



Certificate in Community Based Inclusive Development (CBID)

Course and Curriculum Overview

Version – 1.1

Rehabilitation Council of India

Department of Empowerment for Persons with Disabilities (Divyangjan)
Ministry of Social Justice and Empowerment
Government of India



Certificate in Community Based Inclusive Development (CBID)

Course and Curriculum Overview

Version – 1.1



भारतीय पुनर्वास परिषद्

Rehabilitation Council of India

Department of Empowerment for Persons with Disabilities (Divyangjan)

Ministry of Social Justice and Empowerment

Government of India



Table of Contents

Message of Endorsement	3
Message from the Course Development Facilitator	4
Introduction	5
CBID competencies	6
Inclusive Community Development	6
Assessment and Intervention	7
Professional Behaviour and Reflective Practice	7
The notion of advancing competence	8
Competence advances progressively across the course	8
The requirements of teaching and learning in competency-based education	8
Course Learning Outcomes	9
The month-by-month course outline	10
Month 1:	10
Month 2:	11
Month 3:	12
Month 4:	13
Month 5:	14
Month 6:	15



Requirements for achieving Minimum Competence to Practice	16
Attendance:	16
The scheme of examination:	16
Assessment processes:	16
Explanatory Notes – Phase-by-Phase	27
Assessment and Intervention	27
Professional Behaviour and Reflective Practice	28
Inclusive Community Development	28
Assignments and Tasks – Phase-by-Phase	29
Phase One	29
Phase Two Block 1	30
Phase Two Block 2	31
Phase Two Block 3	32
Phase Three	33



Message of Endorsement

After three years of expert planning and preparation it is with much excitement that this carefully developed Community Based Inclusive Development course is launched. It's a culmination of an exciting and fruitful partnership between the University of Melbourne (The Nossal Institute, Australia India Institute and Melbourne Disability Institute) the Department of Empowerment of People with Disability (DEPWD) - including the Rehabilitation Council of India along with its national institutes. Importantly the course will ensure that people with disability in India receive the necessary services and supports they need to flourish.

In India, there are about 26.8 million persons with disabilities which is about 2.21% of its population. The Modi Government has actively promoted disability inclusion having passed the Rights of Persons with Disabilities Act, 2016 and introduced programs such as Accessible India.

Australia has been a world leader in promoting disability inclusion and disability financing with the world's first National Disability Insurance Scheme. The Nossal Institute at the University of Melbourne has a long history of India disability research including the Rapid Assessment of Disability project, the CHGN Uttarakhand Cluster, CBR projects research (EHA) and development of DPO formation models.

The DEPWD and University of Melbourne have drawn on our joint expertise in disability to develop this CBID course. Melbourne University was involved in the development of a bilateral MoU on disability (Dec 2018) which specified the joint development of disability training programs. It was signed during the visit by the President of India. Building on the MoU the Honourable Minister Gehlot met with the University of Melbourne's Chancellor Allan Myer's and Vice Chancellor Duncan Muskell in 2019 to further develop the program of work. The Honourable Minister Gehlot's leadership in developing this CBID course must be acknowledged.

Hence the first competency-based framework course was developed through the Rehabilitation Council of India, DEPWD. Developing the CBID course involved various rounds of surveys, workshops, field tests, trainings and expert meetings. We must acknowledge Dr Lindsey Gale and Professor Bruce Bonyhady (Melbourne Disability Institute) who facilitated the course development.



On behalf of the Nossal Institute for Global Health and the University of Melbourne, we heartily congratulate our partners on producing this excellent program. This CBID course would not have been possible without the inspirational leadership and friendship of Secretary Shakuntala Gamlin from the Department for the Empowerment of People with Disability. We also wish to acknowledge Dr Subodh, Member secretary of RCI, whose enthusiasm has brought this project to fruition.

We hope that with DEWPD and RCIs expertise, facilitation and leadership, this course might be rolled out across the country such that wellbeing of people with disability is improved. The University of Melbourne, as a top-ranked university in Asia and number 32 in the world, stands ready to assist in the roll-out, evaluation and scale-up of the CBID program.

*Prof. Nathan Grills (DPHIL, DPH, MBBS, MPH)
Public Health Physician (FAFPHM)
Australia India Institute - Senior Research Advisor*



Message from the Course Development Facilitator

It has been a privilege to work with Indian CBR experts on the development of a CBID Certificate course for India – a country which has been providing community-based responses to disability support and inclusive development for more than forty years. The collaboration has been helped by the approach to the design of this new competency based CBID Certificate, which requires expert collaboration. Consequently, we brought together experts in disability inclusion, CBID fieldwork, international development in India, and educational design. I would especially like to acknowledge the Indian experts who participated and are still participating in one or more of the four phases of this work:

1. *Constructing and testing a CBID 'learning pathway'*. In 2019, over 30 Indian CBID experts participated in two online Delphi expert panels and six attended a week of workshops in Melbourne to draft a CBID Fieldworker Learning Pathway. This proposed Pathway was then taken to the field to be tested, which involved a further 34 CBID experts assessing 100 practicing CBID Fieldworkers to verify the different levels of CBID skill.
2. *Development of an aligned curriculum*. Following development and validation of the foundational learning pathway, another team of 15 experts attended a second week of workshops – this time at RCI headquarters in Delhi, to draft the six-month course to match the learning pathway. The team leaders and members who worked on the three Key Performance Areas of the Course should be acknowledged by name:
 - a) *Inclusive Community Development* – led by Carmo Noronha (Bethany Society, Shillong) with team Umesh Kumar (CBM), Varsha Gathoo (AYJNISHD, Mumbai), Pankaj Maru (Special Needs Education Home), and Shishir Chowdhury (Bhartiya Viklang Jan Forum)
 - b) *Professional Behaviour and Reflective Practice* – led by Sara Varughese (CBM India) with team Adeline Sittther (CMC Vellore), Fairlene Soji (CBM), and Jachin Velavan (CMC Vellore)
 - c) *Assessment and Intervention* – led by Bhushan Punani (Blind People's Association) with team Jubin Varghese (EHA India), Leela Agnes (CHAI), Sujata Bhan (SNDT Women's University, Mumbai), and Vishal Gupta (CHAI).



3. *Pilot rollout.* After such extensive work and ongoing finalising across the difficult year of 2020, it is wonderful to see the project at this stage.
4. *Evaluation and Scale-up.* The University of Melbourne can continue to provide academic expertise to evaluate the program and support its country-wide scale-up.

I am confident that this course will equip new CBID workers to engage competently in this important, challenging work.

*Lindsey Gale (PhD, MTh, MLI, BAppScOT)
Research Fellow, Nossal Institute for Global Health
University of Melbourne
January 2021*



Introduction

The Certificate in Community Based Inclusive Development (CBID) is a 6-month, full-time, competency-based vocational education program developed through and for the Department of Empowerment of Persons with Disability's (DEPWD) Rehabilitation Council of India (RCI), in collaboration with the University of Melbourne. It conforms to the requirements of a Level 4 (post-secondary, non-tertiary) qualification as stipulated by the International Standard Classification of Education (ISCED) (UN, 2011).¹ The RCI accredits and offers the course.

The course is of 24 weeks duration – each week consisting of 30 hours (6 hours/day).² In line with the requirements of a competency-based course, the practice: theory ratio is 60:40.

The course covers three Key Performance Areas (KPAs):

1. Inclusive Community Development (ICD) – 40 percent allocation,
2. Assessment and Intervention (A&I) – 40 percent allocation, and
3. Professional Behaviour & Reflective Practice (PB&RP) – 20 percent allocation.

Eligibility to enrol as a trainee in the Course is open to any candidate who has successfully passed the SSC 10th Std Exam from any recognised State or Central Board and has attained the age of 18 years at the time of admission. Persons with disability, women, and those from other marginalised groups are encouraged to apply.

On successfully completing the Course, the new CBID Fieldworker will be able to competently support people with disability in their local community and bring people with and without disability together to facilitate inclusive community development for all. Certified personnel, as the 'Divyanga Mitra', will be able to work with governmental or other non-governmental agencies and organizations in both formal and informal sectors. Their competence will enable them to bring about social change, improve the quality of life of people with disability, and facilitate their social, educational, workplace and financial inclusion. They will be ideally positioned to act as a link between local authorities and other voluntary agencies, to support people with disability to achieve their rights and entitlements, realise their potential, and enjoy an engaged and participatory community life.

¹<http://uis.unesco.org/sites/default/files/documents/international-standard-classification-of-education-isced-2011-en.pdf>

²A notional session length of 90mins is suggested, which will provide 4 sessions/day (20 sessions/week = 480 sessions). Sessions can be shortened or lengthened as needed, provided the weekly allocation is maintained.



