# M.Phil. Dissertation

**on**

# PROVISIONS RELATING TO CHILDREN WITH SPECIAL NEEDS UNDER SSA AND STATUS OF THEIR IMPLEMENTATION IN AIZAWL DISTRICT

**Submitted**

**For**

**The Degree of Master of Philosophy in Education**


**Submitted by**

**VANLALRUATFELA HLONDO**

**(Reg. No. MZU/M.Phil/60 of 08.06.2011)**

**DEPARTMENT OF EDUCATION**

**MIZORAM UNIVERSITY**

**AIZAWL - 796004**


**2012**

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**APENDIX – I**

INTERVIEW SCHEDULE FOR CWSN

NAME:_____

AGE:_____ SEX:_____

CLASS:_____

SCHOOL:_____

TYPE OF DISABILITY:_____

1. Do you know you are identified as CWSN under SSA? (Yes/No)

2. Who identify you as CWSN?

    a) Teacher only.

    b) Teacher, RT, cluster volunteer, doctor. (as per provision).

3. Are you aware the provision of medical assessment camp under SSA? (Yes/No)

4. Did you attend medical assessment camp organized by SSA, Aizawl District? (Yes/No)

5. Are you aware of all the support available for your special needs? (Yes/No)

6. Mention the allowances you receive from SSA, Aizawl District.

    a) Uniform allowance.

    b) Books and stationary allowance.

    c) Escort allowance.

    d) Transport allowance.

    e) Readers allowance.

    f) Boarding and lodging.

7. Mention the assistive devices you receive from SSA.

    a) Wheelchair.

b) Crutch.

c) Spectacles.

d) Large print textbook.

e) Hearing aid.

f) Braille paper.

g) Braille textbook.

h) Slate and stylus.

8. Do you think the aids and appliances given by SSA is appropriate for you? (Yes/No)

9. Are you formally informed about the support that you are going to receive? (Yes/No)

10. Do you have ramps in your school? (Yes/No)

11. Do you have CWSN friendly toilet in your school? (Yes/No)

12. Do you have any problem regarding access to toilet? (Yes/No)

13. Do you have any problem regarding seating arrangement inside the classroom? (Yes/No)

14. Do you have special teacher/resource teacher in your school? (Yes/No)

15. Are you provided the appropriate kind of teaching learning material? (Yes/No)

16. Are you aware of the resource support available at Block/cluster Resource Center? (Yes/No)

17. Do you avail the benefit of materials available at Block/cluster Resource Center? (Yes/No)

**APENDIX - III**

INTERVIEW SCHEDULE FOR PARENTS OF CWSN

NAME OF CHILD:_____

AGE:_____ SEX:_____

CLASS:_____

SCHOOL:_____

TYPE OF DISABILITY:_____

1. Are you aware that your child is identified as CWSN under SSA? (Yes/No)

2. Are you aware of the provision of medical assessment camp under SSA? (Yes/No)

3. Did your child attend medical assessment camp organized by SSA? (Yes/No)

4. Do you think that your child is in need of some assistive devices? (Yes/No)

5. Was your child supplied the assistive device? (Yes/No)

6. Was the assistive device provided to your child in working condition or needs repair? (in working condition/ Needs repair)

7. Are you aware of the support available for CWSN under SSA? (Yes/No)

8. Do you think that the aids and appliances given to your child is appropriate or not? (Yes/No)

9. Do you receive counseling from SSA regarding the problem of your child? (Yes/No)

10. Do IED workers visit your child who is under home-based education? (Yes/No)

**APENDIX - II**

INTERVIEW SCHEDULE FOR TEACHERS OF CWSN

NAME OF CHILD:_____

AGE:_____ SEX:_____

CLASS:_____

SCHOOL:_____

TYPE OF DISABILITY:_____

1. Who identify your students as CWSN?

    a) Teacher only.

    b) Teacher, RT, cluster volunteer, doctor. (as per provision).

2. Are you involved in the identification process? (Yes/No)

3. Are you Aware of the support available for CWSN under SSA? (Yes/No)

4. Are there any CWSN who needs Home-based Education in your school? (Yes/No)

5. If yes, do RT/Volunteer/ Care giver visit home to work with CWSN who needs home-based education? (Yes/No)

6. Do you have ramps in your school? (Yes/No)

7. Do you have CWSN friendly toilet in your school? (Yes/No)

8. What type of seating arrangements are there for CWSN within the classroom?

    a) Inclusive

    b) Segregated

9. Is there a resource teacher for CWSN in your school? (Yes/No)

10. Do CWSN have the appropriate kind of teaching learning material? (Yes/No)

11. Do you receive any training on teaching of CWSN under SSA? (Yes/No)

12. If yes, do you think the training is sufficient enough to handle CWSN? (Yes/No)

13. Has the school prepared any Individualized Educational Plan (IEP) for CWSN? (Yes/No)

14. What is the level of participation of CWSN in classroom processes? (Participative/Silent)

15. Do you encourage CWSN to participate in the classroom processes? (Yes/No)

16. What is the level of participation of CWSN in co-curricular activities?

(Participative/ Not participative)

17. Do you encourage CWSN to participate in co-curricular activities? (Yes/No)

18. Do you give special attention to CWSN?

(Same as towards others/Pays special attention)

19. Did you observed any NGOs involvement for the welfare of CWSN? (Yes/No)

20. Did your school follow zero rejection policy during admission? (Yes/No)

**THE MIZORAM UNIVERSITY**

**AIZAWL : MIZORAM**

MAY, 2012

# DECLARATION

I Mr. Vanlalruatfela Hlondo, hereby declare that the subject matter of the dissertation entitled **Provisions Relating to Children With Special Needs under SSA and Status of Their Implementation in Aizawl District** is the record of work done by me, that the contents of this dissertation did not form the basis of the award of any previous degree to me or to the best of my knowledge to anybody else, and that the dissertation has not been submitted by me for any research degree in any other University/Institute.

This is being submitted to the Mizoram University for the award of the degree of Master of Philosophy in Education.

Head
Department of Education

(Dr.H.MALSAWMI)
Supervisor

(VANLALRUATFELA HLONDO)
Candidate

***ACKNOWLEDGEMENT***

*First of all, I would like to express my sincere thanks to* ***Almighty God*** *for giving me an opportunity and strength to complete my dissertation work.*

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*It has been a tremendous and very difficult to get requisites information for various sources. I remain grateful to all the staff of* ***SSA, Aizawl district****, for their help and support while collecting the data.*

*Grateful acknowledgements are extended to all my* ***friends*** *and* ***family*** *members of my family who worked in closest harmony and cooperation with me throughout this study.*

*Last, but not the least, I also thank my* ***parent*** *who could not get much of my attention and who always encouraged me with their moral support while I am working with this work.*

***Aizawl*** ***Vanlalruatfela Hlondo***

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# CHAPTER I

## INTRODUCTION:

### *Sarva Shiksha Abhiyan* (SSA):

*Sarva Shiksha Abhiyan* (SSA) is an effort to universalize elementary education by community-ownership of the school system. It is a response to the demand for quality basic education all over the country. The SSA programme is also an attempt to provide an opportunity for improving human capabilities to all children, through provision of community owned quality education in a mission mode. It is a programme with a clear time frame for universal elementary education and a response to the demand for quality basic education all over the country. It is an expression of political will for universal elementary education across the country and an opportunity for promoting social justice through basic education. It is a partnership between the Central, State and the Local Government and an opportunity for states to develop their own vision of elementary education.

The *Sarva Shiksha Abhiyan* is to provide useful and relevant elementary education for all children in the age group of 6 to 14 years by 2010. There is also another goal to bridge social, regional and gender gaps, with the active participation of the community in the management of schools. Useful and relevant education signifies a guest for an education system that is not alienating and that draws on community solidarity. Its aim is to allow children to learn about and master their natural environment in a manner that allows the fullest harnessing of their human potential both spiritual and materially. This quest must also be a process of value based learning that allows children an opportunity to work for each other's well being rather than to permit mere selfish pursuits.

The key objective of SSA is Universalization of Elementary Education (UEE). Three important aspects of UEE are access, enrollment and retention of all children in 6 to 14 years of age. SSA ensures that every child with special needs, irrespective of the kind, category and degree of disability, is provided meaningful and quality education. Hence, SSA has adopted a zero rejection policy. This means that no child having special needs should be deprived of the right to education and taught in an environment which is best suited to his/her learning needs. The major thrust of SSA is on inclusion or mainstreaming of Children with Special Needs (CWSN) into the fabric of formal elementary schooling. The dual objective is to bring more CWSN under the umbrella of SSA and provide to CWSN appropriate need-based skills, be it vocational, functional literacy or simply activities of daily living.

**Children With Special Needs (CWSN)**:

The conceptualization of "Children with Special Needs" determines the policy, research and practice in special needs education. The concept of children with special needs is of British origin. The Government Commission chaired by Baroness Mary Warnock (1978) reported to the government on the finding of its inquiry into special education in Britain. It was wrong, said the report, to identify children by means of their 'handicap,' and then send them to schools organized to deal with just such categories. Rather, the report went on, we should identify their educational difficulties and provide accordingly. And so the term Special Educational Needs (SEN) entered UK legislation, its classrooms and importantly- teachers' thinking.

In its simple meaning, children with special needs may be portrayed as the children in possession of an exceptionality of some positive, negative or multiple natures. On account of such

exceptionality, they appear to deviate significantly from other average children of their age and grade.

It is such deviation whether on the positive or negative side that may create adjustment and developmental problems before them in one way or the other and that is why some sort of special provisions in the shape of special education and rehabilitation measures, etc. are employed for their adequate welfare and progress. In a democratic country like India, every child has the right to education-the right to receive help in learning to the limits of his capacity, whether that capacity is small or great. It is consistent with a democratic philosophy that all children be given equal opportunity to learn whether they are exceptional or normal.

The classification of children with special needs for the purpose of providing them the needed special services may be done in the following manner:

1. Mentally or intellectually special needs children

    (a). Gifted

    (b). Creative

    (c). Mentally retarded or disabled.

2. Sensory Exceptional Children

    (a). Visually impaired or handicapped

    (b). Hearing impaired or handicapped

3. Non-sensory Physically Impaired Children

    (a). Orthopaedically impaired

4. Communicationally Exceptional Children

    (a). Children with communication disorder

5. Learning or Academically exceptional children

(a). Learning disabled

(b). Slow learners or backward

6. Socially and Emotionally Exceptional Children

(a). Emotionally disturbed

(b). Socially maladjusted or delinquent

(c). Deprived Children.

7. Multiple disabled and severely disabled children

(a). Children with Cerebral palsy

(b). Children with autism

(c). Children with multiple disabilities.

**1. Mentally or intellectually special needs children**:

(a)**Gifted**: In the words of S.K.Mangal (2009)[1],"Gifted children are those children who are found to possess or demonstrate a consistent remarkable performance in any worthwhile area of human activities (including intellectual and academic ones) capable of making them quite exceptional and special in comparison to their age peers and there by requiring special provisions in terms of their care and special education for helping them in their adequate adjustment and actualization of their potentialities or talents for the welfare of their self and the society". According to Havighurst (1958)[2], "The talented or gifted child is one who shows consistent remarkable performance in any worthwhile line of endeavor."

(b)**Creativity**: Creativity in its simple literal meaning stands for the ability or capacity of a child to create or produce something. In such a sense, every one of us may be said to be a creator in one or the other aspects as we remain engaged in creating or producing some or

the other things in our life. According to Skinner (1968)[3], "Creative thinking means that the predictions and/or inferences for the individual are new, original, ingenious, unusual. The creative thinker is one who explores new areas and makes new observation, new predictions, new inferences."

(c)**Mentally Retarded**: In every society, there are people with different mental abilities like average, above average and lower than average. People with less than average mental ability are commonly called mentally retarded. Mentally retarded, as the name suggests suffer from the retardation of the normal growth, functioning and development of their mental capacities.

The term 'mental retardation' has been defined in several ways. Some of the definitions are as follows:

According to Page (1976)[4], "Mental deficiency is a condition of subnormal mental development, present at birth or early childhood and characterized mainly by limited intelligence and social inadequacy."

One of the most comprehensive definitions of mental retardation is given by American Association on Mental Retardation (AAMR) (1983)[5], according to AAMR, "Mental Retardation refers to significantly sub average general intellectual functioning, resulting in or associated with concurrent impairments in adaptive behavior, and manifested during the developmental period."

**Levels of severity and Classification of Mentally Retarded**: There are mainly three methods of classification of mental retardation. They are medical, psychological and educational. The psychological and educational classifications are more commonly and widely used than the medical classification. The psychological classification system uses the terms mild, moderate, severe and profound depending on the severity of retardation. The intellectual level in terms

of IQ scores of these four groups of mentally retarded children is as follows:

| Levels of Retardation | IQ Ranges |
|---|---|
| Mild Retardation | IQ 55-70 |
| Moderate Retardation | IQ 40-54 |
| Severe Retardation | IQ 25-39 |
| Profound Retardation | IQ below 25 |

The educational classification system uses the term educable, trainable and custodial depending on the educational needs of retarded children. The IQ ranges of Educable Mentally Retarded (EMR), Trainable Mentally Retarded (TMR) and the Custodial Mentally Retarded (CMR) are given as follows:

Educable Mentally Retarded (EMR) - IQ 50-75

Trainable Mentally Retarded (TMR) - IQ 25-50

Custodial Mentally Retarded (CMR) - IQ below 25

The educable mentally retarded children are those who can be taught the basic academic subjects. The trainable mentally retarded are those children who can be taught functional academics with emphasis on self-help and vocational skills. The custodial mentally retarded are those children who require constant and special care specially in a residential institution. The educable mentally retarded children, the mildly retarded and some moderate retarded children having IQ 50 and above can be integrated in the general schools[6](Neena Dash and M. Dash, (2005).

**General Characteristics of Mentally Retarded Children**: depending on the severity of retardation, the characteristics of mentally retarded children may differ. According to M. Dash (2007)[7],

the following are some of the general characteristics of mentally retarded children:

- *Slow reaction*: they respond slowly to what others say and to what happens in their surroundings. Sometimes they do not respond at all.
- *Absence of clarity*: they cannot express clearly their thoughts, needs and feelings.
- *Inability to learn fast*: they cannot learn anything new and different as easily as others. They are slow in learning
- *Inability to understand quickly*: they cannot understand easily what they see, hear, touch, smell and taste.
- *Inability to decide*: They cannot take even small decisions. They do not know what to do, say and so on.
- *Lack of Concentration*: Some mentally retarded children cannot give continuous attention to one person or one activity. Some of them have difficulty in changing from one activity to another.
- *Short temper*: Some find it difficult to control their feelings. They may throw things all over, injure themselves or others.
- *Inability to remember*: Some can remember only for a short time of what they are told. Sometimes they do not remember at all.
- *Lack of co-ordination*: Some have difficulty in sucking, chewing or eating, use of hands or moving from place to place.
- *Delay in development*: The mentally retarded children have delayed development.

Educable mentally retarded children have normal appearance and remain unidentified until late teens. Their function at an intellectual level is generally limited to learning the most basic school subjects, skills such as reading, spelling, writing and numerical calculation. They are expected to learn up to the seventh standard.

They can communicate effectively in everyday conversation, enjoy friendship and group social activities. They can be educated in regular classrooms.

Trainable mentally retarded children are expected to have physical or sensory impairments and many tend to look different in terms of facial features and physical characteristics. They function at a level where formal academic learning is quite limited. They can learn to feed, toilet and dress self adequately. They can carry on rudimentary conversation, and do simple house hold work. But they need training in self care activities, language development and rudimentary academic skills. They are usually placed in special classes or special schools.

Custodial mentally retarded children have IQ below 25. They are so much retarded in intellectual functioning and adaptive behavior that they remain totally dependent on others for their existence. It is because of their severe retardation that they are institutionalized early in life. Their speech and toilet habits remain at a primitive level. Behavior modification and environmental stimulation techniques are usually recommended for their training.

**Education and role of the teacher**: A large number of mildly and some moderately retarded children do enter the regular schools. They remain unidentified and unnoticed for some years until their problems become so serious that they experience failure and frustration and later drop-out from the school. This calls for early identification, diagnosis and assessment and making instruction systematic and sensitive. The regular classroom teacher has to play a significant role in teaching such children in the regular classroom.

The regular teacher should be familiar with the behavioural characteristics of MR children for purpose of identifying and referring them to the psychologist for assessment. The teacher should avoid labeling the child, passing on damaging remarks and also see that the

non-retarded peers behave in a positive way with the child. Retarded child do not know how to learn different subjects. Learning to learn is a useful technique for retarded children. Many retarded children learn best by drill and repetition. Thus the teacher should give emphasis on drill and repetition in teaching language items and arithmetic skills. The regular teacher should make use of concrete objects, storytelling, dramatization, music, dance, play situations, multi-sensory approach, coloured pictures, picture cards, word cards and toy materials in the teaching –learning situations.

Mentally retarded children need to be motivated. The regular teacher should look for ways to increase the motivation of such children. Positive reinforcement like praise, recognition, reward, positive remarks, love and affection must be used by the teacher to stimulate motivation. The teacher should encourage the retarded students to participate in classroom processes and co-curricular activities. The regular teacher should seek the advice of the resource teacher whenever he has difficulty with the child's learning and behavior. The resource teacher who is a consultant in the methodology of teaching the retarded children can help the regular teacher in teaching and behavior modification technique.

2. **Sensory Exceptional Children**

(a)**Visually impaired or handicapped:** There are two prevailing ways of describing visual impairment-the legal definition and the educational definition. The legal definition is usually subscribed to by lay people and those in the medical profession. The educational definition is most exposed by educators.

According to Love (1975)[8], "Visually impaired children are those children who have such marked vision difficulties that even with the best medical and optical care they cannot see well enough to profit by the educational facilities that are provided for children with normal vision." In the words of Barraga (1983)[9], " A visually handicapped

child is one whose visual impairments interfere with his optimal learning and achievement, unless adaptations are made in the methods of presenting learning experiences, the nature of materials used and/or in the learning environment."

In education, the blind child is defined as one whose visual loss indicates that he/she should be educated chiefly through the use of Braille and other tactile and auditory materials. The partially seeing child is defined as one who have some remaining useful vision and can use print and other visual materials as part of the educational program.

**Classification**: Children with visual impairment can be classified into three categories: Low vision, functionally blind and totally blind, on the basis of their ability to use their vision.

Children with low vision can read enlarged print with optical aids such as magnifying glasses. They may not be legally considered blind as they could read with the help of magnifying lenses. They are also called partially sighted. This interferes with learning and daily functioning also.

Functionally blind people use Braille, a specially developed method for reading and writing. For mobility and other activities they may use the limited vision they have, along with tactile sensation and auditory ability.

Totally blind cannot have any stimuli through vision, as they do not receive any meaningful image through visual sense. They completely depend on tactual and auditory senses for their adjustment with the environment.

**Characteristics and problems of visually impaired children**: The visually impaired children confront with many problems in their life. They rub their eyes excessively, shuts or covers one eye, shows difficulty in reading, blinks often, holds book close to eyes, unable to

see distant things clearly, squints, eyes are crossed, red rimmed, swollen eyelids, inflamed or water eyes, eyes itch, burn or feel scratchy, cannot see well, dizziness, headache or nausea and blurred or double vision are some of the characteristics of children with visual impairment. Some of the problems of children with visual impairment are given as follows:

Research analyses reveal that visually impaired children have a poor IQ. Since they have impairments in the exploration of their environments, they have impairments also in concept formation resulting in poor performance in intelligence tests. Some intelligence tests measure degrees of information, knowledge or experience the individual possess. But for blind children, this pattern of scoring is reduced to very low level.

Comparison of a visually impaired child's academic performance with that of a sighted child poses numerous problems. They have a lower reading rate, lack concreteness in instructional procedures. Regarding speech development, totally blind children cannot learn the art of speech by imitation, as they cannot see or observe the lip movements. They can learn through what they hear and touch. Progress in speech development is not significant in comparison with normal children.

For blind children, life experiences go in their own ways which are totally different from normal children. These differences affect their personality as a whole. Due to this, he/she experiences nervous strain, feeling of insecurity and frustration. If they are looked down or ridiculed by normal children, they easily feel inferior, which ultimately leads to maladjustment.

**Education, care and training of visually impaired**: There are different categories of visual impairment like totally blind, partially sighted, low vision and one eyed. Their education, care and training must be done according to their loss of vision. The education, care

and training of visually impaired children are the responsibility of parents, teachers and community members.

Most experts agree that visually impaired children should be educated in the same general way, following the same general principles and along with normal children in the regular schools or in integrated setting. The visually impaired children will have to rely on sensory modalities other than vision to acquire information. But they are encouraged to use their remaining sight or residual vision as much as possible. This is particularly advisable for partially sighted children. The partially sighted children should be provided with large print materials. Visually impaired children who cannot read regular print even with a magnifying device or large print materials should be trained to use Braille. Braille is a basic system of reading and writing for the blind. Teaching aids and devices like Closed circuit television, magnifying glasses and hand magnifiers, talking calculator, tape recorder, etc. are also quite beneficial for visually impaired children.

Visually impaired children should be given an opportunity to participate in co-curricular activities in the school. Keeping in view their degree of impairment, activities like singing, playing instruments, debating, composing poems and drama are recommended for visually impaired children. Since visually impaired children demonstrate slow pace of performance in co-curricular activities, in no case should they be compared with sighted children. The approach in this case should be purely on an individual basis.

The visually impaired child has the same right to education as the sighted children. They should be treated in the same way as his sighted peers. The same experiences should be provided to both the normal and visually impaired children. The regular teacher should encourage visually impaired children to participate in classroom processes and co-curricular activities in the school.

(b)**Hearing impaired or handicapped**: Hearing impairment refers to a defect in or damage to the hearing mechanism (M. Dash, 2007)[10]. This defect or damage may occur in any part of the ear – outer ear or middle ear or inner ear. Hearing impairment leads to hearing disability or loss of hearing. Hearing disability or loss of hearing may range in severity from mild to moderate to profound. A person may become deaf or hard-of hearing depending upon the nature of impairment and the degree of hearing loss.

A child may be born with some impairment in the hearing mechanism or the impairment may occur after birth due to infection, disease and obstruction or damage due to accident. Due to hearing impairment the child becomes unable to hear, speak and acquire language. Thus, the child may become dumb largely because he is deaf.

**Classification of hearing impaired children**: Hearing impaired children can be classified in to two broad types (1) deaf and (2) hard of hearing.

According to Brill, Mac Neil and Newman (1986)[11], a hard of hearing person is the one who generally with the use of a hearing aid, has residual hearing sufficient to enable successful processing of linguistic information through audition. On the other hand, a deaf person is one whose hearing disability precludes successful processing of linguistic information through audition with or without a hearing aid. The children labeled as deaf are unable to make use of their hearing to understand speech even if they are equipped with one or the other types of hearing aid. Even if they have perception of some sounds through residual hearing, they are unable to make use of it for their learning and communication.

Classification of hearing impairment is also done on the basis of their hearing level. Moores (1987)[12] writes, “A loss of 26 dB is within the normal range, and a loss of 27 to 70 dB (slight to moderate) is

considered hard of hearing. A loss of more than 71 dB is considered severely and profoundly hearing impaired." The degree of hearing loss may be categorized and labeled as following:

27-39 dB - Slight hearing loss (usually have some difficulty with hearing; faint or distant speech but can hear normal levels of conversation). They are usually labeled as slightly hard of hearing.

40-54 dB - Mild hearing loss (feels difficulty in hearing at normal conversational level). They are under the category of mildly hard of hearing.

55-70 dB - Moderate hearing loss (hears louder voice sounds at a distance of one meter). They are labeled as Hard of Hearing.

71-89 dB - Severe hearing loss (hears only shouted or amplified speech at a nearby distance about 1 foot from the ear). They are called severely hard of hearing.

