent practice on these tasks.

e) **Recreation and Leisure Skills** – Skills required to ensure students enjoying recreational and leisure time activities (organized) including making choices about how to spend free / leisure time, is an important part of ECC for development of life skills.

f) **Career Education** – Students with special needs benefit most from an experiential learning approach. Structured visits to community sites and discussions with people who perform various jobs, enable them to understand concepts and specific skills needed at different jobs. Here, they also learn about work-related skills such as assuming responsibility, punctuality and staying on task. It provides them opportunities to explore and discover strengths and interests to plan for their transition to adult life.

g) **Assistive Technology** – Technology is a powerful tool that enables students with special needs to overcome traditional barriers to independence and employment; by enhancing communication, access and learning. The use of technology to assist or adapt areas for independent functioning and the training of the student on use of the assistive and adaptive tools is a very essential part of ECC.

h) **Sensory Efficiency Skills** – These include instruction on skills that help students to use their functional vision, hearing, touch, smell and taste sense; in order to access skills related to literacy and concept development. It also addresses the development of proprioceptive, kinesthetic and vestibular system. Learning to use their senses efficiently, including the use of sensory devices like hearing or optical aid, enable students to access and participate in varied environments.

i) **Self Determination** – These are skills that enable students to become effective advocates for themselves. It includes choice-making, decision-making, problem-solving, personal advocacy, assertiveness and goal-setting; and all other skills that make them have more control over their lives.
3.6 Functional Assessment

Development of functional, age appropriate and community referenced goals and objectives is highly essential for students with special needs. As the learning of functional and age appropriate skills would help the child to acquire skills necessary for independent living in the community. Functional program is different from the regular education curriculum as the latter is more examination-oriented while the former comprises skills relevant to daily life of the student in various environments.

A functional assessment begins with examining the skills needed for an individual to be successful in a specific environment (i.e. in the general education classroom, school canteen, playground at recess, at home, restaurant, in community etc.). This assessment is designed to provide information about the student’s overall functional ability within the environment; with a focus on what is expected of the student in her/his natural environment in comparison to same-age peers.

Ecological inventories can be prepared and used to identify the common, daily, functional tasks an individual in particular environments is required to perform. Ecological inventories are tools that can be developed on basis of information collected from parents and teachers; through observation and interview. Generally, skills under following sections/domains may be compiled to develop a functional skills inventory:

- Learning/Educational Environment, Classroom or School
- Home Living skills
- Personal Care, Eating skills and Hygiene
- Peer relationships, Socialization and Social Communication
- Community Participation
- Mobility – At home, at school, within classroom, within community, manipulation of mobility equipment etc.
- Play, Recreation and Leisure skills
- Career and Employment

The assessment may use both criteria-based observation and interview-based process to measure knowledge, skills and behaviours. Interviews and Observations both may occur in multiple settings including recreation/leisure, employment, education and home. However, it is essential that the person performing the assessment is familiar with the skills she/he will be observing; before initiating the assessment of the student, the family/home, and the education or work site.

3.7 Assessment of needs of high-support learners:

Students with high support needs typically have a combination of physical impairments, complicated medical conditions and severe to profound intellectual disability. The greater the severity of disability, the greater is the chance for increased need of supports. Often, high-support learners require ongoing, extensive support in more than one major life activity in order to enjoy the quality of life.

Primarily the students with high-support needs must be assessed in areas that may help increase her/his level of independence in the routine activates of life. These activities are usually under the areas of self-help, domestic, leisure/recreational,
community and vocational. Assessment across these areas help in identification of functional objectives for the child; which must also include communication, expression of choice, functional skill development, behaviours and the environment to aid training. For assessment, we must also make consider making modifications in activities, material and instructions etc.

Also, while planning for assessment, we must consider reviewing the child’s medical records; to understand her/his needs in terms of:

- Health and Hygiene
- Accessibility need
- Communication need
- Positioning
- Safety and security
- Challenging behaviors
- Medical needs
- Nutrition
- Extent of physical support
- Activities of Daily Living
- Extent of Family support
- Associated conditions and medical issues
- Adaptations and Assistive Devices/Technology
- Nursing and therapeutic need etc

It is essential that while assessing we must make notes of special details like what, who, why, when, where, how etc. We must also use alternate assessments to prepare students to show progress even with alternate achievement expectations or better academic interventions etc.

3.8 Summary

- Educational assessment is a systematic process of documenting and using empirical data of the knowledge, skills, attitudes and beliefs.
- Scholastic assessment involves assessment of desirable behaviors for school subjects like languages, social science, mathematics, science, physical health, work experience etc
- The scholastic assessment involves understanding student’s knowledge, understanding, application, analysis, synthesis and evaluation.
- Scholastic domain can be assessed using formative or summative methods like class test, home work, quizzes, Projects and Assignments etc
- Co-scholastic domain helps understand different activities, his / er AFV, feelings, habits, life-skills social interaction, physical health etc
- Various tools to assess co-scholastic domain include anecdotal records, observation, rating scale, autobiography, interviews, project, field work assignment, role play, drawing competitions etc.
- Every student’s curriculum includes “Core” subjects like mathematics, languages, science, social science, vocational education health and physical education etc But it must include an additional set of skills known as Expanded Core Curriculum
• A functional assessment examines the skills needed for an individual to be successful in a specific environment (classroom, canteen, playground, home, community, restaurant etc).
• The greater the severity of disability, the greater is the chance for increased need of supports.
• Often, high-support learners require ongoing, extensive support in more than one major life activity in order to enjoy the quality of life.

3.9 Experiential Learning

1. What are the core life skills?
2. List the values to be developed through circular motion.
3. Describe the sub-areas of co-scholastic assessment.
4. Enlist the objectives of the cognitive domain.
5. Why is holistic approach needed for assessment?

3.10 Check your Progress

1. _______ Assessment measures how much a student has learnt from the class through an examination/test conducted at the end of a term.

2. CCE stands for ________________

3. Life skills can be segregated into 3 groups: _____, _____ and _____.

4. ______ are informal observational notes in the form of a story.

5. _____ is a collection of evidence of students work over a period of time.

6. ECC stands for ____________.

7. __________ skill is required to orient children about surroundings and skills required to travel.

8. Functional Assessment means ______

9. Compensatory skills include________, _______ and ________.

10. Co-Scholastic domain includes: Life-Skills, _________ and _____.

3.11 Assignments for Self-Evaluation

1. Prepare a blue-print of an achievement test for any subject of your choice.
2. Identify any five life skills, which you want to develop in you students. Prepare at least one activity and observation schedule for each skill.
3. Write a note on effectiveness of formative assessment methods; and how it benefits teachers.
3.12 Tutor Marked Assignments

1. Prepare an inventory for identifying student’s areas of interests.
2. Prepare an observation schedule for assessing attitude of students towards studies. Apply it to your class and prepare a report.

3.13 References


IGNOU, Unit 11, *Continuous and comprehensive evaluation*  
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Unit 4: Recent Development in Legislations and Policies: Inclusive Education

4.1 Objectives

After reading this unit, you will be able to:

• Enumerate the principles incorporated in National Policy of Education
• Understand the provisions under RTE Act 2009 and amendments 2012
• Identify the twelve focal points in national policy on disability
• Understand the process of disability certification
• Understand Universal design of learning
• Understand the objectives and components of Accessible India Campaign

4.2 Introduction

Every child has the right to develop to her full potential and schools are expected to offer a stimulating experience that nurtures learning by all students. But children are different from each other and among them diversities exist on various dimensions. Having special needs is one such dimension.

An inclusive approach has long been advocated by education experts. The recognition that learners with different degrees of disability, also referred to as children with special needs (CWSN), which would include varying degrees of visual, speech and hearing, loco-motor, neuromuscular and neurodevelopmental disorders, (dyslexia, autism and mental retardation), need to be given the opportunity to participate in the general educational process has yet to become widely acceptable by school managements.

The National Policy for Persons with Disabilities, 2006 (PWD) voiced the need for mainstreaming of persons with disabilities in the general education system through inclusive education, identification of children with disabilities through regular surveys, enrolment in appropriate and disabled friendly schools till successful completion of education.
More recently the RTE Amendment Act (2012) stated that “disadvantaged groups” includes children with disabilities and thus all the rights provided to children belonging to disadvantaged group shall apply to children with disabilities also. According to another important provision of the RTE Amendment Act, certain specific excluded categories of disabled children namely children with “multiple” or “severe” disabilities were to be provided with the choice of attaining home based education.

School education in India is a joint responsibility of the state and the central government. While the organisation and structure of education are largely the concern of the state, central government is primarily responsible for quality of education. The government initiatives in the area of inclusive education can be traced back to National Educational Policy, 1986, which recommended, as a goal, 'to integrate the handicapped with the general community at all levels as equal partners, to prepare them for normal growth and to enable them to face life with courage and confidence'.

The National Policy for Persons with Disability, (2006), which attempts to clarify the framework under which the state, civil society and private sector must operate in order to ensure a dignified life for persons with disability and support for their caretakers. Most recent advancement is the Right of Children for Free and Compulsory Education (2009) which guarantees right to free and compulsory education to all children between ages six to fourteen. For education for a child with disability, the act has to be read in conjunction with Chapter V of the Persons with Disability Act, 1995. Chapter V of the PWD Act ensures that every child with disability is entitled to a free education up to the age of 18 years.

In this unit, we will focus our discussion on recent advances and development in policies and legislations with emphasis on Inclusive education and role of centre and state in development of framework and universal design and accessibility.

