Chapter 1

CONCEPTUAL FRAMEWORK

Education should include every factor that helps in the development of the physical, mental, cultural and spiritual traits of every human being. It should enable a person to become independent (Venkataiah, 2005, p.30). The Education for All movement is a global commitment that was launched at the World Conference on Education for All in 1990 in Jomtien, Thailand, where representatives of the international community agreed to universalize primary education, and massively reduce illiteracy by the end of the decade. Ten years later, with many countries quite far from having reached this goal, the international community met again in 2000, in Dakar, Senegal, and affirmed their commitment to achieving Education for All by the year 2015 (Sangetha, 2007).

The Right of Children to Free and Compulsory Education Act came into force from April 1, 2010. Every child between 6-14 years would be provided 8 years of elementary education in an age appropriate classroom in the vicinity of his/her neighborhood. Children with disabilities would also be educated in mainstream schools (RTE Act, 2009).

The democratic and human-rights based intent of Inclusive Education is defined in the Salamanca Statement, and represented in the “recognition of the need to work towards ‘schools for all’ – institutions includes everybody, celebrates differences, supports learning, and responds to individual needs’. A commitment to this approach is central to UNICEF’s work in Central Eastern Europe and the Commonwealth of Independent States Region, which seeks to build Inclusive Education systems that promote schools based on ‘a child-centered pedagogy capable of successfully educating
all children, including those who have serious disadvantages and disabilities (UNICEF, 2011).

1.1 SIGNIFICANCE OF THE STUDY

Education means the harmonious development of all the powers of the human being—physical, social, intellectual, aesthetic and spiritual. The essential elements in the educative process are a creative mind, a well integrated self, socially useful purpose and experiences related to the interests, needs and abilities of individual as a participant in social living. In the past decades education of children with disabilities has seen a paradigm shift from a segregated education to inclusive education with non-disabled children. Mental deficiency or feeble-mindedness means marked limitation of intelligence, due to retarded development, which result in social and economic incompetence. Mentally retarded or handicapped children are characterized by low intelligence in comparison with normal children and there are various degrees of this retardation. The Educable mentally retarded child has been defined as “One who has potentialities for development in minimum educability in the academic subjects of the school, social adjustment to such a point that he/she can get along independently in the community, and minimum occupational adequacy to such a degree that he/she can later support himself/herself partially or totally at the level. Separate institutions for them will not be useful from psychological view point, because keeping them in special schools will make them a target of social ridicule. They will be able to receive basic academic skills (reading, writing and arithmetic) and acquire self-help skill, which supports them to be socially and economically independent in the inclusive set-up. Classrooms reflect real life with its challenges and distractions. Mentally challenged children need to be immersed in this microcosm of the “real world”, beginning in the pre-school and continuing their educational careers. This is the normal world that they will be required to
live and work in, so their education ought to takes place in classrooms that reflect that world.

Mentally challenged children should be educated to get along with their fellow men i.e. they should develop social competence through numerous social experiences. They should learn to participate in work for the purpose of earning their own living i.e. they should develop occupational competence through efficient vocational guidance and training as a part of their school experience. They learn social adoption only in an inclusive system of education. Inclusive setting will enable the mentally challenged children to get social approval. Inclusive settings provides opportunities for the mentally challenged children to acquire the competencies, skills, knowledge and understanding of which he/she is an individual of value, for himself/herself a part from any other characteristics. These children also develop adjustment character because of acceptance attitude by their peers. Only inclusion has the potential to reduce fear and build friendship, respect and understanding. Mentally challenged children are best served in inclusive setting as this is a stage where they will need to exercise their daily living skills.

Inclusive set-up is the normal world that mentally challenged children will be required to live and work. They will improve academically, socially, psychologically and economically only through inclusive set-up. They will be able to receive basic academic skills and acquire self help skills which support them to be socially and economically in the inclusive set-up. Therefore for the mentally challenged children, the inclusive set-up is the most suitable environment to develop competence through numerous social experiences.

However all the mentally challenged children are not included for various reasons. There are not many studies documented in Tamil Nadu to bring out the status of those children who are included. It is important to find out inclusion of children with
mental challenge is successful in Indian context. Hence the investigator selected the problem ‘Status of the Mentally Challenged Children in the Inclusive Set-up’. The findings of this study would help the professionals, parents, teachers, and policy makers in making inclusion successful.

1.2 INCLUSION

Inclusion expresses commitment to educate each child in the school and classroom that he/she would attend. It involves bringing support services to the child (rather than moving the child to the services) and only requires that the child will benefit from being in the class (rather than having to keep up with the other students) (Mahapatra 2007, p.170). Inclusions mainstreams physically, mentally, and multiply disabled children into regular classrooms. Every child should be able to experience a regular classroom in order to mature and socialize with other children in normal situations (Stussman, 1997, p.18). Inclusion means full inclusion of children with diverse abilities in all aspects of schooling that other children are able to access and enjoy. It involves regular schools and classrooms genuinely adapting and changing to meet the needs of all children as well as celebrating and valuing difference (Loreman, 2006). Inclusion is defined as providing specially designed instruction and supports for students with special needs in the context of regular education settings. It means that all students in a school’s attendance area are full members of that school community and each student participates equitably in the opportunities and responsibilities of the general education environment (Hassen, 2005, p.127). Those involved in inclusion efforts understand that classrooms are becoming more and more diverse and that the teacher’s job is “to arrange instruction that benefits all students even though the various students may derive different benefits (Roger, 1993).
1.2.1 The Concept of Inclusion

According to Phil Delta Kappa’s Centre for Education (1993), inclusion involves putting the child in the regular classroom and bringing support services to the child, and full inclusion is that all students regardless of the handicapping conditions or severity, will be in a regular classroom full time. No cost is spared to bring needed services to the classroom for those students. The concept of inclusion refers to an administrative management within schools and classrooms whereby all children, regardless of handicap receive education service within a regular classroom environment. Inclusion therefore refers to an educational concept where children receive even specialised service within the context of a general classroom (National Centre for Learning Disability). According to Deppler and Loreman (2006), inclusion involves ‘regular’ schools and classroom genuinely adapting and changing to meet the needs of all children as well as celebrating and valuing differences.