CBID Competencies

Within the three KPAs, there are 11 Units of Competency:

Inclusive Community Development	Assessment and Intervention	Professional Behaviour and Reflective Practice
1. Demonstrates an applied knowledge of community-based inclusive development and its underpinnings	1. Demonstrates an applied knowledge of disability in experience, law and contemporary understanding	1. Fulfils role expectations and requirements
2. Engages and profiles the community	2. Undertakes assessment and planning	2. Organises and manages tasks and responsibilities
3. Works with government structures	3. Facilitates knowledge, linkages and referrals	2. Maintains personal wellbeing and continuing education
4. Supports community leadership and action	4. Supports and provides multi-sectoral intervention	

These Units of Competency are the agreed broad sets of knowledge, skills, attitudes and values that India's CBID experts consider Fieldworkers must have to independently deliver quality and safe CBID. These Units of Competency have been further divided for teaching and learning purposes into 36 Modules, which have been behaviourally described as Learning Outcomes:

Inclusive Community Development

1. *Demonstrates an applied knowledge of inclusive development and its underpinnings*
 - 1.1. Differentiates disability and inclusion in traditional and contemporary understanding
 - 1.2. Applies legislation and programs related to disability and inclusion



2. *Engages and profiles the community*
 - 2.1. Utilises participatory and asset-based approaches
 - 2.2. Plans and implements participatory approaches
3. *Works with local, state, and central government agencies*
 - 3.1. Advocates to and collaborates with the government
 - 3.2. Supports inclusion commitment and compliance
4. *Supports community leadership and action*
 - 4.1. Functions as a change agent
 - 4.2. Establishes, networks, and works with groups for advocacy and action
 - 4.3. Supports local leadership

Assessment and Intervention

1. *Demonstrates an applied knowledge of disability in experience, law and contemporary life*
 - 1.1. Considers the functional impact of disability on individuals and families
 - 1.2. Avails government schemes and support provisions and procedures
2. *Undertakes assessment and planning*
 - 2.1. Establishes positive working relationships
 - 2.2. Selects and administers appropriate checklists within scope of role
 - 2.3. Reviews and interprets results and communicates and discusses findings
 - 2.4. Communicates and discusses results and findings
 - 2.5. Analyses needs using collaborative and strengths-based approaches
 - 2.6. Supports realistic and aspirational planning and goal setting
3. *Facilitates knowledge, linkages and referrals*
 - 3.1. Provides appropriate, timely information
 - 3.2. Completes certification
 - 3.3. Determines and links people to appropriate services



4. *Supports and provides multi-sectoral intervention*
 - 4.1. Conducts interventions within scope of role
 - 4.2. Enhances holistic development of individual with disability
 - 4.3. Supports fitting of and training in assistive and rehabilitation devices
 - 4.4. Conducts training in basic orientation and mobility (O&M) techniques
 - 4.5. Communicates basic information using different methods
 - 4.6. Works with and supports people with mental health issues
 - 4.7. Supports families and other close affiliates
 - 4.8. Monitors and evaluates interventions

Professional Behaviour and Reflective Practice

1. *Fulfils role expectations and requirements*
 - 1.1 Takes on the practical and logistical requirements of the role
 - 1.2 Works legally and ethically
 - 1.3 Works effectively in a team
2. *Organises and manages tasks and responsibilities*
 - 2.1 Prepares work plans
 - 2.2 Manages contingencies
 - 2.3 Completes documentation and reports
3. *Maintains personal wellbeing and continuing education*
 - 3.1. Monitors and maintains personal wellbeing
 - 3.2. Plans and monitors continuous improvement

These Modules are then addressed by a series of main Topics, which are discussed across two or more Sessions.



The Notion of Advancing Competence

Competence advances progressively across the course

The course is conducted across three Phases, reflecting an expectation of advancing competence as well as a stipulation of training venue and nature of teaching and learning:

- a) **Phase 1** covers the first 4 weeks of training, when trainees are considered Novices. The 40 percent theory component of the course is predominantly completed during this Phase, and the venue is either a Training Centre or online.
- b) **Phase 2** covers the middle 12 weeks of training, when trainees are considered Advanced Beginners. During this Phase, comprising 3 weeks of theory and 9 weeks of placement, supervised fieldwork and assignment completion is the mode of learning at a CBID centre.
- c) **Phase 3** covers the final eight weeks of training, when trainees are working at a Competent stage and approaching the minimum standard for independent practice. During this Phase, comprising 2 weeks of theory and 6 weeks of on-the-job training, independent fieldwork and assignment completion is the predominant mode of learning and the venue is again the CBID (RCI-certified) workplace.

Expectations of CBID trainees increase as the course proceeds through these Phases, in line with research evidence that teaching that operates just in advance of current performance more effectively and rapidly draws that performance forwards to the next stage.¹ Within the KPAs, this increasing expectation is expressed by the Learning Outcome statements. A selection of these is provided on the following page, to indicate the deepening nature of learning along the pathway of competence. Note also that all descriptions express ability positively, rather than early statements expressing deficit of higher stages.

¹GILLIS, S. & GRIFFIN, P. (2008). Competency Assessment. In: Athanasou, J (Ed.). Adult Education and Training, (1), pp.233-255. David Barlow Publishing.



The requirements of teaching and learning in competency-based education

Vocational education aimed at producing work-ready graduates places different requirements on educator/trainers. They must be expert role models whose words and behaviour form a unit, and more like supportive coaches in the training process who communicate with the trainee on an equal footing but still as the “knowing one”. As coach, a core process of their role is developing and designing solutions together with the trainee. *Forms of learning involving instructive teaching styles and predominantly passive trainees are not suitable for competency development and should therefore not be utilised.*

In terms of attributes and qualifications, CBID personnel delivering this Certificate-level training need the following attributes and capacities:

- ◆ CBID occupational knowledge and field experience,
- ◆ a personal inclination to the training role and dedication to supporting trainees
- ◆ formal qualifications are not essential, however pedagogical training for vocational education and time for systematic reflection on the role is highly recommended,
- ◆ lived experience of disability – personal or in the family, or other sensitising experience of disadvantage or marginalisation is not a pre-requisite, but is an advantage,

KPA	Level	Course Learning Outcomes
ICD	1	Understands relevant inclusive development principles. Explains impact of barriers on disability. Documents relevant laws undergirding community inclusion mandate. Describes strategies that foster empowerment and self-determination. Encourages families to greater connection. Explains PRA and maps main stakeholders.
	2	Collects data on current access, identifies the factors contributing to community exclusion, provides arguments to counter negative attitudes. Applies the correct statutory provision to different disability situations and links people to appropriate entitlements, including those hard to reach. Describes empowering features of programs. Demonstrates an empowering approach in their own practice, eliciting insights and leadership of people with disability. Encourages village leaders to improve cross-sectoral inclusion. Helps to bring camps and resources to the community. Plans and completes strategic community mapping.
	3	Reports on compliance at the village level. Persuades frontline leaders about responsibilities. Obtains necessary directives from authorities to run campaigns. Facilitates community change by astutely applying legislation. Compares community perspectives on disability and uses these to negotiate for inclusion. Conducts and guides the community through PRA. Supports and builds capacity in DPOs, empowering them to greater self-determination and self-directed advocacy.



KPA	Level	Course Learning Outcomes
A&I	1	<p>Considers a strengths-based approach. Counters superstitious views of disability. Documents relevant statutory laws and provisions. Provides accurate information in response to basic questions. Documents assessment results using prescribed formats, including for Disability Certification/ UDD. Communicates low-stakes information accurately and respectfully. Describes and assists in multi-sectoral interventions. Participates in training family members. Discusses how existing family resources can be used. Explains different strategies for improving wellbeing, identifying situations where these might be needed.</p>
	2	<p>Identifies less obvious disability conditions. Selects and administers basic assessments that incorporate questions of family strengths. Creates reports, identifies correct referral pathways, and refers appropriately. Communicates sensitive information considerately, using learned strategies. Facilitates collaborative planning and goal setting. Explains about resources and other relevant information in a timely way. Provides for and train others in basic interventions for a range of needs.</p>
	3	<p>Applies understanding of the 21 disabilities of the RPwD Act 2016 to identify disability, including mental illness. Completes functional assessments, factoring in circumstances impacting accuracy. Facilitates collaborative planning in the family, overcoming resistance. Incorporates strengths into plans and facilitates family resourcefulness in using existing resources. Provides appropriate emotional support and adjusts their own behaviour to provide better support.</p>
PBRP	1	<p>Prepares work plans against prescribed formats. Completes assigned tasks on time. Discusses different skill sets in the team. Describes relevant codes of conduct, laws, ethical requirements. Reflects on responses to disability and identifies possible challenges. Is open to feedback about knowledge gaps and PD opportunities.</p>
	2	<p>Manages workload and adapts plans. Collaborates with others and fosters positive team functioning. Demonstrates responsible and impartial behaviour, respecting confidentiality and backgrounds. Takes responsibility for own wellbeing and makes use of support. Takes advantage of continuing education opportunities.</p>
	3	<p>Plans in consideration of longer-term goals Manages changing requirements. Engages in positive wellbeing practices and actively support others to do so. Demonstrates impartiality when dealing with opposing viewpoints. Incorporates new practice directives and changes into SOPs and their practice. Sources and undertakes ongoing learning in consideration of particular needs and requirements of the role.</p>