4.3 National Policy of Education

In Indian context, the fundamental role of education in nation-building, progress, security and social and economic development has been recognized from its inception. The first National Policy on Education (NPE) was formulated by the Government of India in 1968, based on the recommendations of the Indian Education Commission (1964-66), also known as the Kothari Commission. According to the NPE-1968, Government of India had formulated following principles to promote development of education in the country:

4.3.1. **Free and Compulsory Education**: According to Article - 45 (Constitution of India - 1951), education should be free and compulsory up to the age of 14 years.

4.3.2. **Education of Teachers**: Proper attention should be given for Teacher Education.

4.3.3. **Language Development**: National Policy of Education, had also emphasized on the development of Indian as well as foreign languages in the country. The three language formula was proposed to be introduced, in which a student at the secondary level should know Hindi (national language), English and regional language of the native state. Sanskrit language has been included as an optional subject in secondary school level.

4.3.4. **Educational Opportunity for all**: Under this policy every child in our country should get education irrespective of caste, religion, region or whatever the case may
be. Special emphasis was given to backward classes, minority children, girls and physically challenged children to avail the educational facilities.

4.3.5. **Uniform Educational Structure:** The structure of education was proposed to be uniform throughout the country. It should consist 10+2+3 years pattern from higher secondary to college level. During the course of study each student enjoy an opportunity to participate in sports and games. Every student must gain experience to develop required quality for work and should participate in programmes related to national construction and community services.

Apart from the goal of universalization of education, COI has envisaged dealing with the 1968 NPE dealt with:

(i) Measures to ensure that teachers are accorded an honored place in society;
(ii) Training quality of teachers for schools;
(iii) Stress on moral education and inculcate sense of social responsibility;
(iv) Equalization of educational opportunity for children from all sections of society, including girls, minorities, disadvantaged classes, tribal people and in rural areas;
(v) Introduction of work - experience, manual work and social service as integral part of general education curriculum;
(vi) Science Education and Research;
(vii) Education related to the needs of agriculture, industry and employment opportunities;
(viii) Vocationalization of secondary education;
(ix) Development of Games and their names and sports;
(x) Dissemination of literacy and adult education;
(xi) Strengthening of centres of advanced study
(xii) Setting up of a small number of cluster centers aimed at achieving the highest international standards;
(xiii) Development of quality or pace-setting institutions at all stages and in all sectors.

The new NPE was adopted by the Parliament in May, 1986 and was further updated and amended in 1992. These principles include the National Institute of Public Education -1968 in the new policy of education with some modifications.

4.3.6. **Modifications and Additions in NPE 1986-92**

- The New Policy of Education emphasised on **retention of children** in the schools at primary level. The network of Non - Formal Education in the country was proposed to be introduced and education made compulsory up to the age of 14 years.
- Greater attention was given to the backward classes, physically challenged and minority children for their development in education. It laid special emphasis on the removal of disparities and **the equalization of educational opportunity to specific disadvantaged target groups**, including removal of Women’s illiteracy, education of Scheduled Castes and Tribes, Minorities, the disabled and handicapped, neo-literates and through non-formal and adult education programs.
- Major emphasis was laid on **women’s education** to overcome the poor rate of illiteracy amongst female.
- Institutions will provide with resources like **infrastructure, computers, libraries**.
- Accommodation for students will be made available especially for girls students.
• Teachers will have the rights to teach, learn and research.
• The Central Advisory Board of Education will play an important role in reviewing educational development and also to determine the changes required to improve the education in the country. State government may establish State Advisory Board of Education to look after the state’s progress in education.
• Non-government organizations will be encouraged to facilitate the education in the country. At the same time steps will be taken to prevent establishment of institutions for commercialization of education.
• It envisaged a common educational structure and a national curricular framework with a common core along with other components that were flexible and oriented towards occupational and employment requirements.
• Vocational education was envisaged to be a distinct stream of education, intended to prepare students for identified occupations after, or even prior, to the completion of secondary education.
• The common core included the history of India's freedom movement, the constitutional obligations and other content essential to nurture national identity. These elements cut across subject areas and were designed to emphasize on India's common cultural heritage, egalitarianism, democracy, secularism, equality of the gender, protection of the environment, removal of social barriers, observance of the small family norm, inculcation of the scientific temper and an international outlook characterized by peaceful co-existence and understanding between nations, treating the whole world as one family.
• It emphasized life-long education, universal literacy and provision of opportunities to the youth, housewives, agricultural and industrial workers and professionals to continue the education of their choice, at the pace suited to them through open and distance learning mode.
• Recognizing the holistic nature of child development, the NPE accorded high priority to Early Childhood Care and Education (ECCE), which was to be suitably integrated with the Integrated Child Development Services (ICDS) programmes.
• It advocated child-centered approach to education, with corporal punishment being firmly excluded and a no-detention policy at the primary stage. Talented students should be given special treatment and access to good quality education regardless of their ability to pay for it.
• Since the adoption of the 1986-1992 NPE, the Central Government has launched several schemes to address issues of equity, access and quality in the 23 elementary, secondary and higher education sectors.

4.3.7. The District Primary Education Programme (DPEP) was started in mid- 1990s as the flagship programme of the Government of India in elementary education.

4.3.8. The Sarva Shiksha Abhiyan(SSA) programme, operational since 2000 - 01, aims at the universalization of elementary education in a time bound manner. This goal has yet to be achieved, the programme remains in force as one of the largest education initiatives in the world.

4.3.10. The Rashtriya Uchchatar Shiksha Abhiyan (RUSA) was launched in 2013 as a Centrally Sponsored Scheme to provide norm based and outcome dependent strategic funding to eligible state higher educational institutions.

In order to strengthen inclusive practices, networking between existing practitioners (i.e., IEDC, DPEP, SSA, etc.) would be useful. Simultaneous implementation, and consistent monitoring, reinforcement and coordination between government departments and NGOs at national and state levels will promote inclusive practices. The importance of preparing teachers who can teach in inclusive classrooms following an inclusive pedagogy has been referred to in the National Curriculum Framework for teacher education (NCFTE), 2009.

4.4. Right to Education Act 2009

The Right of Children to Free and Compulsory Education Act' or 'Right to Education Act also known as RTE', is an Act of the Parliament of India notified as law on 26th August 2009, which describes the modalities of the importance of free and compulsory education for children between 6yrs and 14yrs in India under Article 21A of the Indian Constitution. In 2002, education was made a fundamental right in the 86th amendment to the Constitution.

The law came into effect in the whole of India except the state of Jammu and Kashmir from 1st April 2010.

4.4.1. Salient Features of Right to Education (RTE) Act, 2009

- Right to free & compulsory education
- No school fees, capitation fees, charges or expenses are to be paid by a child to get elementary education.
- The child or his parents are not to be subjected to any screening procedure for admission to school.
- When a child of above six years has not been admitted to any school or, if admitted, is unable to continue studies, that child shall be admitted to a class appropriate to his age. He will be also given special training (minimum of 3 months; maximum 2 years) to bring him at par with his class. He can continue beyond 14 years in order to complete receiving elementary education.
- Each child is also entitled to free text books, writing material ,midday meal and uniform.
- The Act prohibits physical punishment and mental harassment , , capitation fee, private tuition by teachers

4.4.2. Duties of Appropriate Govt., Local Authority & Parents

- The appropriate govt. or the local authority has to provide-
  i. a school within 1 km walking distance for children in classes I to V
  ii. within 3 kms for those in classes VI to VIII.
  iii. In densely populated areas, depending on the number of children between the ages of 6 to 12, more than one school may be necessary.
  iv. For remote areas, where distances are more than the prescribed kms, facility should be provided for free transportation or residence as required.
• All private schools in a neighborhood are required to enroll 25% students from the weaker and disadvantaged sections of society and provide free education to them. These schools can then claim reimbursement from the govt. for the expenditure incurred, provided that, per child expenditure does not exceed the amount a govt. school spends to educate a child.
• The Central govt. is also responsible for-
  i. Preparation of the National Academic Curriculum,
  ii. Developing and enforcing standards for teachers’ training, and
  iii. Providing technical support to the State govt.’s for promoting innovations, research, planning and capacity building.

4.4.3. The State govt. or local authority has to-

  i. Prescribe curriculum and courses for study for elementary education, ensure admission, attendance and completion of elementary education of the children and maintain records of children up to the age of 14 years,
  ii. Provide infrastructure including school buildings, teaching staff and learning equipment,
  iii. See that children from the weaker and marginalized sections of the society are not discriminated against in school,
  iv. Provide special training facility for children not admitted to any school or those who have not completed elementary education,
  v. Provide training to teachers and ensure each school follows the academic calendar,
  vi. Ensure good quality elementary education according the specified standards and norms
  vii. Ensure that no new school is either started or allowed to function without obtaining a certificate of recognition form a designated authority and schools, already existing before the RTE Act came into effect, obtain such certificate within 3 years of the Act’s commencement

4.4.4. School Management Committees

• Each govt. and govt.-aided school is mandated to set up a School Management Committee (SMC).
• 75% of the SMC members have to be from among parents and guardians of the students of the school.
• Proportionate representation has to be given to parents/guardians of disadvantaged students or students from weaker sections of society.
• Of the remaining 25% members, one third will be from among the elected representatives of the local authority, one third from among the teachers of the school and remaining one third from among local educationists/children of the school.
• 50% of the SMC members should be women
• From among the parent members, SMC has to elect the Chairperson and Vice Chairperson while the Head/Most Senior Teacher shall function as the Member-Convener of the SMC.
4.4.5. **Duties of Teachers**: They have to:

1. Be regular and punctual in attendance,
2. Ensure completion of curriculum within specified time,
3. Assess the ability of each child and recommend special training, if required, and conduct parent-teacher meetings to apprise parents on attendance, learning ability and actual progress of each child.

