CHAPTER – I
INTRODUCTION

Proper Care and education is the right of every child. Every child is unique and special. She/he may have specialty in any particular field; may become average in another field or may have low potential in some field. Some children lack in normal physical and cognitive faculties and, therefore, need proper attention and specific care. Disability in this sense, stands for the existence of individual difference (inter personal and intra personal) among the children in one or other traits of personality. To keep them in the mainstream of learners, every child with disability must be identified early and provided with appropriate instruction. Children with disability cannot be isolated from the society because they are the important and inseparable components of the society. For such children, special programmes need to be designed in accordance with their needs and requirements as well as deficiencies and impairments. Today, as people have become more sensitive of their requirements, an inclusive education is the need of the hour. To make this feasible, there is a need to deepen our understanding of the nature of the need and the potential of the child with special needs.

History is replete with of exceptional personalities. The famous mathematician/ physicist, Albert Einstein had a learning disability. Edison was a great inventor, who had over 1,000 patents and his inventions are in various fields, used in our daily life. In his early life he was thought to have a learning disability and he could not read till he was twelve. The renowned Indian poet, Surdas was blind by birth. All these examples reveal that compensation of any disability is possible. This has brought about a change in the attitude of people towards the differently able. Besides the examples of Einstein and Edison, today with the increase in exposure to media, we find numerous examples of persons with disabilities, doing very well even exceptionally well, in their chosen fields. The famous writer Hellen Keller, who devoted her life to persons with disabilities, was blind, deaf and mute.
Stephen Hawking is world famous physicist/mathematician and author of A Short History of the Universe. Stephen Hawking's big bang theory and black hole theory has turned the attention of the world. He was paralyzed. His physical illness could not make him stop from his research. Tom Cruise, famous Hollywood star, is severely dyslexic. Tanni Grey-Thompson is the disabled athlete. She has won fourteen Paralympics medals, including nine golds, and has broken over twenty world records. As a wheelchair athlete, she was also the winner of five London marathons in 1992, 1994, 1996, 1998 and 2001. Such high profiles, positive images of people with Disabilities, are increasing by the day. They symbolize a hard-won victory over their disability.

Unfortunately, there are stringent critics of "full inclusionists", but a small influential group of special educators and parents, advocate the need for teaching children with disabilities along with non-disabled children. According to global literature, about 1 percent of children are born with severe language disability and up to 17 percent may experience varying levels of language disturbances. Dyslexia, a common form of learning disabilities, is observed in 10 percent of the school going population (Karanth & Rozario). According to the 2001 Census, there were a total of 21.19 million disabled persons, out of a total population of 1028 million. The prevalence rate of disability was thus, 2.13 percent of the total population (Chadha, 2007). The U.S. Department of Education (1987), reported that 10.5 percent of all post secondary students in the nation are disabled, approximately 1.3 million out of a total of 12.5 million students including those enrolled in community colleges, professional schools, and doctoral programs. Of the 1.3 million disabled students, 12.2 percent (approximately 1, 60,000), reported having a learning disability.

1.1 LEARNING DISABILITY

Some children, who in most ways, appear to be normal like other children of their age and class, may have difficulty in learning or remembering certain things. They may be able to perform most day to day
activities, but have difficulties with regard to their educational performance. These children have average or above average intelligence. They are not physically handicapped, intellectually challenged or emotionally challenged. They exhibit difficulties in basic psychological processes, responsible for listening, speaking, reading, writing and arithmetic.

Learning disabilities are fraught with terminological confusion and operational difficulties. Two definitions of learning disability differ in orientation about the causes of problem/disability.