90 dB and above - Profound hearing loss (hearing no speech or other sounds at all) and they are labeled as deaf.

**Characteristics of hearing impaired children**: some of the general characteristics of hearing impaired children are as follows:

(1) Difficulty in following directions.

(2) Turning head to one side to hear better.

(3) Hesitate to participate in large groups.

(4) Colds accompanied with earaches.

(5) Problems in understanding speech.

(6) Uses loud voice while speaking.

(7) Gives unmatched answer to the question.

(8) Shows restricted vocabulary when speaking and

(9) Exhibits confused expression on face.

Some studies indicate that the hearing impaired child is inferior in intellectual ability, educational achievement and personal-social adjustment. These children score a relatively low score on IQ testing. In general their performance in academic subjects of the school is also poor. They face difficulty in personal-social adjustment. All these characteristics are mainly due to the fact that the hearing impaired child has not acquired the basic language and speech pattern which required in intellectual functioning, academic success and social adjustment.

**Education, Care and Training of hearing impaired**: Hearing impaired children differ from one another in many ways. They may differ in the degree and type of hearing loss. The education, care and training of hearing impaired children are the responsibility of parents, schools and members of the community.

Hearing loss or impairment should be properly diagnosed and detected with the help of standardized screening and psychological tests and for this purpose adequate help should always be taken from the trained personnel like audiologist, ENT specialist, etc.

Care and training of hearing impaired child should start in the home. Parents, siblings and other members of the family have a major and crucial role to play in the care and training of the hearing impaired child. Parents and members of the family should be properly trained and made aware of the developmental needs and adjustment of their hearing impaired children. They must be made to recognize and accept the hearing problems and limitations of their children in the task of their adjustment, development and educational progress by equipping themselves with the needed methods and ways

particularly related with the development of communication skills, speech, language and use of hearing aids and assistive device, etc.

The school has also a major responsibility in the care and training of hearing impaired children. The major problem of hearing impaired children lies in their deficiency in speech and language development and communication. There are three methods of training deaf children – the oral method, the manual method and the total communication approach. Finger spelling and sign language are examples of manual method. Lip reading or speech reading and auditory training are examples of oral method. The manual method is appropriate for severely and profoundly deaf children. The oral method is best suited for mild to moderately hearing impaired children. Since hearing impaired children who are enrolled in general schools are mostly mildly or moderately impaired, lip reading and auditory training are recommended for use in the school.

The teacher has an important role to play in managing visually impaired children in the class. He should arrange seats for them in the front row of the room and the teacher should see that the hearing impaired child uses the hearing aid regularly and that the hearing aid is in perfect condition. The teacher should make every effort to use visual aids in the instructional process. He should give opportunity to the hearing impaired child to participate in classroom processes and co- curricular activities in the class and the school depending on his abilities and interest.

3. **Non-sensory Physically Impaired Children**

(a)**Orthopaedically impaired:** An orthopaedical handicap refers to defect in bones, muscles and joints. It is because of the defects in bones, muscles or joints the child is not able to use the limbs effectively. The child may feel pain in the joints. Such defects may interfere in his educational performance. Hunt and Marshal (2002)[13] writes, “Orthopaedically impairment causing physical disability refers

to a condition that incapacitates the skeletal, muscular and/or neurological system of the body to some degree."

According to the Rehabilitation Council of India Act, 1992[14], "Loco-motor (orthopaedic) disability means a person's inability to execute distinctive activities associated with moving, both himself and objects, from place to place, and such inability resulting from affliction of either bones, joints, muscles or nerves."

The term orthopaedical handicap covers all those conditions which prevent the child from having complete control of his bones, muscles, joints and the nervous system causing his inability to move about and/or use his limbs in a normal way.

**Types of orthopaedic impairments**: All orthopaedic impairments found in children are supposed to be the impairments caused to their musculoskeletal system and/or neurological (nervous) system; we can attempt to classify the common orthopaedic impairments found in children as follows:

Orthopaedic impairments caused by neurological conditions include Cerebral palsy, Spina-bifida, Spinal cord injuries, Epilepsy (seizure disorder), Head injuries and Multiple Sclerosis.

There are some orthopaedic impairment caused by musculoskeletal conditions, these are, Mascular dystrophy, Poliomyelitis, Arthritis, Osteogenesis imperfect, Osteomyelitis, Legg-calve-perthes disease, Clubfoot, Limb deficiencies (amputation or congenital).

**Symptoms of orthopaedic impairment**: the symptoms of orthopaedic handicap are as follows:

(1) Observable deformity in the child's limb – legs, arms, palms or feet (more than 40% as per report of the orthopaedician).

(2) Awkward walking.

(3) Feeling of pain in the joints.

(4) Inabilities to use the bones and muscles.

(5) Loss of any part of the body.

(6) Polio effects.

(7) Difficulty in bending the knees.

(8) Crippled body.

(9) Difficulty in walking/running some distance.

(10) Abnormally short or weak hands or legs.

**Education of orthopaedic impaired**: Experts in the field of special education hold the view that orthopaedically handicapped children, particularly the crippled and others having mild to moderate degrees of handicap do not have learning problems. Like any other handicapped child an orthopaedically handicapped child can speak, read, write and solve arithmetic problems and make satisfactory progress in school work. The National Policy of Education (1986, Revised 1992)[15] states "Whenever feasible education of children with locomotor handicaps…will be common with that of others." Thus, orthopaedically handicapped children should be educated in regular schools.

Education of orthopaedically handicapped children in regular schools necessitates removal of architectural barriers in the schools. Because these children have problems of movement and some of them may use wheel chair and crutches, barriers to their movement such as staircase should be removed and alternate arrangements should be made for them. If possible their classrooms may be located in the ground floor of the building. For successful education these children may require aids and appliances. The school must arrange to provide aids and appliances from various sources for such children.

The school should give opportunity to the orthopaedically handicapped to participate in classroom processes and co-curricular activities keeping in view their difficulties and potentialities. Whenever possible handicapped and non-handicapped children should be involved in the same activities. This will develop in them friendship and mutual appreciation. In all cases teachers should avoid labeling such children as 'lame', 'crippled', etc. Labeling has adverse effects on psycho-social aspect of their development.

4.**Communicationally handicap Children:** The American Speech-Language-Hearing Association (ASHA, 1993)[16] defined communication disorders in the following way. A communication disorder may be termed as "an impairment in the ability to receive, send, process and comprehend concepts or verbal, non-verbal and graphic symbol system. A communication disorder may be evident in the processes of hearing, language and/or speech."

The communication disorders are of two types, those that affect (i) Speech disorder, and (ii) Language disorder.

(a)**Speech handicap:** Speech handicap refers to the abnormal speech patterns or disorders in speech which cannot be understood by the listeners. In other words, when speech becomes unintelligible and irregular, it is called speech handicap.

Speech handicap is largely linked with hearing handicap. That is why deaf children become dumb. When a child becomes deaf by birth he does not get any opportunity to hearing others and learning the speech patterns. He develops speech handicap.

**Types of speech disorders**: Speech disorders of the children may be generally classified in to three types. (i) Articulation or phonological disorders, (ii) Fluency disorders, (iii) Voice disorders.

An articulation disorder refers to the disorders of accurate and clear production of sounds within the words. It involves substitution,

omissions, distortion and addition of sounds. There is a difficulty in pronunciation of words distinctly or clearly.

Fluency disorders may stand for one or the other types of interruptions in the flow of speech. Stuttering and stammering are the two most common fluency disorders found in the children. In stuttering there is frequent and severe disorder of rhythm or fluency, hesitating in speech, repetition of letters and words and lingering on them. Stammering involves faltering or stumbling in speech.

Voice disorders refer to defects of voice which involve problems in vocal quality (breathiness, hoarseness, and huskiness), vocal pitch and vocal intensity.

(b)**Language disorders**: Language is the ability to communicate using symbols. It includes both oral and written communication and requires both expression and reception of ideas. Language disorder is characterized by inability to use the symbols of language through proper use of words and their meaning, appropriate grammatical pattern and proper use of speech sounds.

The children with language disorders are found to have serious limitations and disabilities in understanding language and/or in expressing themselves through language. According to fact sheet issued by the National Information Center for Children and Youth with Disabilities, USA[17], 'a language disorder is an impairment in the ability to understand and/or use words in context, both verbally and non-verbally (writing). Some characteristics of language disorders include improper use of words and their meanings, inability to express ideas, inappropriate grammatical patterns, reduced vocabulary and inability to follow directions. One or combination of these characteristics may occur in children who are affected by language learning disabilities or developmental language delay. Children may hear or see a word but not be able to understand its meaning. They

may have trouble in getting others to understand what they are trying to communicate."

**Education, care and training of communication disorder children**: Early intervention is mostly needed for helping the child suffering from communication disorders in their earlier correction and treatment. This starts with mostly the complaints from the parents, elders and other care givers about the abnormalities in the hearing, speech and language behaviours of their children. The suspected children can then be subjected to proper assessment.

Children with communication disorders should, as far as possible be provided education in the integrated set up along with their non-disabled peers. Their curriculum should also be the same as of their non-disabled peers except in the sense that these children need more training and experiences regarding the proper development of their communication skills. Regarding the employment of the appropriate methods for their teaching, attention should be paid for making learning experience as purposeful and interesting as possible, integrate the task of their language learning and development of communication skills with the acquisition of the learning in other subjects and paying individual attention for catching up with their slow rate in communication and learning.

Collaborated efforts of the parents, class teachers, elders, peers, speech language pathologists, special education teachers, audiologists, psychologists and guidance personnel are needed for bringing needed correction and treatment in the inappropriate communication behavior of the children. However, a single measure or approach is not enough in this direction. We can use certain combinations of the commonly used measures or approaches like medical or physical measures, psychological measures, use of modeling and imitation strategy, modifying the environmental conditions, applying behavior modification techniques, using

naturalistic intervention approach, using augmentative and alternative communication approach and employing technological advancement depending upon the situations and nature of the disabilities.

5. **Learning or Academically exceptional children**

(a)**Learning disabled**: Learning disability refers to an imperfect ability to listen, think, speak, read, write or do arithmetic. When learning problems are not primarily due to any impairment or environmental and economic disadvantages but due to a disorder in the psychological process and brain dysfunction we call it as learning disability.

Kirk (1962)[18] says, "Learning disability refers to retardation, disorder, or delayed development in one or more of the processes of speech, language, reading, spelling, writing or arithmetic resulting from a possible cerebral dysfunction and/or emotional or behavioural disturbance and not from mental retardation, sensory deprivation, cultural and instructional factors."

Learning disability is not the same condition as mental retardation. Mental retardation also causes learning problems. But the learning problems of mentally retarded children are due to low level of intelligence. Learning disabled children posses average or above average intelligence. Their learning problems are due to cerebral dysfunction. Learning disability is not the same as backwardness or slow learning. The backward child or the slow learner performs poorly in all academic subjects. Their problems may be due to low intelligence, disadvantaged social condition, emotional hazards or defective instruction. But the learning disabled child has difficulty in specific academic subjects such as reading, writing, arithmetic, etc. which may be due to brain dysfunction.

**Types of learning disability**: Some of the most common types of learning disability are as follows:

(1) *Reading disability*: Children suffering from reading disability are unable to read. There are two forms of reading disability, mild and severe. In a mild form, the affected person has difficulty in reading, but in severe cases of the impairment there is a total loss of the ability to read.

(2) *Writing disability*: The affected children are not able to write spontaneously. There are two forms of this impairment – the mild and severe. Children affected by the mild form have difficulty in learning to write legibly. They study in general schools. Those affected by the severe type of impairment can copy writing without distortion but they cannot write spontaneously.

(3) *Problems in Comprehending Communication*: Children with this disability have a problem in communication through writing, speaking, or reading. The affected child has difficulty in understanding both the spoken and written words and also finds it difficult to understand even signs and gestures. The severely affected child is unable to understand speech and written material, nor can he learn to speak, read and write.

(4) *Problems of Numerical Ability*: The affected child has problems in calculations, even simple arithmetic, because of an inability to manipulate number relationships.

**Educational measures for the learning disabled**: For adopting educational measures for the learning disabled, we should not emphasize segregation in terms of separate schools or classes for them but try to provide due care and attention within the existing educational set up by adopting special remedial and educational programmes and restructuring and improving the existing environmental set up to meet the special needs of these children.

Much attention needs to be paid in terms of the deficiencies and difficulties pertaining to specific learning abilities and skills like the following:

- Steps should be taken to improve the handwriting right from its early diagnosis.
- The learning disabled who suffer from the difficulty to spell words correctly should be given proper training.
- Reading skills, social skills and thinking and reasoning abilities should be adequately developed and improved so that the children do not suffer academically on account of their deficits and deficiencies in these areas.
- Children suffering from the disability or deficit known as attention deficit or inattention should be helped in overcoming such deficit.

In addition to these special measures some more specialized approaches and techniques like the following may also be adopted for helping the learning disabled.

(1) Behaviour modification through behavioural approach.

(2) Psychoanalytic approach for analyzing and correcting the defective behavior.

(3) Individualized instructional approach for providing the individual assistance.

(4) Self-instructional approach for bringing the self-improvement.

(5) Multisensory approach by appealing to the multiple senses of the learning disabled.

(6) Technological approach for providing remedial instructions through technological means like audio tape and tape recorder, video disk, computer and hypertext and hypermedia technologies, etc.

(b)**Slow learners**: Historically the term slow learners is relatively a new term being used for the type of learners traditionally known as backward pupils in schools. It was evolved and carried by the American educational psychologists for being used to a group of less able students with IQ between 70 and 85. Slow learners in a broader sense refers to all those children of different abilities, who by one or the other reasons, when compared to the children of their age/grade suffer from the retardation or backwardness in terms of the rate of learning and academic performance.

According to Burt (1937)[19], the term "backward or slow learner is reserved for those children who are unable to cope with the work normally expected of their age group."

Some of the general characteristics of slow learners are given as under:

- Reduced ability to make abstraction and generalization.
- Poor reasoning ability, understanding and comprehension.
- Poor retention and memory or lack of concentration.
- Short attention span
- Poor motivation and work habits
- Lack of curiosity and creativity
- Awkward in self expression
- Poor self concept and lack of confidence
- Poor general knowledge and exposure to the world
- Poor organizational ability and limited leadership potential
- Presence of anxiety and fear of failure
- Lack of interest in the school work and dislike of school
- Truancy and dropping out

Kirk (1949)[20] writes, "lack of motivation and a dislike of school as well as truancy and dropping out are often associated with the slow learners. These are not innate behaviours, but a defense against repeated failure and the constant pressures to keep pace."

**Education of slow learners**: Slow learners needs special attention and care for being duly helped in getting rid of their sub-normality in terms of rate of learning and educational achievement. Neglecting or over-looking them may pose a serious problem for their progress and welfare besides providing nuisance to the society. For taking measures, for their treatment and education, beginning should be made through regular medical checkup and necessary treatment and redressing their maladjustment problems at home and the school. As far as possible, they should be taught along with their other non-disabled peers. However in the most severe cases of retardation or backwardness, we can opt special schools as the placement option. The remedial step and treatment measures for the backward children should therefore be mostly arranged in the regular schools by adopting the measures like provision of special curriculum, methods of teaching and special teachers, special coaching and proper individual attention, checking truancy and non-attendance, provision of co-curricular activities, maintenance of proper progress record, rendering guidance services, controlling negative environmental factors and taking the help of experienced educational psychologist.

6. **Socially and Emotionally Exceptional Children**

(a)**Emotionally disturbed:** emotionally disturbed children are those children who deviate markedly and chronically from most of the children of their age and social groups in terms of their emotional make up and behavior seriously affecting their adjustment to their self and the social surroundings including their educational performance in the schools and adaptability in life situations so much so as requiring special educational and adjustment measures for their proper development and well being.

F.M. Hewett (1968)[21] writes, “the emotionally disturbed child is a social failure. Underlying all the specialized terms and complex diagnostic levels used to describe him is the implication that his

behavior, for whatever reason, is maladaptive according to the expectations of the society in which he lives."

According to R.J. Whelen (1979)[22], "Emotionally disturbed children are characterized by behavior access (that which children do too much of and should not) and deficit (that which children should do more of but don't)."

Emotionally disturbed children are generally characterized with picking up extremes in their behavior-too much excess or deficits, having difficulty in developing and maintaining inter-personal relationships, deficits in academic and social skills, frequently exhibiting anti-social or self injurious behavior, emotional failure and maladjustment and an overall maladjustment to the self and the environment.

(b)**Socially maladjusted or delinquent:** Socially Maladjusted children are chronic juvenile offenders who persistently refuse to meet minimum standards of conduct required in regular schools and classrooms. They defy teachers and disrupt the school program. They intimidate and harass other students. Their behavior is so antagonistic to the purpose and program of schools that they must be excluded from regular class attendance.

Juvenile delinquency is a legal concept meaning that a youth has violated a law and has been apprehended. According to Juvenile Justice (Care and Protection of children) Act (2000)[23], "the term Juvenile delinquent refers to a child or youth, essentially minor in age (i.e. below the age of eighteen years) who deviates seriously from the norms of his culture or society and commits such acts, that, if committed by an adult would be punishable as offense or crime as per provisions of the Indian Penal Code."

(c)**Deprived Children**: in its simple meaning, the term deprived children stands for all those children who are the victims of one or the

other types of deprivation. In this sense, deprived children may consist of quite diversified population of the children. Majority of them are the products of social and cultural disadvantages, disparities or discriminations suffered by them, their parents and families. However, it is not proper to confine their deprivation to socio-cultural-economic disadvantages. The emotional and educational deprivation suffered by the children in terms of their faulty rearing and inadequate schooling facilities should also be given due consideration.

In the words of S.K. Mangal (2010)[24] "the term deprived children in educational context may be referred to a diversified group of children suffering from multi-dimensional deprivations characterized by various physical, psychic, and social handicaps and causing a number of obstacles in their proper education and progress."

7. **Multiple disabled and severely disabled children**

(a)**Children with Cerebral palsy:** The term cerebral palsy stands for the loss or inability in exercising control over the movements of the body or motor behavior as a result of something wrong in the brain. In the words of Freeman Miller (2005)[25], "Cerebral Palsy (CP) is a childhood condition in which there is a motor disability (Palsy) caused by a static, non-progressive lesion in the brain (cerebral). This causative event has to occur in early childhood, usually defined as less than 2 years of age. Children with CP have a condition that is stable and non-progressive; therefore they are in most ways, normal children with special needs."

According to the National Institute of Neurological Disorders, USA (2004)[26], "Cerebral Palsy is an umbrella term used to describe a group of chronic disorders impairing movement control that appear in the first few years of life and generally do not worsen over time. The term Cerebral refers to the brain's two halves, or hemispheres, and Palsy describes any disorder that impairs control of body movement. Thus, these disorders are not caused by problems in the muscles or

nerves. Instead, faulty development or damage to motor areas in the brain disrupts the brain's ability to control movement and posture adequately."

Cerebral palsy as a group of disorder may be classified in to four major types named as spastic cerebral palsy (characterized with stiffness and permanent contracture of the muscles), dyskinetic cerebral palsy (characterized by the presence of involuntary movements and tonal abnormalities involving the child's whole body), ataxic cerebral palsy (characterized by abnormalities of voluntary movements involving balance, position of the trunk and limbs and depth perception) and mixed cerebral palsy (exhibiting symptoms of more than one of the three forms).

**Education for children with cerebral palsy:** The children with cerebral palsy need education in the same way as other nondisabled children may need it for the development of their full potential get adjusted to their environment and contribute significantly towards the progress of their own and the society. As human beings, they have all rights and opportunities for doing so but unfortunately they suffer from some limitations, and disabilities on account of their developmental neurological deficiencies. Their educational needs are therefore two folds. On one side, they need education for overcoming their deficits resulted through the cerebral palsy and other usually accompanying disorders. On the other side, they need education in terms of 3Rs and various subjects and activities of the school curriculum.

The children with cerebral palsy suffer from many limitations. Therefore, it becomes essential for making environmental adaptations and arranging necessary support services for their adequate adjustment and learning. A meaningful programme for the education of children with cerebral palsy is needed to focus on promoting

functional mobility, function in daily living skills, communication skills and academic progress.

The most important thing in the treatment and education of the children with cerebral palsy lies in a simple fact that the parents and teachers should never give up their hope in helping these children to grow as a useful individual not only for them but also for the society also. They must try to see bright lightning in the dark clouds in view of the many examples and instances before them where such children have not only been capable of living their lives but contributing significantly towards the progress of society and humanity at large.

(b)**Children with autism:** The children instead of playing and socializing with others, isolate themselves in a world of their own, a place characterized by repetitive routines, odd and peculiar behavior, problems in communication and total lack of social and emotional awareness and bonds with others. The children characterized with such defective and improper development are often referred as the children suffering from a specific developmental disorder named as autism.

According to Advani and Chadha (2003)[27], "Autism is a brain disorder that typically affects a child's ability to communicate, form relationships with others and respond appropriately to the environment. Some children with autism are relatively high functioning, with speech and intelligence intact. Others are mentally retarded mute, or have serious language delays. For some, autism makes them seem closed off and shut down, there are others who seem locked into repetitive behaviours and rigid pattern of thinking."

In the words of Individuals with Disabilities Education Act, (IDEA) USA (1994)[28], Autism is a "developmental disability affecting verbal and non verbal communication and social interaction, generally before age 3, that affects a child's performance. Other characteristics often associated with autism are engagement in repetitive activities

and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences."

**Educational measures for children with autism**: The welfare, progress and adjustment of the autistic children lie much in providing better education to them. Their education as far as possible should be arrange in the integrated mainstream set up with the essential supports like resource room facilities, training and assistance to class teachers for teaching and handling autistic children, essential environmental modification, teaching aids and facilities available for the education and adjustment of the autistic children. Besides the general curriculum considerations, special individualized efforts in terms of adequate care, attention and training should also be made for the autistic children in overcoming their deficiencies and disorders related to communication, social, emotional and adaptive skills. Specialties of their deficit behavior, needs, motives and interests should always be given due consideration in providing desirable learning experiences to these children for their proper education, development and adjustment.

(c)**Children with multiple disabilities:** Multiple disabilities stand for the disabilities multiple in nature, i.e. existence of more than one disability at a time. According to The Association for Persons with Severe Handicaps (TASH) (1991)[29], persons with severe or multiple disabilities "include individuals of all ages who require extensive ongoing support in more than one major life activity in order to participate in integrated community settings and to enjoy a quality of life that is available to citizens with fewer or no disabilities. Support may be required for life activities such as mobility, communication, self-care, and learning as necessary for independent living, employment and self-sufficiency."

Children with multiple disabilities are those children who suffer from more than one disability at a time in one or the other areas or aspects of their growth and development requiring specific educational and adjustment measures, essentially for their independent living, and progress in life.

**Characteristics of Multiple Handicapped**: The characteristics of multiple handicapped children vary from child to child depending upon the specific handicapping conditions. However, the following generalizations about the characteristics of multiple handicapped children can be made:

- *Self-concept* – Multiple handicapped children have a poor self concept. This is the most severely affected aspect of the child's development.
- *Language and speech* – The language and speech development of the multiple handicapped child, particularly if he is both blind and deaf or deaf and dumb is impaired.
- *Intellectual functioning* – Intellectual functioning of multiple handicapped child is much below average.
- *Social adjustment* – These children have difficulty in personal-social adjustment.
- *Social interaction* – These children are, most often, not liked by their peers. Hence they have few friends. Some of them are isolated in the circle of peers.
- *Educational perspective* – In view of their multiple handicaps these children are hard cases for education in school. It is for this reason; teachers do not enroll such children in school. However, whatever little success is possible it depends entirely on superior instruction and constant care.