The Month-by-month Course Outline

Month 1

PHASE 1		Week 1	Week 2	Week 3	Week 4
MONDAY	am	1.1.1.1 Concept of disability 1.1.1.2 Working definitions of 21 disabilities	1.2.1.2 PRACTICUM (Visit) Department of Social Welfare, District Health Office and District Education Officer	2.2.2.1 Screening checklists - types and contextualisation 2.2.1.2 PRACTICUM Pilot testing screening checklist in neighbourhood of training centre	4.1.1.1; 4.1.1.2 The CBID Matrix and use of Matrix to troubleshoot exclusion
	pm	1.1.1.1; 1.1.1.2 Overview of community, disability and diversity	1.2.1.1 Legislation, policies and acts relating to disability and rights	2.1.1.1; 2.1.1.2 Concept of community engagement, profiling and mobilising	2.2.3.1 Participatory community meetings
TUESDAY	am	1.1.1.1; 1.1.1.2 Roles and responsibilities of the CBID worker	1.1.3.1; 1.1.3.2 Impact of personal framework	1.2.1.2 (cont): Safeguarding children and adults at risk. 1.2.2.1 Ethics and confidentiality	2.1.1.1; 2.1.1.2 Work planning and Work targets
	pm	1.1.2.1; 1.1.2.2 Models of disability and implications	1.2.1.2 PRACTICUM (Portfolio) Begin development of file of policies, acts, and schemes	2.1.2.1; 2.1.2.2 Community empowerment and stories from empowered role models	2.2.3.2 PRACTICUM (Portfolio) Indigenous guidelines for supporting participation in the local context
WEDNESDAY	am	1.1.2.1 Limits of responsibilities	1.2.1.1; 1.2.1.2 Workplace laws and policies	2.3.1.1 CBID responsibilities in reporting and reporting formats	1.3.1.1; 1.3.1.2 The CBID team and other professionals



PHASE 1		Week 1	Week 2	Week 3	Week 4
	pm	1.1.2.1 Barriers of disability 1.1.2.2 Disability barriers practicum 1.1.3.1. Impact of barriers on family	1.2.2.1 Procedures for availing entitlements - central and state governments 1.2.2.2 Sharing entitlements with individual and family PRACTICUM	2.3.1.1; 2.3.1.2 Interpreting and sharing checklist results	3.3.1.1 Roles of members of the multidisciplinary team 4.2.1.1 Creating a checklist to assist identification of developmental delay
THURSDAY	am	1.1.1.3 PRACTICUM Develops initial map of local diversity	1.2.2.1 Benefits and legislative underpinnings of inclusive communities	2.2.1.1 Concept and tools of PRA 2.2.1.2 PRACTICUM Cataloguing resources of training centre	3.1.1.1 Panchayati Raj system and structure 3.2.3.1 Identifying gaps and issues in government service provision
	pm	1.1.3.2 PRACTICUM - Barriers facing different disabilities in the local community (combine with ICD 1.1.2.3 below)	2.1.1.1 Family structures personal dynamics 2.1.1.2 Family structures and dynamics - disability impact	3.1.1.1 Information in accessible formats 3.1.2.1 Appropriate and timely sharing of information 3.2.1.1 Types of certification	4.3.1.1 The ADIP Scheme – Assistive devices available
FRIDAY	am	1.1.2.3 PRACTICUM Identifies local barriers and models of disability operating in the local community	1.2.2.2 PRACTICUM (Portfolio) Schemes and provisions enabling ICD	2.2.2.1 Concept of 'participatory' in PRA 2.2.2.2 PRACTICUM (Portfolio) Checklist for developing participatory reports	3.1.1.1 Workplace safety 3.1.2.1 Women's safety and wellbeing
	pm	1.2.1.1 Entitlements and provisions in inclusive organisations 1.2.1.2 Visit inclusive organisations PRACTICUM	2.1.2.1 Factors to consider in relating to diverse Indian families 2.2.1.1 Rationale, processes and purposes of disability screening	3.2.1.2 Observing completion of certification with a family 3.2.2.1 Pre-requisites for certification and completion of formalities	Prep for Phase 2 work – discussion; check-in (one-on-one interviews?)

Month 2

PHASE 2 Block 1		Week 5	Week 6	Week 7	Week 8
MONDAY	am	2.1.2.2 (Setup) the task to approach a family and set up a good working relationship 2.2.2.2 (Setup) Door-to-door screening survey	2.1.2.2 Establishing good working relationships with families	2.4.2.2 PRACTICUM Observing meal-time interaction of family with a disability	2.6.1.2 Completing an IFSP for the same family and select a goal



PHASE 2 Block 1		Week 5	Week 6	Week 7	Week 8
	pm	2.1.2.2 Supporting empowerment through catalytic storytelling 2.2.3.2 (Setup) reporting on a meeting 3.2.1.1 (input) enlisting frontline officers 3.2.1.2 (input) Event management and letter writing skills	2.1.2.2 Documenting catalytic stories cont.	2.2.3.2 Attending a community meeting and documenting its effectiveness in bringing about participation of all stakeholders	3.1.2.2 Time allocated for designing an advocacy campaign
TUESDAY	am	1.1.1.2 (Setup) Roles and responsibilities of CBID workers 1.2.1.2 Workplace laws and policies (Setup) 1.2.3.2 (Setup) Visits 1.2.3.1 (input) Redressal mechanisms	1.2.3.2 Visits to understand redressal mechanisms	1.3.3.2 (cf. to A&I 2.2.2.2) Communication skills 1.3.3.3 Alternative communication	1.3.4.1 (input) Team dynamics 1.3.4.2 Practicing team interactions
	pm	3.2.2.1 (input) Reviews PRIs and administrative structures and departments	2.1.2.2 Documenting catalytic stories cont.	3.1.1.2 (cont). Developing the service delivery data collection instrument	3.1.2.2 Time allocated for designing an advocacy campaign
WEDNESDAY	am	1.3.3.1 (input) Communication skills 1.3.2.1 (input) Interacting well in teams 1.3.2.2 (Setup) Significant interactions	1.2.3.2 Visits to understand redressal mechanisms cont.	1.3.3.3 Communication skills cont. (in-class practice)	2.2.1.1 (input) Managing negative outcomes
	pm	2.4.1.1 Case review and facilitating the family to participate 2.4.2.1 Assessing acceptance of a PWD within the family	2.2.2.2 Screening for disability survey and feedback to supervisor (group task)	2.5.1.2 Mapping a person and family's support network (ecomap)	2.6.2.1 Engaging parents in participatory experiences with other stakeholders
THURSDAY	am	3.1.1.2 (input) Collecting and interpreting secondary data on service delivery	2.1.2.2 Documenting catalytic stories cont.	3.1.2.2 Time allocated to collecting IEC materials	3.2.2.2 Develop case studies and stories from data illustrating compliance to service delivery requirements of the government
	pm	2.5.1.1; 2.5.2.1 Resource and eco-mapping with the family	2.3.2.1; 2.3.2.2 Sharing and storing screening results responsibly and PRACTICUM	2.5.2.2 Mapping resources for rehab needs	2.6.2.1 Engaging parents in participatory experiences cont.



PHASE 2 Block 1		Week 5	Week 6	Week 7	Week 8
FRIDAY	am	3.1.2.1 (input) Advocacy campaigns 3.1.2.2 IEC materials	2.1.2.2 Documenting catalytic stories cont.	3.1.2.2 cont. Collecting IEC materials	The week concludes with presentations and debrief all together: <ul style="list-style-type: none"> • A&I 2.4.2.2 Discussion of the role of the family (cf.to Phase 1 ICD 1.1.2.1/ 1.1.2.2) • PB&RP 1.1.3.2 Discuss changes in your understanding from this first block placement • PB&RP 1.3.2.2 Team interactions • ICD 3.1.2.2 Presenting advocacy plan
	pm	2.6.1.1/ 2.6.2.1 Developing an IFSP and supporting goal achievement	2.4.1.2 Participating in a multi-disciplinary case review and recording impressions	2.5.1.2/ 2.5.2.2 – complete eco- and resource maps	

Month 3

PHASE 2 Block 2		Week 9	Week 10	Week 11	Week 12
MONDAY	am	3.1.1.2/3.1.2.2 (Setup) Communicating knowledge appropriately, to time, and in accessible formats 3.2.2.2 (Setup) Completing certification	3.1.1.2/3.1.2.2 Develop awareness materials correcting myths about disability with facts and provide these in at least two different formats and noting timeliness of information sharing	3.3.1.3 Rehab resource directory and referral pathway	4.8.1.1 Ongoing and summative evaluations of progress from intervention
	pm	2.2.4.1a (input) Practicing resource appraisal	2.2.4.1 PRA Assignment	2.2.4.1 PRA Assignment	2.2.4.1 PRA Assignment
TUESDAY	am	2.3.1.2 Prepare any PRA reporting forms needed	2.3.1.2 cont. Prepare any PRA forms needed	2.1.2.2 Interview CBID worker on their time management in the field and write up in your journal	2.2.3.1 (input) Disaster preparedness
	pm	2.2.4.1b (input) Using visual tools for representing PRA	2.2.4.1 PRA Assignment	2.2.4.1 PRA Assignment	2.2.4.1 PRA Assignment
WEDNESDAY	am	2.1.3.1 (input) Reviewing and reflecting on work plans	2.1.2.1 (input) Time management	2.1.3.2 Reflect on individual task execution and share with a peer	2.2.3.2 Discuss with two experienced colleagues the effect of social unrest/ disasters on work plans and write up your thoughts in your journal