1.2.2 The Inclusion Movement

Under federal law, 1975, schools in the United Kingdom schools have an obligation to provide individualized help for disabled students so that they might experience success in regular classrooms. This help might include aides, special equipment, and modified lessons and class work as well as the services of psychologists or other professionals. But if instruction in a regular classroom does not benefit a disabled student, he or she may still be placed in a more restricted setting. This could be a combination of regular classes and a special education class, a special class alone, a special school, home instruction, or even a hospital or some other institution. Whichever educational setting works best and is the least restrictive for the student is where that student should be placed. An important reason for placing a disabled student
in a regular classroom is to maximize his or her academic achievement, learning the language, appropriate behaviour, and other social skills from their non-disabled classmates. This helps to prepare disabled youngsters for the real world later in life. These social experiences in a regular classroom cannot be duplicated in a special education class or separate school settings (Constitutional Rights Foundation).

The term inclusion refers to the placement and education of students with disabilities in a general education classroom with students of same age who do not have disabilities. The goal of inclusion then is to ensure that all students, regardless of any individual differences they may have are fully included in the mainstream of life (Tyagi, 2003, p.47). In literature, one will encounter "inclusion," "full inclusion," "integration," "full integration," "inclusive schools," "inclusive education," and “unified system”--all terms used to describe the philosophy and the practices of the full participation of students with disabilities in regular education classrooms. There seem to be two general approaches to inclusion: inclusion and full inclusion. Inclusion represents a belief that students with disabilities belong in regular programme of the school where special services are available to support the effort. Full inclusion means that all students, regardless of handicapping condition or severity will be in a regular classroom programme full time (Kausal, 2007, p.170). All services must be taken to the child in that setting.

Full inclusion apparently has two variations: (a) the belief that special education should be dismantled and (b) special education should exist only in the regular classroom. Inclusion demands quite the opposite - teachers will be required to accept the pupil and adjust the classroom, curriculum, and instructional activities to meet the academic, behavioural, and social needs of the pupil. Ultimately, this may lead to independence, self-reliance, and better post-school adjustment. Advocates maintain that an integrated
environment is more realistic and promotes a better understanding of the "real" world. Inclusion is a mission to upgrade the individual’s skills, attitude, performance, achievement, and of course involvement in daily activities. According to Kliewer, inclusive education is nothing more than good teaching for all students. Students take responsibility for their education; they help to create the structure of the classroom, including helping to establish rules and academic programme. Teachers have high expectations that all students will meet the rules and academic challenges. Curriculum is focused on humanity, on one another’s worth. Teachers throw out the worksheets and basal reader system; they create curriculum that involves students (Mahapatra, 2007, p.185).

1.2.3 Inclusion – Indian Context

Inclusion is a fairly recent educational innovation fostered by reforms in public policies and programmes. Inclusion conceptually embraces a philosophy of providing the maximum education possible for students with a handicapping condition in the least restrictive environment (Kunthiraman, 2009). The education and rehabilitation services of persons with disabilities in India received particular attention in 1981 with the declaration of the International Year of the Disabled Persons by the United Nations. The Indian 'Equal Opportunities and Rights of Persons with Disabilities ACT' 1995, rule 26, speaks about the education of children with disabilities up to the age of 18 years in an appropriate environment. 'Education of children with disabilities in India, as all over the world, has moved from segregation, and special schools to integrated education. There is a national level central government sponsored scheme called Integrated Education of Disabled Children (IEDC). This project was started in the 1980s and designed based on the experience gathered from a UNICEF assisted pilot project called PIED (project on integrated education of disabled children). In the mid-1980s, many NGOs implemented
this IEDC with grants from the Indian government. This project is being implemented by the Ministry of Human Resource Development. This is basically an itinerant resource teaching approach and one resource teacher was given to every eight children with special needs. There are around 60,000 children with disabilities getting access to education under this scheme. By and large the project is managed by the NGO sector (Rao, 2003).

During the last decade three major legislations on disability have been enacted by the Indian government. They are: (i) The Rehabilitation Council of India Act, 1992, (ii) The persons with Disabilities Act 1995, and (iii) The National Trust Act, 1999. Education of children with disability has been a part of the National Policy on Education (1986) and the Programme of Action (1992). In 1993, the Delhi Declaration on Education for All promised to “…ensure a place for every child in a school or appropriate education programme according to his or her capabilities” (cited in Mukhopadhyay & Mani, 2002, p.96). This issue of ‘capabilities’ is key to the varied interpretations of ‘inclusivity’ of children, the focus on the child’s abilities diverting attention away from inadequate teaching methods (Singal, 2005b).

1.2.4 Models of Inclusion

A lot of general education and resource teachers are working together using different forms of teaming. A number of these models (Schumm & Vaughn, 1998) have been successfully implemented.

*Consultant Model:* In a building with a low incidence of special needs students and overall low student population, this model would be very compatible. The special education teacher is made available to re-teach a difficult skill or help to student(s) practice a newly acquired skill (Mahapatra, 2007).
Teaming Model: Basically a classroom is staffed with two teachers: a general education teacher and a special education teacher, and the two support each other in meeting the needs of all of their students, a number of whom might be students with disabilities (Rachel, 2009).

Collaborative, Co-teaching Model: The collaborative teaching model is increasingly used and is the most popular service delivery model for integrating students with disabilities into the general education classroom according to the National Center for Educational Restructuring and Inclusion (1995). Co-teaching refers to the collaboration or cooperation of two professionals who jointly deliver substantive instruction to a diverse group of students (Cook & Friend, 1995). One commonly expressed benefit of co-teaching was said to be the additional attention received by students with disabilities (Norris, 1997).