4.4.6. **School Norms and Facilities**

1. There should be one teacher for every 30 students for class I to V and one teacher for every thirty five students for class VI to VIII.

2. For upper primary section (Classes VI to VIII), there should be one teacher each for teaching (i) Science & Mathematics (ii) Social Sciences and (iii) Languages.

3. A full-time Head Teacher is recommended for a school with more than 100 students.

4. Classes I to V should have 200 working days & Classes VI to VIII 220 working days per academic year, with a 45 hours work week.

5. Each school should have-
   i. An all-weather building with one classroom for every teacher,
   ii. An office cum store cum Head Teacher’s room,
   iii. Separate toilets for boys and girls,
   iv. Safe and hygienic drinking water facility,
   v. A kitchen to prepare mid-day meals,
   vi. Playground,
   vii. Fencing for the premises,
   viii. A library, and
   ix. Teaching learning equipment & play & sports equipment.

6. All schools owned or aided by the govt. need to obtain a certificate of recognition.

4.4.7. **Completion of Curriculum and Learning Outcome**

- The State Council for Educational Research & Training (SCERT) will be the academic authority to develop the age appropriate academic curriculum keeping in mind the following:
  a. All round development of the child.
  b. Developing of child’s knowledge, potentiality and talent.
  c. Development of both physical and mental abilities.
d. Learning through discovery, exploration and activities in a child friendly manner and environment.
   • Medium of instruction should be the child’s mother tongue.
   • Comprehensive and continuous evaluation of the understanding and application of child’s knowledge shall be adopted instead of periodical examinations.
   • The school shall maintain PCR (pupil cumulative record) based on CCE (continuous & comprehensive evaluation). No child shall be held back, expelled, or required to pass a board examination until completion of elementary education

4.4.8 Right to Education Act, Amendments 2012

Consequent upon examination of representations received from organizations working for the welfare of the children with disabilities and minority institutions the Rajya Sabha on 16th April, 2010 incorporating the following amendments to the RTE Act:

i. Inclusion of children with disabilities in the definition of ‘child belonging to disadvantaged group’
ii. To provide that children with disabilities, including children with cerebral palsy, mental retardation, autism and multiple disabilities shall have the right to pursue free and compulsory education

4.5 National and State Policies on Disability

The Government of India formulated the National Policy for Persons with Disabilities in February 2006 which deals with Physical, Educational & Economic Rehabilitation of persons with disabilities. In addition the policy also focuses upon rehabilitation of women and children with disabilities, barrier free environment, social security, research etc.

The National Policy recognizes that Persons with Disabilities are valuable human resource for the country and seeks to create an environment that provides them equal opportunities, protection of their rights and full participation in society.

Twelve Focal points of the policy are as follows:

1. Prevention of Disabilities - Since disability, in a large number of cases, is preventable, the policy lays a strong emphasis on prevention of disabilities at all levels

2. Rehabilitation Measures - Rehabilitation measures can be classified into three distinct groups:
   • Physical rehabilitation, includes early detection and intervention, counseling & medical interventions and provision of aids & appliances. It will also include the development of rehabilitation professionals.
   • Educational rehabilitation including vocational education: Under SSA, a continuum of educational options, learning aids and tools, mobility assistance, support services etc. are being made available to students with disabilities. This includes education through an open learning system and open schools, alternative schooling, distance education, special schools, wherever necessary home based education, itinerant teacher model, remedial teaching, part time classes, Community Based Rehabilitation (CBR) and vocational education.
• *Economic rehabilitation* for a dignified life in society. Pro-active measures like incentives, awards, tax exemptions etc. will be taken to encourage the employment of persons with disabilities in the private sector. Self-employment of persons with disabilities will be promoted through vocational education and management training. Further, the existing system of providing loans at softer terms from the NHFDC. Priority in financial support will be given to Self Help Groups formed by the persons with disabilities.

3. **Women with disabilities** - Women with disabilities require protection against exploitation and abuse. Special programmes will be developed for education, employment and providing of other rehabilitation services to women with disabilities keeping in view their special needs. Programmes will be undertaken to rehabilitate abandoned disabled women / girls by encouraging their adoption in families, support to house them and impart them training for gainful employment skills. Steps shall be taken to provide short duration stay homes for women with disabilities, hostels for working disabled women, and homes for aged disabled women.

4. **Children with Disabilities** - Children with disabilities are the most vulnerable group and need special attention. The Government would strive to:
   - Ensure right to care, protection and security for children with disabilities;
   - Ensure the right to development with dignity and equality creating an enabling environment where children can exercise their rights, enjoy equal opportunities and full participation in accordance with various statutes.
   - Ensure inclusion and effective access to education, health, vocational training along with specialized rehabilitation services to children with disabilities.
   - Ensure the right to development as well as recognition of special needs and of care, and protection of children with severe disabilities.

**Barrier-free environment** – Barrier Free Environment enables people with disabilities to move about safely and freely, and use the facilities within the built environment.

**Issue of Disability Certificates** - The Government of India has notified guidelines for evaluation of the disabilities and procedure for certification.

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

National Trust for persons with autism, cerebral palsy, mental retardation and multiple disabilities has been providing legal guardians through Local Level Committee. They are also implementing the Supported Guardianship Scheme to provide financial security to persons with the above-mentioned severe disabilities who are destitute and abandoned by supporting the cost of guardianship.

**Promotion of Non-Governmental Organizations (NGOs)** - The National Policy recognizes the NGO sector as a very important institutional mechanism to provide affordable services to complement the endeavors of the Government.
Collection of regular information on Persons with Disabilities - There is a need for regular collection, compilation and analysis of data relating to socio-economic conditions of persons with disabilities. The National Sample Survey Organization has been collecting information on Socio-economic conditions of Persons with Disabilities on regular basis once in ten years since 1981. The Census has also started collection of information on persons with disabilities from the Census-2001.

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

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

Amendments to existing Acts dealing with the Persons with Disabilities

Responsibility for implementation

• The Ministry of Social Justice & Empowerment will be the nodal Ministry to coordinate all matters relating to the implementation of the Policy.
• The Chief Commissioner for Disabilities at Central level and State Commissioners at the State level shall play key role in implementation of National Policy.

Most of the State policy on Persons with Disabilities (PwDs) are based on focus areas of intervention that may include the following:

(i) Prevention of Disabilities and early detection of disabilities through immunization programs, family and genetic counseling, prenatal health check-up, nutrition and health education for pregnant women.
(ii) Rehabilitation of Disabilities through timely and affordable medical and paramedical intervention at PHC and CHC level through awareness generation, training and workshops, screening and identification camps, medical camps and distribution of aids and appliances.
(iii) Economic Rehabilitation: Job reservations, special employment exchange, self-help group formation, support self-employment, awards and incentives to employers, identify trades and organize skill development programmes and arrange financial assistance for self-employment ventures.
(iv) Accessibility: Make public buildings and institutions accessible and to introduce measures for the removal of architectural barriers in all buildings to provide easy access.
(v) Education: To ensure that every disabled child receives free and compulsory primary education.
(vi) Social Rehabilitation: Providing unemployment allowances, pensions, scholarships, health insurance, guardianship, facilities of half way homes, hostel and long term stay homes.

(vii) Provision of certification to all persons with disabilities.

(viii) Promotion of Non-Governmental organizations.

(ix) Promotion of sports, recreation and cultural activities for PWDs.

(x) Performance Based Incentives to role models, employers, organizations, disability groups.

The main nodal agency is the State Social Welfare Department which co-ordinates with the other stakeholder departments, to achieve their objectives. The State Commissioner for Disabilities shall play the key role in implementation of the State policy and providing framework.

4.6 **Provision of certification**

Disability Certificate is not just a document for a PWDs, it is a proof of his/her disability and an important tool for availing the benefits/facilities/rights that they are entitled to, from the Central as well as State Government under various appropriate enabling legislations.

**Duration of validity:** The certificate would be valid for a period of five years for those whose disability is temporary. When there are no chances of variation in the degree of disability, a permanent disability certificate is given.

If permanent disability certificate is not issued, then the Medical Board has to specifically mention whether the condition is progressive/non-progressive/likely to improve/not likely to improve and the Re-assessment is not recommended or re-assessment is recommended after a given period. The card has a lifelong validity when issued to a disabled person - above the age of 18 years. For disabled children below 18 years of age, the card is required to be updated once in every five years.

**Procedure for obtaining Certificate:**

- Parent of a person with disability, or a person himself, should approach to the District hospital with his request for obtaining Disability Certificate with birth certificate and proof of residence and two photographs showing the disability part along-with copy of all medical and psychological reports available.
- The State Governments/UT Administrations may constitute the medical boards

The respective Medical Boards constituted at a State or district levels are the certifying authority to issue disability certificate. The board consists of a chief medical officer/sub divisional medical officer in the District and another expert in the specified field. These examples are: an ophthalmic surgeon in case of visual handicaps either ENT surgeon or an audiologist in case of speech & hearing handicaps, an orthopaedic surgeon or a specialist in physical medicine and rehabilitation in case of locomotor handicaps and a psychiatrist or a clinical psychologist or a teacher in special education in case of mental handicaps.

The certificate is issued to persons with disabilities mentioned in the PWD Act,1995. At present due to increase in the number of disabilities in the new RPwDs Act 2016 amendments have to be made to make them certifiable.
Process of Certifications:

**Mental Retardation:** A disability certificate shall be issued by a Medical Board consisting of three members duly constituted by the Central/State Government. At least, one shall be a Specialist in the area of mental retardation, namely, Psychiatrist, Paediatrician and clinical Psychologist. The examination process will consist of three components, namely, clinical assessment, assessment of adaptive behaviour and intellectual functioning.