In 1981, the National Joint Committee on Learning Disabilities (NJCLD), which consisted of representatives from virtually the entire major professional and parent organizations dealing with learning disabilities, issued a definition-

"Learning disability is a generic term that refers to a heterogeneous group of disorders, manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical abilities. These disorders are intrinsic to the individual, and presumed to be due to central nervous system dysfunction. Even though a learning disability may occur concomitantly with other handicapping conditions (e.g., Sensory impairment, mental retardation, social and emotional disturbance) or environmental influences (e.g. cultural differences, insufficient-inappropriate instruction, psychogenic factors), it is not the direct result of those conditions or influences" (Hammil, Leigh, Mc Nutt & Larsen, 1981). Specific Learning Disability (SLD) is a chronic condition of presumed neurological origin, which selectively interferes with the development, integration, and/or demonstration of verbal and/or nonverbal abilities. Specific learning disabilities exist as a distinct handicapping condition and vary in its manifestations and in the degree of severity. Throughout life, the condition can affect self-esteem, education, vocation, socialization, and/or daily living activities (Association for Children with Learning Disabilities, 1986).
In the U.S.A, Kephart (1967) estimates that 15-20 percent of the children in the first grade class rooms are learning disabled. These estimates may be doubled for rural and poverty stricken area. In India, no nationwide survey on learning disabilities is available. However, Dr. Chawla from the All India Institute of Medical Sciences conducted a study in some primary schools in New Delhi and found that 6% children had characteristics of brain injury, resulting in a variety of learning problems. Similarly, another survey conducted by the Institute of Neurology, Kerala (1997, quoted in Chadha, 2007) revealed that 10% of children in the area were learning disabled. This survey was conducted in six districts of the state. A survey conducted in Bangalore revealed that 20-25% of school children had problems with academics. More recent definitions of learning disabilities have been influenced by the regulations for implementing Public Law, 94 – 142, by the U.S. office of Education (1979) one such comprehensive definition is-

A Learning disability is a disorder in one or more of the basic psychological processes, involved in understanding, or using spoken or written language. A learning disability may be manifested in disorders of thinking, listening, talking, reading, writing, spelling or arithmetic. It includes conditions, which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. It does not include learning problems or motor handicaps, mental retardation, emotional disturbance or environmental disadvantage.

This broad definition reflects a gradual shift from the early medical approach to specific learning disabilities, to a more comprehensive educational approach. The challenges of the current technological society, led to rapid growth of the field, over the last 35 years, with a shift once again, from purely service orientations to becoming theoretical and applied reserve. This later approach has been increasingly adopted by most researchers but has yet to be adopted by practitioners.

Neurological dysfunction is considered one of the major causes of learning disabilities. This is the merger of two separate disciplines of
science, i.e. neurobiology, the science of mind. This has thrown up a new intellectual framework for examining perception, language, memory and conscious awareness based on the ability to study the biological substrate of these mental functions. In this neurological dysfunction, the children experience difficulty in clearly perceiving individual letters, words, or passages. Hallahan & Bryan (1981) believe that individuals with one type of defect are unable to focus their attention constructively. Their selective attention, or ability to attend to relevant rather than irrelevant features of the task, is faulty. Children with such difficulties seem to benefit greatly from use of strategies that use verbal rehearsal.

Learning disabilities are found in almost 50% of the school-age population and the number of the school-age children with cultural and language diversity is growing steadily, inevitably many children will fall into both groups. Chamberlain (2005) suggests that this is due to multiple variables, some of which, like poverty, are beyond the realm of education.

Advances in neurological research and use of Computerized Neurological Techniques, such as Computerized Axial Tomography (CAT) scans and Position Emission Tomography (PET) scans have made professionals more inclined to believe in a neurological explanation of learning disabilities (Rourke, 2005). Wide spread use of these tests to identify a learning disability has not been forthcoming for several reasons: such procedures are expensive and invasive and the documented presence of a neurological dysfunction, does not affect how the child is taught (Hallahan & Kauffman, 2005). However this research is important to advance knowledge of this type of disability, and in the future may help determine the effectiveness of various treatment techniques.