PHASE 2 Block 2		Week 9	Week 10	Week 11	Week 12
	pm	3.3.1.2/3.3.1.3 (Setup) Resource directory and referral pathways supporting access to rehab 4.2.1.1 (setup) Completing your developmental delay checklist from Wk 4	3.1.1.2/ 3.1.2.2 Disability awareness materials and timeliness cont.	3.3.1.3 Rehab resource directory and referral pathway cont.	4.8.2.1 Reformulation of goals from evaluation and feedback system
THURSDAY	am	2.2.4.1c Write a work plan of the PRA project	2.2.4.1 PRA Assignment	2.2.4.1 PRA Assignment	2.2.4.1 PRA Assignment
	pm	3.3.1.1 (input) Facilitates access to services through referrals and single window service provision	3.2.2.2 Certification - Completing at least 5 application forms, using different certificates	3.3.1.3 Rehab resource directory and referral pathway cont.	4.2.1.2 Using developmental delay checklist with a typically developing child
FRIDAY	am	2.2.4.1c Work plan of the PRA project cont.	2.2.4.1 PRA Assignment	2.2.4.1 PRA Assignment	The week concludes with opportunity to catch up with assignments, ask questions, and for the supervisor to conduct a mid-course review
	pm	4.1.2.1 (input) Interventions at the community level	3.2.2.2 Certification cont.	3.3.1.3 Rehab resource directory and referral pathway cont.	

Month 4

PHASE 2 Block 3		Week 13	Week 14	Week 15	Week 16
MONDAY	am	4.2.2.1 (input) Orients families on skills to enhance movements and functioning in PWD (setup)	4.3.1.2 ADIP form for fitting and training assistive and rehab devices – fill this in for a person and submit it to a designated centre	4.2.2.3 Supporting movement learning needs cont.	4.4.2.2 Task analysis for ADL activities cont.
	pm	3.2.1.3 (setup) Letter writing to local government officials 3.2.3.2 (setup) Issues and gaps in government compliance 4.1.1.1 (input) Exploring the role of the change agent	3.2.3.2 Complete government compliance gap analysis	4.2.1.1 (input) Networking across sectors using the CBR matrix	4.2.2.1 (input) Responding to challenges of working together and building positive working relationships
TUESDAY	am	2.3.2.1 (input) Timely reporting	2.3.1.2 Preparing draft reports and forms – Training Report, IRP (with A&I)	2.3.3.1 (input) Writing and presenting case studies	2.3.3.2 Developing case studies - obtaining consent



PHASE 2 Block 3		Week 13	Week 14	Week 15	Week 16
	pm	4.1.1.2 (input) Identifying the undergirding theory of change	3.2.3.2 Government compliance gap analysis cont.	4.2.1.2 (input) Using networks to collect data to support advocacy campaigns and build commitment to change	4.2.2.2 Documenting conversations responding to the challenges of working together
WEDNESDAY	am	1.1.2.1 Limits of responsibilities	1.2.1.1; 1.2.1.2 Workplace laws and policies	2.3.1.1 CBID responsibilities in reporting and reporting formats	1.3.1.1; 1.3.1.2 The CBID team and other professionals
	pm	2.3.2.1 Submitting assignments on time	2.3.1.2 Preparing reports and forms cont.	2.3.3.2 Develops 2 case studies in a small group	2.3.2.2 (input) Taking meeting minutes
THURSDAY	am	4.1.2.1 (input) Facilitating grassroots empowerment (setup) 4.1.2.3 (setup) Evaluating and reporting empowerment 4.2.2.1 (setup) Responding to the challenges of working together	3.2.1.3 Writes letter to local government official	4.2.1.2 Develops a guidebook of local agencies to support networking for ICD	4.2.2.2 Documenting challenging conversations cont.
	pm	4.4.1.1 (input) Training basic O&M techniques 4.5.1.1/4.5.1.2 Total communication and selecting a mode to develop greater proficiency in	4.2.3.2 Supporting movement learning needs cont.	4.2.2.2 Supporting movement learning needs cont.	4.5.1.2 Demonstrating improvement in communicating with client using their preferred mode
FRIDAY	am	4.1.2.2 (input) Catalytic storytelling	4.1.2.3 Evaluating programs for their empowerment facilitation using the Domains of Community Empowerment tool and reporting results to program manager(s) (connects with PB&RP 2.3.4.2)	4.2.1.2 ICD Agencies Guidebook development cont.	The week concludes with opportunity to meet with supervisors and get support and input on assignments
	pm	4.5.2.1 (input) Lists and demonstrates alternative communication systems for different needs 4.4.2.1 (input) ADL areas and task analysis to support skill development		4.4.2.2 Demonstrate teaching of ADL skills	



Month 5:

PHASE 3 Block 1		Week 17	Week 18	Week 19	Week 20
MONDAY	am	4.6.1.1 (input) Hearing from and supporting people with mental illness	4.6.1.2 Developing resources for mental health awareness presentation cont.	2.6.2.3 (input) Facilitating families to set and achieve support goals	3.2.2.3 Supporting family to achieve certification cont.
	pm	4.2.3 Community Project/ Campaign (setup) 3.1.2.3; 3.1.2.4 Advocacy presentation (setup) and constructing a Theory of Change	4.2.3 Community Project	4.2.3 Community Project	3.1.2.3 Advocacy presentation (incorporate into 4.2.3 Community Project)
TUESDAY	am	3.1.2.2 (input) Needs of women with disability 3.1.1.3 Planning safe travel to and in the field	2.2.3.3 (input) Disaster preparedness (Setup) - Identifying risks in local community	3.2.1.2 Note in your journal how you feel you are going – reflect on your progress and learning goals you would like to discuss with your supervisor	2.2.1.2 Managing negative outcomes 3.1.3.2 Fostering healthy relationships 2.1.2.3 Time management
	pm	4.2.3 prep – Construct a theory of change diagram with the community	4.2.3 Community Project	4.2.3 Community Project	3.1.2.3 Advocacy presentation (incorporate into 4.2.3 Community Project)
WEDNESDAY	am	1.1.2.1 Limits of responsibilities	1.2.1.1; 1.2.1.2 Workplace laws and policies	2.3.1.1 CBID responsibilities in reporting and reporting formats	1.3.1.1; 1.3.1.2 The CBID team and other professionals
	pm	2.1.1.3 (setup) Develop a work plan 2.1.2.3 (Setup) Time management	2.1.2.3 Time management - monitoring your own	3.1.2.3 Women’s safety and wellbeing – Participate in a guided field visit on this topic and complete a checklist/ questionnaire on the issues	3.2.2.2 Opportunities for ongoing learning
THURSDAY	am	4.2.3 prep – Developing a file of catalytic stories of role-models	4.2.3 Community Project	4.2.3 Community Project	4.2.3 Community Project
	pm	4.6.1.2 Developing resources for mental health awareness presentation	4.7.1.2 Journaling about stages of adjustment to disability, responding with sensitivity, providing useful information	2.6.2.3 Goal setting and planning cont.	3.3.1.4 Single window provision of rehab services in the community – group project



PHASE 3 Block 1		Week 17	Week 18	Week 19	Week 20
FRIDAY	am	4.2.3 prep – Listing agencies/ entities to approach for support	4.2.3 Community Project	4.2.3 Community Project	4.2.3 Community Project
	pm	4.3.2.1 (setup) Making assistive devices 4.1.2.2 (setup) Determining community perceptions of disability	4.7.2.2 Documenting a family's coping mechanisms	3.2.2.3 Work with a family to facilitate certification, using the material gathered for 3.2.2.2 (Phase 2 Block 2)	4.1.2.3 Demonstration of a community participation activity

Month 6:

PHASE 3 Block 2		Week 21	Week 22	Week 23	Week 24
MONDAY	am	4.2.2.4 (input) Educating families on supporting movement and motor learning needs (continuing on from 4.2.2.1 in Phase 2)	4.3.3.1 (input) and 4.3.3.2 (Practicum) Fitment, training, and repair of assistive devices	4.5.2.3 Developing an alternative communication board	Student seminars
	pm	4.2.3 Community Project	4.2.3 Community Project	4.3.1.1 (input) Roles and responsibilities of local leaders and participatory processes of selection	
TUESDAY	am	3.2.2.2 Learning a new skill	1.3.2.3 Reflective discussion with peers/ supervisor on difficult and positive team interactions 3.1.3.3 Debrief any critical incident	Prepare for student seminars and resource fair	4.6.2.1 (input) Referrals for people with mental health issues
	pm	4.2.3 Community Project	4.2.3 Community Project	4.3.1.2 Working with the community to identify and select local leaders	4.6.2.2 Document referral pathways for a person with a mental illness and ways for families to engage and support
WEDNESDAY	am	3.2.2.2 Learning a new skill cont.	Prepare for student seminars	Prepare for student seminars and resource fair	4.3.2.1 (input) Fading the role of the CBID worker/ external agent
	pm	4.2.2.4 Demonstrating to families how to support movement and motor learning needs	4.4.1.2 Training family in O&M techniques	4.5.2.3 Developing an alternative communication board cont.	4.3.2.2 (input) Indigenous fading out strategies for each trainee's context