**Visual Disability:** A disability certificate shall be issued by a Medical Board duly constituted by the Central/State Government having, at least three members. Out of which, at least one member shall be a specialist in ophthalmology.

**Speech and Hearing Disability:** A disability certificate shall be issued by a Medical Board duly constituted by the Central and the State Government. Out of which, at least, one member shall be a specialist in the field of ENT.

**Locomotor Disability:** A disability certificate shall be issued by a Medical Board of three members duly constituted by the Central and the State Government, out of which, at least, one member shall be a specialist from either the field of Physical Medicine and Rehabilitation or Orthopedics.

**Multiple Disability:** The procedure will remain the same as of various single disabilities. The final disability certificate for multiple disability will be issued by Disability Board which has given higher score of disability by combining the score of different disabilities using the combining formula. In case, where two scores of disability are equal, the final certificate of multiple disability will be issued by any one of them as decided by Local authority.

**Eligibility Criteria:**
In order to become eligible for obtaining the Disability Certificate, a person with disability should be a Indian citizen and the minimum degree of disability should be 40% irrespective of their age. The certificate is issued to persons with disabilities mentioned in the PWD Act 1995 but now the number of disabilities are increased as per the new RPwD act 2016 and amendments have to be made to include them in the certification process immediately.

**Minimum Percentage of disability should be:**
- Mentally handicapped - 35%
- Orthopedically - 40%
- Deaf & Dumb - 90 db & 100 db
- Blindness - 90% or above

**Medical Certificate**
Medical certificate obtained from the authorized medical board constituted by the State Govt./Defence authority, is a necessary prerequisite for obtaining the certificate and the identity card.

**Identity Card:**
Presently, various ministries / departments of the central government as well as the state and UT level government provide a number of concessions/facilities/benefits to the persons with disabilities. These benefits are provided - on the basis of certain documents. The procedural
requirements are different in each case. Therefore, the persons with disabilities - have to do complex paper work which causes a lot of inconvenience and hindrance in availing various benefits. The Government of India has therefore issued guidelines (August,2000) to states/UTs for issue of identity card (IC) to the PWDs so as to enable them to easily avail any applicable benefits / concessions. The Identity Card contains information like Identity card Number, Disability code, District code State code, etc.

A pass book is also to be issued along with the Identity Card. This pass book is meant to contain the details of various benefits and concessions provided to that person.

Chapter X in The Rights to persons with disabilities 2016 is on Certification of Specified Disabilities and it includes

2. Designation of certifying authorities.
4. Appeal against a decision of certifying authority

Guidelines for issue of Disability Certificates: the Persons with Disabilities Rules, 1996 provide the broad guidelines for issue of the disability certificates. The Rules lay down that a Medical Board, duly constituted by the Central and the State Government, shall issue a Disability Certificate. The certificate issued by the Medical Board makes a person eligible to apply for facilities, concessions and benefits admissible under schemes of the Governments or Non-Governmental Organisations, subject to such conditions as the Central or the State Government may impose. It is for this reason that the Central Government has issued these guidelines with the aim of simplifying the procedures for issue of disability certificates. It has also created some additional guidelines for the issue of disability certificates to students with disabilities.

Guidelines for evaluation of various disabilities and procedure for certification: The Government has notified the guidelines for evaluation of locomotor, visual, hearing, mental retardation and multiple disabilities and the procedure for certification, formulated by the Expert Committees set up by the Government, under the Chairmanship of Director General Health Services (DGHS), vide notification No. 16-18/97-NI I dated 1st June, 2001. As per the guidelines, the Director General of Health Services, Ministry of Health and Family Welfare is the final authority, should there arise any controversy / doubt regarding the interpretation of the definitions/classifications / evaluations tests etc. Therefore, for any problems relating to evaluation of various disabilities and procedure for certification, Director General of Health Services, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi may be approached.

4.7 Universal Design for Learning (UDL) & (Accessibility India Campaign)

For Persons with Disabilities (PwDs) universal accessibility is critical for enabling them to gain access for equal opportunity and live independently and participate fully in all aspects of life in an inclusive society.

Universal Design for Learning (UDL) is an educational framework based on research in the learning sciences, including cognitive neuroscience, that guides the development of flexible learning environments that can accommodate individual learning differences.
Recognizing that the way individuals learn can be unique, the UDL framework was first defined by David H. Rose, Ed.D. of the Harvard Graduate School of Education and the Center for Applied Special Technology (CAST) in the 1990s calls for creating curriculum from the outset that provides flexibility in the classroom. The goal of UDL is to present school subjects so that all learners can access the information, and to give learners different ways to demonstrate their knowledge. UDL is based on three main principles:

**Representation:** UDL offers information in more than one format, i.e. Multiple means of representation to give learners various ways of acquiring information and knowledge. For example, textbooks are primarily visual. But providing text, audio, video and hands-on learning gives all kids a chance to access the material in whichever way is best suited to their learning strengths.

Recognition Networks are the "what" of learning. How we gather facts and categorize what we see, hear, and read. Identifying letters, words, or an author's style are recognition tasks.

**Action and expression:** UDL gives kids more than one way to interact with the material and to show what they’ve learned i.e. Multiple means of expression to provide learners alternatives for demonstrating what they know. For example, teachers can assess students using pencil-and-paper tests, oral presentations or group projects.

Strategic Networks are the "how" of learning, planning and performing tasks. How we organize and express our ideas differentiate the ways that student can express what they know. Writing an essay or solving a math problem are strategic tasks.

**Engagement:** UDL looks for different ways to motivate students. i.e. Multiple means of engagement to tap into learners' interests, challenge them appropriately, and motivate them to learn. Letting kids make choices and giving them assignments that feel relevant to their lives are some examples of how teachers can sustain students' interest. Other common strategies include making skill building feel like a game and creating opportunities for students to get up and move around the classroom.

Affective Networks are the "why" of learning. How learners get engaged and stay motivated, how they are challenged, excited, or interested are affective dimensions of learning.

UDL presents information in ways that adapt to the learner, instead of asking the learner to adapt to the information. This is good for kids with learning and attention issues because it gives them more than one way to interact with material. UDL can make it easier for kids to use their strengths to work on their weaknesses.

Curriculum, as defined in the UDL literature, has four parts: instructional goals, methods, materials, and assessments. UDL is intended to increase access to learning by reducing physical, cognitive, intellectual, and organizational barriers to learning, as well as other obstacles. UDL principles also lend themselves to implementing inclusionary practices in the classroom.

**What are the benefits of using UDL?**

- Reduces barriers in the design of the learning environment to make curriculum accessible for all;
- Increases student engagement;
- Empowers students to be self-directed;
• Helps students to 'show you what they know'; and
• Creates a flexible and responsive course design and delivery model.

Accessible India Campaign or Sugamya Bharat Abhiyan is a program which is set to be launched to serve the persons with disabilities of our country. The program comes with an index to measure the design of disabled-friendly buildings and human resource policies. The flagship program was launched by the Prime Minister Narendra Modi on 3rd December 2015

**Objectives of Accessible India Campaign (Sugamya Bharat Abhiyan)**

The Department of Empowerment of Persons with Disabilities (DEPwD), Ministry of Social Justice & Empowerment has conceptualised the “Accessible India Campaign (Sugamya Bharat Abhiyan)” as a nation-wide flagship campaign for achieving universal accessibility that will enable PWDs to gain access for equal opportunity and live independently and participate fully in all aspects of life in an inclusive society.

Rights of Persons with Disabilities Act, 2016 under Chapter 8, Sections 40 to 46 categorically provides for accessibility for physical environment, transportation, information and communications and other facilities and services. States are to mandatorily observe accessibility norms and time limit for making existing infrastructure and premises accessible.

United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) to which India is a signatory, under Article 9 casts an obligation on all the signatory governments to take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas.

**Components of Accessible India Campaign**

1. Built Environment Accessibility: An accessible government building is one, where persons with disabilities have no barrier in entering it and using all the facilities therein. This covers the built environment – services, steps and ramps, corridors, entry gates, emergency exits, parking – as well as indoor and outdoor facilities including lighting, signages, alarm systems and toilets.

2. Transportation System Accessibility: The term transportation covers a number of areas including air travel, buses, taxis, and trains. Transportation system is accessible, if a person with a disability has no barrier in entering it, using all the facilities, and boarding and dis - embarking . This covers the built environment - surfaces, steps and ramps, corridors, entry ways, emergency exits, parking - as well as indoor and outdoor facilities including lighting, signage, alarm systems and toilets.

3. Information and Communication Eco-System Accessibility: Access to information refers to all information. Enhancing proportion of accessible and usable public documents and websites that meet internationally recognized accessibility standards. Public documents refer to all documents issued by the national government as well as all subnational documents. They include all publications such as laws, regulations, reports, forms and informational brochures. Enhancing the pool of sign language interpreters and Enhancing the proportion of daily captioning and sign-language interpretation of public television news programmes.
Strategies to be followed

A multi-pronged strategy will be adopted for the campaign with key components as
(a) leadership endorsements of the campaign,
(b) mass awareness,
(c) capacity building through workshops,
(d) interventions (legal frame-work, technology solutions, resource generation, etc. and
(e) leverage corporate sector efforts in a Public-Private Partnership.

Department of Empowerment of Persons with Disabilities will sign MOU with State to
support spreading awareness about accessibility and help create accessible buildings,
accessible transport and accessible websites etc.