Parallel teaching design: Parallel teaching is referred to as the split class approach and through this, the student-teacher ratio is reduced (Pierchura-Couture et al., 2006). The teacher divides the class into groups and teaches them simultaneously. The student to teacher ratio is low, more time is devoted to learning versus students waiting for help, opportunities for re-teaching are immediate, support for the teacher is present, communication is constant, and behaviour problems can be minimized.

Station teaching (Rotational Teaching): In station teaching, teachers divide content and students rotate from one teacher to another and also to an independent station so that each teacher repeats instruction three times and each student accesses both teachers and the independent station. If appropriate, the third station could be set up to require that students work in pairs instead of independently. The co-teachers provide individual support to students at learning stations set up around the classroom (Scruggs, 2007).
Alternative teaching design: In alternative teaching, one teacher manages most of the class while the other teacher works with a small group inside or outside of the classroom. The small group does not have to integrate with the current lesson. For example, a teacher could take an individual student out to catch him/her up on a missed assignment. A teacher could work with an individual or a small group for assessment purposes or to teach social skills. A small group of students could work together for remedial or extended challenge work (Friend & Cook 1996 b).

Team Teaching: Team teaching requires teachers who “simultaneously deliver lessons where both teachers are comfortable alternately taking the lead and being the supporter” (Villa, Thousand & Nevin, 2004, p.9). Team teachers work as one unit, demonstrating preparedness for activities, respect for one another and all students, and model desired behaviours and attitudes (Rea & Connell, 2005).

1.3 POLICY DIRECTIONS FOR EDUCATION OF CHILDREN WITH SPECIAL NEEDS

The past few decades have seen many new initiatives being launched by the Government of India both in terms of legislations, polices and schemes in order to address the educational needs of children with disabilities. The Government of India launched programmes such as the Project Integrated Education (PIE) for the Disabled in 1985, the Integrated Education for Disabled Children scheme (IEDC) in 1988, the District Primary Education Program (DPEP), Universalisation of Elementary Education (UEE) and Sarva Shiksha Abhiyan (SSA) in 2001 for meeting the Education For All (EFA) goals. The inclusive schools movement which had its origin in the late 1980s, and which has gained significant cites not only in the classroom, but in the school and school district (Power-defur et al., 1996). The Government of India launched the SSA with the

The 86th Constitutional Amendment Act, 2002, provided for Free and Compulsory education for all children between 6-14 years as a Fundamental Right under Article 21A of the Constitution. Currently, the Government of India under SSA has proclaimed its intent to provide EFA by 2010. This also implies a commitment to providing education to all children, including children with disabilities. The thrust of SSA will be on providing integrated and inclusive education to all children with special needs in general schools (Article 5.2). The needs of children with disabilities (Section 3) will need to be addressed through inclusive classrooms in accordance with the provisions laid down in Article 24 of the UN Convention on the Rights of the Persons with Disabilities (2008), as ratified by the Government of India (NCERT, 2009). The National Curriculum Framework on School Education (NCF - 2005) recommends making the curriculum flexible and appropriate to accommodate the diversity of school children including those with disability in both cognitive and noncognitive areas. States should also assure that the same curriculum is followed for children with and without special needs. When every child in the classroom including children with special needs are provided with an opportunity to learn maximum according to their learning potential, to make required adaptation in regular curriculum (learning content, learning approach, learning aids and evaluation), to apply all possible approaches, it is known as Curriculum adaptation (NCF, 2005). The National Action Plan for Inclusion in Education of Children and Youth with Disabilities (IECYD) developed by the MHRD (November - 2005) emphasizes the
inclusion of children and young persons with disability in all general educational settings. On the 15th of January 2009, the government also launched a centrally sponsored scheme of Inclusive Education of the Disabled at the Secondary Stage (IEDSS). This scheme provides for Rs 3000/- per annum per student with disability in government, local body and government aided schools.

1.4 INCLUSIVE EDUCATION

Inclusive education calls for systematic changes in the educational system. Traditionally, children with special needs have been pulled out or removed from the regular education mainstream and given specialized but separate services until they could "earn" their way back into the regular classroom. IDEA enables parents to be involved in the planning and development of their child's educational programme. Formal supports are provided and paid for by the public education system, and include extra staff, adaptive curriculum materials and technological aids. Frequently, when a student with mental or physical challenges is included in a regular education classroom, that regular education teacher also receives the extra help of a full or part-time inclusion aide. Sometimes a consultant teacher acts as a curriculum specialist and provides assistance to the regular education teacher. Another option is a team-teaching approach, where a regular education teacher is paired with a special education teacher and both share classroom teaching responsibilities. This is sometimes called collaboration. Natural supports are more humanistic and consist of friends, family, professional advocates and classmates who take an active or supportive role in the inclusion experience. Some formal programmes have been set up to help foster this humanistic interaction, such as a "Circle of Friends," which focuses on increasing the student's social support network.
Inclusive education is defined as the process of addressing the individual needs of all learners by reducing barriers to, and within the learning environment. Inclusive education is “about enabling schools to serve all children” (UNESCO, 1994). In other words inclusive education means creating schools which welcome all learners regardless of their characteristic, disadvantages or difficulties. It aims at all stakeholders in the system (learners, parents, community, teachers, and administrators, policy makers) to be comfortable with diversity and see it as a challenge rather than a problem. Inclusive education welcomes all children without discrimination into the regular school (Semus, 2002). Inclusive education refers to all learners, with or without disabilities being able to learn together in ordinary pre-school provisions, schools and community educational setting with appropriate network of support services” (Agarval & Rashmi, 2007). It is the practice of providing a child with disabilities with his or her education within the general education classroom, with the supports and accommodation needed by the students (Lissa, 2007, p.3).