Some researchers suggest that the poor academic achievement of learning disabled children is due to poor cognitive (thinking) abilities (Meichenbaum, 1985). Pollyway, Patton & Serna (2008) confirm that a student's self-image and feeling of confidence are greatly affected by reading experience.
1.1.1 Subtypes of Learning Disability

There is evidence that Learning Disabilities’ (LD) population falls within a number of subtypes. During the past decade, terms and classification that relate to causative factors have been identified. Two major areas of classification are emerging now. One stressed perceptual motor classification, which is discussed by Barsch (1967), Frosting & Maslow (1973), and Ayres (1972a). The other is language classification, which is discussed by Kirk, McCarthy & Kirk (1968), Bateman (1964), and Johnson & Myklebust (1967). Both classifications include overlapping categories and emphasize perceptions. The classification earlier used is in two groups:


Group-II - Dysphasia, Dyslexia, Dyscalculia, Dyspraxia, Dysgraphia.

a) Aphasia – It is loss of ability to comprehend, manipulate, or express words in speech, writing or gestures. Auditory aphasia is inability to formulate sentences properly. Confusion occurs in relationships and tense, rather than in words themselves (it is usually associated with injury or disease in brain center, controlling such processes.)

b) Alexia – It is loss of the ability to read or write printed language. Alexia occurs when the left part of dominant hemisphere of the brain is damaged. In such a condition, the information that is gathered from the visual and auditory means, is not able to be processed in a stimulus, thus causing the person not being able to understand the written word.

c) Acalculia – When a person has difficulty in performing mathematical tasks, such as adding, substracting, multiplying and even simply stating which of two numbers is large. Acalculia is acquired late in life due to neurological injury, such as stroke.

d) Apraxia – Apraxia is a neurogenic impairment, involving planning, executing, and sequencing motor movements. Apraxia is a neurological motor speech impairment that involves a breakdown in the transmission
of messages from the brain to the muscles in the jaw, cheeks, lips, tongue and palate that facilitate speech.

e) **Agraphia** – It refers to the total inability to write. Agraphia is a neurological disorder.

The words in Group II have a prefix of the letter ‘dys’ which infers a disturbed condition and not a complete lack of ability.

a) **Dysphasia** – It is a language problem caused by stroke or other brain damage in the left side of the brain. It is characterised by complete or partial loss of language function, including ability to understand, speak, read and write.

b) **Dyslexia** – It is often characterized by difficulties with accurate word recognition, decoding and spelling. Condition is usually, but not always, associated with brain impairment. It may cause problems with reading, comprehension and slow down vocabulary growth.

c) **Dyscalculia** – It affects the ability to do calculations as well as the ability of understand word problems and mathematical concept.

d) **Dyspraxia** – Dyspraxia is a disorder that affects motor skill development. People with dyspraxia have trouble in planning and completing fine motor tasks.

e) **Dysgraphia** – It is a learning disability that affects writing, which requires a complex set of motor and information processing skills. It can lead to problems with spelling, poor hand writing and putting thought on paper. People with dysgraphia might have trouble organizing letters, numbers and words on line or page.

Most of the children labeled learning disabled are identified as such because of their difficulty in learning to read. However, it is not true that learning disability is always equivalent to developmental Dyslexia or Specific Reading Disability (SRD). It has been estimated that about 60 percent of children diagnosed as learning disabled, have a specific reading disability (Wong, 1996). One of the most common problems attributed to learning disabled children is reading disability (Norman & Zigmond, 1980).
Reading is the base for all academic learning. A child has a reading disability, when there is a significant discrepancy between his reading level and his intellectual potential, as measured by standardized tests. Other terms, such as specific reading retardation, dyslexia, specific learning difficulties and many others, are used interchangeably to describe the same syndrome. Dyslexic children have a number of symptoms. They are so diverse that they do not occur altogether in one person. Children with learning disability face a host of non-academic and academic difficulties. Non-academic difficulties include visuomotor problems, perceptual problems (visual, auditory discrimination, figure/ground discrimination), problem with memory (auditory/visual), phonological processing difficulties and language problems. Academic difficulties include reading, spelling, writing (both mechanical & composition and mathematics).

Most children can learn to read, no matter, what method is used to teach them. But unless they receive special help, at least 20 percent of them cannot master this simple task that the rest of us take for granted. The first casualty is self-esteem, Children with Reading Difficulty (RD), soon grow ashamed, as they struggle with a skill their classmates master easily. Reading impaired children are kept from exploring science, history, literature, mathematics and the wealth of information that is presented in print. Even people with mild reading impairments, do not read for fun. For them, reading requires so much effort, that they have little energy left for understanding what they have just read. Their difficulty is painfully obvious when they try to read out loud. Children with RD stop and start frequently, mispronouncing some words and skipping others entirely.