**Education of multiple handicapped**: Children with multiple disabilities need proper education for their adequate adjustment and progress in life. Attempts for the planning and organization of

education for them essentially require the decisions about their placement, nature of curriculum and modes and methods of teaching. They should be taught in the integrated and inclusive settings of the neighborhood schools along with their non-disabled peers leaving aside the most severe cases. For this purpose, necessary adaptations in the teaching, learning environment and support system should be organized for meeting the individual needs of the disabled children. The curriculum needs of the children then may be extended to the development of necessary functional skills like daily living communication, leisure and recreational, vocational, social behavior management and functional academic skills apart from the general curriculum experiences. Suitable methods and techniques then should be made in to use for meeting the general and special curricular needs of the children with multiple disabilities. Special attention in this regard should be paid to the learning of essential functional skills, mobility and communication, behavior management task with an eye to make them capable of functioning in the integrated set up of the school, home and community settings including the use of sophisticated assistive technology as effectively as possible.

**Education for Children With Special Needs (CWSN):**

Throughout the world, Children With Special Needs (CWSN) were a neglected lot till the 18th century, when the ideas of fraternity, equality and liberty sweeping France and America inspired political reformers and leaders in medicine and education to turn their attention towards the educational needs of such individuals. France played a pioneering role in the area of special education. It was in Paris that Valentine Huay started a School for the Blind in 1785 and Father De L'epee developed an early version of finger spelling for the deaf. Jean Marc Gaspard Itard's case study of 'The Wild Boy of Aveyron' is a pioneering work in the field of education for the Mentally Retarded.

Along with other parts of the world, India too, witnessed the emergence of special schools for people with disabilities. The first school for the deaf was set up in Bombay in 1883, and the first school for the blind at Amritsar in 1887. There was rapid expansion in the number of such institutions after that. Today, there are more than 3200 special schools throughout India.

However, these special schools have certain disadvantages which became evident as the number of these schools increased. These institutions reached out to a very limited number of children, largely urban and they were not cost effective. But most important of all is the fact that these special schools segregated CWSN from the mainstream, thus developing a specific disability attitude and culture.

**Integrated Education for Disabled:**

In the last few decades, the view of special education has changed in all societies. Instead of segregating children with special needs in special classes and schools, the ideology of inclusive education is about fitting schools to meet the needs of all students. The educational system is responsible for including the CWSN for appropriate education for all.

The idea of inclusion seems to be a major challenge in many countries. The emergence of the concept of integrated education in India during the mid 1950s was seen as a solution to these problems. Small experiments in this area were begun by the Royal Commonwealth Society for the Blind, and the Christopher Blind Mission. The Ministry of Education, too, launched a comprehensive scholarship scheme in 1952-a rudimentary beginning of the integrated education initiative by the Government.

As anybody else would have, children with special needs and their families have dreams, visions and anticipations. So, every child has a right to education on the basis of equality of opportunity. No

child should be excluded from or discriminated within education on grounds of race, colour, sex, language, religion, ethnic or social origin, disability or other status.

Integrated Education for Disabled (IED) children is a national agenda both in the social as well as in the education sector. The Ministry of Human Resource Development, Government of India is taking various steps through SSA to fulfill this national goal. The SSA plans to ensure that every child with special needs irrespective of the kind, category and degree of disability is provided education in an appropriate environment. For that, it adopts zero rejection policy so that no child is left out of the education system. The SSA tries to provide integrated and inclusive education to all children through various interventions. It has also been trying to support a wide range of approaches, options and strategies for education of the CWSN.

For over a century, the prevalent model for offering education to children with special needs has been the special school. This system had major drawbacks-it is expensive and has only limited reach. Moreover, segregating children based on disability was discriminatory and violation of the human rights. Subsequently, the philosophy of 'integration' emerged which advocated education of children with mild and moderate disabilities in general schools along with adequate resource support. But children under integration method were still treated separately in some schools and integration or mainstreaming was only partial.

This led to the emergence of the new concept called Inclusive Education (IE) which argues that all children irrespective of the nature and degree of disability should be educated in general schools with normal children. More and more experts in special needs education are now advocating inclusive education not only on educational grounds but also on social and moral grounds. Inclusive education is all about making classrooms responsive to the needs of the learner. It

stresses on child centered pedagogy using peer tutoring, co-operative learning and group learning.

**The Government of India's Intervention:**

The schemes dealing with CWSN can be categorized into educational and supplementary schemes. The educational scheme includes the Integrated Education of Disabled Children (IEDC) and the supplementary schemes include the Scholarship as well as the Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP).

**Educational Schemes for CWSN:**

i) *Integrated Education of Disabled Children (IEDC)*:

The Government of India's appreciation of the need to integrate children with special needs came in 1974, when the Union Ministry of Welfare launched the centrally sponsored scheme of Integrated Education of Disabled Children (IEDC). The Integrated Education for Disabled Children (IEDC) launched in 1974 and revised in 1992 by the Central Government was one of the first schemes in this area. It aims to provide educational opportunities for the moderately disabled children in the general school system. The scope of the Scheme includes pre-school training, counseling for parents and community involvement. Besides providing allowances for books and stationary, uniform, transportation, attendant, reader and escort, hostel facilities and assistive devices, IED provides for special teachers for disabled children and also resources rooms. The aims of IEDC were;

- To provide educational opportunities to CWSN in regular schools,
- To facilitate their retention in the school system
- The disabled children who are placed in special schools should be integrated in common schools once they acquire the communication and daily living skills at the functional level.

- To change the attitude of the community towards the disabled, not to look at them as disabled but to accept them as a child.
- To help them participate in activities with other children, and to develop their ability based on their capacity

In 1982, this scheme was transferred over to the then Department of Education of the Ministry of Human Resource Department. This centrally sponsored scheme of IEDC provides educational opportunities for the disabled children in common schools to facilitate their retention in the schools after they acquire the communication and the daily living skills at the functional level.

**Supplementary Schemes for CWSN**:

(i) *Scholarship*:

The government of India started giving scholarships for elementary and higher education to the visually impaired, hearing impaired and locomotor impaired children in 1955. In 1974, the scheme was transferred to the states and today most of the states are awarding scholarships to those children with special needs who are pursuing elementary education in regular schools without support services.

(ii) *Schemes of Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP):*

Education of CWSN cannot be successful until they are provided those essential aids and appliances which enhance their functional ability. Therefore, the Union Ministry of Social Welfare in 1981 launched the ADIP Scheme. The main objective of the scheme is to assist the needy disabled children in procuring durable, sophisticated and scientifically manufactured modern and standard aids and appliances that can promote their physical, social and psychological well being by enhancing their educational potential. The

scheme provides aids and appliances to locomotor disabled, visually disabled, hearing disabled, mentally disabled and multiple disabled. A number of NGOs and Institutions are working under this scheme.

**Initial Experiments on Integrated Education in India**:

The early attempts to include CWSN in regular schools were through Project Integrated Education for the Disabled (PIED) and District Primary Education Programme (DPEP).

*Project Integrated Education for the Disabled (PIED)*:

There was a shift in strategy, from a school based approach to a Composite Area Approach. In 1987, the Ministry of Human Resource Development, along with UNICEF launched another experiment: Project Integrated Education for the Disabled (PIED). The first pilot project on integrated education in India came in the form of Project Integrated Education for the Disabled (PIED). PIED launched in 1987, was a joint venture of MHRD and UNICEF. This project was implemented in one administrative block each in Madhya Pradesh, Maharastra, Nagaland, Orissa, Rajasthan, Tamil Nadu, Haryana, Mizoram, Delhi Municipal Corporation and Baroda Municipal Corporation.

In this approach, a cluster, instead of the individual school approach was emphasized. A cluster, usually a block of population, was taken as the project area. All the schools in the area were expected to enroll children with disabilities. Training programmes were also conducted for the teachers. The approach was an improvement over the special schools in many ways and appears to be the only way towards universalizing education of the disabled children. It is more cost effective and easier to organize, since existing school infrastructure is to be made use of.

Under PIED, there had been a significant increase in the number of not only mildly disabled, but also severely disabled children, with the number of orthopaedically handicapped children far outstripping other disabled children. All these perform at par with non-disabled children; in fact their retention rate is higher than that of non-disabled children and absenteeism is low. PIED has also had a positive impact on the attitudes of the teachers, the heads of the schools, as well as parents and the community in general. Also, the interaction between the disabled and the non-disabled children is good.

*District Primary Education Programme (DPEP)*:

This program was launched in 1994 with the objective of universalization of primary education. It seeks to operationalise decentralized planning and management, identified by the National Policy on Education, 1986 and the Programme of Action (PoA) 1992 to be the main strategy for Universalisation of Elementary Education (UEE). Its main features are Universal Access, Universal Retention and Universal Achievement. It aims that the primary education should be accessible to each and every child of school going age, once a child is enrolled in school, he/ she should be retained there. The final step is achievement of the goal of education. The main components of this program are:

- Construction of classrooms and new schools.
- Opening of non-formal schooling centers.
- Setting up early childhood education centers.
- Appointment of teachers.
- Providing education to disabled children.

*Sarva Shiksha Abhiyan*:

A recent initiative of the Government of India to universalize Elementary Education is Sarva Shiksha Abhiyan (SSA). SSA is a response to the demand for quality basic education all over the

country. However, UEE cannot be achieved unless children with special needs are also provided access to quality education. Hence, education of CWSN is an essential part of the SSA framework. Learning from DPEP, SSA has adopted a more pragmatic approach to implementing the programme of inclusive education. SSA framework clearly states that; "SSA will ensure that every child with special needs, irrespective of the kind, category and degree of disability, is provided education in an appropriate environment. SSA will adopt zero rejection policy so that no child is left out of the education system." Further "the thrust of SSA will be on providing integrated and inclusive education to all children with special needs in general schools. It will also support a wide range of approaches, options and strategies for education of children with special needs. This includes education through open learning system and open schools, non-formal and alternative schooling, distance education and learning, special schools, wherever necessary, home based education, itinerant teacher model, remedial teaching, part time classes, community based rehabilitations (CBR) and vocational education and cooperative programmes.

**Laws on Education of the Disabled**:

Government of India is fully committed to the realization of the goal of UEE and to boost it, the Parliament has Passed the Constitutional (86$^{th}$ Amendment) Act, making free and compulsory elementary education a Fundamental Right for every child in the age group of 6-14 years, incorporating a new Article 21A in Part III of the constitution, as follows:

'The State shall provide free and compulsory education to all children of the age of six to fourteen years in such manner as the State may, by law, determine.'

The 86th Amendment also modified Article 45, which now reads as "The state shall edeavour to provide early childhood care and education for all children until they complete the age of 6 years."

The National Policy on Education (NPE) 1986 advocates integrated education in general school for loco-motor impaired children and the mildly disabled children and special education to the severely handicapped children. It also recommends orientation and pre-service training for general teachers on disability management and provision of vocational training. The Policy document says that the objective should be to integrate the physically and the mentally handicapped with the general community as equal partners to prepare them to face life with courage and confidence.

The Indian Government has laws and schemes to promote the education of disabled children at various levels. Central and States Governments and local authorities are legally bound to provide access to free education to all the disabled children till the age of 18 years and also promote integration of disabled children in normal schools under the Persons With Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, better known as PWD Act. The Government, as per the Act, should formulate schemes to conduct part time classes, impart non-formal education, and provide education through open schools and open universities for children with special needs. The Act also envisages a comprehensive education scheme to provide transport facilities, remove architectural barriers, supply free books, uniform and other materials, grant scholarship, restructure curriculum and modify the examination system for the benefit of children with special needs.

However, exclusionary policies and practices that deny admission to disabled children are widely prevalent among the country. All children have the right to be educated regardless of their disability or learning difficulty, because education is a human right.

Many premier schools in the country deny admission to disabled children in violation of their right to education.

**National Policy on Education (NPE)-1986**:

The National Policy on Education 1986, laid much emphasis on the issue of the equality of opportunities to education to all children, not only in access, but also in the condition for success. Through its section 4.9, the policy clearly highlights the needs of the disabled children and recommended integrated education for the disabled in the following manner:

- The objective should be to integrate the physically and mentally handicapped with the general community as equal partners, to prepare them for normal growth and to enable them to face life with courage and confidence.
- Whenever it is feasible, the education of children with motor handicaps and other mild handicaps will be common with that of others.
- As far as possible, special schools with hostels will be provided at district headquarters for the severely handicapped children.
- Adequate arrangements will be made to give vocational hands to the disabled.
- Teaching programmes will be reoriented in particular for teachers of primary classes, to deal with the special difficulties of the handicapped children and
- Voluntary efforts for the education of the disabled will be encouraged in every possible manner.

**NPE, Plan of Action (POA)-1992**:

The NPE was followed by Plan of Action (POA) 1992. The POA suggested a pragmatic placement principle for children with special needs. It postulated that a child with disability who can be educated in a general school should be educated in a general school only and

not in a special school. Even those children who are initially admitted to special schools for training in plus-curriculum skills should be transferred to general schools once they acquire daily living skills, communication skills and basic academic skills.

For achieving equalization of educational opportunities, POA (1992) also envisages that children with disability should have access to quality education comparable to other children. It postulates-

- For children who can be educated in general primary schools.
- For children who require to be educated in special schools or special classes in general schools.
- Reduction of drop-out rates at par with other children.
- Providing access to disabled children of secondary and senior secondary school with resource support and making special provision for vocational training of these children.
- Re-orienting pre-service and in-service teacher education programmes to meet special needs in the classroom.
- Reorienting adult and non-formal education programmes to meet educational and vocational training needs of persons with disability.

**Rehabilitation Council of India Act (RCI)-1992**:

As a follow up of the recommendation of the National Policy on Education, 1986, Government of India took initiative for the establishment of Rehabilitation Council of India (RCI) in 1986. For equipping this body with some legal authority, Parliament of India in 1992 enacted its first piece of legislation related to special education; the Rehabilitation Council of India Act, subsequently amended in 2000. The major purpose of this act was to mandate minimum standards of education for professionals working with individuals with disabilities including special teachers and educators and to establish

a statutory mechanism for monitoring and standardizing courses for the training of 16 categories of professionals required in the field of special education and rehabilitation of persons with disability. Training of special educators and resource teachers that can offer support services to children with special needs in regular schools is the responsibility of RCI. This Act also makes it mandatory for every special teacher to be registered by the Council and lays down that every child with disability had the right to be taught by qualified teacher. It has also a provision of punishment for those teachers who engage in teaching children with special needs without a license.

**Persons With Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995**:

A very significant landmark in the history of special/disability education in India is the Persons with Disabilities (Equal opportunities, protection of rights and full participation) Act, 1995. This comprehensive Act covers seven disabilities namely blindness, low vision, hearing impaired, loco-motor impaired, mental retardation, leprosy cured and mental illness.

Chapter V (Section 26) of the Act, which deals with education, mentions that the appropriate Governments and the local authorities shall:

- Ensure that every child with a disability has access to free education in an appropriate environment till he attains the age of eighteen years;
- Endeavor to promote the integration of students with disabilities in the normal schools;
- Promote setting up of special schools in Government and private sector for those in need of special education, in such a manner that children with disabilities living in any part of the country have access to such schools;

- Endeavor to equip the special schools for children with disabilities with vocational training facilities.

Chapter V (Section 27) mentions that, the appropriate Governments and the local authorities shall by notification make schemes for:

- Conducting part-time classes in respect of children with disabilities who having completed education up to class fifth and could not continue their studies on a whole-time basis;
- Conducting special part-time classes for providing functional literacy for children in the age group of sixteen and above;
- Imparting non-formal education by utilizing the available manpower in rural areas after giving them appropriate orientation;
- Imparting education through open schools or open universities;
- Conducting class and discussions through interactive electronic or other media;
- Providing every child with disability free of cost special books and equipments needed for his education.

Section 28 of the PWD Act mention that, The appropriate Governments shall initiate or cause to be initiated research by official and non-governmental agencies for the purpose of designing and developing new assistive devices, teaching aids, special teaching materials or such other items as are necessary to give a child with disability equal opportunities in education.

Chapter V of the PWD Act, Section 29 states that, the appropriate Governments shall set up adequate number of teachers' training institutions and assist the national institutes and other voluntary organizations to develop teachers' training programmes specializing in disabilities so that requisite trained manpower is available for special schools and integrated schools for children with disabilities.

Without prejudice to the foregoing provisions, the appropriate Governments shall by notification prepare a comprehensive education scheme which shall make Provision for-

- Transport facilities to the children with disabilities or in the alternative financial incentives to parents or guardians to enable their children with disabilities to attend schools.
- The removal of architectural barriers from schools. colleges or other institution, imparting vocational and professional training;
- The supply of books, uniforms and other materials to children with disabilities attending school.
- The grant of scholarship to students with disabilities.
- Setting up of appropriate fora for the redressal of grievances of parent, regarding the placement of their children with disabilities;
- Suitable modification in the examination system to eliminate purely mathematical questions for the benefit of blind students and students with low vision;
- Restructuring of curriculum for the benefit of children with disabilities;
- Restructuring the curriculum for benefit of students with hearing impairment to facilitate them to take only one language as part of their curriculum.

Chapter V (Section 30) mentions that, all educational institutions shall provide or cause to be provided amanuensis to blind students and students with low vision.

**Right of Persons with Disabilities Bill, 2011**:

India has ratified the UN Convention on the Rights of Persons with Disabilities (UN CRPD) and undertaken the obligation to ensure and promote the full realization of all human rights and fundamental freedoms for all Persons with Disabilities without discrimination of any kind on the basis of disability. In fulfillment of this international

commitment, the country is obligated to enact suitable legislation in furtherance of the rights recognized in the UN CRPD. The present Persons with Disabilities Act, 1995 does not incorporate many of the rights recognized in the UN CRPD. It is proposed to repeal the extant legislation and replace it with a comprehensive law which is in conformity with the UN CRPD and hence this Bill, Right of Persons with Disabilities Bills 2011.

Some of the sections dealing with the education of disabilities in the Rights of Persons with Disabilities Bill 2011 are as follows:

Part I, Section 35 mentioned that:

- All persons with disabilities have a right to education to enable the full development of their human potential, sense of dignity and self-worth; to develop their personality, talents and creativity, mental and physical abilities to their fullest potential; and to enable their effective participation in an inclusive society;
- No persons with disabilities shall be excluded from the education system on the basis of disability, and the appropriate government shall ensure that all persons with disabilities, especially girls and women with disabilities, have access to education, without discrimination and on an equal basis with others, at all levels.

Part I (section 37) of the Bill talks about the Establishment of Neighbourhood Schools, Resource Centers and Special Schools. For carrying out the purposes of this Act, the appropriate governments shall:

- Establish neighbourhood schools and special schools within such area or limits of a neighbourhood as may be prescribed and all such schools shall be equipped to provide education to all persons with disabilities;

- Resource centers equipped with requisite personnel and equipment which shall support students and teachers in the pursuit of their education in neighbourhood schools;
- Develop and enforce standards for training educators to teach children with disabilities;
- Provide infrastructure including school buildings, educators who have the requisite qualifications and training to teach children with disabilities; learning materials and any other materials required to support a child with disability in the completion of his or her elementary and secondary education;
- Ensure and monitor the admission, attendance and completion of elementary and secondary education of every child with disability;
- Ensure the availability of a sufficient number of educators who have the requisite qualifications and training to teach persons with disabilities;
- Provide training facilities for teachers such that they are trained to cater to the needs of children with disabilities;
- Establish an adequate number of teacher training institutions and assist the National Institutes and other voluntary organizations to develop teacher training programs specializing in training special educators so that the requisite special educators are available for students with disabilities;
- Develop and establish an inclusive undergraduate and postgraduate degree in education which trains all teachers to cater to the needs of a child with disability in an inclusive classroom; and

- Initiate or cause to be initiated research by official and non – governmental agencies for the purpose of designing and developing new assistive devices, teaching aids, special teaching materials, or such other items as are necessary to give a child or person with disability the support required to complete his or her education.

Section 39 of the bill states that, Every child shall have a right to free and compulsory education in an appropriate neighbourhood school or special school , as chosen by the parents or guardian, between the age of six and eighteen years or until the completion of secondary education whichever is later; No child shall be liable to pay any kind of fee, charge or expenses towards any support or otherwise which may prevent him or her from pursuing for completing both elementary and secondary education.

Section 40 deals with the Reasonable Accommodations in Education and for this:

- The appropriate governments and establishments shall ensure that reasonable accommodation of the individual's requirements is provided at all levels of the education system, taking into consideration both gender and age specific needs;
- The appropriate governments and establishments shall ensure that persons with disabilities receive individualised support, within the education system, to facilitate their effective education provided in environments that maximize academic and social development, consistent with the goal of full inclusion;
- In order to ensure appropriate quality education for persons with disabilities, the appropriate governments and establishments shall take measures, including:
    - Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats

of communication and orientation and mobility skills, and facilitating peer support and mentoring;

- Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;
- Employing teachers, including teachers with disabilities, who are qualified in sign language or Braille, and to train professionals and staff who work at all levels of education.

Part I, Section 40 of this bill mentioned the Right to School Admission and stated that, If a child has not been admitted to a school at the stipulated age or was admitted but was unable to complete his education due to his or her disability then such child shall be admitted to a class suitable to his or her age.

Provided that, where a child is directly admitted to an age appropriate class such child has a right to suitable training in order to enable effective participation.

Provided further that, the training will be imparted through the means of communication and in a language which the child understands by educators equipped and trained to perform such training.

Besides the aforesaid sections, there are a number sections directly or indirectly deals with the education of disabled persons. The type of disability included under this Bill is more precise and comprehensive as compared to the present Act (PWD Act 1995). Types of disability like Autism, chronic neurological condition, Dwarfism, Hemophilia, intellectual disability, muscular dystrophy, multiple sclerosis, specific learning disabilities, thallasemia, etc. are included in the Rights of Persons with Disabilities Bill 2011.

**A BRIEF PROFILE OF MIZORAM**:

Mizoram is one of the Seven Sister States in North Eastern India, sharing borders with the states of Tripura, Assam, Manipur and with the neighbouring countries of Bangladesh and Burma. Mizoram became the 23rd state of India on 20 February 1987. The capital of Mizoram is Aizawl. Mizoram is located in the northeast of India and its latitude lies at 21°58' & 24°35'N and longitude- 92° 15' & 93 ° 29' E. Mizoram has an area of 21,081 $km^2$. The state of Mizoram has eight districts, namely Aizawl, Lunglei, Champhai, Kolasib, Serchhip, Mamit, Lawngtlai and Saiha.

According to 2001 census, the population of Mizoram is 1,091,014 of which male and female are 552,339 and 538,675 respectively. The density Mizoram is 52 per sq. km. and 48.49 per cent of the population is rural, living in small villages. 'Mizo' is the mother tongue of majority of the population. Mizos came under the influence of Christian Missionaries in the 19th century and the majority, now practice Christianity.

Until 1894, when the missionaries introduced elementary education, Mizos were illiterate without any written language. The first primary school was set up in 1898 at Aizawl. In 1901 it was thought that literacy was only 0.9% but by 2011 census had reached 91.58%. Today Mizoram has one of the highest literacy rates in India. The education system in Mizoram is looked after by the department of School Education and Higher and Technical education department, government of Mizoram. Besides this, Mizoram have one central university called Mizoram University in which 28 colleges are affiliated including one constituent college.

Inspite of the high literacy rate, education for children with special needs had been somehow neglected for so long. It was in 1985 that the scheme of Integrated Education for Disabled Children (IEDC) was launched, which now covers the whole state, catering to special

children in Secondary and Higher Secondary Schools and elementary schools. Services like referral, counseling, speech therapy, audiometry, physio-therapy and occupational therapy are provided to special children under this scheme. Besides these services, facilities like Books and stationeries, Uniform allowance at the rate of Rs. 200/- per child every year, Reader allowance of Rs. 50/- per month in case of blind children after class V, Escort allowance for severely handicapped with lower extremity disability, Boarding and lodging allowance for disabled children residing in hostels, Aids and appliances like spectacles, hearing aids, wheelchairs, crutch prosthetic aids, etc. are provided according to their need. Special facilities like toilet, chair, ramps, railings, etc. are provided to the children. Those children who are medically assessed by specialist doctors, and who has a disability of 40% and above are given Identity card and Disability certificate.