Inclusive Education assumes that the system has to be changed to fit the child. It is essential to address all types of individual needs, not just the disability. Teachers and schools are held responsible for children’s learning. It focuses on flexibility of curriculum, teacher training and change in environment. It is the system (with all its components) which should be changed, modified and made flexible enough to accommodate the diverse needs of all learners, including children with disabilities. There is a feeling of belongingness among the children, teachers and other functionaries. Inclusive education is a growing concept, which is continually expanding to achieve the target of EFA. Some of the factors help build inclusive schools to respond to diversity, and some on evaluations of specific examples of inclusion, including the perspectives of children, teachers and administrators.
1.4.1 Services in Inclusive Education

An inclusive school is one that is “structured to serve a wide range of students: the environment is flexible and organized to meet the unique needs of all students. In an inclusive school, everyone belongs, is accepted and is supported while having individual education needs met” (Barnes & Lehr, 1993, p.82). Thus, in an inclusive education setup, three types of services are provided directly or indirectly to the disabled child. The most essential services are provided by the general classroom teachers and parents as well. The concept of child-to-child learning, cooperate learning approaches etc. have demonstrated that learning can also happen through interaction between the disabled child and the non-disabled child. Therefore use of the assistance of normal children is also vital in the inclusive education. The second type of service is the support services provided by the qualified special teachers. These teachers provide necessary academic and material support to children with disabilities and also provide needed consultancy to regular classroom teachers. The third type of service includes need-based peripheral services provided by the community. Inclusive schools must recognise and respond to the diverse needs of their students, accommodating both different styles and rates of learning and ensuring quality education to all, through appropriate curricula, organizational arrangements, teaching strategies, resource use and partnerships with their communities. There should be a continuum of support and services to match the continuum of special needs encountered in every school (Salamanca Framework for Action, 1994).

1.4.2 Need for Inclusive Education

There are two reasons for Inclusive Education. One is ideological and the other is technical. Ideological outlook shows that inclusive education is inevitable to attain certain unity in diversity. Schools of inclusive education recognize variations among students.
They care for the necessity of giving equal opportunity to all the children to learn at their own pace in different ways. Recent trends in education stress on inclusive education, because learning is proved effective through the exchange of ideas, discussions group activities, and solving problems. One student may be instrumental to the learning of another. We need it because inclusion is better for society and for schools. Inclusive education has a positive influence for both special needs children who are included in neighborhood schools, as well as for typically developing children, who are provided the opportunity to interact with children who have special challenges and to learn how these children deal with such challenges.

1.4.3 Inclusive Education Policy Making

Governments have to give the highest policy and budgetary priority to improve their education systems to enable them to include all children regardless of individual differences or difficulties. Governments have to adopt as a matter of law or policy the principle of inclusive education, enrolling all children in regular schools, unless there are compelling reasons for doing otherwise. The training programmes for the teachers have to include the education of disabled children. All children should have access to a general education system, in order to expand the coverage to reach the unreached population. Inclusion has been espoused as an international policy imperative and inevitably, and it has also been subjected to the distorting effects of the policy-burrowing process (Watson, 2001). Following international legislative trends, and in particular the legislative changes in the UK context, Cyprus has introduced that are ostensibly more inclusive and proclaim the rights of children with presumed Special Educational Needs (SEN) to be educated alongside their peers in mainstream schools. General attitudes towards Inclusive Education of disabled children into general education seem to positive, in principle, in Europe. In Finland, the educational policy is committed to integration as the first
educational option for all children, as indicated by legislation and other official documents (Finnish National Action Plan, 2004; Ministry of Education, 2003). This appears especially in the limited trust in the competence level for personnel and in other classroom resources to meet the various educational needs of all students in general education.

1.4.4 Factors Facilitating Inclusion at School Level

The key factors which are evident in setting where inclusion is working most successfully, Dyson (1994), Barry (1995), O’Neil (1995), Sebba & Ainscow (1996) and LeRoy & Simpson (1996) identified the following list of factors that are closely associated with successful inclusion in the western world.

Positive Attitude: Teachers and school administrators need to have a positive attitude towards the notion of inclusive schooling. A willingness to accept the challenge of adopting classroom practice as reviewing school structures is essential.

Policy Statement: Each school needs to develop a policy statement which includes the set of beliefs that guide the schools inclusive practices. All teachers and supportive staff need to be involved in the development and implementation of policy.

Planning: Planning for inclusion needs to proactive, not reactive. It is necessary to anticipate problems which may occur both at classroom level and school system level, when students with very significant learning needs are included in a regular class.

Active support: Inclusion requires active support from teachers, parents, paraprofessionals and service personnel. All these personnel must be involved in preparing for inclusion and in the on-going monitors of its effectiveness.
Support Networks: Support networks need to be identified for the students with special needs and for teachers with exceptional students in their class.

Team work: Collaboration, teamwork and mutual support are the key features for the successful partnership between teachers, parents and other professionals.

Participatory Approach: Classroom where co-operative learning, group work and peer assistance are encouraged appear to offer most students with special needs.

Effective Instruction: Instruction which clearly embeds modeling, explaining, practicing and strategy training is important for all students.

Differentiated Teaching: The success of inclusive practices depends on the teachers’ need to knowing that classroom instructions can be differentiated according students’ characteristics. In other words, it depends heavily upon the teachers’ skills in developing differentiated practices.

1.4.5 Status of Inclusive Education in India

In India, a scheme on Integrated Education for Disabled (IED) was formulated in 1982 by the Department of Education, Ministry Human Resource Development (MHRD), and a project on Integrated Education for the Disabled (PIED) was launched by the National Council of Education Research and Training (NCERT) in 1987. In addition, India was among the participants and signatories to the declaration at the UNESCO Conference in Salamanca, Spain in 1994 in which governments were urged to “adapt as matter of law or policy, the principle of Inclusive Education”. In this declaration, it was stressed that “regular schools with inclusive orientation are the most effective means of combating discriminating attitudes, creating, welcoming communities, building an inclusive society, and achieving education for all. Therefore, mainstream schools can
now begin towards that goal” (Shirname, 2007). In 1995, the Government of India passed the “Persons with Disability Act” on Equal Opportunity, Protection of Rights and Full Participation of Disabled Persons, wherein all children with disabilities would be integrated in normal schools, and potential of all children would be developed if the environment was responsive to their needs. A meeting of experts committee of the Rehabilitation Council of India (RCI) was organized on the 27th of April 2006 in which the committee had decided to incorporate special education in the general B.Ed programme to strengthen inclusive education (RCI, 2006).