THURSDAY	am	4.2.3 Community Project	4.2.3 Community Project	4.3.1.2 Working with the community to identify and select local leaders cont.	Day 1 – Resource fair (open to the community) – possibly booths and poster presentations – people move around the room and discuss the materials at each booth with the students running it
	pm	4.3.1.3 Facilitating a family to access the ADIP	4.4.2.3 Developing an ADL training plan	4.5.2.3 Developing an alternative communication board cont	
FRIDAY	am	4.3.2.2 (prac) Developing an indigenous assistive device and home-based adaptive device	4.2.3 Community Project	4.3.1.3 Training, developing, and resourcing local leaders	Day 2 - Graduation and celebration
	pm		4.4.2.3 Developing an ADL training plan cont.	4.5.2.3 Developing an alternative communication board cont.	



Requirements for Achieving Minimum Competence to Practice

Attendance:

The minimum attendance required is 80 percent for all Theory component work and 90 percent for all Practical components. A completion certificate of all is to be certified by the Principal / Head of the Institution in which the trainee is enrolled.

The scheme of examination:

The scheme of examination of RCI for *competency-based certificate level courses in special education and disability rehabilitation and inclusion* will apply.

Assessment processes:

Trainees enrolling for the programme will be assessed:

- a) On a *continuous basis* (formatively) through their completion of the various tasks and assignments of the Course,
- b) On a *summative basis* at the close of each Phase and conclusion of the Course, by a comprehensive Observational Assessment completed by their Trainer/ Placement Supervisor.

I. *Assessment during the course (formative assessment):*

As this is a competency-based course, assessable tasks are designed to support competency development. They are therefore based on or conducted in real work situations and involve learning by doing and reflecting on practice. Their completion informs both trainer and trainee where the trainee is up to on the CBID learning journey and supports progress to continue. These *formative* assessments are of four types:



HURDLE TASKS

Hurdle are achieved by attendance and participation. While all activities of the course could be classed as hurdle tasks, some have been selected to focus on as representative of important aspects of CBID Fieldwork. ***Trainers should prepare a marking guide to confirm these hurdle requirements have been completed.***

JOURNAL TASKS

Journal tasks require submission of brief, formal notes that summarise learning and reflection on performance of important CBID tasks and responsibilities. ***Trainers and placement supervisors should read and note these entries and sit with trainees to discuss any issues or concerns.***

PORTFOLIO PROJECT

The Portfolio project draw from trainee work across the course in compiling and annotating official government documents, work-related protocols, and issue-related resources and tools supporting CBID Fieldwork. Their collection and filing of these documents will be checked each week by the placement supervisor, with the trainee then selecting a subset from them for their Portfolio submission. This submission will be single document (submitted (digitally or hardcopy) composed of four tasks –

1. *A Resource Folio* of official documents about disability-related legislation, policies, entitlements, and procedures for availing them. ***Trainers should prepare a marking guide to confirm these resources have been gathered and filed correctly.***
2. The specific *Reporting and Referral Protocols* of the trainee's local community, relating to the policies and procedures mentioned in #A. ***Trainers should prepare a marking guide to confirm these resources have been gathered and filed correctly.***
3. *Resources and Tools* – selection of NINE (9) issues encountered in the CBID fieldwork placements – THREE (3) for Inclusive Community Development and working with groups and community sectors, THREE (3) for Assessment and Rehabilitation and working with individuals and families, and THREE (3) for Professional Behaviour and Reflective Practice. For each issue identified –
 - a) Compile an annotated list of 2-3 different resources and tools (18-27 in total):
 - 6 for Inclusive Community Development,
 - 6 for Assessment and Intervention, and
 - 6 for Professional Behaviour and Reflective Practice).

Examples of resources and tools could include – information sheets, questionnaires, activities, flash cards, websites, books, media, etc.



Specific contexts for their use might be – different community settings, age groups or disability conditions; 1-1 or group resources and tools, or resources and tools supporting team and workplace functioning.

- b) Describe how/ where/ when/ why you might use each specific resource as part of your role – considering both proactive and reactive uses.

Trainers and placement supervisors should read through these resources that trainees have gathered to check they are fit for purpose and appropriate to the need.

4. *Short Answer Written Responses* – derived from the Explanatory Notes Manual (Please note: To retain the competency-based nature of learning in this course, Self-Learning Materials (SLMs) are not given to trainees but are provided to trainers/ placement supervisors as *Explanatory Notes (ENs)* to help them design and check the Short Answer Written Responses section of the Portfolio project – Part D). ***Trainers should go through the Explanatory Notes Manual for their KPA and devise a set of practice-relevant questions covering the most important topics. A suggestion is 1-2 questions per subject per week.*** An example question, taken from ICD 1.1.1.2 – Diversity in Community is:

“Not all members of the community come from the same culture or language background. Their ‘setbacks’ and ‘ways of coping’ may differ. a) Identify two different ‘set-backs’ that people with disability in your community likely face, based on cultural, ethnic or language difference; b) Describe a different ‘way of coping’ with each setback; c) Discuss (in a paragraph or two) two ways that you might need to adapt yourself to meet the specific cultural needs of people and families living with disability in your community.”

ASSIGNMENT TASKS

Three major assignments for the Inclusive Community Development subject are conducted across Phases 2 and 3. The requirements and instructions for these Assignments are provided in the Session Plans. They are:

1. Preparing and running an Advocacy Campaign (Phase 2 Block 1) – 4-weeks
2. Conducting a PRA/PLA (Phase 2 Block 2) – 4-weeks
3. Conducting a Community Inclusion Project (Phase 3) – 8-weeks.

II. *Assessment at the end of each Phase and at course end (summative assessment):*

At the end of Phases 1 (month 1) and 2 (month 4), a summative assessment of trainee performance across the Phase is conducted. This establishes the extent to which the required standard for the Phase has been achieved and supports the trainer to decide if the trainee is ready to proceed to the next Phase or needs more time to consolidate the skills of the current Phase. Then,



at the conclusion of the whole course (end of Phase 3 – month 6), a final summative assessment is made to determine whether Minimum Competency to Practice has been reached.

This summative assessment is the same in each case – a multiple-choice **Observational Reporting Tool** that the trainer completes from their observations and knowledge of the trainee on placement. It obtains a score that places the trainee at one of the Levels of the course – Novice, Advanced Beginner, Competent, or Above Standard.

The goal of the course is to support trainees to progress through the levels steadily and successfully – achieving Novice standard by the end of Phase One, Advanced Beginner standard by the end of Phase Two, and Minimum Competency to Practice – Competent standard, by the end of Phase Three and the conclusion of the course. Repeating the same assessment at the end of each Phase will allow this progress to be reliably tracked.

The rubrics that permit evidence-based scoring make clear what is required of trainees and to what standard. These are therefore provided to the trainees at the start of the course, and regularly referred to, as the goal is for trainees to become informed and motivated lifelong learners who know how to progress their competency and seek to continually improve it

The **Observational Reporting Tool** and **Rubrics and Scoring Guides** for the three subjects are on the following pages (**Please note:** In the Rubrics and Scoring Guides, the competency indicators increase in difficulty in ascending order and the three levels of increasing proficiency are indicated by increasingly darker shading).

Achieving the Level of each Phase at its conclusion should be regarded as a Pass to the next Phase. At the conclusion of the course, if Minimum Competency to Practice has not been reached, the trainee should be given a further month of fieldwork to consolidate their skills sufficiently to achieve a 'Competent to practice' result.

The competencies of the 'Above Standard' level are abilities beyond those required, but are presented to encourage continued improvement, which must continue after graduation. Ongoing learning opportunities should be regularly provided to support this.



OBSERVATIONAL REPORTING TOOL **(Summative Assessment)**

Trainee performance is evaluated using this tool at the completion of Stages 1, 2 and 3.