With the launching of Sarva Shiksha Abhiyan (SSA) in the country, the state Education Department started implementing SSA programmes from the financial year 2000-2001. From the year 2005, the progress in the area of Inclusive education in Mizoram has been gradually improved. The state has conducted assessment camps and an identification camp in all the districts in convergence with IED Cell of the SCERT, VECs, NGO and Parents Teacher Association (PTA). Training has been given to teachers in techniques of identifying children with disabilities. Almost all the children with special needs were enrolled in formal schools, but those children who are not able to attend formal schools are given Home-Based Education.

**RATIONALE OF THE STUDY:**

SSA is a programme based on the premise to bridge all gender and social gaps with a firm belief that every human being is socially productive and contributes towards the upliftment of society. Hence SSA lays special thrust on inclusion and participation of children with

special needs. It encourages every child to have inclusive education in a formal school unless his or her limitations are hindrances to joining the normal education system. In consonance with the mandate of persons with disabilities of Equal Opportunities, Protection of Rights and Full Participation Act 1995, broad spectrum of educational models has to be provided to children with different needs.

The government of India gives a special importance for the education of CWSN. Several studies on the education of CWSN have been conducted in other states of the country. However, no studies have ever been conducted in the area of provision and status of implementation relating to children with special needs under SSA in Mizoram. Therefore, a study to find out the provision and status of implementation relating to children with special needs under SSA would definitely provide us with the knowledge of how far the main objective of SSA in universalization of Elementary Education have been implemented and achieved especially with respect to CWSN. Moreover, the present study would reveal whether SSA Mizoram has adopted the zero rejection policy where no child having special needs shall be deprived of the right to education and taught in an environment which is best suited to his or her learning needs.

Besides the above mentioned rationale, other important questions that can come to the mind of the researchers are as follows:

- What is the origin of CWSN?
- What types of disabilities are included under SSA?
- Do the parents know the existence of the provisions relating to their CWSN?
- Do we have sufficient provisions for children with special needs under SSA?

- How far has the district implemented the provisions laid down for CWSN under SSA?
- Who are the key persons involved in the implementation of the provisions?
- Do we have sufficient number of specially trained people to look after CWSN?
- What type of measures can be taken for effective implementation of the provisions relating to CWSN under SSA?

**STATEMENT OF THE PROBLEM:**

The title of the problem is **"Provisions relating to Children with Special Needs under SSA and Status of their Implementation in Aizawl District."**

**OBJECTIVES OF THE STUDY:**

1. To trace the origin of intervention programme for CWSN in Aizawl district and the area of disability included under SSA.
2. To find out the provisions available for CWSN under SSA in Aizawl District.
3. To study the status of implementation of the provisions provided for CWSN under SSA in Aizawl District.
4. To make suggestions and recommendations in the light of the findings of this study so as to improve the educational status of CWSN.

**OPERATIONAL DEFINITIONS FOR THE KEY TERMS**

***Provisions:*** In Cambridge Advanced Learner's dictionary, Provision means supply. In the present study, Provision refers to the different

measures and arrangements provided by SSA to children with special needs in Mizoram

**Status:** Status means state, condition or relation (Webster student dictionary). In the present context, it refers to the present position of implementation carried out by SSA mission to children with special needs in Mizoram.

**Implementation:** Implementation means to put a plan or system into operation (Cambridge advanced learner dictionary). In the present study, it refers to the execution and achievements of the programmes, carried out by SSA mission to children with special needs in Mizoram.

**Children with Special Needs (CWSN):** In the present study, CWSN are those children at the elementary level in Mizoram, identified as having certain problems which interferes with their education.

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# CHAPTER II

# REVIEW OF RELATED LITERATURE

## INTRODUCTION:

Every piece of ongoing research needs to be connected with the work already done, to attain an overall relevance and purpose. The review of literature thus becomes a link between the research proposed and the studies already done. It tells the reader about aspects that have been already established or concluded by other authors or researchers, and also gives a chance to the reader to appreciate the evidence that has already been collected by previous research, and thus projects the current research work in the proper perspective.

There is hardly any research project which is totally unrelated with research that has already taken place. Usually every individual research project only adds to the plethora of evidence on a particular issue. Unless the existing work, conclusions and controversies are properly brought about, most research work would not appear relevant. Thus, review of literature is a very important aspect of any research both for planning the work as well as to show its relevance and significance.

The review of various studies done in India and abroad are presented in this chapter.

## STUDIES CONDUCTED IN INDIA

Kapoor, (1990)[1], conducted a study on 'Cognitive functioning and perspective-taking ability: A comparative analysis of normal and deaf children' and found that, deaf children did not differ from normal children in perceptions of parental behavior and perspective-taking ability. However, the difference between the deaf and the normal were significant for Koh's Block Design Test and Alexander's Pass Along

Test. Institutionalized deaf children perceived parental behavior as more accepting than the non-institutionalized deaf children, but the two groups did not differ significantly on perspective taking ability. On academic achievement, non-institutionalized children were found to be significantly better.

Ahuja (1996)[2], conducted a study entitled Moving towards Inclusive Education: An Innovative Teacher Training Experiment. It was a developmental action research study conducted at the NCERT. The study showed significant positive results in terms of changing the motivational level of heads of the institutions, classroom practice and attitude of students towards learning. The sample teachers developed better training capabilities and understanding of pupils' learning style and needs. Teachers, in general, expressed their willingness to continue to work on the module in day to day practice.

Jagtap (1996)[3], conducted a status study of integration of the disabled children in mainstream schools in Maharashtra and found that head of the institute had some problems like lack of spacious recourse rooms, lack of teacher to teach children with disabilities. They did not receive government grant in time. Special teachers faced problems because they had to prepare for all subjects from standard I-X with in short time span of two hours. Regular teachers were not trained in how to deal with various disabilities. They were unable to give individual attention due to large number in class. Attitude of special teachers was positive towards integration. The attitude of normal children towards integration was positive; they treated disabled children well and helped them with their studies. The schools have healthy atmosphere, cooperation among heads of the institute, teachers and parents. The disabled and normal children lived together and also get educational and medical facilities freely. Disabled got all facilities according to IEDC scheme and NPE on giving assessment of students' progress.

Sudarsan (1999)[4], in his study on issues and challenges encountered by the resource teachers, Regular teachers, School administrators, Visually disabled children and non-disabled children in the Teaching – Learning situations in Integrated Education Programmes found that the male visually impaired children had more favourable attitude towards integration than the female children. All non-disabled children had favourable attitude towards integration irrespective of rural and urban areas. Visually impaired children had positive attitude towards integrated education than that of non-disabled children and the resource teachers had more positive attitude than that of regular teachers towards integration programme. The gender had no impact on the attitude of school administrators in integrated education programme. The resource teachers felt that resource room is a must for offering direct and indirect services and preparation of teaching aids is a must and the resource teachers have utilized the low cost and locally available materials. The visually disabled children felt happy when they were provided with learning materials in Braille form.

Mohan (2001)[5], conducted a study on "Problems and Needs of Visually Impaired Students at Secondary Level in Andhra Pradesh – An Investigation into their Socio-economic and Educational Status with special reference to their Interest, Aspiration and Achievements." The study revealed that there was a significant difference in the personal profile of the visually impaired students in which they had diversified backgrounds. They varied in parental background like, their educational qualifications, occupational levels, economic levels and other life orientations. Majority of the visually impaired students had illiterate mothers, and majority of the fathers studied up to S.S.C. level. Majority of the mothers were housewives and fathers were farmers. Majority of the visually impaired students had total blindness, and most of them had blindness by birth. There was significant difference in opinions on some of the issues and majority of

them had similar opinions on aspirations, interests and achievements. Region, caste and income levels played a vital role in giving opinion on interests, aspirations, and achievements. But sex played a little role on responses in some aspects. Majority of the visually impaired schools had adequate physical facilities.

Verma (2002)[6], conducted an evaluation study of Integrated Education for Disabled Children (IEDC) in six states namely Rajasthan, Maharashtra, Delhi, Orissa, Uttar Pradesh and Mizoram. In all 83% of the teachers were familiar with the concept of integrated education of disabled children. Integrated education of disabled has helped in improving the attendance of CWSN in schools, facilitated their progress and participation in curricular and co-curricular activities (83%). It had been instrumental in developing positive attitude among general teachers and non-disabled children (85%), improved their personal, social and academic skills (83%), self-esteem of children with disabilities (83%) and reduced the drop-out rate (82%).

Julka (2003)[7], conducted a study on 'strengthening the teacher education curriculum of DIETs from the perspective of Special Needs Education'. Results of the study indicated the need to revise the existing teacher education course contents in order to prepare the teachers to respond to diversities in the classroom. There is an overwhelming need for all teacher education institutions including DIETs to orient teachers to issues of inclusive education, teaching approaches and styles, steps needs to be taken to ensure Inclusive Education theory and practice strategies in their programmes along with capacity building of trainers in DIETs and other teacher training institutions. The study also found the need for resource material to support new methods appropriate to inclusive education.

Soni (2003)[8], study the Perception of parents, teachers and students about education of disabled children in two districts of Madhya Pradesh. The study revealed that there was no significant difference

between the perception of male and female respondents in all three groups. District wise variations were also not evident. Special facilities for disabled children were non-existent in schools of both the districts. Village Education Committees in both the districts had not taken any step for the education of disabled children. All three groups (parents, teachers, and disabled students) were not aware of the provisions of facilities for disabled children under SSA.

Agarwal (2004)[9], conducted 'A Comparative Study of Academic Skills of Visually Impaired Students Studying in Various Educational Settings' and found that semi-integrated setting was most effective in imparting academic skills and the visually impaired students in this particular setting were more efficient both in special academic skills like Braille reading as well as general academic skills such as problem solving, reasoning, information providing and language comprehension and usage. This was primarily due to balance between protection and competition among the peer group in the setting. Another interesting finding was that visually impaired students going to mainstream schools both in integrated as well as semi-integrated setting were good at problem solving and reasoning skills due to greater exposure to the subjects like mathematics and science.

Krishnamurthy (2004)[10], study the impact of computer aided learning on children with specific learning disabilities and found that a significant number of children (64%) showed great improvement in the area of reading. At the time of the baseline test, the children were seen to perform below grade level reading and when tested at the end line they were seen to demonstrate grade level reading abilities. While some improvement was seen in spelling, areas of comprehension, written work but numerical reasoning showed only marginal improvement. Most of the children (81.1%) showed improvement in social intelligence which measures practical common sense understanding of everyday social situations and acceptance of conventional standards of behavior. There was also significant

improvement in visual motor coordination (78.6%) that involved the sensory perception, their interpretation in the brain, along with the ability to voluntarily control muscles and relate them to manipulate skills of handling material. There was improvement in many children (26.2%) in language indicating improved ability of the children to use language to communicate their mental images to another person as well as to understand language meanings and functions. Non verbal reasoning (42.9%) was another area of improvement where children were seen to perceive and analyzed patterns better and experience enhanced comprehension of abstract units non-verbally. Marginal improvement was seen in the areas of meaningful memory. Conceptual thinking and numeral reasoning showed relatively less improvement (under 15%).

Singh (2004)[11], conducted 'A comparative study of visually impaired boys and girls of western Madhya Pradesh in relation to level of aspiration under the scheme of Integrated Education for the disabled at middle school level'. The results indicated significant difference between the level of aspiration of visually impaired children and normal children with visually impaired children showing higher level of aspiration than normal children. This was observed to be true for both boys and girls. Significant difference was observed between the level of aspiration of visually impaired boys and girls with visually impaired boys showing higher level of aspiration than visually impaired girls. However, there was no significant difference between the level of aspiration of visually impaired girls and normal boys. Heads of institutions/teachers reported that visually impaired children were integrating themselves with normal children in educational institutions. They participated in educational and co-curricular activities enthusiastically. However, administrators were of the opinion that visually impaired children feel uncomfortable in integrating themselves with normal children in educational institutions. They insisted on placement of trained resource persons

in such institutions where integrated education is being practiced. They also stated that awareness of the problem of visually impaired children among the members of the society as well as educational administrators is necessary to provide equal opportunities to such children.

Verma (2004)[12], study the role of Parent Teacher Association for promoting Inclusive Education in 5 different states namely Rajasthan, Maharashtra, Uttar Pradesh, Delhi and Orissa. The findings of the study reveal that there were a number of areas in which Parent Teacher Associations (PTAs) helped to promote inclusive education. PTAs were able to develop healthy relationship between disabled and non-disabled children. They took number of initiatives to promote inclusive education such as creating awareness in society regarding the education of the disabled children, providing solutions for problems arising in the classroom, encouraging the children with disabilities to achieve maximum of their capabilities, organizing training programmes for parents and teachers of children with disabilities, conducting different programmes and cultural activities to draw the attention of the members of community towards the problem of children with disabilities, encouraging various organizations and NGOs to provide help to the children with special needs, collecting funds from different sections of the society, providing vocational training to children with disability as per their capabilities and providing good medical and health services to the children with disabilities by motivating the doctors in primary health centers. PTAs also made attempts to change the attitude of communities towards the disabled children and majority (97%) succeeded in it.

Chadha (2005)[13], conducted an Evaluation of Inclusive Education under DPEP – III in five districts of Jharkhand. Data indicated that out of 66721 children enrolled in the sampled schools, there were 1023 CWSN (58.7% boys and 41.3% girls) enrolled boys (CWSN) were 1.8% of the total boy population and enrolled girls (CWSN) were 1.3%

of the total girl's population. These children included children with orthopaedic impairment (28.5%), visually impaired (19.8%), hearing impaired (16.1%), children with mental retardation (17.8%) and others (17.7%). It is found that only 7.1% of such children were using aids and appliances and the rest (92.9%) were not using any assistive devices. The study revealed that, out of the 241 schools visited, most schools had teaching learning material (66.1%), adequate lighting (63.3%) but lack learning corner with special TLM for CWSN (85.8%). Some schools had resource rooms (22.8%), ramps (8.19%), handrails (1.3%) and had attempted toilet modifications (5.22%). Under DPEP, 65.2% teachers received training for IED; some (29.4%) had been provided training on Integrated Education project. Most (82.1%) of the teachers had no prior experience of teaching CWSN. Training period ranged from 1-5 days. TLM development was not a part of the training programme (53.6%). Some teachers (30.4%) said that they used TLM according to the topic and disability of the child. Most (75.4%) teachers expressed the need for more training on how to teach CWSN. A few (5.1%) teachers prepared Individualized Education Plans (IEPs) for CWSN, or provided remedial teaching to CWSNs.

Julka (2005)[14], conducted 'A review of existing instructional adaptations (general and specific) being used in Integrated/Inclusive classrooms' and the study revealed that majority of teachers teaching in integrated/inclusive schools does not adapt instructions frequently in the classroom to meet the special needs of the children. Most of the teachers preferred use of lecture method for teaching. Teachers' lack of knowledge and empowerment was the reason for making no adaptations.

Julka (2005)[15], conducted a study in 10 states in India on the programme and practices for education of children with special needs and found that there were a number of diverse but effective practices in the states for the education of children with disabilities. However, nearly half of the population of CWSN was still not in any school.

There were a number of obstacles faced by the local governments in educating children with disabilities in mainstream schools. The use of categorization for providing services was prevalent in all the states under study. It is also found that there is a need for capacity building at all levels and managing attitudinal barriers for facilitating inclusive education.

Santhanam (2005)[16], study the remedial programmes for children with learning difficulties in three districts of Tamil Nadu and found that the intellectual capacity of the children with learning disability was significantly lower than that of normal children. Children with learning disability showed better academic performance after remedial programme.

Seetharam (2005)[17], conducted a study on the social integration of children with mild and moderate disabilities in mainstream classrooms under Sarva Shiksha Abhiyan, Tamil Nadu. The results showed that the disabled students at the primary level scored higher in peer group affiliation and academic performance than the disabled students at middle school level. Psycho-physical developmental stages were significantly related to peer-group affiliation and academic performance. Pre-adolescents have performed better than adolescents. Family, annual income, social community status and categories of disability have significant effect on the peer group affiliation; peer assessed behavioural characteristics and academic performance. Socio-metric status of the disabled students had significant effect on academic performance and all the components of peer behavioral assessment.

Soni (2005)[18], study the interventions for education of children with disabilities in Himachal Pradesh, Madhya Pradesh, Meghalaya and Mizoram. It is found that the facilities for education of children with disabilities were in the initial stages in HP and MP and non-existent in Meghalaya and Mizoram. No special teachers to help children with

disabilities were appointed in any of the states. In all the four states, some general teachers had been given orientation in the area of inclusive education; the teaching learning strategies being used in the classroom did not meet the specific needs of different categories of disabled children. Reading materials for visually handicapped children were not available in schools of the four states. Aids and appliances for education of different categories of disabled children were not found in all the schools. The grant of Rs. 1200/- per disabled child was not reaching the beneficiaries, although the authorities claimed so.

Verma (2005)[19], in his study on 'Innovative Strategies for promoting Inclusive Education' found the use of cooperative teaching strategies led to self learning methods, made students responsible for their own learning as well as for the learning of their peers. Small group work made each child participate and enhance his/her confidence. Peer tutoring was successful in language teaching. A number of different methods and the combinations of these methods emerged as useful for meeting the individual needs of children. Keeping flexible pace, providing varied materials and giving alternative assignments helped children to learn.

Banerjee & Mehandale (2006)[20], conducted a study in four districts of Karnataka on 'Understanding Inclusive practice and community initiatives to make education assessable to all'. They found that NGOs working in the field of IEDC have progressive perspective of inclusive education. In their view children with special needs need not be treated as a separate section of human beings. Resource teachers for inclusive education and regular teachers were of the view that integrating children with special needs in regular schools makes it difficult for teachers. Quite a few of them were of the opinion that education of such children should be in special schools or home based. Resource teachers under IEDC scheme pointed out that educating a challenged child with normal school children would

provide opportunities to such children to develop an awareness of their abilities rather than their disabilities. In parents' view special resource teachers are needed to cater to these children; already over-burdened teacher without proper training and motivation would not be able to do justice to the needs of these children. Teaching aids and appliances specifically for children with special needs were not available in the schools. Physical environment in terms of disabled friendly buildings, playgrounds, toilet, furniture, etc. also need to be made more disabled friendly. School management and development committees have not played a direct role in improving the status of children with special needs.

Chudasama, Jadeja & Maheta (2006)[21], study the impact of integrated education for disabled children-IEDC scheme under SSA in five districts of Gujarat namely Kutch, Surat, Dahod, Amreli and Gandhinagar. The results of the study shows that, in BRCCs (50%) the training had been provided and trainees were made sufficiently acquainted with the information on disabilities. Under IEDC scheme nearly all teachers were trained and the duration of training varied from 2-8 days. The teachers communicated with the guardians of the disabled children (91.9%). A guardian of disabled child was a member of the VEC in many cases (53.2%). Facility of ramp existed in the schools (51.6%) and medical camps were arranged to identify disabled children (56.5%). Information regarding the interest and abilities of the disabled children was collected from their guardians (62.9%) disabled children were given certificates (61.3%). 93.3% of the schools had no facilities for transporting the disabled children and special programmes were not arranged in 51.6% schools for the disabled children. Facility of resource room was not available at block level (61.3%). All head teachers reported that IEDC material for bringing community awareness about the disability had not been received.

Venkatesh (2006)[22], conducted an evaluation study of the schemes and programmes of inclusive education of the disabled children in

Karnataka and founds that the facilities included providing suitable physical infrastructure and equipments, district level planning, budgeting and conducting training programmes for persons involved in providing service to children with special needs and awards to exceptional persons among the specially challenged. Different programmes organized for the education of children with special needs include identification of such children through home to home emuneration work, providing scholarships and medical assistance, organizing medical camps, training teachers as IED teachers and organization of awareness programmes for the classroom teachers, parents and public.

Das (2007)[23], study the impact of IED intervention with focus on enrollment and retention in five districts of Assam and found that, out of the total CWSN identified, two third (68%) were enrolled in the schools in 2006-2007. Retention level of CWSN was high (99.4%). Insufficient infrastructure, level of disability of CWSN and lack of parent's cooperation were some of the major problems faced in implementation of IED intervention in Assam. Parents (52.7%) stated that IED intervention has improved their children to some extent. Some (39.5%) stated that it had a positive impact on their children with special needs, but very few (7.7%) felt that intervention had any great impact on the personality and behavior of CWSN.

Choudhury, Pranab & Bharali (2008)[24], conducted a study in five districts of Assam on 'Impact of IED intervention in the areas with full resource support and partial resource support provided from SSA- A comparative analysis' and it was found that, the Resource teachers and volunteers provided home based education and counseled parents. Around 50% of parents felt that their CWSN were treated like other children. Respondents expressed satisfaction with resource support in areas with full resource support (40%) under SSA and with partial resource support 38% under SSA. Majority of the children were not satisfied with the aids and appliances supplied to them. They also

found that assessment to identify CWSN was not done by competent professionals. They also found that greater numbers of parents are not aware of medical assessment camp organized by SSA and lesser number of CWSN received assistive devices.

Baruah, Sarkar & Hazarika (2009)[25], study the impact of aids and appliances on educational performance of children with special needs and found that sampled children were mainly using three types of aids and appliances; hearing aids (67), wheel chair (69) and tricycle (79) and others (7) like blind stick, crutch, etc. User's manual was not received with aids and appliances and parents were not given any training or demonstration for use of aids and appliances provided to their children. Wheel chairs and tricycles were not suited to village roads and hearing aids also need to be properly adjusted. It was also reported that, there are some instances of CWSN being provided with aids and appliances which they do not need.

Yogendra Pandey (2009)[26], conducted 'A study of barriers in the implementation of inclusive education at the elementary level'. The findings of this study show that, the majority of the principals of both types of public and government schools did not understand or, were not aware of inclusive education. They could not differentiate between inclusion and integration. Hence the concept of inclusion as a whole was not clear to the principals. Majority of principals had partial awareness about the types of children with special educational needs and majority of principals faced problems while introducing inclusive education for children with special educational needs. The results of this study showed that public schools were better than government schools in facilitating inclusion of CWSN. A large majority of the principals of both public and government school were not aware of the procedure for availing the facilities provided to CWSN by the state and they are unaware of the resources. More than half of the principals of both types accepted that they do not have knowledge and awareness about legal provisions for education of CWSN. The study reveals that

80% of regular teachers of both types of schools were positive towards inclusive education. The majority of both types of schools did not have essential physical infrastructure/facilities like Ramps, Disabled Friendly toilet, sitting and lighting arrangement, etc. the result also shows that almost all schools (91.9%) did not have teaching learning materials like Braille papers, Braille Books, Tactile maps, large print books, etc. for use of visually impaired children.

Gaur (2010)[27], conducted 'A study of identification of teaching competencies of teachers of children with visual impairment and upgrading the B.Ed. special education curriculum' and the findings of the study clearly indicate that 41.05 percent of the competencies like access information and services from the community; knowledge of narration, story-telling, dramatization and questioning for teaching languages; demonstration on how to do the tasks; respond accurately to the asked question; manage class time properly while teaching; knowledge of stress management; historical development of education of children with visually impaired; issues and trends in special education, etc. were possessed by teachers of children with visual impairment. It is also found from the analysis that 49.47% of the competencies were not being transected up to desired level although they are included in the five universities of which the B. Ed. Special education (VI) syllabi have been studied. Most of these competencies related to the instructional strategies like prepare, adapted or modified material; accessible print and other formats, transcribe, proofread and interline material in contracted literary and Nemeth Braille codes; teaching plus curriculum, exhibits skills in the use of abacus; modify visual materials for partially seeing readers; knows strategies for teaching Braille reading and writing; strategies for teaching listening and compensatory skills, technology skills, visual efficiency etc. Only 9.47% of the competencies were not being transected by the teachers at any level of which the some competencies like management strategies for storing, circulating and

repairing equipments, strategies for study habits and skills, role of civic bodies, knowledge of the self-advocacy teaching strategies were found in the literature on curriculum on teacher preparation in developed countries. Another interesting finding was that the competency of mastery in the preparation and use of tactile and auditory maps for effective mobility in CWVI was not exhibited by the teachers at all although it was included in the syllabi of five universities have been studied.