1.5 MENTAL RETARDATION

Mental deficiency or feeble-mindedness means marked limitation of intelligence, due to retarded development, which result in social and economic incompetence. Mental retardation has been known for centuries and different terms have been used to explain it. Early in the 20th century, the terms moran, imbecile, and idiot explained three levels of retardation. During the 1940s, the term feeble-minded was used. In recent years, terms like ‘mental subnormality’ and ‘developmental disability’ are being used. The central characteristic of mental retardation is sub average intellectual functioning that began before the age of 18 and exists together with significant limitations in adaptive functioning (Sarson & Irwin, 2002). The mentally handicapped are defined as those children who are so intellectually retarded that it is impossible for them to be adequately educated in the regular classroom (Cruickshank, 1962). Page (1976) defined mental retardation as a condition of sub-normal mental development, present at birth or early childhood and characterized mainly by limited intelligence and social inadequacy. Tredgold (1970) defined mental retardation as “a state of arrested or incomplete development of mind so severe that the patient is incapable of leading an independent life
or of guarding himself against serious exploitation in the case of child, that he will be so incapable when an adult.”

The British Mental Deficiency Act (1981), says that mental retardation is an arrested or incomplete development of mind existing before the age of 18 whether arising from inherent causes or induced by disease or injury. The American Association of Mental Retardation (AAMR, 1983) defines mental retardation as a significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviour and manifested during the developmental period. AAMR (1992) says that mental retardation refers to significantly sub average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work. Mental retardation manifests before the age of 18 (Wolpert, 2001).

1.5.1 Historical Views of Mental Retardation

Until the 1870s, what was then called mental deficiency was regarded as a homogenous category, and no distinctions were made among the various forms that mental retardation might take. Then in 1877, John Down published a monograph called’ The Mongolian Type of Idiocy’, in which he described the Down Syndrome. Two other scientists whose research and writings spurred interest in mental retardation were Gregor Mendel and Alfred Binet. Mendel’s work on the principles of genetic inheritance in plants led to interest in the effects of genetics in human beings; including the idea that mental retardation might be genetically transmitted. In 1905, Alfred Binet developed a method of identifying students who could be expected to fail in the regular school curriculum and who therefore required a special instructional programme. Terman’s 1976
edition of the Stanford Binet in Intelligence Scale was quickly adapted as a standardized, objective, norm referenced way of identifying retarded children. The Intelligent Quotient (IQ) became a standard for classification of mental retardation. However, David Wechsler, who devised a series of intelligence tests, warned against the rigid use of intelligence test scores as the sole criterion for diagnosing retardation. In 1963, the American president, John F. Kennedy contributed to a reevaluation of attitudes towards mental retardation when he presented to Congress a task force report on mental retardation and mental illness and called for a national programme to help prevent mental retardation. The term idiocy used by Down in the title of his book is one example of this. Until relatively recently, the term mental deficiency has been used, but this too has a negative implication. The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) 4th edition, uses the term ‘mental retarded’.

1.5.2 Classifying the Mentally Challenged

People who are mentally challenged can be classified into certain distinct subgroups on the basis of certain criteria or systems of classification. According to the Medical system of classification, the mentally retarded can be classified into either the Environmental influenced or Cultural-familial groups; Unknown prenatal influence-carrying group, Infections and intoxicification-caused group, Trauma or physical-agent-caused group, Metabolic and endocrine disorder-caused group, Gross brain disease-oriented group and Prenatal conditions-caused group. The scores on some standardized intelligence tests, like the Stanford-Binet scale or the Wechsler scale have been used for classifying the mentally retarded into certain definite subgroups like morons, imbeciles and idiots. Consequently, the results of intelligence tests in terms of IQ have become a standard for classification, and an IQ of 70 was established as the common cut-off score for retardation, and consequently the following subgroups based on different levels of
IQs emerged. According to Adaptive Behaviour as a Norm for Classification, the mentally retarded can be classified into Mild Mental Retardation that affects 85 percent of the mentally retarded population. Their IQ score ranges from 50-75. Moderate Mental Retardation which affects around 10 percent of individuals under the classification of mental retardation. This group scores between 35 and 55 on IQ tests. Severe Mental Retardation describes 3 - 4 percent of the population within this classification. Their IQ scores range from 20 to 40. Profound Mental Retardation describes a very small portion of the mentally retarded population, about 1 - 2 percent of those affected. These individuals score under 25 on IQ tests and require around-the-clock care and support.

1.5.3. Educable (Mild) Mentally Retarded Children

Many characteristics of the Mild Intellectually Disabled (MID) correspond to those of Learning Disabilities. The intellectual development will be slow; however, MID students have the potential to learn within the regular classroom given appropriate modifications and/or accommodations. Some MID students will require greater support and/or withdrawal than others will. MID students, like all students demonstrate their own strengths and weaknesses. Depending on the educational jurisdiction, criteria for MID will often state that the child is functioning approximately 2-4 years behind or 2-3 standard deviations below the norm or have an IQ between 70 and 75 (Watson, 2006). The intellectual disability may vary from mild to profound. Mild Mental Retardation affects 85 percent of the mentally retarded population. Their IQ score ranges from 50-75. Many individuals within this group can achieve academic success at about the sixth grade level. They can become self-sufficient and in some cases, live independently with community and social support. Their social and communication skills usually develop in pre-school years. They have minimal sensorimotor deficits. They can acquire about sixth
grade academic skills by their late teens. They usually achieve self-supportive vocational and social skills. They may need guidance, assistance and supervised living, but they often live successfully in the community. The mild group, which constitutes approximately 75-80% of the total retardation population are called Educable Mentally Retarded (EMR) in the school settings (Panda, 1997).