1.8 Summary:

- Under National policy of Education every child in our country should get education
  irrespective of caste, religion, region or whatever the case may be. Special emphasis was
given to backward classes, minority children, girls and physically challenged children to
avail the educational facilities.

- National Policy on Education 1986: Emphasizes the removal of disparities, and
  ensuring equalization of educational opportunity under its Para education of the disabled.

- After Right to Education Act,2009 it is very much clear that no school can deny
  admission of any child on the basis of any ground. The RTE Amendment Act (2012)
stated that “disadvantaged groups” includes children with disabilities and thus all the
rights provided to children belonging to disadvantaged group shall apply to children with
disabilities also.

- The Government of India formulated the National Policy for Persons with Disabilities
  in February 2006 which deals with Physical, Educational & Economic Rehabilitation of
persons with disabilities.

- The Disability Certificate is an important tool for persons with disabilities for availing
the benefits / facilities / rights that they are entitled to, from the Central as well as State
Government under various appropriate enabling legislations.

- “Accessible India Campaign (Sugamya Bharat Abhiyan)” as a nation-wide flagship
campaign for achieving universal accessibility that will enable persons with disabilities to
gain access for equal opportunity and live independently and participate fully in all
aspects of life in an inclusive society

- Universal Design for Learning is a set of principles for curriculum development that
give all individuals equal opportunities to learn. It provides a blueprint for creating
instructional goals, methods, materials, and assessments that work for everyone.

4.9 Experiential Learning

- What are the principles, involved in Universal Design for Learning (UDL)?
• What is Sugamya Bharat Abhiyan. Discuss its objectives, components and strategies involved?
• Discuss the importance of disability certification and the procedure to acquire it?
• List the areas of intervention under State policy of Disability?
• Enumerate twelve focal points in National policy of Disability?
• What were the principles formulated by the NPE-1968 to promote the development of education in the country?
• Why and what modifications were required in NPE 1968?
• What are the initiatives by the Central Government to address issues of equity, access and quality in the elementary, secondary and higher education sectors?
• Discuss the Salient Features of Right to Education (RTE) Act, 2009 and its amendments?

4.10 Check Your Progress

A. Fill in the blanks
• The three language formula should be introduced in which a student at the secondary level should know _______, _________ and the __________ of his state.
• ____________, ____________, ____________, ____________ are flagship programs of Government of India to promote elementary and secondary education
• ____________, ____________ and ____________ are the three principles of Universal design of learning
• The school shall maintain PCR (pupil cumulative record) based on __________________________ in accordance with RTE Act 2009
• The Government of India formulated the National Policy for Persons with Disabilities in February 2006 which deals with _____________, _____________ & ____________ _____________ of persons with disabilities.
• Accessible India Campaign is also known as __________________________

B. What is the Full form of

1. NPE:
2. RTE:
3. UDL:
4. DEPwD:
5. UNCRPD:

4.11 Unit-End Assignments

1. Prepare a list of activities taken up for education of Children With Special Needs (CWSNs) under SSA in your State
2. Critically analyze recommendations for Inclusive Education and its significance for CWSNs, as stated in National Policy of Education (1986)

3. Collect at least 10 copies of disability certificates and find out benefits received after certification from State Government

4.12 Assignments for Self-Evaluation

1. What are the clauses in RTE Act (2009) important for a teacher and why?
2. List 3 schemes implemented by your State Govt. under the flagship of Ministry for Social Justice and Empowerment (MSJE)?

4.13 References:


Department of education, (1986), National policy on Education - 1986, MHRD, New Delhi

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www.aicb.org.in/..


Unit 5: Understanding RPwD Act from Educational Perspectives

5.1 Objectives

After going through this unit, you will be able to:

- Understand RPwD Act from the perspectives of UNCRPD
- Review the sections of Education and HRD under RPwD Act
- Understand rights, entitlements and grievance redressal mechanisms
- Understand the rules for enactment of RPwD Act
- Analyse barriers to inclusion

5.2 Introduction

In society, laws are the most earnest articulation of its values; they recognize, reinforce and give permanence to a society’s norms. These norms are directed in legislations, legislation is important as it sets standards to govern the actions of people and groups in all the spheres and domains. Legislation is also referred as statutory law, and it is law that has been put into place by the actions of a legislature or governing body. Legislation is valuable to setting societal standards at all levels of government, including the local, state and national level. All citizens should feel that laws are reasonable and relevant, that the justice system is there for them, and that it is effective and ensures compliance with their legal rights.

The individuals who are disabled have the same rights as other citizens to a standard of living and economic security, right to education, employment, skill development and also right to access which includes communication. In India, there is a long list of disability related legislations which protect and govern the rights of persons with disabilities. The disability related legislations in India, like The RPwD Act, 2016 [earlier, The Person with Disabilities Act (1995)] has increased the number of recognised disabilities from 7 to 21; The Mental Health Care Act, 2017 [earlier, of The Mental Health Act (1987)]; The Rehabilitation Council of India (1992); The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act (1999). The Constitution of India has also guaranteed the full protection to the rights of persons with disabilities. The Preamble of the Constitution embodies the concept of social justice and equality of status and
opportunity to all the people of India. Article 14 and 16 of the Constitution guarantee equality of opportunity to all citizen of India. Article 38 of the Constitution which falls within Directive Principles of State Policy, requires the State to promote the welfare of the people by securing a social order in which social, economic and political justice can inform to all institutions of national life and the State is required to make efforts to eliminate inequalities in status, facilities and opportunities amongst individuals.

In this unit, the focus lies on RPwD Act (2016), its educational provisions, rights specified in the Act and details with regard to redressal and rules for enactment.

5.3 Overview of RPwDA and Harmonization with UNCRPD

The United Nations Convention on Rights of Persons with Disabilities (UNCRPD) for the first time recognizes that disability is the rights of the disabled and is a function of social environment. In doing so, the Convention changes the way disability was conceptualized. Traditionally, understandings of disability have been oriented towards the medical (diagnostic) model, in which the focus has been on the physical or intellectual limitations of particular individuals and on their therapeutic and other medical needs. Such understandings have built upon the presumption that the barriers encountered by people with disabilities are entirely a function of their own physical or other limitations. As a consequence, attempts to improve the lives of disabled persons have mostly taken the form of medical intervention or the provision of technical aids and appliances.

By eliminating the traditional approach to disability, the UNCRPD focusses on awareness aspects that the issues raised are not just personal but societal, it also invite us to think in terms of people ‘with disabilities’ rather than ‘disabled’ people.

After India, signed and ratified the UNCRPD in 2007, the process of enacting a new legislation in place of the Persons with Disabilities Act, 1995 (PWD Act, 1995) began in 2010 to make it compliant with the UNCRPD. After series of consultation meetings with experts and drafting process, the Rights of PWD Act, 2016 (RPWD Act, 2016) was passed by both the houses of the Parliament. It was notified on December 28, 2016 after receiving the presidential assent. Principles stated to be implemented for empowerment of persons with disabilities (PwD) are respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons (Narayan and John, 2017).

The RPwD Act (2016) stresses on non-discrimination, full and effective participation and inclusion in society, respect for difference and acceptance of disabilities as part of human diversity and humanity, equality of opportunity, accessibility, equality between men and women, respect for the evolving capacities of children with disabilities, and respect for the right of children with disabilities to preserve their identities. The principle reflects a paradigm shift in thinking about disability from a social welfare concern to a human rights issue.
In 2007, India became a signatory to and ratified the **UNCRPD**. The purpose of the said treaty, as stated, is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. As per the treaty, persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. India being one of the first countries to ratify the Convention, it became obligatory to bring about an amendment in the existing laws governing disability rights in order to ensure that the same embodied the spirit and object of the UNCRPD.

After almost a decade’s wait, the Rights of Persons with Disabilities Act, 2016 came into effect on 30 December 2016. The Lok Sabha passed it on 17 December and the Rajya Sabha on 14 December. The Act will replace the Persons with Disability (PwD) Act of 1995. The newly added types of disabilities include mental illness, autism spectrum disorder, cerebral palsy, muscular dystrophy, chronic neurological conditions, specific learning disabilities, multiple sclerosis, speech and Language disability, thalassemia, hemophilia, sickle cell disease, multiple disabilities including deafblindness, acid attack victims and Parkinsons disease. Also, disability has been defined based on an evolving and dynamic concept and government will have the power to add more types of disabilities.

India, has notified the recently passed **RPwD Act (2016)** which provides for raising reservation in government jobs for persons with benchmark disabilities to 4 per cent, and in higher education institutes to 5 per cent. With the enforcement of the RPwD Act, every child with benchmark disability between the age group of 6 and 18 years will have the right to free education. The legislation has been made to bring Indian laws in line with the UNCRPD. As per the RPwD Act, assaulting, insulting, intimidating, denying food to a person with disability or sexually exploiting a differently-abled woman and performing a medical procedure on such women without consent which may lead in termination of pregnancy will draw a jail term up to five years once the law is passed. Any person who contravenes any provision of the act will be punished with a maximum fine of Rs 5 lakh.

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**Pause and think ...**

1. Disability related legislations should be revisited and reviewed after UNCRPD so that, they are in align with the international treaty which is ratified by India. RPwD Act and Mental Health Care Act has come in place of PwD Act and Mental Health Act. What about RCI Act 1992, National Trust Act 1999, National Policy for PwDs 2006, even the mainstream Acts like RTE Act 2009 and Labour and Employment Laws of India, should these Acts be amended or is it necessary to draft a new law all together to make it aligned with UNCRPD? After passing the RPwD Act 2016, do you think there is a necessity of National Trust Act to prevail?