Jasmeet Kaur (2010)[28], conducted "A study of implementation of inclusion of Children with Special Needs in Delhi Primary Schools". The findings of this study emphasize the importance of implementing strategies and not dumping students with disabilities into general education classes. Care must be taken in establishing inclusion setting in resistant environments. The primary school principals' perception about children with special needs was, in part related to their attitude towards inclusion. Most of the principals showed favourable attitude towards inclusion. Pre-service and in-service training programmes for principals need to address inclusion as part of their curriculum. Professional development opportunities should include opportunities to observe and know more about the children. The principals threw light on non availability of effective infrastructure facilities in schools. The teachers believed in inclusive education. The in-service training programmes conducted for the teachers proved very beneficial. In a nut shell, this study shows that principal is a key change agent in school, leadership is reflected in perceptions and practices, implementing inclusion means introducing change into school and finally it is the leadership that promotes the introduction of change in the school. With more confident and skilled teachers the inclusive education programme will be a success in the classrooms also.

Panda (2010)[29], study the emotional intelligence of visually impaired adolescent girls in relation to their level of aspiration and educational

achievement and the study revealed that emotional intelligence is more closely related with educational achievement than level of aspiration with reference to specific sample. It was also found that out of five dimensions of emotional intelligence both managing emotions and empathy have very low or no correlation with level of aspiration and educational achievement. Another important findings of the study are the differences between two settings and two categories of visually impaired in terms of emotional intelligence, level of aspiration and educational achievement. Significance differences were found between inclusive vs. exclusive settings and congenital vs. adventitious groups of visually impaired adolescent girls on these mentioned variables.

Reema (2010)[30], Conducted a study of relationship between self-concept and adjustment of visually impaired adolescents studying in inclusive and special schools and found that the development of self-concept was better in inclusive schools. But, it was even better in the case of male adolescent than the female ones. Similarly, in the case of level of adjustment also the male adolescents have shown better level of adjustment. Contrary, to this the relationship between self-concept and level of adjustment in the case of female adolescents was better in inclusive school settings than their male counterparts. This trend was reversed in the case of relationship between those aspects in special schools. Towards the overall results showed better relationship in the case of male visually impaired adolescents than the female visually impaired adolescents.

Sharma (2010)[31], conducted a study of need based curricular input in elementary teacher education for promoting inclusion of children with sensorial impairment in mainstream education. The major findings of the study showed that schools have lack of maintenance and use of basic amenities, no appointment/visit of special educator, no separate resource room, no equipment and material and students had difficulty in teaching-learning discourse except those who had been associated with NAB. It is concluded that teachers had less knowledge about

inclusion and were found to have neutral attitude towards the inclusion of the sensorial impaired children in mainstream education. Almost all the teachers agreed that the existing pre-service ETE courses in Delhi are of no benefit for entrants to deal with the sensorial impaired children in inclusive setting.

**STUDIES CONDUCTED ABROAD**

Banerji and Dailey (1995)[32], in their study about the effectiveness of an inclusive outcome on students with learning disabilities, found that students with specific learning disabilities demonstrated academic progress at pace comparable to that of students who did not possess such disabilities, in addition their teachers and parents indicated progress in self-esteem and motivation.

Vaughn, Elbaum & Schumm (1996)[33], in their study on the effective of inclusive on the social functioning of students with learning disabilities found that, such students demonstrated lower academic self-concept.

Palmer, Borthwick-Duffy, Widaman and Best (1998)[34] in their study on 'Influences on parent perceptions of inclusive practices for their children with mental retardation' found that parents of children with severe disabilities, who met the following criteria, had positive attitudes towards inclusion. First, the parents saw socialisation as an important educational goal. Second, their child had relatively higher cognitive skills, had fewer behavioural problems and had fewer characteristics requiring special education. Finally, their child had had more time in regular classrooms.

Stanovich, Jordan & Perot (1998)[35], in their study of relative differences in academic self-concept and peer acceptance among students in inclusive classrooms found that, the self-concept was the lowest among the students who were categorized in comparison to students who were non-categorized, also the students who had

disabilities and those whose native language was not English demonstrated low levels of social integration compared with those who were identified as being at risk. Further, peer acceptance was significantly higher for the non-categorized students, the students who were at risk were accepted by their peers but had low perception in academic ability, and on other hand the students with disabilities rated higher in academic self-concept than in social closeness.

Croll and Moses (1999)[36], in their study 'Mainstream primary teachers' views of inclusion' found that the education of children with moderate learning difficulties or sensory or mobility problems in mainstream schools was generally viewed favourably, whereas children with severe and complex difficulties and children with emotional and behavioural problems were frequently seen as needing to be educated in special settings. They also found a contrast between teachers' professed ideological position and their actual classroom practice.

Avramadis, Bayliss & Burden (2000)[37] study the student teachers' attitudes towards the inclusion of children with special educational needs in the ordinary school and it was found that the student teachers generally held positive attitudes towards the general concept of inclusion but their perceived competence dropped significantly according to the severity of children's needs. Children with emotional and behavioural difficulties were seen as causing more concern and stress than those with other types of special educational needs. There were also differences in the student group-female student teachers held more positive attitudes than male and science student teachers held more positive attitudes towards inclusion than those undertaking humanities courses.

Cook (2001)[38], conducted a comparison of teachers' attitudes towards their included students with mild and severe disabilities and found that students with severe disabilities were significantly over

represented among teachers' nominations in the indifference category, on the other hand, students with mild disabilities were significantly over represented in the rejection category, also the results indicated that teachers demonstrated different attitudes depending on the degree of disability. Therefore, the study suggested that those students were at risk of getting appropriate educational interactions.

Gilmore, Campbell and Cuskelly (2003)[39] studied the Developmental expectations, personality stereotypes, and attitudes towards inclusive education: Community and teacher views of Down syndrome. They found that parents recognized the educational, social and emotional benefits of inclusive education for both students with disabilities and their non-disabled classmates. Despite these findings, the authors stated that the majority of parents felt that the needs of students with disabilities could be better met in special education classes. It was also found that those in the community who supported inclusive practices had fewer negative stereotypes about Down syndrome.

**CONCLUSION**:

The review reveals that there were a number of studies conducted on children with special needs and their inclusion in general schools. There were studies conducted on the impact of specific intervention meant for CWSN and also the programmes and their implementation. However, studies conducted in remote and tribal areas are very few. Soni (2005) study the interventions for education of children with disabilities in four states including Mizoram and found that the facilities for education of children with disabilities were non-existent in Mizoram. It was also reported that, aids and appliances for education of different categories of disabled children were not found in all the schools. After 2005, there had been no study so far conducted dealing with the interventions for education of children with special needs and their status of implementation in the state of Mizoram.

The present study is undertaken while keeping the considerations in view. The study assumes significance as it is directed to find out the provisions available for children with special needs and their status of implementation. It is hoped that the study will give the real scenario of children with special needs in Aizawl district and arouse interest and motivate researchers to conduct research in a wider perspectives.

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# CHAPTER – 3

# METHODOLOGY

## Introduction:

A sound methodology for conducting any kind of research is important as it helps the researcher to realize his objectives. Besides, the reliability and validity of Research findings mainly depends on the methodology taken up by the researcher. This chapter deals with such issues such as method of study, population and sample, sources of data, tools of data collection and analysis of data etc.

## Method of Study:

The present study employs the descriptive survey method. A descriptive survey attempts to picture or document current conditions or attitudes, that is, to describe what exists at the moment. Although it does not explain why certain situation exists, the investigator, by using this method can discover a number of facts that form the characteristic of the current situation and enables him to understand the practices in a given area.

## Population:

Since the present study is to find out the provisions available for Children with Special needs (CWSN) under SSA and the Status of implementing these provisions in Aizawl District, data has to be collected from the identified CWSN, their parents and teachers to discover whether the special needs children has actually received the provisions available for them. Therefore, the population for this study comprise of all the identified children with special needs who are enrolled in Government elementary schools in Aizawl District, along with their parents and teachers.

Within Aizawl District, there were 31403 students studying in Government Elementary Schools. Out of this, SSA has identified 1552 Children with special needs comprising of all types of disabilities. The different types of disabilities are Visually impaired (VI), Hearing impaired (HI), Orthopaedically handicapped (OH), Mentally retarded (MR), Speech impaired (SI), Cerebral palsy (CP), Multiple disability (MD) and Learning disabled (LD). Out of these identified Children with special needs, there were 831 boys and 721 girls. The following table no 3:1 shows the number of identified CWSN according to their disability in Aizawl District.

TABLE: 3:1

Disability wise classification of identified CWSN in Aizawl district

| | Type of disability | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | V.I | H.I | O.H | M.R | S.I | C.P | M.D | L.D | Total |
| Male | 266 | 60 | 48 | 299 | 49 | 16 | 82 | 11 | 831 |
| Female | 293 | 51 | 42 | 209 | 30 | 8 | 75 | 13 | 721 |
| Total | 559 | 111 | 90 | 508 | 79 | 24 | 157 | 24 | 1552 |

For convenience of administration, SSA, Aizawl District is divided into six (6) Block Resource Centres, each of which is managed and controlled by one Block Resource coordinator. The six Block resource centres are:

1. Chhinga veng Block resource centre
2. Sikulpuikawn Block resource centre
3. Aibawk Block resource centre
4. Bawngkawn Block resource centre
5. Darlawn Block resource centre
6. Saitual Block resource centre

The following Table no. 3.2 shows the gender wise identified Children with Special needs in the six Block Resource Centres in Aizawl District:

TABLE: 3:2

Gender wise distribution of CWSN in the six BRC

| **Sl no** | **Name of Block Resource Centre** | **No of CWSN** | | |
|---|---|---|---|---|
| | | **Male** | **Female** | **Total** |
| 1 | Chhinga veng BRC | 82 | 54 | 136 |
| 2 | Sikulpuikawn BRC | 211 | 238 | 449 |
| 3 | Aibawk BRC | 80 | 81 | 161 |
| 4 | Bawngkawn BRC | 160 | 108 | 268 |
| 5 | Darlawn BRC | 152 | 113 | 265 |
| 6 | Saitual BRC | 146 | 127 | 273 |
| TOTAL | | 831 | 721 | 1552 |

The information regarding the number of CWSN in each Block resource centre was obtained from the State Project Office as well as the District Project Office, Aizawl District. These children were mostly identified by their school teachers, Inclusive Education Volunteers, Special teachers and Resource teachers.

Medical assessment camp was also organized where physicians were engaged to identify as well as assess the degree of disability of these special children. Children from nearby villages who were identified by teachers, I.E. Volunteers, and Resource teachers, as those in need of medical assessment were provided their travel and daily expenses to attend this camp. All those children assessed and identified by these teachers and physicians in the assessment camp including their parents and teachers were taken as population for the present study.

**Sample:**

Since the population for the present study comprises of all the identified special needs children along with their parents and teachers within Aizawl District, the sample for the present study should also be selected from those identified special needs children studying in different schools under all the six Block Resource Centres within Aizawl District.

The investigator also felt it necessary to deliberately take samples from children with various types of disability so that status of implementation of different types of disability could be studied. Therefore it was considered that purposive sampling would be most suitable for the selection of the sample. Purposive sampling relies on the *judgment* of the researcher when it comes to selecting the *samples* that are to be studied. These samples may exhibit a wide range of attributes, behaviours, experiences, incidents, qualities, situations, and so forth. Usually, the sample being investigated is quite small. The main goal of purposive sampling is to focus on particular characteristics of a population that are of interest, which will best enable one to answer one's research questions.

Since one of the objectives of the present study is to investigate the status of implementation of provisions provided for CWSN under SSA, data needs to be collected from both the primary as well as the secondary sources. While secondary data are ordinarily collected from the office records maintained in different offices, the primary data have to be collected from the Special needs children themselves in order to find out whether they have actually received the provision claimed in the office record.

The investigator therefore selected 5 special needs children each from all the six Block Resource Centres within Aizawl District. To substantiate the information provided by the special needs children, the investigator also collected data from the teachers and

parents of these special children. Therefore, for the present study, 30 identified Special Children along with their parents and teachers were selected for the sample. The investigator purposely selected these samples to represent different types of disabilities. Out of the 30 identified CWSN selected for the sample, 7 students were mentally retarded, 8 students were visually impaired, 2 student were hearing impaired, 3 were orthopaedically handicapped students, 1 student was learning disabled, 6 students were having multiple disability, 1 student have cerebral palsy and 2 students were speech impaired. The male and female break-up of the selected sample were 16 and 14 respectively. Since most CWSN are quite irregular in attending schools, and since their numbers are relatively small in the schools, it is difficult to get equal number of different types of disabilities. The following table no. 3.3 reflects the details of the sample selected:

TABLE: 3.3

Disability-wise distribution of samples according to gender, their parents and teachers.

| **Sl. No.** | **Types of disabilities** | **Students (Gender)** | | **Parents/ care takers** | **Teachers/ Head teachers** |
|---|---|---|---|---|---|
| | | **M** | **F** | | |
| 1 | Mentally retarded (MR) | 3 | 4 | 7 | 7 |
| 2 | Visually impaired (VI) | 5 | 3 | 8 | 8 |
| 3 | Hearing impaired (HI) | 1 | 1 | 2 | 2 |
| 4 | Orthopaedically handicapped (HI) | 2 | 1 | 3 | 3 |
| 5 | Learning Disabled (LD) | 0 | 1 | 1 | 1 |
| 6 | Multiple Disability (MD) | 3 | 3 | 6 | 6 |
| 7 | Cerebral Palsy (CP) | 1 | 0 | 1 | 1 |
| 8 | Speech impaired (SI) | 1 | 1 | 2 | 2 |
| TOTAL | | 16 | 14 | 30 | 30 |
| GRAND TOTAL | | 16 + 14 + 30 + 30 = 90 | | | |

To find out the status of implementation of the provisions provided by SSA, the investigator intentionally selected samples from all the eight (8) different types of disability. Altogether thirty (30) special needs children with different types of disability were selected for the sample as is depicted in Table no. 3.3. The investigator, after selecting the sample of children had to identify their parents and teachers as they too had to be given the interview schedule. Therefore, 30 parents and 30 teachers of the selected children were also chosen for the sample. Therefore, altogether the number of samples collected was ninety (90) comprising of special needs children, their parents and teachers.

**Sources of Data:**

For the present study, both primary as well as secondary sources of data were utilized for the collection of necessary information. The data for the present study ordinarily consist of secondary data since the provision available for children with special needs under SSA and the data with respect to the extent of implementation of this intervention was collected from the documents and office record maintained by the State Project Office, District Project Office, Mizoram SSA mission and the six Block Resource Centres (BRC) namely Chhinga veng Block resource centre, Sikulpuikawn Block resource centre, Aibawk Block resource centre, Bawngkawn Block resource centre, Darlawn Block resource centre and Saitual Block resource centre, all located within Aizawl District. The staff and employees working in these offices were contacted so as to obtain the necessary data.

The investigator also made use of unstructured interview with various officials and Block resource coordinators in order to have a better understanding of the provisions and implementation status available for special needs children. The primary data was collected from the selected special needs children, their parents and teachers to

find out whether the special needs child has actually received the provision as maintained in these documents and office records as well as other information. For this, the investigator developed an interview schedule and personally interviewed the special children who have been declared as receiving the provisions meant for them. The investigator also individually interviewed the teachers and parents of these special children to support the information provided by the special needs children as well as to obtain pertinent information about the implementation status provided by the SSA.

**Tools of Data Collection:**

For collecting information about the status of implementation of provisions provided by SSA, the investigator constructed three sets of interview schedule; one for the special child, one for their teachers and one for their parents as described below:

*(1)* *Interview Schedule for CWSN*: The investigator prepared an interview schedule for Children with Special Needs consisting of seventeen (17) items. These items are carefully designed to reveal information about the process of identification from the special needs children, the provisions provided to them as well as the problems faced by them. A copy of this interview schedule has been given in Apendix – I

*(2)* *Interview Schedule for teachers/Head teachers*: Interview Schedule for teachers or Head teachers consisting of twenty (20) items was constructed. This schedule is intended to elicit information about the status of disability of the special child, provisions available, level of the special child's participation in the school, availability of teaching learning materials, training received etc. A copy of this interview schedule has been given in Apendix – II

(3) *Interview Schedule for Parents/Care takers*: The investigator also constructed an interview schedule for Parents or care takers which consist of ten (10) items. This schedule includes questions relating to counseling received by the parents, issues about assistive devices for their children and whether provisions received by their children are adequate or not etc. A copy of this interview schedule has been given in Apendix – III

Although the reliability and validity of the three sets of interview schedule could not be established, suggestions from supervisor and experts were obtained so as to include pertinent items in the schedule and also to remove pointless items. While administering these schedules, the investigator also made sure that items were clearly explained to the respondents.

**Data Collection:**

The investigator personally went to the different schools under all six Block resource centre within Aizawl district, and requested the head of the school to allow him to have an interview with the selected special child and the concerned teacher. After taking permission from the head of the institution, the special child was interviewed using the constructed schedule for CWSN, after which the concerned teacher or head of the institution was interviewed using the schedule constructed for the teacher. After this, the investigator either went to the house of the special child or requests the parents of the special child to come to the school for an interview. This way, the parents or guardians of the special child were interviewed using the interview schedule meant for the parents/guardians of the special child. This way primary data was collected from the special child their teachers and parents.

**Tabulation of Data:**

As soon as data collection was completed, the three schedules were clipped together for each special child, and were given

a code in order to make tabulation and analysis easier. After this the responses were tabulated item wise for the three schedules.

**Data Analysis:**

The study being descriptive in nature, statistical analysis of data was done with the help of descriptive statistics such as frequency distribution, percentage, ratio etc. Item wise analysis was generally carried out.

# CHAPTER IV

## ANALYSIS AND INTERPRETATION OF DATA

The present chapter deals with the actual position of the interviewed CWSN covered under inclusive education scheme of SSA, the provisions available for them and the kind of facilities availed by them. The data were collected through interview and also from the secondary sources. The responses obtained from the subject were tabulated and analyzed and the details are given in the present chapter. The analysis of the data was carried out keeping in view the objectives of the study, and the findings were meaningfully interpreted. The details are given in the following sections.

### SECTION I: ORIGIN OF INTERVENTION PROGRAMME FOR CWSN AND AREA OF DISABILITY INCLUDED UNDER SSA.

The first objective of the study was to trace the origin of intervention programme for CWSN and area of disability included under SSA in Aizawl District. With the launching of Sarva Shiksha Abhiyan (SSA) in India, the Mizoram state Education Department started implementing the SSA programe from the year 2000-2001. Initially, only Saiha District was selected for starting pre-project activities. At that time, there was no society constituted for this programme and no district committee was formed either. As a result, District Education Officer (DEO), Saiha and supporting staff in consultation with the Directorate of school education, carried out the pre-project activities.

The year 2001-2002 is remarkable because of the fact that important development took place in the implementation of the SSA programmes. It was in this year that the rules called “The Mizoram Sarva Shiksha Abhiyan Rajya Mission rules, 2001” was passed by the State Assembly and the same was published in the Mizoram Gazette on 1st August, 2001. In the same year, the Mizoram Sarva Shiksha

Abhiyan Mission was registered under the society's registration (Extension to Mizoram) Act 1976 (Mizoram Act No. 3 of 1977). The date of registration was 10th October, 2001.

It was only from 2005 that the intervention for CWSN was started in Aizawl District. In 2005-2006, 1216 CWSN were identified and by the year 2010-2011, a total of 1552 CWSN have been identified. The details of student's enrollments at elementary level in Aizawl district and No. of identified CWSN are given in table no. 4.1.

Table 4.1:

Number of elementary students enrolled and identified CWSN in Aizawl District (2005-2011)

| Year | Total No. of students | No. of CWSN Identified | % of CWSN identified |
|---|---|---|---|
| 2005-2006 | 35685 | 1216 | 3.41 |
| 2006-2007 | 33962 | 1311 | 3.86 |
| 2007-2008 | 32593 | 1351 | 4.16 |
| 2008-2009 | 32246 | 1340 | 4.16 |
| 2009-2010 | 32738 | 1352 | 4.13 |
| 2010-2011 | 31403 | 1552 | 4.94 |

*Source: Official records from State Project Office.*

Table 4.1 shows the evolution status of CWSN during 2005-2011. The enrollment of elementary school children seems to slowly decline, at the same time, the number of identified CWSN seems to increase year by year. While the percentage of CWSN was 3.41 in 3005-2006, it had risen to 4.94 in 2010-2011. This shows that more number of CWSN were identified year after year.

All identified CWSN are categorized depending on the type of disability and the details of CWSN disability wise is given in the following table no. 4.2.

Table 4.2

Number of CWSN by type of Disability

| | Type of disability | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | V.I. | H.I. | O.H. | M.R. | S.I. | C.P. | M.D. | L.D. | TOTAL |
| Boys | 266 | 60 | 48 | 299 | 49 | 16 | 82 | 11 | 831 |
| Girls | 293 | 51 | 42 | 209 | 30 | 8 | 75 | 13 | 721 |
| Total | 559 | 111 | 90 | 508 | 79 | 24 | 157 | 24 | 1552 |

*Source: Official record of District Project Office, Aizawl.*

Out of 1552 CWSN, 831 (53.54%) are boys and 721 (46.46%) are girls. Visual impairment is the most common type of disability; there were 559 visually impaired children which occupied 36.01 percent of the total population of CWSN in Aizawl district. Mentally retarded children constitute the second highest population with 508 (32.73%) children. At the same time, there were 111 (7.15%) hearing impaired children, 90 (5.8%) children are orthopaedically handicapped, 79 (5.09 %) children have speech problem and 24 (1.55%) children are having cerebral palsy, 157 (10.12%) are multiple disabled and 24 (1.55%) are learning disabled respectively.

Till 2006, there was no specific staff for CWSN and the intervention for CWSN was looked after by the general staff of SSA. In the year 2007, one coordinator was recruited for Inclusive Education Intervention. In 2008, 14 Resource Teachers and 42 Cluster Volunteers have been appointed. SSA Aizawl district is divided into six blocks namely Chhinga Veng, Bawngkawn, Sikulpuikawn, Darlawn, Aibawk and Saitual Block. In each block, there are resource teachers and cluster volunteers for CWSN. By 2010-2011, there were 15 Resource Teachers and 42 Cluster Volunteers. The number of resource teacher and cluster volunteer in each block is given in the following table no. 4.3.

Table no. 4.3

Block-wise Number of Resource Teachers, cluster volunteers and identified CWSN in Aizawl district.

| Sl.No. | Name of BRC | No. of RT | No. of CWSN | Ratio | No. of Cluster Volunteer | No. of CWSN | Ratio |
|---|---|---|---|---|---|---|---|
| 1. | District Project Office | 2 | - | - | 0 | - | - |
| 2. | Chhinga Veng | 2 | 136 | 1:68 | 6 | 136 | 1:22.67 |
| 3. | Bawngkawn | 2 | 268 | 1:134 | 9 | 268 | 1:29.78 |
| 4. | Sikulpuikawn | 2 | 449 | 1:224.5 | 8 | 449 | 1:56.13 |
| 5. | Aibawk | 2 | 161 | 1:80.5 | 7 | 161 | 1:23 |
| 6. | Darlawn | 3 | 265 | 1:88.33 | 7 | 265 | 1:37.86 |
| 7. | Saitual | 2 | 273 | 1:136.5 | 5 | 273 | 1:54.6 |
| 8. | TOTAL | 15 | 1552 | 1:103.47 | 42 | 1552 | 1:36.95 |

As depicted in the above table no. 4.3, the total numbers of resource teacher is 15 while there are 1552 CWSN in Aizawl district. Therefore the ratio is 1:103.47, this implies that one resource teacher takes care of 103.47 CWSN. Similarly, there are 42 cluster volunteers and 1552 CWSN in Aizawl district. The ratio being 1.36.95 which means one cluster volunteer takes care of 36.95 CWSN.