The EMR child is defined as “one who has potentialities for development in minimum educability in the academic subjects of the school, social adjustments to such a point that he/she can get along independently in the community, minimum occupational adequacy to such a degree that he/she can later support himself/herself partially or totally at the level. Educable child refers to a child of moderately severe mental retardation who is capable of achieving only a very limited degree of proficiency in basic learning (Sudha, 2005, p.249). The educable mentally handicapped has difficulty in school because their intellectual development is only about one-half to three-fourths of that of the average child (Neibedita, 2003). EMR children (IQ 50 to 70) are, for the most part normal in appearance but said to function at an intellectual level generally limited to learning only the most basic school skills in reading, spelling, writing and numerical classification.

1.5.4 Identification of EMR Child

EMR children are usually not identified before reaching school age. The mildly retarded child is not identified frequently until he or she has spend one or more years in the regular classroom. Even though elementary teachers are increasingly prepared to identify mildly retarded children in their early grades, some children eventually classified as mildly mentally retarded may go unrecognized in regular classes, competing with normal peers until their learning problems become too severe or their frustration
eventually becomes too obvious for the teacher to ignore. At that point, the teacher seeks help, and the child usually is referred for evaluation by a school psychologist or other members of a special admission team. For identification of EMR children the following techniques should be used.

*Group intelligence test:* Group intelligence test is helpful as screening techniques. Children who obtain IQ score between 50 and 75 may be pooled, from which most of the Educable Mentally Retarded (EMR) can be identified at a later stage.

*Individual intelligence test:* When children are administered appropriate individual intelligence tests under optional conditions, a higher and more accurate picture of their intelligence is likely to be obtained by which they can be identified in a much better manner.

*Group achievemental test scores:* When teacher refers to a pupil as potentially mentally retarded, besides group I.Q. scores, he or she should consider such other factors such as group achievemental test scores.

*Comprehensive examination:* Following screening, a comprehensive examination administered by a competent school psychologist or educational diagnostician is necessary to identify the educable mentally retarded.

*Diagnostic information:* Diagnosticians, will want to rule out where emotional maladjustment, physical impairment in vision or hearing or educational retardation are the primary disabilities. This examination plus other diagnostic information gathered from school files, home visits, medical reports and other records are crucial to the accurate selection of EMRs.
1.5.5 Characteristics of EMR Children

It is difficult to list characteristics found in every EMR child. No single child has all of the characteristics, for some are peculiar to only a certain group. Nevertheless, a teacher or diagnostician should keep the following in mind in identifying or teaching EMRs.

Physical Characteristics: In height, weight and motor coordination, most EMR children approximate normal children. As a small number have organic causes for the retardation, such as brain injury, these few are likely to be physically inferior to normal children. More handicaps on vision, hearing and motor coordination are found among the EMRs. However, a substantial number do not have such defects. Many retarded children come from substandard homes which are generally inferior in sanitation and attention to health matters.

Intellectual Characteristics: The mentally retarded child shows low performance on verbal and non-verbal intelligence tests. His/her IQ will lie in the values ranging from 50-55 to 75-80. This implies a rate of mental development approximately one-half to three-quarters that of an average child. Retarded mental development may include slowness in maturation of specific intellectual functions needed for school work, such as being significantly low in money for auditory and visual materials, generalizing ability, language ability, conceptual and perceptual abilities, imagination and creative abilities and other functions considered basically intellectual.

Academic Characteristics: The EMR child is not ready for reading, writing, spelling and arithmetic when he/she enters school at the age of 6. He/she does not acquire these skills until he/she is 11. This delay in learning is related to the mental age, and not to the chronological age. The rate at which the child progresses in school is comparable to
his/her rate of mental development. He/she should not be expected to cover a year’s material in a year’s time as average children do. At the end of his/her formal school career his/her academic achievement will probably have reached grade levels varying between the 2nd and 6th grades, depending upon his/her mental maturation.

Personal and Social Characteristics: Short attention span or lack of concentration and participation of the mentally retarded child in a regular classroom is often engendered by expecting him to respond like other children to materials he/she cannot learn or understand in classroom situations. Low frustration tolerance has been ascribed to the mentally retarded. Social values and attitudes generally correspond to those of home and neighborhood associates, and are in many instances, typical of low socio-economic areas and areas of substandard housing.

Occupational Characteristics: The EMR can learn to do skilled and semi-skilled work at the adult level. Their success in unskilled occupational tasks is generally related to personality, social and interpersonal characteristics, rather than to the ability to execute the task assigned. Employment records of the EMR show that approximately 80% eventually adjust to occupation of an unskilled or semi-skilled nature, and partially or totally able to support themselves.

Psychoeducational Characteristics: Learning and Memory: Mildly retarded children have poor learning ability and they forget things quickly. They have a slow rate of responding. They are deficient in short term memory. They have rehearsal deficit. The mildly retarded children suffer from lack of sustained and analytic attention. These children have low threshold for failure and they attribute their failure to external sources. They have difficulty with memory.
**Personality and motivation:** The retarded scored higher on extraversion and lower on neuroticism scales. They are very rigid both physiologically and in their personality make up. They need help in resolving their conflicts. They are more afraid of failure, anxious and withdrawn. Retardates have greater faith in luck and expect failure much more than success. They have a poor self concept and are very impulsive. They show a global style of looking at things. They do have an external locus of control.

**Creative thinking:** EMR children demonstrated a lower level of verbal productive thinking than normal children, but seemed to be equal to normal children on measures of non-verbal productive thinking.

**Social and Emotional characteristics:** Retarded children appear to be especially vulnerable to emotional problems because of their intellectual handicaps. They lacked social skills in comparison with normal children.

**Language characteristics:** Children with mentally retarded in the absence of demonstrable biological pathology, but having a parent or sibling who is retarded, are the culturally familial type. Their behaviour is due to uncertain or presumed psychological causes. The language of the retarded consists of short grammatically simple, often unfinished sentences, a poor syntactical construction with a form stressing the active, rigid and limited use of adjectives and adverbs, low order of generality of symbolism, and a low level of conceptualization.