INSTRUCTIONS: *For each question, please choose ONLY ONE response. The response you choose should be the closest match to this CBID Fieldworker's typical performance, or what you consider this Fieldworker is able to do. If you feel the performance falls between two levels, select the lower one. This will indicate that the Fieldworker has achieved that level but has not reached the higher one.*

Q1. Understands community development and CBID

- A) Defines barriers to and principles of inclusion in the community
- B) Explains the impact of backgrounds on the experience of disability and disability inclusion
- C) Develops arguments to counter negative community attitudes and outlook
- D) Compares different community perspectives on disability and inclusion

Q2. Understands disability conditions (definitions, causes)

- A. Can explain the causes of disability to counter incorrect or superstitious understandings
- B. Describes the main features of the 21 disabilities under the RPD Act, 2016

Q3. Understands statutory provisions

- A. Explains some relevant statutory laws, provisions, and procedures and their connections
- B. Applies the correct statutory provision and procedure to the situation
- C. Justifies proposed adjustments/ changes to community infrastructure/ practice using the legislation

Q4. Understands background differences (socio-economic, gender, caste, religion) and their impact

- A. Explains factors that contribute to and hinder inclusion of persons with disabilities by communities
- B. Identifies the interplay of [socio-economic/ gender/ caste/ religious] factors impacting situations
- C. Negotiates for the benefit of all, utilizing unwritten ground rules of different groups

Q5. Differentiates between disabilities

- A. Differentiates between obvious disabilities (e.g., vision/ hearing / evident physical disability)



- B. Identifies less obvious conditions (e.g., developmental disabilities, other neurological diseases)
- C. Identifies and gives rationale for likelihood of mental illness

Q6. Performs functional assessment

- A. Completes basic checklist as instructed
- B. Selects and administers appropriate checklist
- C. Factors in all circumstances that might be impacting assessment accuracy

Q7. Communicates assessment findings

- A. Provides low-stakes information accurately (information positive/ neutral in impact)
- B. Communicates sensitive information in consideration of the emotional wellbeing of the receiver
- C. Communicates convincingly to resistant stakeholders

Q8. Reads family/ relationship structures and dynamics

- A. Follows expected societal norms when relating to people and families living with disabilities
- B. Demonstrates respectful and supportive behaviour to people and families living with disabilities
- C. Identifies salient/ critical issues and features in family/ relationship dynamics
- D. Changes the way they relate depending on the need of the family/ relationship situation (e.g., draws on strength-based approach to transform a situation that seems hopeless)

Q9. Develops family ability and efficacy to set goals and plan

- A. Acts in a directive, task-oriented manner in dealings with individuals and families living with disability
- B. Facilitates collaborative discussions with the family/ relationship
- C. Facilitates collaborative decision-making in the family/ relationship
- D. Analyses one's own behaviour and adjusts it to further empower individuals and families

Q10. Identifies assets, capabilities and strengths

- A. Knows of the strength-based approach
- B. Includes questions about assets and strengths in the functional assessment
- C. Interprets and incorporates findings about individual/ family strengths into the plan



Q11. Enhances movement and physical capacities

- A. Follows through on activities/ exercises prescribed by the allied health professional
- B. Ensures correct use of assistive devices to support mobility and physical capacity
- C. Suggests home modifications to improve physical access
- D. Facilitates greater physical access in the community (including transport) for an individual
- E. Advocates for community-wide adoption of universal design access principles and practices

Q12. Enhances social, emotional, and cognitive development and early learning

- A. Encourages social participation by the family in the community
- B. Informs family about available early learning resources
- C. Facilitates family resourcefulness in using what is available to foster development and learning

Q13. Trains in the use of basic assistive and rehabilitation devices

- A. Trains family members in simple techniques (e.g., human guide)
- B. Trains in use of assistive technology (e.g., mobility devices, communication devices)
- C. Trains other stakeholders in the community

Q14. Enhances personal independence

- A. Assists in facilitating independence in activities of daily living
- B. Independently facilitates independence in activities of daily living
- C. Builds capacity in family members to facilitate greater personal independence
- D. Problem-solves to overcome individual/ family resistance to improving personal independence

Q15. Communicates using different communication methods

- A. Describes and gives examples of different forms of communication for different disabilities/ needs
- B. Communicates one-step information (e.g., single words, greetings) in other formats as required
- C. Seeks to expand beyond basic proficiency in different communication media/ formats

**Q16. Links people to professional intervention/ services**

- A. Ensures Disability Certification/ UDD
- B. Identifies the correct referral pathways and refers appropriately
- C. Identifies and refers people at risk and hard to reach
- D. Facilitates camps and campaigns to bring professional services to village level

Q17. Provides social and emotional support

- A. Informs individuals and families about various strategies to improve emotional wellbeing
- B. Applies an emotional support strategy in response to an obvious (i.e., stated) need
- C. Provides emotional support in response to a holistic appraisal of the needs of individual and family
- D. Considers external factors (e.g., caste, culture) when providing social and emotional support

Q18. Demonstrates effective listening

- A. Listens and in response, advises
- B. Utilises learned listening strategies when interacting with individuals and families
- C. Carefully attends to both spoken and unspoken information to respond appropriately

Q19. Establishes necessary connections

- A. Maps main stakeholders in the village
- B. Plans and maps strategically (e.g., considers less obvious stakeholders such as schools)
- C. Communicates with stakeholders to make/ strengthen community connections
- D. Obtains necessary directives from authorities (e.g., the Taluk)

Q20. Sensitizes and trains others

- A. Instructs families in ways to support their member with a disability
- B. Trains close community members to better connect/ interact with people with a disability they know
- C. Instructs village functionaries about general disability needs and their responsibilities
- D. Trains outside service providers about general disability needs and their responsibilities

Q21. Understands community resources

- A. Defines and describes Participatory Rural Appraisal



- B. Participates in PRA with support
- C. Guides community to PRA (mapping)

Q22. Enables utilization of community resources

- A. Encourages families to use their existing (own) resources
- B. Facilitates government resources to be available to individuals and families
- C. Convinces the community to actively contribute from its own resources
- D. Brings external resources into the village

Q23. Identifies potential leaders

- A. Identifies obvious leaders (from among individuals with disabilities, family members, community)
- B. Encourages and informs potential leaders about how to develop their capacity
- C. Models leadership skills to potential leaders
- D. Brings out and develops latent leadership skills in others

Q24. Supports formation of groups and DPOs

- A. Describes observed group formation processes
- B. Supports establishment and organization of group/ DPO meetings
- C. Educates groups about their entitlements and obligations
- D. Trains groups to function independently
- E. Facilitates groups to connect with other relevant key stakeholders

Q25. Shares relevant information and documents

- A. Explains relevant support provision schemes, programs, and documents
- B. Collects data on access to provisions by people with disabilities
- C. Reports on compliance at the village level

Q26. Argues for inclusion with community leaders

- A. Observes persuasive interactions with leaders
- B. With support, makes a case for greater inclusion to local leaders
- C. Interacts on one's own to persuade Block level leaders to engage in inclusive development
- D. Supports and models to other CBID trainees how to interact persuasively with leaders

**Q27. Motivates individuals and families to join community groups**

- A. Identifies and prioritises the factors impacting on individuals and families joining groups
- B. Persuades/ makes a case for a family/ individual to join in community life
- C. Addresses multiple factors inhibiting community participation

Q28. Organises inclusive programs and special days

- A. Observes and is involved in the organization of inclusive programs and special days
- B. Arranges and conducts inclusive programs and special days alongside DPOs and community
- C. Supports the community / DPO to conduct inclusive programs and special days/ events

Q29. Takes on the requirements of the role (e.g., is prepared to travel by different modes to different locations, work with groups from different backgrounds, work on days/ at times best suited to the community)

- A. Identifies challenges to the role in one's own background and formulates arguments against these
- B. Evidences reliable, responsible, impartial behaviour
- C. Adapts approaches as per the needs of individual / family/ communities

Q30. Contributes as an active team member

- A. Recognises the value of different skill sets in a team
- B. Facilitates and fosters positive team functioning
- C. Advocates for the vision and cause of the team

Q31. Conducts oneself in a trustworthy manner

- A. Completes assigned tasks as arranged
- B. Keeps confidential information entrusted
- C. Demonstrates impartiality when dealing with parties who have opposing points of view

Q32. Respects disability as a source of knowledge

- A. Restates in one's own words the right of people with disability to be treated equally
- B. Make space and elicits the contribution and insights of people with lived disability experience
- C. Persuades the community to relate and engage with disability from a strengths-based perspective



Q33. Operates within relevant legal and regulatory framework

- A. Complies with relevant laws and code of conduct/ SOP
- B. Ensures one's own workplace behaviour and interactions respect cultural and contextual norms
- C. Incorporates new ideas/ practice/ frames of reference into existing SOPs
- D. Advocates to others for personal responsibility for ethical occupational practice

Q34. Preserves personal social-emotional wellbeing

- A. Identifies potential emotional impacts of the role
- B. Monitors their own wellbeing and seeks support
- C. Actively supports others to pursue personal wellbeing as an integral part of occupational practice

Q35. Plans ongoing learning to improve CBID performance

- A. Identifies gap in knowledge and skills
- B. Takes advantage of organized learning opportunities
- C. Prioritizes learning needs in consideration of the level and requirements of the role
- D. Plans to complete the expected Diploma progression

Q36. Prepares work plans

- A. Prepares work plans against prescribed format
- B. Adapts work plans for unexpected events/ situations
- C. Plans work, taking into consideration longer term goals

Q37. Writes reports

- A. Documents basic information using prescribed format
- B. Completes complex reports
- C. Adapts reports to meet new requirements
- D. Provides interpretation of data/ results in reports

Rubrics and Scoring Guide:

Each question expresses a competency progressively – hence, if a trainee scores at level C for a question, they have by default achieved the two levels below that – hence, for that question, they score a 3 (A+B+C). In the Rubrics and Scoring Guide that follow, the total score can be aligned to a validated performance band/level where the trainee is currently working.