Among the different BRC, the ratio of resource teacher with CWSN (1:224.5) as well as cluster volunteer with CWSN (1:56.13) is highest in Sikulpuikawn block and the same is found to be lowest in Chhiga Veng Block (1:68 and 1:22.67) respectively.

***Type of disability Included under SSA Aizawl District***: The types of disabilities as specified by the SSA are categorized into 8 types as follows:

1. **Mental retardation**: As defined by PWD Act 1995[1], "Mental retardation" means a condition of arrested or incomplete development of mind of a person which is specially characterized by sub normality of intelligence. This type of children came under the category of mental retardation (MR).

2. **Orthopaedical Handicapped**: Orthopaedical impairment covers all those conditions which prevent the child from having complete control of his bones, muscles, joints and the nervous system causing his inability to move about and/or use his limbs in a normal way. The most common types of orthopaedic impairment are Spina Bifida, Muscular Dystrophy, Hydrocephaly, Microcephally, and Poliomyelitis. Children having this type of impairment come under the category of orthopaedical handicapped (OH).

3. **Visual Impairment**: Visual impairment is broadly classified into two categories under SSA Aizawl district; Low vision and Blind. Blindness as defined by PWD Act 1995[2] refers to a condition where a person suffers from any of the following conditions, namely:-

- Total absence of sight. Or

-Visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses; or

-Limitation of the field of vision subtending an angle of 20 degree or worse.

On the other hand, children with low vision can read enlarged print with optical aids such as magnifying glasses. They may not be legally considered blind as they could read with the help of magnifying lenses. They are also called partially sighted. This interferes with learning and daily functioning also. According to PWD Act 1995[3], "Person with low vision" means a person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device. Children having this type of impairment are categorized as Visual impairment (VI).

4. **Hearing Impairment**: Hearing impairment refers to a defect in or damage to the hearing mechanism (M. Dash, 2007)[4]. This defect

or damage may occur in any part of the ear – outer ear or middle ear or inner ear. Hearing impairment leads to hearing disability or loss of hearing. Hearing disability or loss of hearing may range in severity from mild to moderate to profound. A person may become deaf or hard-of hearing depending upon the nature of impairment and the degree of hearing loss. A child may be born with some impairment in the hearing mechanism or the impairment may occur after birth due to infection, disease and obstruction or damage due to accident. Due to hearing impairment the child becomes unable to hear, speak and acquire language. Thus, the child may become dumb largely because he is deaf. Children with such type of impairment comes under the hearing impaired (HI).

5. **Speech Impairment**: Speech handicap refers to the abnormal speech patterns or disorders in speech which cannot be understood by the listeners. In other words, when speech becomes unintelligible and irregular, it is called speech handicap. Speech handicap is largely linked with hearing handicap. That is why deaf children become dumb. When a child becomes deaf by birth he does not get any opportunity to hear others and learn the speech patterns. Thus, he develops speech handicap. Children having this type of impairment are categorized as speech impairment (SI).

6. **Learning Disability**: Learning disability refers to an imperfect ability to listen, think, speak, read, write or do arithmetic. When learning problems are not primarily due to any impairment or environmental and economic disadvantage but due to a disorder in the psychological process and brain dysfunction we call it as learning disability. Learning disability is not the same condition as mental retardation. Mental retardation also causes learning problems. But the learning problems of mentally retarded children are due to low level of intelligence. Learning disabled children posses average or above average intelligence. Their learning problems are due to cerebral

dysfunction. This type of children comes under the category of learning disable (LD).

7. **Cerebral Palsy**: The term cerebral palsy stands for the loss or inability in exercising control over the movements of the body or motor behavior as a result of something wrong in the brain. According to Freeman Miller (2005)[5], "Cerebral Palsy is a childhood condition in which there is a motor disability (Palsy) caused by a static, non-progressive lesion in the brain (Cerebral). This causative event has to occur in early childhood, usually defined as less than 2 years of age. Children with CP have a condition that is stable and non-progressive; therefore they are in most ways, normal children with special needs." Cerebral palsy as a group of disorder may be classified in to four major types named as spastic cerebral palsy (characterized with stiffness and permanent contracture of the muscles), dys-kinetic cerebral palsy (characterized by the presence of involuntary movements and tonal abnormalities involving the child's whole body), ataxic cerebral palsy (characterized by abnormalities of voluntary movements involving balance, position of the trunk and limbs and depth perception) and mixed cerebral palsy (exhibiting symptoms of more than one of the three forms). Children with this type of disability come under cerebral palsy (CP).

8. **Multiple Disabilities**: Children with multiple disabilities are those children who suffer from more than one disability at a time in one or the other areas or aspects of their growth and development requiring specific educational and adjustment measures, essentially for their independent living, and progress in life. Children having one or more type of disability come under the category of Multiple disabilities (MD).

**SECTION II: PROVISIONS AVAILABLE FOR CWSN UNDER SSA IN AIZAWL DISTRICT.**

The second objective of the study is to find out the provisions available for CWSN under SSA in Aizawl district and for this information is collected from District Project Office, Aizawl District.

***General Provisions of IED intervention***: SSA under Ministry of Human Resource Development (MHRD) provides upto Rs.3000/- per child for the inclusion of disabled children, as per specific proposal, per year. Within the Rs.3000/- per child norm, District plan for children with special needs is formulated where Rs. 1000/- is ear-marked exclusively for engagement of resource teachers. In Mizoram, the details provisions/interventions under SSA Aizawl district for inclusive education are as follows:

**Identification of CWSN**: Identification of CWSN is one main provision available for CWSN under SSA, Aizawl district. As per provision, identification of CWSN is to be done by school teachers, Resource teachers and Inclusive education volunteers. For this, identification checklist prepared in the local language by District Project Office (DPO) SSA, Aizawl district is used for identification.

**Medical Assessment Camp**: One of the major provisions for CWSN under SSA, Aizawl district is to provide aids and appliances to the special children and for this, medical assessment camps are vital. So, medical assessment camp is one of the most important provisions available for CWSN. Those children who need medical assessment are identified by their school teacher and IE cluster volunteers and are referred to the resource teacher at block level. If they are found to be in need of further investigation, the resource teacher at the block level will refers the CWSN to the specialist medical doctor. The travel and daily expenses of children during the consultation of doctors is provided from District Project Office.

**Provision of aids and appliances**: Another important provision available for CWSN under SSA, Aizawl District is provision of aids and appliances. Under this provision allowances and assistive devices are provided to the CWSN depending on their areas of disability. Provision of aids and appliances include both the allowances and assistive devices available for CWSN. Each type of disability has different needs according to their type of disability. Among the allowances available for CWSN, uniform allowance and books and stationary allowance are available for all CWSN. Escort allowance is available for orthopaedical handicap (Lower Limb) and for mentally retarded, visually impaired, hearing impaired and multiple disabled children, Transport Allowance is available. For Totally blind children, readers allowance is available from class V onwards and boarding and lodging is available for blind and low vision. The allowances available for CWSN under this provision are given in the following table 4.4.

Table 4.4

Allowances for CWSN

| Sl. No. | Allowances | Rate | To Whom |
|---|---|---|---|
| 1. | Uniform Allowances | Rs.200 per annum | All CWSN |
| 2. | Books and Stationery | Rs.400 per annum | All CWSN |
| 3. | Escort Allowances | Rs.75 per month | O.H (lower limb) |
| 4. | Transport Allowances | Rs.50 per month | M.R, V.I, H.I. |
| 5. | Readers Allowances | Rs.50 during examination | Blind from Class V onwards |
| 6. | Boarding and Lodging | Rs.500 per month | Blind and Low Vision |

The above table 4.4 shows that only books and stationery and uniform allowances are available for all CWSN and the amount is not adequate for the whole year.

The appliances or assistive devices available for CWSN under SSA Aizawl district are given in table 4.5.

Table 4.5

Assistive Devices for CWSN under SSA in Aizawl District.

| Sl.No. | Appliances/Assistive Devices | To Whom |
|---|---|---|
| 1. | Wheelchair | O.H. |
| 2. | Crutch | O.H. |
| 3. | Spectacles | V.I. |
| 4. | Large print textbook | V.I. |
| 5. | Hearing Aid | H.I. |
| 6. | Braille Paper | V.I. |
| 7. | Braille textbook | V.I. |
| 8. | Slate and Stylus | O.H. |

**Home-Based Education**: There is a provision of home-based education under SSA, Aizawl District for severely disabled children who cannot attend regular class. Till 2011, 12 CWSN i.e. 0.77% of the total CWSN population are given home-based education in Aizawl district, under SSA.

**Removal of Architectural Barriers**: Architectural barriers in schools should be removed for easy access. A child with special need can make use of all the support services only if the schools are made barrier free. Thus, removal of architectural barriers in schools becomes one of the important provisions for CWSN under SSA, Aizawl district. In Aizawl district there are 518 schools (PS and UPS) and as seen from the official record of DPO, all schools are made architectural barrier free, for this, ramp are constructed in all schools. This provision includes construction of ramps and CWSN friendly toilet.

**Resource Support**: There is a provision of a resource room at the block offices in the form of a small room. Resource teachers and

resource persons at the block level are responsible to provide support to CWSN with or without the help of resource material available at the block level. All resource teachers have B.Ed. (Special Education) or Foundation Course on Special Education (FCSE) recognized by Rehabilitation Council of India (RCI) and it was reported that they are giving different types of therapy (Speech therapy, physiotherapy and occupational therapy) depending on the needs of the CWSN. Resource room for CWSN is available in each block with some Teaching Learning Material (TLM) kit and other materials. Since only 2 or 3 resource teachers are appointed in each block, it is impossible to reach out each and every CWSN to give support. For this, each block is divided into different clusters and in every cluster, Cluster Volunteers are appointed to reach out CWSN who need special support. Those who need special support are referred to the resource teacher at block level. The TLM kit available for all type of disability at resource room in each block is given in the following table no. 4.6.

Table 4.6

Teaching Learning Material (TLM) kit available for all CWSN at BRC.

| Sl.No. | Item | Qty. |
|---|---|---|
| 1. | Counting Abacus | 1 |
| 2. | Pond and Duck set | 1 |
| 3. | Opposites 3D charts | 1 |
| 4. | Fruit Tray | 1 |
| 5. | Vegetable Tray | 1 |
| 6. | Modes of Transport 3D charts | 1 |
| 7. | Jigsaw Day's Puzzle | 1 |
| 8. | Jigsaw Month's Puzzle | 1 |
| 9. | Animal Domestic Tray | 1 |
| 10. | Bird-Parrot Tray | 1 |
| 11. | English Alphabet Tray Uppercase (ABC) | 1 |
| 12. | English Alphabet Tray Lowercase (abc) | 1 |
| 13. | Number Tray 1 to 50 | 1 |
| 14. | Flowers 3D chart | 1 |
| 15. | Geometrical Solid Shapes | 1 |
| 16. | Hammer Nut Bolt Game | 1 |
| 17. | Clay Moulding Dough | 1 |
| 18. | Money Concept (Different Rupees) | 1 |
| 19. | Small and Bing circle tower | 1 |
| 20. | Electronic Time Learning Clock | 1 |

The List of appliances and assistive devices available for visually impaired children at the block resource room for their education are shown in the following table no. 4.7.

Table 4.7

TLM available for VI at BRC (EDUCATION)

| Sl.No. | Item | Qty. |
|---|---|---|
| 1. | Inter-point Braille Slate with Stylus | 7 |
| 2. | Braille Slate (Large) | 100 |
| 3. | Bull Head Stylus | 200 |
| 4. | Concave Head | 7 |
| 5. | Pocket Frame 5 and 7 Lines | 7 (Each) |
| 6. | Tailor Frame Small and Large | 7 (Each) |
| 7. | Abacus | 7 |
| 8. | Geometry Kit Rubber | 7 |
| 9. | V Geometry Kit Aluminum | 7 |
| 10. | Braille Scale 12' Steel and Plastic | 7 (Each) |
| 11. | Braille Scale 6' Steel and Plastic | 7 (Each) |
| 12. | Measuring Tape | 7 |
| 13. | Tactile Diagram Set (Set of 96 pieces) | 7 |

The list of TLM available for VI at BRC for their recreation are presented in the following table no. 4.8.

Table 4.8

TLM available for VI at BRC (RECREATIONAL)

| Sl.No. | Item | Qty. |
|---|---|---|
| 1. | Chess Board | 7 |
| 2. | Draught Board | 7 |
| 3. | Peg Board | 7 |
| 4. | Playing Card | 7 |
| 5. | Puzzle | 7 |
| 6. | Cricket Ball | 7 |
| 7. | Cross Puzzle | 7 |
| 8. | Peg in Puzzle | 7 |
| 9. | Central Peg Board | 7 |

TLM available for VI at BRC for their mobility and other miscellaneous are presented in table no. 4.9.

Table 4.9

TLM available for VI at BRC (MOBILITY AND MISCELLANEOUS)

| Sl.No. | Item | Qty. |
|---|---|---|
| 1. | Folding Stick | 50 |
| 2. | Signature Guide (Aluminium) | 7 |
| 3. | Signature Guide (Plastic) | 7 |
| 4. | Needle Threader | 7 |
| 5. | Spool for Short Hand Machine | 7 |
| 6. | Paper for Short Hand Machine | 7 |
| 7. | Tactile Drawing Board | 7 |

**Teachers Training**: For successful implementation of any educational programme and to maintain the quality of education, teachers' training is very important. Dealing with CWSN is a difficult task and teachers need to be trained on how to deal effectively with the CWSN. Therefore, teacher's training is another important provision available for CWSN under Inclusive Education Intervention SSA, Aizawl District. The number of teachers trained till 2011 for IED under SSA, Aizawl district is given in the following table 4.10.

Table 4.10

Number of teachers trained for IED in Aizawl district.

| Foundation Course | 20 Days | 3-5 days |
|---|---|---|
| 10 | 6 | Nil |

*Source: Official records of District Project Office, SSA, Aizawl.*

The data depicted in table 4.10 revealed that, the number of teachers trained for IED is very less in number as compared to the total number of identified CWSN in the district. The number of teachers trained for IED depicted in table 4.10 included only general school teachers. There are 15 resource teachers and 42 cluster volunteers working under IED intervention of SSA in Aizawl district. The details of training undergone by RTs and Cluster Volunteers are given in the following table 4.11.

Table 4.11

Training status of RTs and Cluster Volunteers.

| Sl.No. | Name of Post | No. of Post | B.Ed. (Spl.Ed.) | Foundation Course | 10 days skill development training |
|---|---|---|---|---|---|
| 1. | Resource Teacher | 15 | 13 | 2 | 0 |
| 2. | Cluster Volunteers | 42 | 0 | 11 | 42 |

*Source: Official records of District Project Office, SSA, Aizawl.*

As shown in the above table 4.11, out of 15 RTs, 13 (86.67%) have B.Ed. special education and only 2 (13.33%) are trained through 3 months foundation course. On the other hand, out of 42 cluster volunteers, only 11 (26.19%) are trained through 3 months foundation course recognized by RCI while 31 (73.81%) did not have the 3 month training on foundation course. Besides this, SSA Aizawl district organized 10 days skill development training for IE Cluster Volunteers and all cluster volunteers participated in this training programme.

**Preparation of Individualized Educational Plan (IEP):** To monitor and evaluate the development of CWSN, preparation of individualized Educational Plan (IEP) became an important provision available for CWSN. As reported by the District IE Coordinator, till today, IEPs has been developed for 12 CWSN. The main objective of IEP is to monitor the development and progress of individual CWSN.

**Case study of CWSN**: As demanded by the central Government, case study of CWSN came under the provisions of Inclusive Education intervention under SSA, Aizawl District. Till 2011, the IE coordinator has conducted 18 case study of CWSN. And this has been sent to the central government.

**Others**: Besides the aforesaid provisions, there are some other activities relating to the welfare and development of CWSN taken up by SSA, Aizawl district. Disabled Sunday was celebrated on 19th June, 2011. World disabled day was celebrated on 3rd December, 2011. Disability sports was organized during 7th-10th December 2010.

## SECTION III: STATUS OF IMPLEMENTATION OF THE PROVISIONS AVAILABLE FOR CWSN UNDER SSA AIZAWL DISTRICT.

To study the status of implementation, three interview schedules were prepared by the investigator for CWSN, their teachers and their parents. Before collecting data, these schedules were sent to three experts including the supervisor. The data collected from these interview schedules from the CWSN, their teachers and parents were meaningfully interpreted as follows:

**Identification status**: It is important to identify children with special needs because unless they are identified, special provisions or help could not be given to them. Depending on their needs, different types of help could be given to them by the teachers and parents, and provisions could be provided to them by the government.

***Status of identification in Aizawl District***:

(1) According to data collected from the records of DPO, Aizawl District. The provision for identification should be done by the joint effort of school teacher, resource teacher (RT), Inclusive Education (IE) volunteer and special teacher.

With respect to the question on who had done the identification, the responses of the teacher and CWSN is given in the following table no. 4.12.

Table No. 4.12

Persons Identifying CWSN

| | No. of Sample | Teachers | % | Joint Effort (RT, Volunteers, etc.) | % |
|---|---|---|---|---|---|
| CWSN | 30 | 9 | 30 | 21 | 70 |
| Teachers | 30 | 9 | 30 | 21 | 70 |

As is seen in table 4.12, out of 30 special children, 9 CWSN which is 30% of the sample reported that they are being identified by the general school teacher alone while 21 CWSN i.e. 70 % of the sample reported that they are identified by the joint efforts of teachers, RT, IE volunteers, etc. Similarly, it was also found that, out of 30 teachers, 9 i.e. 30% of the total sample reported that identification is done by the school teacher while 21 teachers i.e. 70 % of the teachers reported that, identification of CWSN is done by the joint efforts of teachers, RT, IE volunteers, etc.

*Discussion*: The above finding shows that the identification process was not done as per provision because 30% of the CWSN were identified by teachers alone whereas the provision specifies that it should be identified by joint effort of teachers, RT, IE volunteer, etc.

Chaudhury, Pranab and Bharali (2008)[6] also found that medical assessment to identify CWSN was not done by competent professionals. If identification is being done by the joint effort of RT, general teacher, IE Volunteers, etc. the identification done would be more reliable.

(2) Questions with respect to whether the CWSN or their parents are aware of the CWSN being identified was also enquired in the interview. The responses given by CWSN and their parents are given in the following table no. 4.13.

Table 4.13

Awareness of CWSN and their parents about identification

| Name of BRC | Awareness of Sampled CWSN | | | | | Awareness of sampled parents | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | No. of CWSN | Yes | % | No | % | No. of parents | Yes | % | No | % |
| Aibawk | 5 | 5 | 100 | 0 | 0 | 5 | 4 | 80 | 1 | 20 |
| Bawngkawn | 5 | 5 | 100 | 0 | 0 | 5 | 3 | 60 | 2 | 40 |
| Chhinga Veng | 5 | 5 | 100 | 0 | 0 | 5 | 5 | 100 | 0 | 0 |
| Darlawn | 5 | 5 | 100 | 0 | 0 | 5 | 4 | 80 | 1 | 20 |
| Saitual | 5 | 4 | 80 | 1 | 20 | 5 | 4 | 80 | 1 | 20 |
| Sikulpuikawn | 5 | 4 | 80 | 1 | 20 | 5 | 2 | 40 | 3 | 60 |
| TOTAL | 30 | 28 | 93.33 | 2 | 6.67 | 30 | 22 | 73.33 | 8 | 26.67 |

Table 4.13 shows that, out of 30 CWSN and their parents interviewed, 2 (6.67%) students reported that they do not know they are being identified as CWSN while 28 CWSN i.e. 93.33% are aware that they are identified as CWSN under SSA. At the same time, 8 (26.67%) parents are not aware of the fact that their children are identified as CWSN under SSA while 22 parents i.e. 73.33% are aware about the identification of their child as CWSN under SSA.

*Discussion*: The possible reason why some parents reported that they were not aware of their child being identified could be because some parents refuge to accept the fact that their children are categorized as

CWSN. It could also be that these parents were not informed by the school authority.

(3). Teachers are also asked whether they are involved in the identification process or not and it was found that 29 (96.67%) teachers said that they are involved in the identification process of CWSN. At the same time only one (3.33%) teacher was not involved in the identification process.

**Medical Assessment Camp**: Early medical assessment assists in reducing the severity of condition of many disabilities. Besides, in order to provide aids and appliances to special children, assessment camp is vital. Therefore medical assessment is an important activity for the CWSN.

***Medical Assessment Camp***:

(1) Medical assessment camp was organized only once on 18th-19th September, 2011 at Phullen. This shows that while there are six blocks within Aizawl district, medical camp was organized only in one district.

With respect to the question on whether CWSN were aware of the provision of medical assessment camp and whether they attend medical camp organized by SSA, the responses of the CWSN are presented in table no. 4.14.

Table 4.14

Awareness and number of CWSN attending medical camp.

| Name of Block Resource Center | No. Of Sampled CWSN | No.of CWSN attending medical camp | % | No. of CWSN aware but not attending | % | No. of CWSN not aware and not attending | % |
|---|---|---|---|---|---|---|---|
| Sikulpuikawn | 5 | 0 | 0 | 0 | 0 | 5 | 100 |
| Chhinga Veng | 5 | 0 | 0 | 0 | 0 | 5 | 100 |
| Bawngkawn | 5 | 0 | 0 | 0 | 0 | 5 | 100 |
| Saitual | 5 | 2 | 40 | 2 | 40 | 1 | 20 |
| Darlawn | 5 | 0 | 0 | 0 | 0 | 5 | 100 |
| Aibawk | 5 | 0 | 0 | 0 | 0 | 5 | 100 |
| TOTAL | 30 | 2 | 6.67 | 2 | 6.67 | 26 | 86.67 |

The data depicted in table 4.14 shows that, only 2 i.e. 6.67% of the special children attended medical camp organized for the assessment of CWSN whereas 28 (93.33%) CWSN did not attend any medical assessment camp organized by SSA, Aizawl District. It was also found that 2 CWSN i.e. 6.67% are aware about the medical camp but did not attend the assessment camp. However, 26 CWSN i.e. 86.67% are not even aware of the medical assessment camp.

*Discussion*: The above finding shows that, the awareness level of CWSN is very low therefore the number of CWSN attending medical camp is also very low. This finding could reveal that the reason for some CWSN not receiving aids and appliances is because of their ignorance of medical assessment camp. Since in medical assessment camp their degree of disability is assessed so as to determine what type of aids and appliances should be given to them.

(2) With regard to the question on whether they are aware of the provision of medical assessment camp organized by SSA, the responses of the parents of CWSN is presented in table No. 4.15.

Table 4.15

Awareness of parents' about Medical camp

| No. of parents interviewed | Aware | % | Not Aware | % |
|---|---|---|---|---|
| 30 | 12 | 40 | 22 | 60 |

From the above table 4.15, it was seen that out of 30 parents only 12 i.e. 40% are aware of the medical assessment camp. On the other hand, 22 parents i.e. 60% of the sample are not aware of the provision of medical assessment camp for their CWSN.

*Discussion*: The above finding could mean that parents were not well informed about the availability of medical assessment camp. Chaudhury, Pranab and Bharali (2008)[7] also found that, greater number of parents are not aware of medical camp organized by SSA. It is in fact the responsibility of SSA to inform parents about the medical camp which obviously was not properly done by them.