**Attention and Perception:** Mild mentally retarded children have low attention spans. They display a global perceptual style and fail to develop simultaneous processing habits. They are mostly impulsive while perceiving objects and act as levelers. They show attention deficit to relevant dimension in discrimination learning. They also show poor self questioning skills.
1.5.6. Education of Mentally Retarded Children

The education of mentally retarded children is a great problem. Almost two percent of children of each country come under this category (Chaube, 2003, p.454). So it should be a national responsibility to remove their mental defects and bring them under the category of normal children. Separate institutions for them will not be useful from a psychological viewpoint, because keeping them in special schools will make them a target of social ridicule. Farmer, (2005) discovered that inclusion of mentally challenged children helps to break down social barriers and stigmas associated with mental retardation and they made friends with non-disabled students.

The first effort for the education of mentally retarded children was made by Segwin (Belgium) who invented the Dicroly System. In this system, he formulated the aim of increasing the observation power of backward children and their mental development accordingly by giving priority to sensory and physical activities. The second effort in this regard was the Montessori System of Education. The profounder of this system, Montessori tried to remove the mental backwardness of children through the training of the senses. In this direction, several efforts were made in various other countries (Chaube, 2003).

But the education system of abnormal children in U.S.A. has been found to be the best and most useful. Abnormal children are brought into contact with gifted children. There is a provision of teaching beyond the prescribed time of schools in order that the mentally backward children may join these classes and become equal to other children of the class. Most mentally retarded children are capable of learning new things, both in and out of a formal school setting, but they may learn at a slower pace than other children. Schools are responsible for providing an appropriate education for retarded
children. Many teachers and parents feel that the practice of inclusion, which places such children in standard classrooms for at least part of the day, helps them to feel more a part of society and helps others to better understand their special needs and capabilities.

1.6 INCLUSION OF MENTALLY CHALLENGED STUDENTS

Inclusion is a philosophy that acknowledges the importance of the real world for students’ learning. Schools are the communities to which children belong in their most formative years. Classrooms reflect real life with its challenges and distractions. Mentally challenged children need to be immersed in this microcosm of the “real world,” beginning in preschool and continuing throughout their educational careers (Dyke et al., 1995). This is the normal world that they will be required to live and work in, so their education ought to take place in classrooms that reflect that world. Mentally challenged students need to be educated in language rich classrooms and to interact daily with peers who are appropriate role models.

Full inclusion occurs when a mentally challenged child learns in a general education classroom alongside his or her peers of similar age with all the necessary supports. Inclusive schools must always consider the best interests of mentally challenged students, his or her peers, and all members of the inclusion team, including the special educator, the general educator, parents, building administrators, therapists, and other support personnel (Dettmer et al., 2005). Under inclusion, no support services are taken away from students; indeed, even more support may be required to enable a student to function optimally in the general education classroom. Moreover, all members of the inclusion team will need training, and that training should continue as long as the child with special needs is developed and owned by all team members. There is not a single
experts, but a team of experts who contribute interdependently to each child’s programme (Antoinette, 2002).

1.6.1 Inclusion of the Mentally Challenged Children – Purpose

Mentally challenged children should be educated to get along with their peers; i.e., they should develop social competence through numerous social experiences. Farmer, (2005) discovered that inclusion of mentally challenged children helps to breakdown social barriers and stigmas associated with mental retardation and they made friends with non-disabled students. They should learn to participate in work for the purpose of earning their own living i.e. they should develop occupational competence through efficient vocational guidance and training as a part of their school experience. They should develop emotional security and independence in the school and in the home through good mental hygiene programme. They should develop habits of health and sanitation through a good programme of health education. They should learn the minimum essentials of the tool subjects even through their academic skills are limited to ranging from the third to fifth grade. They should learn to occupy themselves in wholesome leisure time activities through an educational programme that teaches them to enjoy recreational and leisure time activities. They should learn to become adequate members of a family and a home through an educational programme that emphasizes home membership as a function of the curriculum. They should learn to become adequate members of a community through a school programme that emphasizes community participation (Samuel & Johnson, 1951, p.118).

1.6.2 Facilities for Mentally Challenged Students in the Inclusive Set-up

We have evidential proof that educable mentally retarded students tend not to succeed in an ordinary school. The schools must provide such curriculum and
methodology of teaching that will enable them to overcome their difficulties easily as detailed below.

**Individualisation:** While we consider the special methods for educating the mentally challenged, obviously the dominant theme which obviously comes to mind is the “individualisation of education”. This term means that each child is allowed to proceed at his/her own pace of training according to his/her own growth pattern. The Individualized Education Programme (IEP) provides the foundation for learning. The IEP is developed as a collaborative effort of students (when appropriate), teachers, parents, school administrators, and related services personnel (Switzer, 2004). Of course, these children need opportunities for group participation, so that correct social attitudes may be developed. The setup provides students with instant feedback and allows teachers and parents to easily monitor their performance (Bray, 2012).

**Learning by doing:** For educating mentally challenged children, the implication of the “principle of learning by doing” cannot be ignored. Top priority is given to activity methods which lay emphasis on learning through experience. Generally the defect of the mentally challenged student lies in the area of rational and abstract thought. So he/she faces difficulties in learning where the method of communication is largely verbal. These children learn better through materials which appeal most to their senses (Agarwal, 2004).

**Need for Learning Readiness:** Mentally challenged children have the ability to learn to read, but they should be prepared through appropriate readiness programmes. It is advisable to wait until the child is intellectually and, psychologically ready to accept the challenge (Fuchs et al., 2003).
**Graded Curriculum:** It is true that mentally challenged children learn more slowly than average children, so careful gradation of subjects becomes a must. Such study materials for slow learners should be prepared (Panda, 2007).

**Repetition:** Repetition is an instructional strategy used to maintain information in working memory (Driscoll, 2000). Mentally challenged children have poor memory. The memory span of these students increases, if the learning materials have meaningful associations (Kar, 1992).