2. The Indian Copyrights Act, 1957, which protects literary, dramatic, musical, artistic and affiliated works, mandates that in order to copy or use a copyrighted work one has to get permission from its owner or the author and this has been one of the major reasons for the print disabled persons to face “Book Famine” even though the technology enables books to be accessed in all sort of formats such as Braille, audio books, large print, e-text etc. Prior to the 2012 Amendment, copyright laws in India hindered access to PwDs since the owner of copyright in a work had the exclusive right to adapt, make copies, communicate to the public etc. the work. Therefore, any conversion of a book into accessible formats for the benefit of persons with print disabilities was considered as copyright infringement unless it was undertaken by the owner of copyright or with the permission of the owner of copyright.

3. The WIPO (World Intellectual Property Organization) in 2006, conducted a study on different national approaches to copyright. Over 60 countries have an exception in their Copyright laws permitting conversion of works into accessible formats for the benefit of print disabled persons, although it may vary on account of the beneficiaries covered, formats permitted, restrictions on who can convert, etc.
5.4 Sections under Education and HRD

Education is the right of every child because it equips him to meet the challenges of life. The children with disabilities need this all the more, to supplement their differential talents so that they can prepare themselves for a happy productive and useful life. Efforts to educate children with disabilities began soon after independence in India. An attempt has been made to examine the policies and legislations for educating the children with disabilities in India after post-constitution era.

As per the 2011, Consensus, 2.21% of India’s population is persons with disabilities. Of these, 20.3% are persons with movement-related disabilities, 18.8% have vision related disabilities and 18.9% of the remainder have hearing disabilities. With the expansion of the scope of the law, which will now govern 14 additional disabilities, the figures are bound to change and see in increase in the overall percentage with regard to number persons with disabilities in India. Under the 1995 law, provision had been made for 3% reservation for persons with disabilities in higher education and government jobs, 1% each being reserved for the physically, visually and hearing impaired persons. The RPwD Act as passed provides for 4% reservation for persons with disabilities. While the new law makes an attempt to grant protection of rights to persons with disabilities, widening the definition of the term “disability” itself, the reservation quota fixed has only seen a 1% increase and is not proportionate to the number of persons that will now be governed by the act, post the revision of the census definition of disability which determined the numbers in 2011.

Note: The right to education is available to all citizens including the PwDs. Article 29(2) of the Constitution of India provides that no citizen shall be denied admission into any educational institution maintained by the State or receiving aid out of State funds on the ground of religion, race, caste or language. Article 45 of the Constitution of India directs the State to provide free and compulsory education for all children (including the disabled) until they attain the age of 14 years. No child can be denied admission into any education institution maintained by the State or receiving aid out of State funds on the ground of religion, race, caste or language.

The Act defines persons with “benchmark disabilities” as those certified to have at least 40 per cent of the disabilities specified. These persons can avail of benefits such as reservation in education, employment, other schemes, etc. the quantum of which has been increased from 3% to 4%. Within this context however, questions have been raised regarding Section 33 which speaks of reservation in employment for posts meant to be filled by persons with benchmark disabilities, the argument being that reservation should be against the total number of vacancies, and not the said posts.

Special emphasis has been laid on children with disabilities and a child between the age of 6 and 18 years possessing benchmark disability shall have the right to free education in educational institutions funded by the Government. Further institutions recognised by the government must provide inclusive education to children with disabilities.

Section 31 [1] stipulates that every child with a benchmark disability between the age of six to eighteen years shall have the right to free education in a neighbourhood school or in a special school of his or her choice, and Subsection [2] of section 31 further enjoins it upon the appropriate government and local authorities to ensure that every child with a benchmark disability has access to free education in an appropriate environment till he attains the age of eighteen years.
With regard to the concept of disability, the Act has categorised PwDs into three categories:

a) person with disability
b) person with benchmark disability
c) Person with disability having high support needs.

Person with benchmark disability means a person with not less than forty per cent of a specified disability where specified disability has not been defined in measurable terms and includes a person with disability where specified disability has been defined in measurable terms, as certified by the certifying authority. Example: "deaf" as defined in the act means persons having 70 dB hearing loss in speech frequencies in both ears. 70 decibels is the measurable parameter to define deafness.

While “person with disability” is defined as “a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others”. Further, the RPwD Act also defines “person with disability having high support needs” means a person with benchmark disability certified under clause (a) of sub-section (2) of section 58 who needs high support”. Example: individuals with multiple disabilities who experience multiple and complex needs.

In Chapter III of RPwD Act of 2016, which highlights on Education states that:

The appropriate Government and the local authorities shall endeavour that all educational institutions funded or recognised by them provide inclusive education to the children with disabilities and towards that end shall— (i) admit them without discrimination and provide education and opportunities for sports and recreation activities equally with others; (ii) make building, campus and various facilities accessible; (iii) provide reasonable accommodation according to the individual’s requirements; (iv) provide necessary support individualised or otherwise in environments that maximise academic and social development consistent with the goal of full inclusion; (v) ensure that the education to persons who are blind or deaf or both is imparted in the most appropriate languages and modes and means of communication; (vi) detect specific learning disabilities in children at the earliest and take suitable pedagogical and other measures to overcome them; (vii) monitor participation, progress in terms of attainment levels and completion of education in respect of every student with disability; (viii) provide transportation facilities to the children with disabilities and also the attendant of the children with disabilities having high support needs.

The appropriate Government and the local authorities shall take the following measures for the purpose of section 16, namely:

(a) to conduct survey of school going children in every five years for identifying children with disabilities, ascertaining their special needs and the extent to which these are being met: Provided that the first survey shall be conducted within a period of two years from the date of commencement of this Act;
(b) to establish adequate number of teacher training institutions;
(c) to train and employ teachers, including teachers with disability who are qualified in sign language and Braille and also teachers who are trained in teaching children with intellectual disability;
(d) to train professionals and staff to support inclusive education at all levels of school education; Designation of authorities to support. Duty of educational institutions. Specific measures to promote and facilitate inclusive education;
(e) to establish adequate number of resource centres to support educational institutions at all levels of school education;
(f) to promote the use of appropriate augmentative and alternative modes including means and formats of communication, Braille and sign language to supplement the use of one’s own speech to fulfill the daily communication needs of persons with speech, communication or language disabilities and enables them to participate and contribute to their community and society;
(g) to provide books, other learning materials and appropriate assistive devices to students with benchmark disabilities free of cost up to the age of eighteen years;
(h) to provide scholarships in appropriate cases to students with benchmark disability;
(i) to make suitable modifications in the curriculum and examination system to meet the needs of students with disabilities such as extra time for completion of examination paper, facility of scribe or amanuensis, exemption from second and third language courses;
(j) to promote research to improve learning; and
(k) any other measures, as may be required.

The appropriate Government and the local authorities shall take measures to promote, protect and ensure participation of persons with disabilities in adult education and continuing education programmes equally with others.

5.5 Rights, Entitlements and Grievance Redressal Mechanisms

The rights and entitlements stated in the Act are Equality and non-discrimination, Women and children with disabilities, Protection from cruelty and inhuman treatment, Protection from abuse, violence and exploitation, Protection and safety, Reproductive rights, Accessibility in voting, Access to justice, Legal capacity and Provision for guardianship.

Persons with disabilities shall not be discriminated on grounds of their disability unless it is shown that the specific act is appropriate to achieve a legitimate aim. Persons with disabilities shall have the right to equality, personal liberty and to live in a community. They will not be obliged to live in any specific arrangement and shall have access to residential services and

The Chapter II Rights and Entitlements:

3 (1) The appropriate Government shall ensure that the persons with disabilities enjoy the right to equality, life with dignity and respect for his or her integrity equally with others. (2) The appropriate Government shall take steps to utilise the capacity of persons with disabilities by providing appropriate environment. (3) No person with disability shall be discriminated on the ground of disability, unless it is shown that the impugned act or omission is a proportionate means of achieving a legitimate aim. (4) No person shall be deprived of his or her personal liberty only on the ground of disability. (5) The appropriate Government shall take necessary steps to ensure reasonable accommodation for persons with disabilities.

4. (1) The appropriate Government and the local authorities shall take measures to ensure that the women and children with disabilities enjoy their rights equally with others. (2) The appropriate Government and local authorities shall ensure that all children with disabilities
shall have right on an equal basis to freely express their views on all matters affecting them and provide them appropriate support keeping in view their age and disability.”

5. (1) The persons with disabilities shall have the right to live in the community. (2) The appropriate Government shall endeavour that the persons with disabilities are,— (a) not obliged to live in any particular living arrangement; and (b) given access to a range of in-house, residential and other community support services, including personal assistance necessary to support living with due regard to age and gender.

6. (1) The appropriate Government shall take measures to protect persons with disabilities from being subjected to torture, cruel, inhuman or degrading treatment. (2) No person with disability shall be a subject of any research without,— (i) his or her free and informed consent obtained through accessible modes, means and formats of communication; and (ii) prior permission of a Committee for Research on Disability constituted in the prescribed manner for the purpose by the appropriate Government in which not less than half of the Members shall themselves be either persons with disabilities or Members of the registered organisation as defined under clause (z) of section 2.