(3) With regard to the question on whether their child attends medical camp organized by SSA, the responses of parents are shown in table 4.16 as follows;

Table 4.16

Number of child attending medical camp.

| No. of parents interviewed | No. of their child attending | % | No. of their child not attending | % |
|---|---|---|---|---|
| 30 | 2 | 6.67 | 28 | 93.33 |

Table no. 4.16 reveals that out of 30 parents interviewed, only 2 (6.67%) parents said that their child attended medical camp organized by SSA for the assessment of CWSN and, on the other hand, 28 parents i.e. 93.33% reported that their children did not attend any medical camp organized by SSA.

*Discussion*: The above finding shows that, majority of the CWSN did not attend medical assessment camp. The reason could be that medical assessment camp was organized only once in Aizawl district therefore majority of the CWSN may not have the chance of attending this assessment camp.

**Aids and appliances**: All children requiring assistive devices should be provided with aids and appliances and it is the duty of the government to provide the identified CWSN certain aids and appliances needed by them.

(1) *Awareness of support available*: Regarding the support available for CWSN, parents, teachers and CWSN were asked whether they are aware of the support available for CWSN under SSA. The detailed responses are given in the following table No. 4.17.

Table 4.17

Awareness of support available under SSA

| CWSN | | | | Parents | | | | Teachers | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Aware | % | Not aware | % | Aware | % | Not aware | % | Aware | % | Not aware | % |
| 0 | 0 | 30 | 100 | 12 | 40 | 18 | 60 | 11 | 36.67 | 19 | 63.33 |

As can be seen in table no. 4.17, it was found that while all CWSN are not aware of the support available for them under SSA, 12 (40%) parents and 11 (36.67%) teachers are aware of this provision. At the same time 18 (60%) parents and 19 (63.33%) teachers are not aware of such provision.

*Discussion*: As can be seen from the above findings all CWSN are not at all aware of the support available for them. Soni (2003)[8] also found similar result that CWSN were not aware of the provisions of facilities for CWSN under SSA. This could mean that these CWSN were not

informed perhaps because they were too young to be informed. At the same time, a large number of parents and teacher are also unaware of the support available under SSA, therefore, this could mean that information is not properly given to them by SSA.

(2) *Allowances for all CWSN*: Uniform allowance and Books and Stationary allowance are provided to all CWSN. With respect to the question on allowances received, the responses of CWSN are given in table no. 4.18 as follows;

Table 4.18

Number of Uniform allowances and Books & Stationery allowances provided by type of disability.

| Sl.No. | Type of Disability | No. of CWSN | No. of Books and stationery allowance and uniform allowance received | % | Not received | % |
|---|---|---|---|---|---|---|
| 1. | O.H. | 3 | 1 | 33.33 | 2 | 66.67 |
| 2. | M.R. | 7 | 3 | 42.86 | 4 | 57.14 |
| 3. | H.I. | 2 | 0 | 0 | 2 | 100 |
| 4. | V.I. | 8 | 3 | 37.5 | 5 | 62.5 |
| 5. | S.I. | 2 | 2 | 100 | 0 | 0 |
| 6. | L.D. | 1 | 1 | 100 | 0 | 0 |
| 7. | M.D. | 6 | 3 | 50 | 3 | 50 |
| `8. | C.P. | 1 | 0 | 0 | 1 | 100 |
| TOTAL | | 30 | 13 | 43.33 | 17 | 56.67 |

As shown in table 4.18, out of 30 CWSN, only 13 (43.33%) students received both uniform and books & stationery allowances which was meant for all type of CWSN. Besides this, 17 (56.67%) CWSN did not receive both allowances. Among different types of disabilities, 100% of the speech impaired and learning disabled children receive both uniform and books & stationery allowance. At the same time, hearing impaired and cerebral-palsy children did not receive these allowances.

*Discussion*: The above finding reveals that while uniform and books & stationery allowances are meant for all CWSN, all CWSN do not receive these allowances. This seems to contradict the claims made by SSA that all CWSN should receive these allowances.

(3) *Escort Allowance*: Escort allowance is provided to orthopaedical handicap who have problems with lower limb. These CWSN are given Rs. 75 per month. Out of 30 CWSN, there are two (6.67%) special children who are orthopaedically handicapped having problems with lower limb. Since both these two special children received escort allowance, the percentage of eligible CWSN receiving escort allowance is 100%.

(4) *Transport Allowance*: Besides uniform allowance and books & stationary allowance, there is a provision of transport allowance for mentally retarded, hearing impaired, visually impaired and multiple disabled (having two or more disability including M.R. or V.I. or H.I.). The details with respect to the number of special children receiving transport allowance are given in the following table no.4.19.

Table 4.19

Number of transport allowance provided by type of disability

| Sl. No. | Type of disability | No. of CWSN | No. of transport allowance provided | % | Not provided | % |
|---|---|---|---|---|---|---|
| 1. | M.R. | 7 | 7 | 100 | 0 | 0 |
| 2. | V.I. | 8 | 3 | 37.5 | 5 | 62.5 |
| 3. | M.D. | 6 | 4 | 66.67 | 2 | 33.33 |
| 4. | H.I. | 2 | 1 | 50 | 1 | 50 |
| TOTAL | | 23 | 15 | 65.22 | 8 | 34.78 |

Since transport allowance is provided to mentally retarded (MR), visually impaired (VI), hearing impaired (HI) and multiple disability with either M.R., V.I. and H.I problems, out of the total number of the

sampled CWSN i.e. 30, only 23 students are eligible for transport allowance.

Table 4.19 shows that, out of 23 sampled CWSN, who are eligible for transport allowance, only 15 (65.22%) CWSN avail the benefit of transport allowance. At the same time, the rest 8 CWSN (34.78%) did not receive any transport allowance available for them as per provisions. Out of those receiving transport allowance 37.5% of VI, 100% of MR, 66.67% of MD and 50% of HI are provided transport allowance.

*Discussion*: The above table illustrate that all those who are suppose to receive this allowance did not receive it. Although majority of CWSN receive the transport allowance, since this allowance is very important for them, it is the responsibility of SSA to provide this allowance to all eligible CWSN.

(5) *Readers allowance and boarding and lodging allowance*: As per provision, readers allowance is available for blind student from class V onwards but since blind special children are not included in the present sample, therefore no CWSN are eligible for reader's allowance. Similarly, for blind and low vision, boarding and lodging @Rs.500 per month is also available as per provision. But since the present study was conducted only among the special children attending regular schools, such provisions for boarding and lodging could not be provided to these sampled special children.

(6) *Need, supply and condition of assistive device*: Assistive devices refer to appliances such as wheelchair, crutch, spectacles, Braille, large print text book, hearing aid, etc. which are provided to special needs children having physical disabilities.

With respect to the question on whether parents felt that assistive devices are needed for their CWSN and whether assistive device was supplied to their special child as well as whether it is in

working condition or needs repair, the responses of the parents of CWSN are given in the following table no. 4.20.

Table No. 4.20

Responses of parents on assistive devices for their CWSN (N=30)

| No. of CWSN needing assistive devices | % | No. of CWSN receiving assistive devices | % | Condition of appliances received by CWSN | | | |
|---|---|---|---|---|---|---|---|
| | | | | In working condition | % | Needs repair | % |
| 10 | 33.33 | 7 | 36.84 | 1 | 14.29 | 6 | 85.71 |

As seen in the above table no. 4.20, ten (33.33%) parents of CWSN reported that their child is in need of some assistive devices. seven (36.84%) parents reported that their special child are supplied with assistive devices. At the same time, out of the 7 parents who reported that their special child are supplied with assistive devices, one (14.29%) parent reported that the assistive device received by the special child is in good working condition while 6 (85.71%) parents reported that it is in need of repair.

*Discussion*: This proved that all those who need assistive devices do not receive it and majority of the assistive devices provided needs repair. From the findings, it is felt that, SSA should provide assistive devices to all those who needed and the assistive devices should also be in good working condition. It is useless to receive assistive devices which cannot work; therefore, SSA should constantly monitor the assistive devices provided to them.

(7) *Assistive devices received from SSA*: Under SSA, Aizawl District, CWSN are provided assistive devices depending on the type of disability. There are certain assistive devices which are meant for certain type of disability. With respect to the question on the type of

assistive devices received by CWSN, the responses of the CWSN are shown in the following table no. 4.21.

Table 4.21

Disability-wise Number of assistive devices received by CWSN.

| Sl.No. | Appliances/Assistive Devices | To Whom | No. of CWSN | Provided | % | Not provided | % |
|---|---|---|---|---|---|---|---|
| 1. | Wheelchair | O.H. | 6 | 1 | 16.67 | 4 | 66.67 |
| 2. | Crutch | | | 1 | 16.67 | | |
| 3. | Slate and Stylus | | | 0 | 0 | | |
| 4. | Large print textbook | V.I. | 9 | 0 | 0 | 5 | 55.56 |
| 5. | Spectacles | | | 4 | 44.44 | | |
| 6. | Braille Paper | | | 0 | 0 | | |
| 7. | Braille textbook | | | 0 | 0 | | |
| 8. | Hearing Aid | H.I. | 4 | 1 | 25 | 3 | 75 |
| TOTAL | | | 19 | 7 | 36.84 | 12 | 63.16 |

In the above table, the total number of OH, VI and HI is much more than the total selected sample of OH, VI and HI. This is because some multiple disabled children are having two or more type of disability which includes OH, VI or HI. Therefore, they are eligible to receive assistive devices meant for the different types of disabilities.

As shown in table 4.21, there are 6 students who are orthopaedically handicap and out of these, only 2 (33.33%) received assistive devices from SSA and the other 4 CWSN i.e. 66.67% did not receive any devices.

For Visually impaired children, there are four assistive devices available and out of this only one device i.e. spectacle is provided to the CWSN with visual impairment. The data depicted in table 4.15 shows that, out of 9 visually impaired; spectacles are provided only to 4 students i.e. 44.44% of the total visually impaired selected students. At the same time, out of 4 hearing impaired children, only 1(25%) is

provided with hearing aid and the rest 75% did not receive any assistive devices under SSA.

Altogether, out of 19 eligible CWSN for assistive devices, only 7 CWSN i.e. 36.84% receive assistive devices and on the other hand, 12 CWSN i.e. 63.16 did not receive any devices meant for them under SSA, Aizawl district.

*Discussion*: The above finding shows that there are more CWSN who do not receive assistive devices than those who receive it. Chaudhury, Pranab and Bharali (2008)[9] also had similar findings that lesser number of CWSN received assistive devices. This explains that SSA should give more effort to provide assistive device to all the eligible CWSN.

(8) *Appropriateness of Aids and Appliances*: With respect to the question on whether the aids and appliances provided by SSA is appropriate or not, the responses given by CWSN and parents are presented in the following table no. 4.22.

Table 4.22

Appropriateness of aids and appliances

| Respondents | Yes | % | No | % | No response | % |
|---|---|---|---|---|---|---|
| CWSN N=30 | 16 | 53.33 | 14 | 46.67 | 0 | 0 |
| Parents N=30 | 16 | 53.33 | 8 | 26.67 | 6 | 20 |

As is seen in the above table no. 4.22, sixteen (53.33%) special children out of 30 CWSN reported that the aids and appliances that they received were appropriate while 14 (46.67%) CWSN said that the

aids and appliances were not appropriate. At the same time, 16 (53.33%) parents out of 30 reported that, the aids and appliances received by their children were appropriate while 8 (26.67%) of them reported that the aids and appliances were not appropriate. However, 6 (20%) of parents did not give any responses with respect to the appropriateness or inappropriateness of the aids and appliances supplied to their special child.

*Discussion*: The above table gives us an idea that more parents and CWSN are satisfied with the aids and appliances provided to them. This finding contradicts with the finding of Chaudhury, Pranab and Bharali (2008)[10] who found that less number of CWSN are satisfied with the aids and appliances provided to them. Although more parents are satisfied it would be ideal if all parents could be satisfied with the appliances provided to them.

(9) *Information about aids and appliances:* In responding to the question on whether they receive formal information on aids and appliances that they are going to receive, 20 (66.67%) CWSN replied that they received formal information that they are going to receive aids and appliances while 10 (33.33%) CWSN said that they are not formally informed about it. This explains that more number of CWSN were given information that they are going to receive aids and appliances.

**Home-Based Education**: Home-based education is one of the most important provisions available for CWSN (especially for those children who are severely disabled) under SSA, Aizawl district. In home-based education, resource support such as physio-therapy, remedial teaching, speech therapy, etc. depending on their disability are provided by the IED workers. The sample of the present study includes 1 CWSN who is under home-based education programme.

(1) *Need of home-based education and Visits of IED workers*: With respect to the question on the needs of CWSN on home-based

education, 3 (10%) teachers reported that they have CWSN enrolled in their school who needs home-based education. When asked whether IED workers visit the home of CWSN to work with the special child who needs home-based education, 2 (6.67%) teachers replied that IED workers visit the home of CWSN who are under home-based education. When asked whether IED workers visit their child who is under home-based education 1 parent replied that IED workers visit his child who is under home-based education.

*Discussion*: This reveals that there are very few CWSN who needs home-based education. Although there are few CWSN who needs home based education, it is found that IED workers did visit these special children at their home to give home-based education.

**Removal of Architectural Barriers**: The investigator personally visits all schools of the sampled CWSN and found that although ramps are constructed in every sampled school, these ramps are rather useless because there are no CWSN with wheelchairs. Besides, most schools are situated in a hilly area where climbing of steps are necessary in order to reach the school campus.

(1)*Ramps and CWSN friendly toilet*: With respect to the question on whether there are ramps and CWSN friendly toilet in the school. The responses of the CWSN and teachers are presented in table no. 4.23.

Table No. 4.23

Availability of ramps and CWSN friendly toilet in schools

| Respondents | No. of respondents | Ramps | | | | CWSN friendly toilet | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | % | No. | % | Yes | % | No | % |
| CWSN | 30 | 30 | 100 | 0 | 0 | 5 | 16.67 | 25 | 83.33 |
| Teachers | 30 | 30 | 100 | 0 | 0 | 5 | 16.67 | 25 | 83.33 |

As can be seen in table no. 4.23, all thirty CWSN and 30 teachers reported that ramps are constructed in the school. Regarding CWSN friendly toilet, 5 (16.67%) CWSN as well as 5 (16.67%) teachers reported that CWSN friendly toilet was available in the school. At the same time, 25 (83.33%) CWSN and their teachers said that the toilet available in the schools is not CWSN friendly.

*Discussion*: The study reveals that while ramps are constructed in all schools, CWSN friendly toilet is available only in a few schools. Yogendra Pandey's (2009)[11] found that majority of schools do not have ramps and CWSN friendly toilet. This finding contradicts as well as support the present finding because the present findings reveals that all schools have ramps, while only few schools have CWSN friendly toilet.

(2) *Problem regarding access to toilet*: When asked whether they have any problems regarding access to toilet 5 (16.67%) responded that they have problems in accessing the toilet while 25 (83.33%) said that they have no problem regarding access to toilet. This demonstrates that, although there are few schools who have CWSN friendly toilet, majority of CWSN do not have problems regarding access to toilet.

(3) *Problems regarding Seating arrangement for CWSN*: When asked whether they have any problems regarding seating arrangement inside the classroom 7 (23.33%) CWSN reported that they have some problems with their seating arrangement while 23 (76.67%) CWSN said that they did not have any problems regarding seating arrangement inside the classroom. This means that majority of CWSN do not have problems regarding seating arrangement in the classroom. Even amongst those who have problems, the problems of each special child may differ depending upon their disabilities.

(4) *Types of seating arrangement*: There can be two types of seating arrangement for CWSN: Inclusive and Segregated. Inclusive

seating arrangement means, when seats are rotated in the classroom the CWSN are treated as normal children and their seats are also rotated along with the normal children. But, segregated seating arrangement means the CWSN have a permanent seat in the classroom and their seats are not rotated along with the normal children.

In responding to the question on the type of seating arrangement used in the classroom for CWSN, the teacher's responses are given in table no. 4.24.

Table No. 4.24

Type of seating arrangement.

| Respondents | Inclusive | % | Segregated | % |
|---|---|---|---|---|
| 30 Teachers | 29 | 96.67 | 1 | 3.33 |

Table no. 4.24 illustrate that, 29 (96.67%) teachers said that the seating arrangement for CWSN is inclusive while only 1 (3.33%) reported that the seating arrangement for CWSN is segregated.

*Discussion*: The above finding shows that in almost all schools seating arrangement is done in an inclusive manner, and rotation of seats is done mostly without regard to CWSN. Since one of the policies of inclusive education is to treat CWSN as normal children, this policy seems to be followed very well in almost all the schools.

**Resource Support**: Resource support includes services like physical access, resource rooms at cluster level, special equipment, reading material, special educational techniques, remedial teaching, curricular adaptation or adapted teaching strategies.

(1) *Availability of resource teacher in schools*: In response to the question on whether they have a resource teacher in their school, all

CWSN as well as their teachers respond that they do not have a resource teacher in their school.

(2) *Teaching Learning Material (TLM)*: In response to the question on whether they are provided the appropriate kind of TLM, all CWSN as well as their teachers responded that they are not provided the appropriate kind of TLM.

*Discussion*: TLM which is very important for normal as well as CWSN children are found not provided to CWSN. This finding is supported by the findings of Banerjee and Mehandale (2006)[12] and Yogendra Pandey (2009)[13] who found that TLM are not provided to schools while the finding of Chadha (2005)[14] contradicts the present finding as he found that majority of schools are having appropriate TLM.

(3) *Resource support at Block/Cluster Resource Center*: When asked the question on the availability of resource support at block/cluster resource center, all CWSN reported that they are not aware of the resource support available at the block/cluster resource center.

*Discussion*: Although all CWSN are not aware of the resource support at the block/cluster level, the investigator observed that there are resource supports at the block/cluster level. This contradicts with the findings of Chudasama, Jadeja and Maheta (2006)[13] who found that there are no resource supports at the block level.

(4) *Making use of resource material at Block/Cluster resource center*: When asked the question on whether they make use of the resource material at the block/cluster resource center, all CWSN reported that they did not avail the benefit of materials available at block/cluster resource center.

*Discussion*: This clearly indicates that all CWSN are not aware of the support available to them at block/cluster resource center and therefore do not make use of these resource materials.

**Counseling**: Counseling for parents is very important because this will not only help parents to accept their child but also to educate them to take care of the needs of their special child. With respect to the question on whether they receive any counseling from SSA regarding the problem of their child, only one (3.33%) of the parents answered 'yes' while the rest 29 (96.67%) parents responded negatively. This implies that majority of parents do not receive any counseling regarding their CWSN from SSA.

**Teachers' Training**: For successful implementation of any educational programme and to maintain the quality of education, teachers' training is very important especially for children with special need. In answering to the question on whether they have receive any training on teaching of CWSN under SSA and whether they think the training is sufficient enough to handle CWSN, out of 30 sampled teachers only 3 (10%) teachers responded that they had undergone training on CWSN under SSA while 27 (90%) responded that they have not undergone any training. Out of the three trained teachers all of them (100%) reported that the training they received is sufficient enough to handle CWSN.

*Discussion*: The above finding shows that only few teachers are trained while majority of teachers did not undergo any training for CWSN under SSA. Those who have been trained though less in number have greatly benefitted from the training. It would be ideal if all teachers could undergo such type of training for CWSN since there could be cases where they might have CWSN in their class.

**Level of Participation of CWSN and encouragement given by teachers to participate**: Besides the provisions provided by SSA, level of participation of CWSN and encouragement given to CWSN by teachers to participate in the classroom have been inquired. Similarly, the levels of participation in co-curricular activities and teachers encouragement of CWSN to participate have also been inquired. The

responses given by teachers are depicted in the following table no. 4.25.

Table no. 4.25.

Participation of CWSN in classroom and co-curricular activities and teachers encouragement.

| Participation in classroom | | | | Encouragement to participate | | | | Participation in Co-curricular activities | | | | Encouragement to participate | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes | % | No | % | Yes | % | No | % | Yes | % | No | % | Yes | % | No | % |
| 26 | 86.67 | 4 | 13.33 | 18 | 60 | 12 | 40 | 29 | 96.67 | 1 | 3.33 | 18 | 60 | 12 | 40 |

As shown in table no. 4.25, twenty six (86.67%) teachers reported that CWSN participated in the classroom processes while 4 (13.33%) said that their CWSN did not participate inside the classroom. At the same time, 18 (60%) teachers encouraged their CWSN to participate inside the classroom processes while 12 (40%) teachers did not encourage CWSN to participate; rather they treat them as normal children. Similarly, 29 (96.67%) teachers reported that CWSN actively participate in co-curricular activities while only one (3.33%) teacher said that the CWSN did not participate in co-curricular activities. At the same time, 18 (60%) teachers encourage CWSN to participate in co-curricular activities while 12 (40%) teachers did not encourage CWSN to participate in co-curricular activities but treat their CWSN equally as normal children. This means that CWSN participate very well in classroom activities as well as co-curricular activities. The encouragement given by teachers was also good.

**Attention given to CWSN**: Although the question for this is not under the provision, the investigator posed the question on whether teachers give special attention to CWSN. It was found that 24 (80%) teachers responded that they did not pay special attention to CWSN but rather treat them equally as normal children. While it was found

that, 6 (20%) teachers responded that they did pay special attention to CWSN. This implies that majority of teachers do not give special attention to CWSN. The possible justification for teachers not giving special attention to CWSN could be because they wanted to treat them equally as normal children.

**NGO's involvement for the welfare of CWSN**: The investigator also put forward the question on whether the teacher observed any NGO involvement for the welfare of CWSN although it was not included in the provision. It was found that all thirty teachers (100%) did not observe any NGO's involvement for the welfare of CWSN. This shows that NGOs are not involve in the welfare of CWSN at all.

**Zero Rejection Policy**: In response to the question on whether the school followed zero rejection policy during admission, 100% of teachers reported that the schools are following zero rejection policy during admission. This shows that no CWSN is denied admission to the school.

**SECTION IV: SUGGESTIONS AND RECOMMENDATIONS.**

The fourth objective of the study is to make suggestions and recommendations in the light of the findings of the study so as to improve the status of CWSN. The investigator after a thorough study of the provisions of CWSN and status of implementation, and in the light of the findings of this study made the following suggestions to improve the educational status of CWSN:

1. Identification should be done by the joint effort of teacher, RT, IE Volunteer, etc., but the finding showed that 30% of CWSN are identified by teachers alone. Therefore, it is suggested that identification be done according to provision of SSA.

2. It was found that 6.67% CWSN and 26.67% of parents are not aware that they and their ward are identified as CWSN. Therefore, it is

suggested that even though CWSN may not be informed, at least parents should be informed and made aware of their child being identified as CWSN.

3. It was found that medical assessment camp was organized only once and that 86.67% of the CWSN are not even aware of any medical assessment camp. Therefore it is suggested that medical assessment camp be organized more often and that CWSN be made aware of this camp. Medical assessment should be done by a competent team comprising of doctors, eye specialist, ENT specialist, resource teachers and general teachers. Appropriate referrals should also be provided through medical assessments which may include suggestions for alternative educational placement.

4. It was found that 100% CWSN, majority of parents and teachers are not aware of the support available under SSA. Therefore, it is suggested that, SSA should take measures in making the stakeholders aware of the support available under SSA.

The study revealed that only 43.33% of CWSN received both uniform and books & stationary allowances while these allowances are meant for all types of CWSN. Therefore, it is suggested that these provisions be provided to all CWSN by SSA.

It was also found that transport allowance is provided to only 65.22% of CWSN while 34.78% of CWSN were not provided. The investigator would like to suggest that though majority of the CWSN received transport allowance, all those who are eligible to receive this allowance should be provided by SSA.

The study shows that among the eligible CWSN only 7 i.e. 36.84% are provided the assistive devices, out of which 6 (85.71%) needs repair. It is suggested that whenever assistive devices are provided to CWSN the SSA should regularly check and make sure that the assistive devices are in working condition.