**Periods of short duration:** Mentally challenged children have limited power of concentration. Hence, formal teaching periods should be kept fairly short. It is of importance to note as to how long a child can concentrate when the subject is stimulating (Bala, 2004, p.96).

**Concrete Problems:** It is true that mentally challenged children show lack of imagination to foresight. For them, real life problems should be introduced whenever possible so that immediate application of learning can take place.

**Projects:** “Introduction of Projects” or “Centres of Interest” is a significant approach for teaching mentally challenged children. The teachers should not introduce the topics themselves but the mentally challenged children themselves select a topic based on their own interest and choice in accordance with classroom situations. Project offer children to desirable dispositions or habits of mind-toward learning, toward themselves and toward others (Katz et al., 2010). Through this method sense of cooperation and responsibility get developed among the students, by which they can promote responsible citizens in future (Mallick, 2010).
**Questioning:** Asking many questions and repeating questions that build confidence is important. Open ended questions allow mentally challenged students to respond. Providing clues or hints facilitates student responses.

**Wait time:** When questioning, allowing a few seconds longer for responses from mentally challenged students is necessary, considering their ability to receive answers (Robert et al., 1985, p. 63).

**Seating:** To create a supportive work environment make frequent use of group and partner activities requiring collaboration should be made use of. Students who are most likely to co-operate well and are least likely to antagonize or distract one another should be seated together (Bala, 2004, p.96).

**Praising and Rewards:** For mentally challenged students, it is necessary to use more frequent and more descriptive praise. They respond well to the external rewards. So it is important that the teacher should find out what mentally challenged students value as rewards. Teachers should give lots of praise and provide prompt feedback (Jannath & Dange, 2009).

**1.6.3 Merits of Mentally Challenged Children included in the Inclusive Set-up**

Exposure to normal children, who serve as behavioural models, should help mildly handicapped students improve their academic, social, and psychological achievements. They also benefited economically when they are included in an inclusive set-up.

**Sociological value:** In general, students with disabilities in inclusive settings have shown improvement in standardized tests, acquired social and communication skills previously undeveloped, shown increased interaction with peers, achieved more and have higher-
quality IEP goals, and are better prepared for post school experiences" (Power-deFur et al., 1996, p.4). Evidence indicates that mentally challenged students are able to learn appropriate social behavior in term of the normal population (Nibedita, 2003). They learn social adoption only in an inclusive system of education. Inclusive setting will enable mentally challenged students to get social approval. It can enable a healthy social relationship between the normal and mentally challenged students. A major benefit of inclusion is that it allows for the societal integration of mentally challenged students. Farmer (2005) discovered that inclusion of mentally challenged children helps to break down social barriers and stigmas associated with mental retardation and they made friends with non-disabled students. Inclusive education classrooms are places of happiness and full of participation and sharing. Mentally challenged students become self-confident and develop an adventurous spirit (McCarty & Kristine, 2006). They developed friendships with their peers, feel a sense of respect which increases their self-esteem, and their cognitive learning increased significantly (Schoger, 2006). They have the opportunity to make new friends and share new experiences (Turnbull, 2010).

Educational value: Within the general education classroom, there was an increase in the amount of instruction on functional activities as well as basic academic skills such as literacy of students with disabilities. This stimulating environment hopefully leads to academic success. One explanation for this is that the expectations and demands of a general education classroom are typically greater than those of a pull-out special education classroom (Zionts, 2005). Inclusive setting provides opportunities for the mentally challenged students to acquire the competencies, skills, knowledge and understanding of which he/she as an individual of value, for himself/herself apart from
any other characteristics. They have been given provision for varied learning experiences like working or experiencing individually, in small groups and in the whole class group.

The itinerant teacher provides consulting service for the regular classroom teacher to handle these children effectively by helping to educate the educable mentally retarded to be successful in the regular classroom (Reddy et al., 2004, p.101). Learning material and special equipments are arranged so that they can be located easily and brought to use. Learning is excellent in groups (Agarwal & Rashmi, 2007). In another study (Dessemontet et al., 2012), it is found that “the included children made slightly more progress in literacy skills than children in special schools” and concluded “from this study that inclusion in general education classrooms… is an appropriate alternative to an education in separate settings for primary pupils with ID who require extensive support in school. This study gives empirical support to the actual efforts made to develop more inclusive practices for children with ID” (p. 583).

*Psychological value:* Inclusive setting provides a natural atmosphere for interaction between normal students and the mentally challenged. It enables the disabled children to become self-sufficient in life. These students also develop adjustment character because of an acceptance attitude by their peers. Only inclusion has the potential to reduce fear and build friendship, respect and understanding. Both research and anecdotal data have shown that typical learners have demonstrated a greater acceptance and valuing of individual differences, enhanced self-esteem, a genuine capacity for friendship, and the acquisition of new skills" in an inclusive setup (Power-deFur et al., 1996, p.5). When they start to make connections with regular education students and teachers, they begin to feel a sense of self worth. They begin to see themselves as an individual who can share some of the same experiences and opportunities as their non disabled peers (Vaughn et al., 1998). Another possible reason students with disabilities improve in
achievement is, as Janney and Snell (1996) have suggested that students with disabilities seem to have higher self-confidence and exhibit greater independence when working with peers in the general education classroom.

_Economical value:_ Inclusion involves putting the child in a regular classroom and bringing the support services to the child, and full inclusion is that all students, regardless of the severity of their conditions, will be in a regular classroom full time. In inclusive educations for mentally challenged students, teachers provide physiotherapy and speech therapy to the needy students. Inclusion also facilitates service integration in school systems when general and special education personnel, as well as curriculum and instructional procedures, are combined to design educational experiences to meet the needs of students in integrated settings (Carl & Savich, 2008). Scholarships/concessions provided by the government to these children seem to be very helpful to those hailing from families of a lower economic status (Geetha & Annakodi, 2006).

_The next chapter deals with the Review of Related Studies._