		41-46	ABOVE STANDARD: Promotes CBID beyond the community; facilitates changed legislation and government practice																									
		Trains outside service providers about general disability needs and their responsibilities	Brings out and develops latent leadership skills in others	Reports on compliance at the village level																								
<p>Compares different community perspectives on disability and inclusion</p> <p>Develops arguments to counter negative community attitudes and outlook</p> <p>Applies the correct statutory provision and procedure to the situation</p> <p>Identifies the interplay of [socio-economic/ gender/ caste/ religious] factors impacting situations</p> <p>Participates in PRA with support</p> <p>Plans and maps strategically (e.g., considers less obvious stakeholders such as schools)</p> <p>Participates in PRA with support</p> <p>Explains factors that contribute to and hinder inclusion of persons with disabilities by communities</p> <p>Explains some relevant statutory laws, provisions, and procedures and their connections</p> <p>Defines barriers to inclusion in the community</p> <p>Understands community development and CBID</p>	<p>Justifies proposed adjustments/ changes to community infrastructure/ practice using the legislation</p>	<p>Negotiates for the benefit of all, utilizing unwritten ground rules of different groups</p>	<p>Obtains necessary directives from authorities (e.g., the Taluk)</p>	<p>Addresses multiple factors inhibiting community participation</p>	<p>Brings external resources into the village</p>	<p>Supports the community / DPO to conduct inclusive programs and special days/ events</p>	<p>Interacts on one's own to persuade Block level leaders to engage in inclusive development</p>	<p>Supports and models to other CBID trainees how to interact persuasively with leaders</p>	<p>Facilitates groups to connect with other relevant key stakeholders</p>	<p>Trains groups to function independently</p>	<p>Models leadership skills to potential leaders</p>	<p>Trains outside service providers about general disability needs and their responsibilities</p>	<p>41-46</p>															
														<p>Level of minimum competency to practice</p>														
														<p>Explains the impact of backgrounds on the experience of disability and disability inclusion</p>	<p>26-40</p>	<p>COMPETENT: Advocates for greater community access and inclusion across all sectors; obtains needed resources and services; develops local leadership capacity of people and families living with disability</p>	<p>Facilitates government resources to be available to individuals/ families</p>	<p>Arranges and conducts inclusive programs and special days alongside DPOs and community</p>	<p>With support, makes a case for greater inclusion to local leaders</p>	<p>Collects data on access to provisions by people with disabilities</p>	<p>Educates groups about their entitlements and obligations</p>	<p>Encourages and informs potential leaders about how to develop their capacity</p>	<p>Trains close community members to better connect/ interact with people with a disability they know</p>	<p>ADVANCED BEGINNER: Provides reasoned arguments for community inclusion; engages in inclusion advocacy and supports individual and community empowerment</p>	<p>13-26</p>	<p>Trains village functionaries about general disability needs and their responsibilities</p>	<p>26-40</p>	
																												<p>Explains the impact of backgrounds on the experience of disability and disability inclusion</p>
														<p>Understands community development and CBID</p>	<p>1.1</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>	
																												<p>Understands community development and CBID</p>
														<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>	
																												<p>Understands community development and CBID</p>
														<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>	
																												<p>Understands community development and CBID</p>
<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>	<p>2.12</p>														
															<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>
<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>	<p>2.12</p>														
															<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>
<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>	<p>2.12</p>														
															<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>
<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>	<p>2.12</p>														
															<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>
<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>	<p>2.12</p>														
															<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>
<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>	<p>2.12</p>														
															<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>
<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>	<p>2.12</p>														
															<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>
<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>	<p>2.12</p>														
															<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>
<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>	<p>2.12</p>														
															<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>
<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>	<p>2.12</p>														
															<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>
<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>	<p>2.12</p>														
															<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>
<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>	<p>2.12</p>														
															<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>
<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>	<p>2.12</p>														
															<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>
<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>	<p>2.12</p>														
															<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>
<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2.10</p>	<p>2.11</p>	<p>2.12</p>														
															<p>Understands community development and CBID</p>	<p>1.3</p>	<p>Insufficient Evidence</p>	<p>2.1</p>	<p>2.2</p>	<p>2.3</p>	<p>2.4</p>	<p>2.5</p>	<p>2.6</p>	<p>2.7</p>	<p>2.8</p>	<p>2.9</p>	<p>2</p>	



Explanatory Notes – Phase-by-Phase

The Explanatory Notes Manual is a Trainer resource for formulating short-answer questions for the trainee’s Portfolio assignment. Trainees research and discuss with others to produce their answers, which are submitted for assessment, but remain a resource for them.

Name	Phase (-block) & Week				
	I	II-1	II-2	II-3	III
Assessment and Intervention					
Topic 1 Understanding Disability	1				
Topic 2 Barriers to Disability	1				
Topic 3 Disability & its Functional Impact	1				
Topic 4 Models of Disability					
Topic 5 Inclusive Development					
Topic 6 Transition to a Rights-based approach	1				
Topic 9 Family Structure	2				
Topic 10 Factors to be Considered in Approaching a Family	2				
Topic 11 Importance of Screening	2				
Topic 12 Selection and Administration of Checklists	3				
Topic 13 Interpretation of Results	3				
Topic 14 Case Review with Health Specialists		5/6			
Topic 15 Acceptance of Family		5/7			
Topic 16 Resource Mapping		5/7			
Topic 17 Participatory Planning		5			
Topic 18 Family Capacity		5			



Name	Phase (-block) & Week				
	I	II-1	II-2	II-3	III
Topic 19 Communication	3		9		
Topic 20 Certificates & Procedures for Availing Them	2/3		9		
Topic 22 Referrals - Single Window Service Provision					20
Topic 23 CBID Matrix	4				
Topic 24 Interventions at Community Level			9		17
Topic 25 Intervention Medical Therapeutic and Alternative					17
Topic 26 Child Development	4		9		
Topic 27 Role of Multidisciplinary Team	4				
Topic 28 Skills for Holistic Development				13	
Topic 29 Assistance to Disabled Persons (ADIP) Scheme	4			14	
Topic 30 Indigenous Devices					17/21
Topic 31 Repair and Maintenance					22
Topic 32 Orientation & Mobility				13	
Topic 33 Total Communication				13	
Topic 34 Alternative and Augmentative Communication				13	
Topic 35 Mental health issues					17
Topic 36 Mental Health					17
Topic 37 Adjustment Cycle and Coping Mechanism					17/18
Professional Behaviour and Reflective Practice					
Topic 1 Roles & Responsibilities of CBID Worker	1				
Topic 2 Limits to the Role of a CBID Worker	1				
Topic 3 Impact of Personal Frameworks on Role	2/4				
Topic 4 Workplace Laws and Policies	2/3				
Topic 5 Code of Conduct, Consent and Confidentiality	3				
Topic 6 Reporting Formats	3		9	14	
Topic 7 Work Targets	4				
Topic 8 The CBID team	4				
Topic 9 Workplace Safety	4				17



Name	Phase (-block) & Week				
	I	II-1	II-2	II-3	III
Topic 10 Women's Safety and Wellbeing	4				17/19
Topic 11 Redressal Mechanisms		5			
Topic 12 Communication Skills		5/7			
Topic 13 Team Interactions		5			
Topic 14 Team Dynamics		8			
Topic 15 Managing Negative Responses		8			22
Topic 16 Reflective Planning			9/11		
Topic 17 Time Management and Timely Reporting			10/11	13	18
Topic 18 Disaster Preparedness			12		18
Topic 19 Meeting Reports				14	19
Topic 20 Developing Case Studies	2			15/16	
Topic 21 Managing Negative Outcomes				16	20
Topic 22 Emotional Health and Managing Negative Emotions				16	19/22
Topic 23 Safe Travel					17
Topic 24 Self-assessment and Continuous Learning					19/20/21
Inclusive Community Development					
Topic 1 CBID Concepts and Implications	1				
Topic 2 Models of Disability	1				
Topic 3 Government Programs Supporting ICD	2				
Topic 4 Participatory and Asset-based Approaches to Engagement	3/4	5			
Topic 5 Participatory Rural Appraisal/Learning and Action (PRA/PLA)	3		9		
Topic 6 Collaborating with Government Agencies	4	5/7		13	
Topic 8 Supporting Community Action		5/7/8		13	18-22
Topic 9 Local Leadership and Groups				13	23/24