5. It is suggested that the coverage of Home-based education should be increased. In order to meet the requirement, the services of retired teachers, unemployed youths can be used. They would meet the special educational needs of those children with disabilities, who probably require special services the most. It is the guidelines of the PWD Act, 1995 which possess "that the services of retired teachers, head masters, post masters and local educated unemployed youth could be used after giving them orientation to special education".

6. It is suggested that parents of CWSN should be provided frequent counseling and training on how to bring up their CWSN and teach them basic survival skills.

7. Removal of architectural barriers in schools should be undertaken to the fullest level for easy access of the CWSN. Since this activity is undertaken jointly with the civil work component under SSA, proper co-ordinations should be maintained. It was found that, 16.67% CWSN have problems regarding access to toilet and it is suggested that SSA should make available CWSN friendly toilet to all schools to provide easy access.

8. The study found that teaching learning materials for CWSN are not available at school. Therefore, it is suggested that SSA should provide appropriate teaching learning materials to CWSN in their school. Besides, Teachers and CWSN should also be made aware of the teaching learning materials available for them at the block and cluster resource center level.

9. It was found that only 10% of teachers had undergone training on teaching of CWSN. Therefore, it is suggested that SSA should organized more training programme on CWSN for teachers. It is also suggested that, at least one teacher from all school should undergo training to look after CWSN at the school level.

## SUGGESTIONS FOR FURTHER STUDIES

The investigator, after conducting the present study suggested the following topic for further studies.

1. Impact of Assistive devices on educational achievement and performance of Children with special needs: An analytical study.

2. A study of the perception of parents, teachers and students about Inclusive Education (IE).

3. A study of the attitude of parents, teachers and students towards children with special needs.

4. Situational Analysis of CWSN in Mizoram.

5. A case study of different special schools in Mizoram.

6. Provisions relating to children with special needs under SSA and status of their implementation in Mizoram.

**NOTES:**

1. Persons With Disability Act, (1995).

2. *Ibid*

3. *Ibid*

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7. *Ibid*

8. Soni, R.B.L. (2003), *Perceptions of parents, teachers and students about education of disabled children*. Department of Elementary Education, NCERT, New Delhi.

9. Choudhury, A.N., Pranab, J. and Bharali, G.: *op. cit.* 2008.

10. *Ibid*

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# CHAPTER V

# SUMMARY AND CONCLUSION

## INTRODUCTION

Government of India is fully committed to the realization of the goal of UEE and to boost it, the Parliament has Passed the Constitutional (86th Amendment) Act, making free and compulsory elementary education a Fundamental Right for every child in the age group of 6-14 years, incorporating a new Article 21A in Part III of the constitution, as follows:

'The State shall provide free and compulsory education to all children of the age of six to fourteen years in such manner as the State may, by law, determine.'

This gives a new thrust to the education of Children with Special Needs (CWSN) too, as without including them the objective of UEE may not be achieved.

To universalize elementary education, the government of India launched a programme called Sarva Shiksha Abhiyan (SSA). The key objective of SSA is Universalization of Elementary Education (UEE). Three important aspects of UEE are access, enrollment and retention of all children in the age group 6 to 14 years of age. SSA ensures that every child with special needs, irrespective of the kind, category and degree of disability, is provided meaningful and quality education. Hence, SSA has adopted a zero rejection policy. This means that no child having special needs should be deprived of the right to education and taught in an environment which is best suited to his/her learning needs. The major thrust of SSA is on inclusion or mainstreaming of Children with Special Needs (CSWN) into the fabric of formal elementary schooling. The dual objective is to bring more CSWN under the umbrella of SSA and provide to CSWN appropriate need-based

skills, be it vocational, functional literacy or simply activities of daily living.

**RATIONALE OF THE STUDY**

The government of India gives a special importance for the education of CWSN. Several studies on the education of CWSN have been conducted in other states of the country. However, no studies have ever been conducted in the area of provision and status of implementation relating to children with special needs under SSA in Mizoram. Therefore, a study to find out the provision and status of implementation relating to children with special needs under SSA would definitely provide us with the knowledge of how far the main objective of SSA in universalization of Elementary Education have been implemented and achieved especially with respect to CWSN. Moreover, the present study would reveal whether SSA Mizoram has adopted the zero rejection policy where no child having special needs shall be deprived of the right to education and taught in an environment which is best suited to his or her learning needs.

**STATEMENT OF THE PROBLEM**

"Provisions Relating to Children with Special Needs Under SSA and Status of Their Implementation in Aizawl District."

**OBJECTIVES OF THE STUDY**

The objectives of the present study are as follows:

1. To trace the origin of intervention programme for CWSN in Aizawl district and the area of disability included under SSA.
2. To find out the provisions available for CWSN under SSA in Aizawl District.
3. To study the status of implementation of the provisions provided for CWSN under SSA in Aizawl District.

4. To make suggestions and recommendations in the light of the findings of this study so as to improve the educational status of CWSN.

## OPERATIONAL DEFINITIONS FOR THE KEY TERMS

***Provisions:*** In Cambridge Advanced Learner's dictionary, Provision means supply. In the present study, Provision refers to the different measures and arrangements provided by SSA to children with special needs in Mizoram

**Status:** Status means state, condition or relation (Webster student dictionary). In the present context, it refers to the present position of implementation carried out by SSA mission to children with special needs in Mizoram.

**Implementation:** Implementation means to put a plan or system into operation (Cambridge advanced learner dictionary). In the present study, it refers to the execution and achievements of the programmes, carried out by SSA mission to children with special needs in Mizoram.

**Children with Special Needs (CWSN):** In the present study, CWSN are those children at the elementary level in Mizoram, identified as having certain problems which interferes with their education.

## SAMPLE

The sample for the study consisted of 30 CWSN, 30 Teachers and 30 parents of CWSN purposefully selected from six blocks of Aizawl District.

## TOOLS

For collecting information about the status of implementation of provisions provided by SSA, the investigator constructed three sets of

interview schedule; one for the special child, one for their teachers and one for their parents.

**COLLECTION OF DATA**

The investigator personally went to the different schools under all six Block resource centre within Aizawl district, and requested the head of the school to allow him to have an interview with the selected special child and the concerned teacher. After taking permission from the head of the institution, the special child was interviewed using the constructed schedule for CWSN, after which the concerned teacher or head of the institution was interviewed using the schedule constructed for the teacher. After this, the investigator either went to the house of the special child or requests the parents of the special child to come to the school for an interview. This way, the parents or guardians of the special child were interviewed using the interview schedule meant for the parents/guardians of the special child. This way primary data was collected from the special child their teachers and parents

**ANALYSIS OF DATA**

The study being descriptive in nature, statistical analysis of data was done with the help of descriptive statistics such as frequency distribution, percentage, ratio etc. Item wise analysis was generally carried out.

**RESULTS**

The following are the main findings of the study:

1. The Mizoram State Education Department started implementing SSA from the year 2000-2001 in one district. It was only in 2005 that the intervention for CWSN was started in Aizawl district.

2. Eight types of disability are included under SSA, Aizawl district, which are as follows:

(i) Mentally Retarded (MR)

(ii) Orthopaedically Handicapped (OH)

(iii) Visually Impaired (VI)

(iv) Hearing Impaired (HI)

(v) Speech Impaired (SI)

(vi) Learning Disabled (LD)

(vii) Cerebral Palsy (CP)

(viii) Multiple Disabled (MD).

3. The following provisions are available for CWSN under SSA, Aizawl District:

(i) ***Identification***: As per provision, identification of CWSN is to be done by joint effort of school teachers, resource teachers and inclusive education volunteers. For this, identification checklist prepared in the local language by District Project Office (DPO), Aizawl district is used for identification.

(ii) ***Medical Assessment Camp***: Under this provision, those children who need medical assessment are identified by their school teacher and IE volunteers and are referred to the resource teacher at block level. If they are found to be in need of further investigation, the resource teacher at the block level will refers the CWSN to the specialist medical doctor.

(iii) ***Provision of aids and appliances***: Another important provision available for CWSN under SSA, Aizawl District is provision of aids and appliances. Under this provision allowances and assistive devices are provided to the CWSN depending on their areas of disability. Provision of aids and appliances include both the allowances and assistive devices available for CWSN.

(iv) ***Home-Based Education***: There is a provision of home-based education under SSA, Aizawl District for severely disabled children who cannot attend regular class.

(v) ***Removal of architectural barriers***: Architectural barriers in schools should be removed for easy access. A child with special need can make use of all the support services only if the schools are made barrier free. This provision includes construction of ramps and CWSN friendly toilet in the schools.

(vi) ***Resource support***: There is a provision of a resource room at the block offices in the form of a small room. Resource teachers and resource persons at the block level are responsible to provide support to CWSN like speech therapy, physio-therapy, occupational therapy, etc. with or without the help of resource material available at the block level. Besides this, teaching learning materials for CWSN are available at the block/cluster level.

(vii) ***Teachers training***: Dealing with CWSN is a difficult task and teachers need to be trained on how to deal effectively with CWSN. Therefore, teachers' training is one of the most important provisions available for CWSN under SSA, Aizawl district.

Besides the aforesaid provisions, preparation of individualized educational plan and case study of CWSN are taken up by SSA, Aizawl district.

4. The provision for identification should be done by the joint effort of school teacher, resource teacher (RT), Inclusive Education (IE) volunteer and special teacher. Majority of CWSN are identified as per provision while 30% of CWSN are identified by general teacher alone. Although there are some CWSN and parents who do not know they and their children are identified as CWSN under SSA, majority of parents and CWSN are aware of their identification.

5. The awareness level of CWSN about medical assessment is very low therefore the number of CWSN attending medical camp is also very low. This shows that majority of the CWSN did not attend medical assessment camp.

6. The CWSN are not at all aware of the support available for them. All those CWSN who need assistive devices do not receive it and majority of the assistive devices provided needs repair. At the same time, majority of parents and CWSN are satisfied with the aids and appliances provided to them.

7. The study reveals that while ramps are constructed in all schools, CWSN friendly toilet is available only in a few schools. It was found that although there are few schools who have CWSN friendly toilet, majority of CWSN do not have problems regarding access to toilet. In almost all schools seating arrangement is done in an inclusive manner and majority of CWSN did not have problems regarding seating arrangement.

8. CWSN are not provided the appropriate kind of teaching learning material and all CWSN are not aware of the support available to them at block/cluster resource center. They did not avail the benefit of resource support and material available at the block/cluster level.

9. Majority of parents did not receive any counseling regarding their CWSN.

10. Only few numbers of teachers are trained while majority of teachers did not undergo any training for CWSN under SSA. Those who have been trained though less in number have greatly benefitted from the training.

11. Majority of CWSN participate very well in classroom activities as well as co-curricular activities. Majority of teachers encouraged their CWSN to participate in classroom activities and co-curricular activities. At the same time, majority of teachers do not give special

attention to CWSN because they wanted to treat them equally as normal children.

12. Regarding admission, all schools are following zero rejection policy and no CWSN are denied admission to the school.

**SUGGESTION**:

1. It is suggested that identification should be done according to provisions of SSA.

2. Parents should be informed and made aware of their child being identified as CWSN.

3. Medical assessment camp be organized more often and that CWSN should be made aware of this camp. Medical assessment should be done by a competent team comprising of doctors, eye specialist, ENT specialist, resource teachers and general teachers.

4. SSA should take measures in making the stakeholders aware of the support available for CWSN under SSA.

5. It is suggested that the coverage of Home-based education should be increased. In order to give home based education, the services of retired teachers, unemployed youths, etc. can be utilized.

6. It is suggested that parents of CWSN should be provided frequent counseling and training on how to bring up their CWSN and teach them basic survival skills.

7. Removal of architectural barriers in schools should be undertaken to the fullest level for easy access of the CWSN. SSA should make available CWSN friendly toilet to all schools to provide easy access.

8. It is suggested that SSA should provide appropriate teaching learning materials to CWSN in their own school. Besides, Teachers and CWSN should also be made aware of the teaching learning

materials available for them at the block and cluster resource center level.

9. It is suggested that SSA should organize more training programme on CWSN for teachers. It is also suggested that, at least one teacher from all school should undergo training to look after CWSN at the school level.

**SUGGESTIONS FOR FURTHER STUDIES**

The investigator, after conducting the present study suggested the following topic for further studies.

1. Impact of Assistive devices on educational achievement and performance of Children with special needs: An analytical study.

2. A study of the perception of parents, teachers and students about Inclusive Education (IE).

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## ABSTRACT

## INTRODUCTION

Government of India is fully committed to the realization of the goal of UEE and to boost it, the Parliament has Passed the Constitutional (86th Amendment) Act, making free and compulsory elementary education a Fundamental Right for every child in the age group of 6-14 years, incorporating a new Article 21A in Part III of the constitution, as follows:

'The State shall provide free and compulsory education to all children of the age of six to fourteen years in such manner as the State may, by law, determine.'

This gives a new thrust to the education of Children with Special Needs (CWSN) too, as without including them the objective of UEE may not be achieved.

To universalize elementary education, the government of India launched a programme called Sarva Shiksha Abhiyan (SSA). The key objective of SSA is Universalization of Elementary Education (UEE). Three important aspects of UEE are access, enrollment and retention of all children in the age group 6 to 14 years of age. SSA ensures that every child with special needs, irrespective of the kind, category and degree of disability, is provided meaningful and quality education. Hence, SSA has adopted a zero rejection policy. This means that no child having special needs should be deprived of the right to education and taught in an environment which is best suited to his/her learning needs. The major thrust of SSA is on inclusion or mainstreaming of Children with Special Needs (CSWN) into the fabric of formal elementary schooling. The dual objective is to bring more CSWN under the umbrella of SSA and provide

to CSWN appropriate need-based skills, be it vocational, functional literacy or simply activities of daily living.

## RATIONALE OF THE STUDY

The government of India gives a special importance for the education of CWSN. Several studies on the education of CWSN have been conducted in other states of the country. However, no studies have ever been conducted in the area of provision and status of implementation relating to children with special needs under SSA in Mizoram. Therefore, a study to find out the provision and status of implementation relating to children with special needs under SSA would definitely provide us with the knowledge of how far the main objective of SSA in universalization of Elementary Education have been implemented and achieved especially with respect to CWSN. Moreover, the present study would reveal whether SSA Mizoram has adopted the zero rejection policy where no child having special needs shall be deprived of the right to education and taught in an environment which is best suited to his or her learning needs.

## STATEMENT OF THE PROBLEM

"Provisions Relating to Children with Special Needs Under SSA and Status of Their Implementation in Aizawl District."

## OBJECTIVES OF THE STUDY

The objectives of the present study are as follows:

1. To trace the origin of intervention programme for CWSN in Aizawl district and the area of disability included under SSA.
2. To find out the provisions available for CWSN under SSA in Aizawl District.

3. To study the status of implementation of the provisions provided for CWSN under SSA in Aizawl District.

4. To make suggestions and recommendations in the light of the findings of this study so as to improve the educational status of CWSN.

## OPERATIONAL DEFINITIONS FOR THE KEY TERMS

***Provisions:*** In Cambridge Advanced Learner's dictionary, Provision means supply. In the present study, Provision refers to the different measures and arrangements provided by SSA to children with special needs in Mizoram

**Status:** Status means state, condition or relation (Webster student dictionary). In the present context, it refers to the present position of implementation carried out by SSA mission to children with special needs in Mizoram.

**Implementation:** Implementation means to put a plan or system into operation (Cambridge advanced learner dictionary). In the present study, it refers to the execution and achievements of the programmes, carried out by SSA mission to children with special needs in Mizoram.

**Children with Special Needs (CWSN):** In the present study, CWSN are those children at the elementary level in Mizoram, identified as having certain problems which interferes with their education.

## SAMPLE

The investigator selected 5 special needs children each from all the six Block Resource Centres within Aizawl District. To substantiate the information provided by the special needs children, the investigator also

collected data from the teachers and parents of these special children. Therefore, the sample for the study consisted of 30 CWSN, 30 Teachers and 30 parents of CWSN purposefully selected from six blocks of Aizawl District.

**TOOLS**

For collecting information about the status of implementation of provisions provided by SSA, the investigator constructed three sets of interview schedule; one for the special child, one for their teachers and one for their parents.

**COLLECTION OF DATA**

The investigator personally went to the different schools under all six Block resource centre within Aizawl district, and requested the head of the school to allow him to have an interview with the selected special child and the concerned teacher. After taking permission from the head of the institution, the special child was interviewed using the constructed schedule for CWSN, after which the concerned teacher or head of the institution was interviewed using the schedule constructed for the teacher. After this, the investigator either went to the house of the special child or requests the parents of the special child to come to the school for an interview. This way, the parents or guardians of the special child were interviewed using the interview schedule meant for the parents/guardians of the special child. This way primary data was collected from the special child their teachers and parents

**ANALYSIS OF DATA**

The study being descriptive in nature, statistical analysis of data was done with the help of descriptive statistics such as frequency distribution, percentage, ratio etc. Item wise analysis was generally carried out.

**RESULTS**

The following are the main findings of the study:

1. The Mizoram State Education Department started implementing SSA from the year 2000-2001 in one district. It was only in 2005 that the intervention for CWSN was started in Aizawl district.

2. Eight types of disability are included under SSA, Aizawl district, which are as follows:

(i) Mentally Retarded (MR)

(ii) Orthopaedically Handicapped (OH)

(iii) Visually Impaired (VI)

(iv) Hearing Impaired (HI)

(v) Speech Impaired (SI)

(vi) Learning Disabled (LD)

(vii) Cerebral Palsy (CP)

(viii) Multiple Disabled (MD).

3. The following provisions are available for CWSN under SSA, Aizawl District:

(i) ***Identification***: As per provision, identification of CWSN is to be done by joint effort of school teachers, resource teachers and inclusive education volunteers. For this, identification checklist prepared in the local language by District Project Office (DPO), Aizawl district is used for identification.

(ii) ***Medical Assessment Camp***: Under this provision, those children who need medical assessment are identified by their school

teacher and IE volunteers and are referred to the resource teacher at block level. If they are found to be in need of further investigation, the resource teacher at the block level will refers the CWSN to the specialist medical doctor.

(iii) ***Provision of aids and appliances***: Another important provision available for CWSN under SSA, Aizawl District is provision of aids and appliances. Under this provision allowances and assistive devices are provided to the CWSN depending on their areas of disability. Provision of aids and appliances include both the allowances and assistive devices available for CWSN.

The allowances available for CWSN under this provision are given in the following table.

| Sl. No. | Allowances | Rate | To Whom |
|---|---|---|---|
| 1. | Uniform Allowances | Rs.200 per annum | All CWSN |
| 2. | Books and Stationery | Rs.400 per annum | All CWSN |
| 3. | Escort Allowances | Rs.75 per month | O.H (lower limb) |
| 4. | Transport Allowances | Rs.50 per month | M.R, V.I, H.I. |
| 5. | Readers Allowances | Rs.50 during examination | Blind from Class V onwards |
| 6. | Boarding and Lodging | Rs.500 per month | Blind and Low Vision |

The appliances or assistive devices available for CWSN under SSA Aizawl district are given in the following table

| Sl.No. | Appliances/Assistive Devices | To Whom |
|---|---|---|
| 1. | Wheelchair | O.H. |
| 2. | Crutch | O.H. |
| 3. | Spectacles | V.I. |
| 4. | Large print textbook | V.I. |
| 5. | Hearing Aid | H.I. |
| 6. | Braille Paper | V.I. |
| 7. | Braille textbook | V.I. |
| 8. | Slate and Stylus | O.H. |

(iv) ***Home-Based Education***: There is a provision of home-based education under SSA, Aizawl District for severely disabled children who cannot attend regular class.

(v) ***Removal of architectural barriers***: Architectural barriers in schools should be removed for easy access. A child with special need can make use of all the support services only if the schools are made barrier free. This provision includes construction of ramps and CWSN friendly toilet in the schools.

(vi) ***Resource support***: There is a provision of a resource room at the block offices in the form of a small room. Resource teachers and resource persons at the block level are responsible to provide support to CWSN like speech therapy, physio-therapy, occupational therapy, etc. with or without the help of resource material available at the block level. Besides this, teaching learning materials for CWSN are available at the block/cluster level.

(vii) ***Teachers training***: Dealing with CWSN is a difficult task and teachers need to be trained on how to deal effectively with CWSN. Therefore, teachers' training is one of the most important provisions available for CWSN under SSA, Aizawl district.

Besides the aforesaid provisions, preparation of individualized educational plan and case study of CWSN are taken up by SSA, Aizawl district.

4. The provision for identification should be done by the joint effort of school teacher, resource teacher (RT), Inclusive Education (IE) volunteer and special teacher. Majority of CWSN are identified as per provision while 30% of CWSN are identified by general teacher alone. Although there are some CWSN and parents who do not know they and their children are identified as CWSN under SSA, majority of parents and CWSN are aware of their identification.

5. The awareness level of CWSN about medical assessment is very low therefore the number of CWSN attending medical camp is also very low. This shows that majority of the CWSN did not attend medical assessment camp.

6. The CWSN are not at all aware of the support available for them. All those CWSN who need assistive devices do not receive it and majority of the assistive devices provided needs repair. At the same time, majority of parents and CWSN are satisfied with the aids and appliances provided to them.

7. The study reveals that while ramps are constructed in all schools, CWSN friendly toilet is available only in a few schools. It was found that although there are few schools who have CWSN friendly toilet, majority of CWSN do not have problems regarding access to toilet. In almost all

schools seating arrangement is done in an inclusive manner and majority of CWSN did not have problems regarding seating arrangement.

8. CWSN are not provided the appropriate kind of teaching learning material and all CWSN are not aware of the support available to them at block/cluster resource center. They did not avail the benefit of resource support and material available at the block/cluster level.

9. Majority of parents did not receive any counseling regarding their CWSN.

10. Only few numbers of teachers are trained while majority of teachers did not undergo any training for CWSN under SSA. Those who have been trained though less in number have greatly benefitted from the training.

11. Majority of CWSN participate very well in classroom activities as well as co-curricular activities. Majority of teachers encouraged their CWSN to participate in classroom activities and co-curricular activities. At the same time, majority of teachers do not give special attention to CWSN because they wanted to treat them equally as normal children.

12. Regarding admission, all schools are following zero rejection policy and no CWSN are denied admission to the school.

**SUGGESTION**:

1. It is suggested that identification should be done according to provisions of SSA.

2. Parents should be informed and made aware of their child being identified as CWSN.

3. Medical assessment camp be organized more often and that CWSN should be made aware of this camp. Medical assessment should be done

by a competent team comprising of doctors, eye specialist, ENT specialist, resource teachers and general teachers.

4. SSA should take measures in making the stakeholders aware of the support available for CWSN under SSA.

5. It is suggested that the coverage of Home-based education should be increased. In order to give home based education, the services of retired teachers, unemployed youths, etc. can be utilized.

6. It is suggested that parents of CWSN should be provided frequent counseling and training on how to bring up their CWSN and teach them basic survival skills.

7. Removal of architectural barriers in schools should be undertaken to the fullest level for easy access of the CWSN. SSA should make available CWSN friendly toilet to all schools to provide easy access.

8. It is suggested that SSA should provide appropriate teaching learning materials to CWSN in their own school. Besides, Teachers and CWSN should also be made aware of the teaching learning materials available for them at the block and cluster resource center level.

9. It is suggested that SSA should organize more training programme on CWSN for teachers. It is also suggested that, at least one teacher from all school should undergo training to look after CWSN at the school level.

**SUGGESTIONS FOR FURTHER STUDIES**

The investigator, after conducting the present study suggested the following topic for further studies.

1. Impact of Assistive devices on educational achievement and performance of Children with special needs: An analytical study.

2. A study of the perception of parents, teachers and students about Inclusive Education (IE).

3. A study of the attitude of parents, teachers and students towards children with special needs.

4. Situational Analysis of CWSN in Mizoram.

5. A case study of different special schools in Mizoram.

6. Provisions relating to children with special needs under SSA and status of their implementation in Mizoram.