7. The appropriate Government shall take measures to protect persons with disabilities from all forms of abuse, violence and exploitation and to prevent the same, shall— (a) take cognizance of incidents of abuse, violence and exploitation and provide legal remedies available against such incidents; (b) take steps for avoiding such incidents and prescribe the procedure for its reporting; (c) take steps to rescue, protect and rehabilitate victims of such incidents; and (d) create awareness and make available information among the public. (2) Any person or registered organisation who or which has reason to believe that an act of abuse, violence or exploitation has been, or is being, or is likely to be committed against any person with disability, may give information about it to the Executive Magistrate within the local limits of whose jurisdiction such incidents occur. (3) The Executive Magistrate on receipt of such information, shall take immediate steps to stop or prevent its occurrence, as the case may be, or pass such order as he deems fit for the protection of such person with disability including an order— (a) to rescue the victim of such act, authorising the police or any organisation working for persons with disabilities to provide for the safe custody or rehabilitation of such person, or both, as the case may be; (b) for providing protective custody to the person with disability, if such person so desires; (c) to provide maintenance to such person with disability. (4) Any police officer who receives a complaint or otherwise comes to know of abuse, violence or exploitation towards any person with disability shall inform the aggrieved person of— Women and children with disabilities. Community life. Protection from cruelty and inhuman treatment. Protection from abuse, violence and exploitation. (a) his or her right to apply for protection under sub-section (2) and the particulars of the Executive Magistrate having jurisdiction to provide assistance; (b) the particulars of the nearest organisation or institution working for the rehabilitation of persons with disabilities; (c) the right to free legal aid; and (d) the right to file a complaint under the provisions of this Act or any other law dealing with such offence: Provided that nothing in this section shall be construed in any manner as to relieve the police officer from his duty to proceed in accordance with law upon receipt of information as to the commission of a cognizable offence. (5) If the Executive Magistrate finds that the alleged act or behaviour constitutes an offence under the Indian Penal Code, or under any other law for the time being in force, he may forward the complaint to that effect to the Judicial or Metropolitan Magistrate, as the case may be, having jurisdiction in the matter.
8. The persons with disabilities shall have equal protection and safety in situations of risk, armed conflict, humanitarian emergencies and natural disasters.

9. (1) No child with disability shall be separated from his or her parents on the ground of disability except on an order of competent court, if required, in the best interest of the child. (2) Where the parents are unable to take care of a child with disability, the competent court shall place such child with his or her near relations, and failing that within the community in a family setting or in exceptional cases in shelter home run by the appropriate Government or non-governmental organisation, as may be required.

10. The appropriate Government shall ensure that persons with disabilities have access to appropriate information regarding reproductive and family planning.

11. The Election Commission of India and the State Election Commissions shall ensure that all polling stations are accessible to persons with disabilities and all materials related to the electoral process are easily understandable by and accessible to them.

12. The appropriate Government shall ensure that persons with disabilities are able to exercise the right to access any court, tribunal, authority, commission or any other body having judicial or quasi-judicial or investigative powers without discrimination on the basis of disability.

13. The appropriate Government shall ensure that the persons with disabilities have right, equally with others, to own or inherit property, movable or immovable, control their financial affairs and have access to bank loans, mortgages and other forms of financial credit.

14. Notwithstanding anything contained in any other law for the time being in force, on and from the date of commencement of this Act, where a district court or any designated authority, as notified by the State Government, finds that a person with disability, who had been provided adequate and appropriate support but is unable to take legally binding decisions, may be provided further support of a limited guardian to take legally binding decisions on his behalf in consultation with such person, in such manner, as may be prescribed by the State Government.

15. The appropriate Government shall designate one or more authorities to mobilise the community and create social awareness to support persons with disabilities in exercise of their legal capacity.

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**5.6 Rules for enactment of RPWD Act (2016)**

Compared to the PWD Act (1995), the current RPwD Act (2016) strengthens the regulatory, monitoring, and grievance redressal mechanisms in terms of their functions and composition. It also, stipulates designation of special court at the district level for fast tracking cases of persons with disabilities under the Act. The RPwD Act provides for representation of persons with disabilities including representation of women with disabilities in the various bodies to be created under this new legislation. Thus the value and indispensability of experiential expertise also stands recognized. The Act provides for time-limit for compliance with some of its substantive provisions which includes provisions in respect of compliance with accessibility norms.
The recent enactment of the Rights of Persons with Disabilities Act, 2016, replacing the over two decades old Act of 1995, is indeed a moment to celebrate for the proponents of the disability rights movement.

The salient features of the new Act are as follows:
1. **Number of disabilities**: The types of disabilities have been increased from existing 7 to 21 and the Central Government have the power to add the number of disabilities.
2. **Reservation**: Incorporation of provisions concerning increase in percentage of reservation for the disabled in education and employment.
3. **Accessibility**: Endorsement of enhanced accessibility for the disabled, in respect of infrastructure, technology, and information.
4. **Punishment**: Acts of discrimination against the PwDs would now be treated as a criminal offence, and would be punished accordingly, with the establishment of special courts.

The draft of the Rights of Persons with Disabilities Rules, 2017 was published as under by sub-sections (1) and (2) of section 100 of the Rights of Persons with Disabilities Act, 2016 (49 of 2016) in the Gazette of India, Extraordinary, Part-II, Section 3, Sub-section (i) vide number G.S.R. 398 (E), dated the 21st April, 2017, invited objections and suggestions from the public. The positives about these rules are that they have acted as supplements to the ongoing "Sugamya Bharat Abhiyan" of the Department for Empowerment of Persons with Disabilities. Also, invitation of public comments on them signifies the intention of the government to elicit greater co-operation from the public in its endeavour. In order to exercise the powers conferred by sub-sections (1) and (2) of section 100 of the Rights of Persons with Disabilities Act, 2016 (49 of 2016), the Central Government notified the rules on 15th June 2017. The said notification on rules is divided in ten chapters.

The salient features of the said notification is as follows:
1. A nodal officer in the District Education Office be appointed to deal with all matters relating to admission of children with disabilities and the facilities to be provided to them in schools in accordance with the provisions of sections 16 and 31 of the Act.
2. Chapter II, on “Rights and Entitlements” clearly specifies that no person with disability shall be a subject of research except when the research involves physical impact on his body. It also states that, if the aggrieved person submits a complaint to the Chief Commissioner or State Commissioner for Persons with Disabilities, as the case may be, the complaint shall be disposed of within a period of sixty days, provided that in exceptional cases, the Chief Commissioner or State Commissioner may dispose of such complaint within thirty days.
3. Chapter II clearly notifies that no establishment shall compel a person with disability to partly or fully pay the costs incurred for reasonable accommodation.
4. Chapter III with regard to, “Nodal Officer In The District Education Office” clearly states that there shall be a nodal officer in the District Education Office to deal with all matters relating to admission of children with disabilities and the facilities to be provided to them in schools in accordance with the provisions of sections 16 and 31 of the Act.
5. With regard to the employment of PwDs, the rules clearly states that four percent of the total number of vacancies including vacancies arising in the identified and non-identified posts in the cadre strength in each group of posts shall be taken into account by the appropriate Government for the persons with benchmark disabilities.
6. Every Government establishment shall appoint a Gazetted Officer as Grievance Redressal Officer. The Grievance Redressal Officer shall maintain a register of complaints of persons with disabilities with the following particulars, namely:-
   (a) date of complaint; (b) name of complainant; (c) name of the person who is enquiring the complaint; (d) place of incident; (e) the name of establishment or person against whom the complaint is made; (f) gist of the complaint; (g) documentary evidence, if any; (h) date of disposal by the Grievance Redressal Officer; (i) details of disposal of the appeal by the district level committee; and (j) any other information

7. If the aggrieved person submits a complaint to the Chief Commissioner or State Commissioner for Persons with Disabilities, as the case may be, the complaint should be disposed of within a period of sixty days. Provided that in exceptional cases, the Chief Commissioner or State Commissioner may dispose of such complaint within thirty days.

8. Provisions for assistive devices, barrier-free accessibility and other provisions for persons with disabilities (http://cpwd.gov.in/Publication/aged&disabled.PDF) to be made available in the work area. Liaison officer to be appointment to look after the recruitment of persons with disabilities and provisions of facilities and amenities for such employees.

9. The Central Government shall review from time to time the accessibility standards notified for physical environment, transport and information and communication technology based on the latest scientific knowledge and technology which includes barrier free built environment, documents to be placed on websites to be in Electronic Publication (ePUB) or Optical Character Reader (OCR).

10. The medical authority shall issue the certificate of disability within a month from the date of receipt of the application, after due examination - (i) issue a permanent certificate of disability in cases where there are no chances of variation of disability over time in the degree of disability; or (ii) issue a certificate of disability indicating the period of validity, in cases where there is any chance of variation over time in the degree of disability. It is also to be noted that where a person with disability is a minor or suffering from intellectual disability or any other disability which renders him unfit or unable to make such an application himself, the application on his behalf may be made by his legal guardian or by any organisation registered under the Act having the minor under its care.

11. The rules also specify that various procedures to be followed by Chief Commissioner and Commissioner.- (1) An aggrieved person may present a complaint containing the following particulars in person or by his agent to the Chief Commissioner or the Commissioner or send it by registered post or by email addressed to the Chief Commissioner or the Commissioner, namely:- (a) the name, description and the address of the aggrieved person; (b) the name, description and the address of the opposite party or parties, as the case may be, so far as they may be ascertained; (c) the facts relating to complaint and when and where it arose; (d) documents in support of the allegations contained in the complaint; and (e) the relief which the aggrieved person claims.

5.7 Barriers to inclusion of PWDS

The world is home to over 600 million individual with disabilities. Over two-thirds of them live in developing countries. It goes without saying that individuals with disabilities constitute a component of the larger human society. This clarifies, why they are as much
entitled to the full range of human rights and fundamental freedoms (including full participation, protection of rights and non-discrimination) like any other section of society. Unfortunately, individuals with disabilities are subject to all forms of discrimination, denial, rejection and deprivation of rights with the result that they are often marginalized (excluded) and are made to live in a state of relative invisibility, disempowerment and disarticulation.