Reading the instructions or a road map, becomes a daunting task for those with reading difficulties. And as more information getting depends on the interest, those who cannot or read with difficulty will be left behind by an information revolution that is largely text based.
1.2 Language Development

Language involves the use of symbols to communicate thoughts, feelings, ideas and information. To communicate meaning, humans speak these symbols or produce them through synthesized speech, write them by using the visual symbols of the language, or express them manually through signing or gestures. Language is a product of humans, created by humans and maintained by humans, hence, language rules are arbitrary. Language abilities become refined through the process of reinforcing or shaping the sounds or words, as the vocalization more closely approximates the sound or word in the language. Shaping is a behavioural term that refers to reinforcing the behaviour, as it becomes more and more like the target behaviour. Thus, as children become older, gradual reinforcement for making sounds, common to the language, occurs. Adults frequently use a technique called expansion, to increase language development. Expansion involves restating the child's language and adding words and more complex phrases. Language deficiency of one form or another, is the basis of many learning disabilities. A language disorder refers to a difficulty or inability in decoding or encoding – the set of symbols used in language or an inability to effectively use inner language. While some standardized instruments, such as the oral and written language scales (Carrow-woolfolk, 1996) assist in identifying these language areas, educators frequently use classroom-based approaches, such as curriculum-based measurement, to assess, plan and monitor instruction.

Receptive language refers to the student's understanding of the language of others. Expressive language refers to the student's ability to use language to communicate information, thoughts, feelings and ideas with others. Many researcher focus only on expressive and receptive language, whereas authorities in the field (Bloom & Lahey, 1978; Semel, Wiig & Secord, 2003) describe oral language as consisting of three main areas or components: form, content and use.
1.2.1 Oral language (Listening and Speaking)

Oral language skills of listening and speaking are acquired first: they are referred to as primary language system. Written is referred as secondary language system. Oral language is the most widely used system of communication. It involves reception (listening) and expression (speaking). Generally Children with Learning Disability (LD), have problems in both areas, with greater difficulty in expressive than in receptive language. The language problems, depress academic achievement.

The three main components of language are:

**A. Form:** Form relates to the structural properties of language, including the sounds and written symbols of language and the letters that form a unit of meaning. The term phonology refers to the system of speech sounds of a language. The smallest unit of sound is phoneme. For example, the English language makes use of only 44 different phonemes. The word truck consists of four phonemes (/t/ r/ u /k/ ). Students with articulation disorders often have difficulty in producing sounds. Substituting one phoneme for another and omitting phonemes are common mistakes that students make. Speech and language pathologists may describe this as a problem in articulation: for example, substituting letters(r) (Wabbit for rabbit) or omitting letter(s) : (car for cars).

Some students have difficulty in associating phonemes with their written equivalents, called graphemes, one of the reasons that English is considered such a difficult language is that (1) a single grapheme can represent more than one phoneme (for example, c–cake, c–circus) and (2) different graphemes can represent the same phoneme (for example, c–cake, k-kite), ( Smith et al., 2006). In teaching that a single grapheme can represent more than one phoneme, we say that ‘a’ letter has different sounds. For example, how many sounds do the letter ‘a’ have?

Morphology is the study of the unit letters that form a single unit of meaning. The basic unit of meaning is a morpheme. A morpheme can be a word such as house, or car, or meaningful part of a word, such as ‘re’
in ‘renew’. Prefixes and suffixes, such as re-, in-, -s, and –er are morphemes. Because morphemes are units of meaning, examiners frequently use them to measure expressive language development by obtaining a sample of student's language and counting the individual morphemes per speech utterance.

B. Content

Content relates to the meaning of language and includes semantics and syntax.

**Semantics** – semantics is the study of word meanings. Development of semantics begins with association of single, concrete morphemes, for example, the association of Mama with particular person. Development typically progresses to understanding complex utterance, for example "Please get me the book" and more complex language such as, "It's raining cats and dogs."