Assignments and Tasks – Phase-by-Phase

Phase One

ICD

1. Week 1: 1.1.1.3 Journal task – Map diversity in your local context
2. Week 1: 1.1.2.3 Journal task – Identify model of disability and barriers in your local context
3. Week 2: 1.2.1.2/ 1.2.2.2 Portfolio – begin developing a file of relevant government policies, acts and schemes supporting inclusive community development
4. Week 3: 2.2.1.2 Journal task – Cataloguing resources of the training centre
5. Week 3: 2.2.2.2 Portfolio (ongoing) – devising a checklist to use to ensure meeting reports are participatory
6. Week 4: 2.2.3.2 Portfolio (ongoing) – developing a set of indigenous guidelines for supporting participation of people with a disability in all CBID work in the local context
7. Week 4: 3.1.1.1 Hurdle – Draw a tree diagram of the 3-tier Panchayati Raj System

A&I

1. Week 1-2: 1.2.1.1/2 Journal task – Fill out sheets of visits to inclusive settings
2. Week 1: 1.1.3.2 Journal task – Disability impact on families in own community
3. Week 1: 1.2.2.1 Journal task – Diversity in families in own community
4. Week 2: 1.2.2.2 Portfolio – Filing government entitlements and schemes for PWD
5. Week 2: 2.2.1.1 Portfolio – Filing Disability Screening and WHODAS 2.0 assessment tools
6. Week 2: 1.3.1.1 Fill out sheets of visits to relevant government departments



7. Week 3: 2.2.1.2 Testing a screening checklist in neighbourhood of the training centre
8. Week 3: 2.3.1.2 Hurdle – Scoring and interpreting an in-class checklist assessment
9. Week 3: 3.2.1.1/3.2.2.1 Portfolio – Filing disability certification documents and application procedures
10. Week 4: 4.1.1.2 Hurdle – Using the CBR Matrix to trouble-shoot exclusion
11. Week 4: 4.2.1.1 Portfolio – Developmental Stages and Dev. Delay Checklist
12. Week 4: 3.3.1.1 Portfolio – document referral processes to different specialists of the multidisciplinary team

PB&RP

1. Week 1: 1.1.2.1 Journal task – Boundaries to the CBID Worker role
2. Week 2: 1.1.3.1 Journal task – Enabling and limiting aspects of personal background
3. Week 2: 1.2.1.1 Journal task – Child Protection Laws
4. 3: 1.2.1.2 Portfolio – Filing Safeguarding Risk Assessment
5. Week 3: 1.2.2.1 Portfolio – Filing Safeguarding Code of Conduct
6. Week 4: 1.3.1.2 Hurdle – Checklist of rehabilitation staff and their roles



Phase Two Block 1

ICD

1. Week 5: 2.1.2.2 – Portfolio project (cont.): Documenting catalytic stories
2. Week 5: 3.1.1.2 – Portfolio project: Collecting and interpreting secondary data on government service delivery
3. Week 5: 3.1.2.2 – Assignment – Advocacy campaign and IEC materials
4. Week 6: 2.1.2.2 – Portfolio project: Documenting catalytic stories
5. Week 7: 3.1.1.2 Portfolio project (cont.): Service delivery data collection instrument (development)
6. Week 7: 3.1.2.2 Assignment: IEC materials and Advocacy campaigns
7. Week 8: 3.2.2.2 – Portfolio task: Case studies and stories from data that illustrate government compliance
8. Week 8: 3.1.2.2 – Assignment (cont.): IEC materials and Advocacy campaigns

A&I

1. Week 5: 2.2.2.2 Group hurdle – Screening local community (setting up for Wk 6)
2. Week 5: 2.4.1.1 – Portfolio project: Case review using Case Record Proforma
3. Week 5: .4.2.1; 2.4.2.2 - Hurdle task – Acceptance of disability in the family
4. Week 5: 2.5.1.1; 2.5.2.1 - Journal task – Strength-based methods – Resource- and eco-mapping with the family
5. Week 6: 2.1.2.2 – Hurdle task – Setting up good working relationships
6. Week 6: 2.2.2.2 – Hurdle task – Screening survey of local community
7. Week 7: 2.5.1.2 Portfolio project: Mapping an individual's and family's support network (eco-map)
8. Week 7: 2.5.2.2 Portfolio project: Mapping resources for rehab needs (resource map)
9. Week 8: 2.6.2.1 – Hurdle task – Engaging parents with other stakeholders



PB&RP

1. Week 5: 1.2.3.1 – Portfolio project: Redressal mechanisms – Roles of child protection agencies
2. Week 5: 1.3.3.1 – Journal task – Communication skills
3. Week 5: 1.3.2.1 – Journal task – Team interactions
4. Week 6: 1.2.3.2 – Portfolio project: PRACTICUM (Visits) and filing redressal documentation
5. Week 7: 1.3.3.3 Group hurdle – Communication skills: preparing to present community health messages
6. Week 8: 1.2.2.2 – Hurdle task – Checking-in on confidentiality



Phase Two Block 2

ICD

1. Week 9: 2.2.4.1 Assignment – PRA: Introduction; visual tools; writing a work plan
2. Week 10: 2.2.4.1 Assignment – PRA cont.
3. Week 11: 2.2.4.1 PRA assignment cont.
4. Week 12: 2.2.4.1 PRA assignment cont.

A&I

1. Week 9: 3.2.2.2 Hurdle task – Completing certification
2. Week 9: 3.3.1.3 Portfolio – Referral pathways – resource directory to support access to rehabilitation
3. Week 11: 3.3.1.3 Portfolio (cont.) – Rehab resource directory and referral pathway
4. Week 12: 4.8.1.1 Portfolio – Ongoing and summative evaluations of progress from intervention
5. Week 12: 4.2.1.2 Hurdle and Journal – Using developmental delay checklist with a typically developing child



Phase Two Block 3

A&I

1. Week 13: 4.4.2.1 Hurdle – ADL tasks – task analysis
2. Week 14: 4.3.1.2 Portfolio – ADIP form for fitting and training assistive and rehab devices
3. Week 15: 4.8.1.2 Portfolio – Conducting and filing ongoing and summative evaluations
4. Week 15: 4.4.2.2 Hurdle – Demonstrate teaching of ADL skills
5. Week 16: 4.4.2.2 Hurdle cont. – Teaching ADL skills

ICD

1. Week 13: 3.2.1.3 Assignment – Writing to government officials
2. Week 13: 3.2.3.2 Assignment – Government compliance gap analysis
3. Week 13: 4.1.1.2 Assignment – Theory of change
4. Week 13: 4.1.2.1 Journal task – Facilitating empowerment
5. Week 13: 4.1.2.3 Journal task – Evaluating and reporting empowerment
6. Week 13: 4.1.2.2 Assignment – Catalytic storytelling
7. Week 14: 3.2.1.3 Assignment cont. – Writing to government officials
8. Week 14: 3.2.3.2 Assignment cont. – Government compliance gap analysis
9. Week 14: 4.1.2.3 Journal cont. – Evaluating and reporting empowerment
6. Week 15: 4.2.1.2 Assignment – Developing a guidebook of local agencies
7. Week 16: 4.2.2.1 Journal – Responding to challenges of working together
8. Week 16: 4.2.2.2 Journal – Documenting conversations responding to challenges

PB&RP

1. Week 14: 2.3.1.2 Hurdle – Preparing forms for various record keeping purpose
2. Week 16: 2.3.3.2 Portfolio – Developing case studies – obtaining consent



Phase Three

A&I

1. Week 17: 4.6.1.1 Portfolio – Resources to support people with mental illness in the community
2. Week 17: 4.3.2.1 Portfolio – Making indigenous assistive devices
3. Week 18: 4.7.1.2 Journal – Reflecting on interventions with families
4. Week 18: 4.7.2.2 Journal – Document a family's coping mechanisms
5. Week 22: 4.4.2.3 Portfolio – Developing an ADL training plan
6. Week 23: 4.5.2.3 Portfolio – Developing an alternative communication board:

PB&RP

1. Week 17: 3.1.2.2 Portfolio – Women's safety and wellbeing
2. Week 17: 2.1.1.3 Portfolio and Journal – Develop a work plan for a week
3. Week 19: 3.2.1/3.2.2 Portfolio – Self-assessment and continuous learning

ICD

1. Week 17: 4.2.3 Assignment – Community project
2. Week 17: 3.1.2.3 Assignment – Advocacy presentation
3. Week 17: 3.1.2.4 Assignment – Determining the Theory of Change
4. Week 18: 4.2.3 Assignment – Community project
5. Week 19: 4.2.3 Assignment – Community project
6. Week 20: 3.1.2.3 Assignment – Advocacy presentation
7. Week 20: 4.2.3 Assignment – Community Project
8. Week 21: 4.2.3 Assignment – Community Project
9. Week 22: 4.2.3 Assignment – Community Project.





भारतीय पुनर्वास परिषद्

REHABILITATION COUNCIL OF INDIA

(A Statutory body of the Ministry of Social Justice & Empowerment)
Department of Empowerment of Persons with Disabilities (Divyangjan)

B-22, Qutab Institutional Area, New Delhi-110016

Ph. : +91-11-26532408, 26534287, Fax : +91-11-26534291

E-mail : rci-depwd@gov.in

Website : www.rehabcouncil.nic.in

Community Based Inclusive Development (CBID)