To understand the various barriers in inclusion, it is important to understand and clarify certain misconceptions related to disability:
(a) Disability is not merely a medical, charity or welfare issue rather, it is a development and human rights issue; (b) One’s impairment (physical, mental, intellectual or sensory) need not necessarily be one’s overall inability or incapability; (c) Given proper education and training (rehabilitation or intervention), an individual with disability is potentially capable of leading a life of honour and dignity on an equal basis with others as a useful, contributive, and productive citizen of society; and (d) Individual with disability can think, speak and act for himself/herself and that it is the duty of all concerned stakeholders to ensure to such persons full and effective inclusion and participation in all walks of life.

The concept of inclusion promotes individualized, independent and co-operative management of skills among children with special needs. It is a concept which embraces the diversity in children within the classroom. Article 7 of the UNCRPD also emphasizes the need to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.

Inclusion of individuals with disabilities into everyday activities involves practices those are designed to identify and remove barriers such as physical, communication, institutional and attitudinal, that obstruct or hinder individuals’ ability to have full participation in society, the same as people without disabilities. Inclusion is the process whereby each and every individual, who can access and participate fully in all aspects of an activity of daily living or service in the same way as any other member of the community (persons without disability). Let us understand this concept (figure #1) which states the three aspects, a) dignity b) opportunities and c) accommodation (https://www.cbm.org/article/downloads/54741/IPCМ_Handout_02.pdf).

Figure # 1: Pyramid depicting individual’s aspects related to Inclusion

The human rights based approach supports the view, that disability is a condition which results from interactions of impairments with various barriers in society. Such interactions inhibit one’s participation in society on an equal basis with others. It is, therefore clear that disability is a condition where one is unable (incompetent) to participate in society on an equal basis with others due to interactions between her/his impairment and various barriers. UNCRPD (2006) gives an inclusive, rather than a prescriptive or restrictive definition of
disability. It clearly states that persons with disabilities include those having long-term physical, mental, intellectual and sensory impairments which in interaction with various barriers hinder their participation in society on an equal basis with others.

Article 24 of the UNCRPD (2006) has made the concept of inclusion mandatory and considers inclusion to be a basic right of every child with disabilities. However, Article 24 will be effectively implemented only when the teachers and students in inclusive schools possess a greater awareness and positive attitudes towards the importance of the concept of inclusion for children with disabilities. This is why the UNCRPD (2006) had stressed raising awareness under Article 8. However, barriers to learning and participation hinder the school routine of inclusive students.

As per RPwD Act 2016, “barrier” means any factor including communicational, cultural, economic, environmental, institutional, political, social, attitudinal or structural factors which hampers the full and effective participation of persons with disabilities in society. When we use the term “Barriers to inclusion” we generally use three sets of barriers that currently limit the opportunity for people with disabilities to participate in society on equal terms with non-disabled people.

The three sets of barriers include attitudinal barrier, environmental barrier and institutional Barrier.

A] Attitudinal:
Let us first understand the meaning of attitude. In Social Psychology, attitudes constitute valuable elements for the prediction of behavior. Attitude refers to a feeling for or against a social object, which can be a person, a social fact, or any product of human activity. These predispositions, prejudice, discrimination and stigma are the cause of biggest concern for people with disabilities, who are assumed to be one or more of the following: Incapable, having low intelligence, those who are in need of a ‘cure’, needing ‘special’ services or support, are fully dependent and are exceptional. The biggest challenge for those who have disabilities is typically not the disability itself, but rather the attitudinal barriers imposed by others. “Attitudinal barriers” are ways of thinking or feeling resulting in behaviour that limit the potential of people with disabilities to be independent individuals.

Negative language (Equating as in “ill-will,” “ill-fated,” “sickening,” “spastic,” and “deaf and dumb”) reflects and can reinforce prejudices. PwDs wish to change the language used by
non-disabled people about them especially language that is offensive and inaccurate. Attitudinal barriers contribute to other barriers. For example, some people may not be aware that difficulties in getting to or into a place can limit a person with a disability from participating in everyday life and common daily activities.

### Examples of Attitudinal Barriers are as follows:
1. **Dehumanizing**: Seeing the person only in terms of his/her disability
2. **Generalizing**: Not recognizing the diversity of disabilities
3. **Excluding**: Not shaking hands with PwDs

Environmental: PwDs encounter barriers in terms of access to the built environment or information, for example in terms of public transport, hospitals and clinics, schools and housing, shops and marketplaces, offices and factories, places of worship, media and communications and public information systems. Most people think of the physical barriers in this category e.g. Banks is inaccessible for wheelchair users if it has steps and narrow doorways. Physical barriers are structural obstacles in natural or manmade environments that prevent mobility (moving around in the environment) or access. Lack of accessible communications can also be disabling for those with sensory impairments. Example: Health related messages may be inaccessible to people with hearing impairments, including videos that do not include captioning, and oral communications without accompanying manual interpretation (such as, Indian Sign Language). Poor communication can have devastating results where important school based education campaigns happen. Students with hearing, visual or intellectual impairments are unlikely to access vital information unless their access needs have been met.

**C) Institutional:** Institutional barriers exclude or segregate PwDs from many areas, such as the legal system, employment laws, electoral system, education policies, health service provisions, social services, belief systems and religion and humanitarian/development agency policies. Exclusion from institutions has other effects, e.g.; poorly regulated special education often makes fewer academic demands on pupils, and smaller schools expose them to a limited range of cultural experiences. The virtual exclusion of PwDs from teacher training colleges also limits the number of qualified teachers with disabilities as role models for students with disabilities and non-disabled pupils in schools (CBM, 2012).

**Barriers can also be classified as architectural barriers (such as high pavements), legal barriers (such as laws denying them the right to vote) they are also termed as policy barriers (related to a lack of awareness or enforcement of existing laws and regulations that require programs and activities be accessible to people with disabilities), organizational barriers (such as inflexible time-tabling) or plain prejudice.**

We have already mentioned some of the barriers to learning that children may face. These obstacles are due to economic and social conditions more than factors ‘within’ the children. It is beyond the capabilities of the education system to address all the issues within the schools but education can make a contribution to alleviate economic and social disadvantage. We believe that the education system at all levels has the responsibility and possibility to make changes despite the challenges and pressures that are faced at different levels. We need to support and we need to facilitate positive development.

### 5.8 Summary
• India is the largest democracy in the world. According to Census 2011, there are 1.2 billion people in the country, out of which, about 833 million people live in rural areas. Census 2011 data on disability has not been announced yet.
• United Nations observes that 10% of the population has disability and there are about 120 million people with disabilities in India.
• Disability is difficult to define since it varies in type, form and intensity. Understanding disability will require understanding of these differences.
• As per the World Health Organization, Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions, impairment is a problem in body function of structure; an activity limitation is difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.
• In order to get a complete understanding of the legal framework governing the rights and entitlements of persons with disabilities, we need to understand the several legislations that cover the disability field. The Constitution of India is the founding legal document guaranteeing fundamental rights to all persons which includes persons with disabilities.
• Legislations should create enforceable standards for high quality medical care, improve access to care, and protect civil, political, social and economic rights of individuals, including a right of access to education, housing, employment and social security.
• The barriers to learning, development and participation children face will vary from one child to another. It is important that we realize that all children ( both children with and without disabilities) face barriers. If these barriers are not addressed properly, children will not be able to reach their full academic, social, emotional and physical potential.
• Barriers are the experiences temporarily or permanently depending on how effectively these are addressed and removed.
• Chapter 3 emphasizes on Education. It envisages duty of educational institutions, measures to promote and facilitate inclusive education and adult education.
• Chapter 4 is on Skill development and employment. It comprises a comprehensive gamut of provisions which includes provisions relating to vocational training and self-employment, non-discrimination in employment, appointment of grievance redressal officer, institutionalization of equal opportunity policy, etc.
• Chapter 5 is on Social Security, health, rehabilitation, and recreation. Provisions include those on social security, healthcare, rehabilitation, research and development, culture and recreation, and sporting activities, etc.

5.9 Experiential Learning

1. Visit an inclusive school and analyze the barriers for inclusion from the perspective of children with special needs.
2. Take an interview of five Parents of Children with Disabilities , on “the awareness of disability related legislations in our country”
3. Take an interview of five special educators on, “awareness of concessions and facilities provided by Government of India to PwDs”.
4. Make a checklist on “barriers to communication”.
5. Visit a civil hospital and write the procedure of availing disability certificate.

5.10 Check Your Progress

1. Discuss the significance and drawbacks pertaining the RPwDAAct.
2. Will ‘Individuals with Disabilities’ be benefited by the new ‘Rights of people with disabilities Act, 2016’? Analyse.
3. List down the rights specified in the RPwD Act.
4. Describe the procedure for redressal in the RPwD Act.
5. Write down the salient features of the RPwD Act
6. According to the RPwD Act of 2016, what is meant by “benchmark disability”?
7. Enumerate the sections on education and rights as per UNCRPD.
9. Enumerate barriers in inclusion with suitable examples.

5.11 Unit End Assignments

2. As per your opinion, does RPwD Act 2016 address the needs of the persons with intellectual disabilities and their families?
3. Write the various effects of institutional barriers.

5.12 Assignment for Self-Evaluation

1. Write a report on disability related legislations in our country.
2. Explain the section of “Education” as per the RPwD Act of 2016.

5.13 References


Websites:
PROGRAMME:
Advanced Certificate in Inclusive Education (Cross Disability)

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