**Syntax** - Syntax refers to the rules for arranging words into a sentence or phrase. In English, for example, adjectives are commonly placed before nouns. The combination of syntax and morphology is known as grammar.

C. Use – Use of language is important in social situations. Pragmatics refers to the ability to use language in functional ways: for example, the ability to use language in taking turns, to enter into a conversation or discussion with other children (or adults), to continue the conversation, to interpret the meaning of the speaker, or to 'read' the listener's non-verbal cues.

1.2.2 Reading

Reading is the process of constructing meaning through interactions, that involve the reader’s existing knowledge, text being read, and context of the reading situation. Reading and writing are reciprocal processes.

Contemporary instructional practices stress the integral link between reading and writing. Research (National Institute of Child Health and Human Development, 2000; Snow, Burns & Girriffin, 1998; Vaughn & Linan- Thompson, 2004) indicates that reading develops in social situations,
Reading involves the interaction of students, educators, and family. Reading requires the restructuring, application and flexible use of knowledge in a new situation.

**Reading Involves:**

- Decoding or associating sounds to the graphic features or letter i.e. oral reading.
- Comprehension or extracting meaning from a passage.

### 1.2.3 Writing

Writing is a tool for communication. Writing is both a skill as well as a means of self-expression. Communication is critical to human growth and development and is a pre-requisite to academic learning. Communication involves the exchange of information between individuals and may involve written language, spoken language, gestures, signs signals or other behaviours. Mackie & Dockrell (2004) examined the nature and extent of children's written language, using two groups of 11 years old children, one group of children with specific language impairments and a second group of children without disability. Their research found that children with specific language impairments wrote fewer words and produced more errors in syntax than children without disabilities. Learning to write a second language is not merely learning to put down on paper the conventional symbols of the writer system, but it is also purposeful selection and organization of ideas, facts, or expressions.

### 1.3 IMPORTANCE OF READING

Reading is essential for a child's success. All too often, the barriers faced by Children with Reading Difficulty (RD), outweigh their desire to read and, without proper guidance, they never overcome them.

Learning to read is a sequential process; each new skill builds on the mastery of previously learned skills. Early on, for example, children learn to break down words into their most basic sounds, in a process called decoding. Decoding creates the foundation, on which all other reading skills are built.
For many decoding comes naturally, quickly becoming an automatic process. For children who struggle to decode words, however, the process requires such extreme concentration, that they often miss much of the understanding in what they read. Indeed, according to many experts, decoding problems are at the root of most Reading Disabilities.

1.4 READING DIFFICULTIES

Specific difficulties in learning to read, among children who were otherwise normal, were first observed and documented in the early part of the last century by physicians like Hinshelwood, (1917) and Orton, (1937). This condition was termed as 'developmental dyslexia' (dys, i.e. difficulty in; lexia i.e. Reading). The concept of Dyslexia can be defined as a specific difficulty in learning, either constitutional or acquired in origin, in reading, spelling and written language, which may be accompanied by difficulty in number work.

According to International Dyslexia Association (2002), Dyslexia is a Specific Learning Disability (SLD), that is neurological in origin. It is characterized by difficulties, with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge. Many people who are dyslexic are of average to above average intelligence.

Another Definition of Dyslexia by International Dyslexia Association (2007) refers to Dyslexia as a cluster of symptoms, which result in people having difficulties with specific language skills, particularly reading. Students with dyslexia usually experience difficulties with other language skills, such as spelling, writing, and pronouncing words. Dyslexia affects individuals throughout their lives; however, its impact can change at different stages in a person's life. It is referred to as Reading Difficulty.
because Dyslexia can make it typical instructional environment, and in its more severe forms, will qualify a student for special education, special accommodation, or extra supports.

According to International Dyslexia Association (2007), most people with reading difficulty have been found to have problems with identifying the separate speech sounds within a word and/or learning how letters represent those sounds, a key factor in their reading difficulties. About 13 – 14 % of the school population nationwide has a handicapping condition that qualifies them for special education. Current studies indicate that one-half of all the students who qualify for special education are classified as having a learning disability (LD) (6 – 7%). About 85% of those LD students have a primary learning disability in reading and language processing. Nevertheless, many more people – perhaps as many as 15 – 20% of the population as a whole, have some of the symptoms of Dyslexia, including slow or inaccurate reading, poor spelling, poor writing, or mixing up similar words.

Dyslexia is best described as a combination of abilities and difficulties that affect the learning process in one or more area of reading, spelling and writing. Accompanying weaknesses may be identified in the speed of processing short-term memory sequencing and organization, auditory and/or visual perception, spoken language and motor skills. It is practically related to mastering and using written language, which may include alphabetic, numeric and musical notion. Some dyslexics have outstanding creative skills, while others have strong oral skills. "Dyslexia can occur despite normal intellectual ability and teaching it is independent of socioeconomic or language background" (British Dyslexia Association).

1.4.1 Causes of Reading Difficulties

Many factors are presumed to be causing Reading Difficulties, such as -

a) Cognitive stimulation – Cognition refers to the ability to reason or think (Hallahan & Kauffman, 2005). Students with problems in this area may make poor decisions of frequent errors. They may have trouble getting
started on a task, have delayed verbal responses, require, more supervision, or have trouble adjusting to change. They might find it difficult to understand social expectations and might require concrete demonstrations.

b) **Attention Deficit disorder** – Attention is a critical skill in learning. Conte (1991) suggests that to be effective learners, children must be able to initiate attention, direct their attention appropriately, sustain their attention according to the task demands, and shift attention when appropriate. Deficits in these areas can have an impact on all aspects of success in school.

c) **Hyperactivity** – A child with hyperactivity is easily recognized in a classroom. He is unable to sit still and follow classroom discipline and directions. He cannot focus on activity for any considerable length of time. In classroom he fails to follow reading instructions, neither does he copy from the blackboard nor takes dictation. Such a child has a serious reading disorder.

d) **Memory Deficits** – Children have deficits in short term memory, working memory, and long term memory (Hallahan & Kauffman, 2005). Short-term memory problems show up when a child has difficulty repeating information heard, less than 1 or 2 minutes earlier. These memory problems can have a negative impact on everyday tasks and situations, as well as academic demands.

e) **Developmental Delays** – When a child registers a delay in his normal developmental milestones and if he has been assessed to be below the norms for average mental age, then his reading difficulties may be attributed to delayed development.

1.5 **SELF-CONCEPT**

Self-Concept is the way people think about themselves. It is unique, dynamic, and always evolving. This mental image of oneself influences a person’s identity, self-esteem, body image and role in society. The
commonality which exists among individual’s various role performances is
related to his self-concept. The self becomes an object of greater and more
enduring attention and interests, than other stimuli in the environment, thus
further encouraging the discriminations between self and not-self.

As a global understanding of oneself, self-concept shapes and defines
who we are, the decisions we make, and the relationships we form. All
the perceptions, meanings and attitudes that the person has about himself
comprise his self-concept. Self-Concept is not inherited; rather it develops
in a person as result of his interaction with the environment. It is a life-long
process and develops continuously. In a setting, environment plays an
important role in the development of an individual’s self-concept. Briefly
stated, an individual’s environment determines and shapes his self-concept.

In Individuals, self-concept is a critical fact of their personality. It is
the development of self-concept which influences the personality of an
individual. Self-Concept is defined as “one’s attitude towards self”.

Self-Concept is defined by Eccles, O’Neill & Wigfield (2005) as
people’s general, composite or collective view of themselves, across
multidimensional sets of domain specific perceptions. These perceptions are
based on self-knowledge and evaluation of value or worth of one’s own
capabilities formed through experiences with and interpretations of the
environment. People’s self-concept will address a more factual side of their
life, such as knowing what they enjoy or how they tend to think.

A positive self-concept can lead to a fulfilling adulthood. Many
different conditions can affect how students develop their self-concept.
Marsh (2005) found that a student’s self-concept is partially dependent on
his or her surroundings. He describes this as the Big-Fish-Little-Pond Effect
(BFLPE). If the average ability of classmates is high, equally able students
most likely will have a more negative academic self-concept. However, if
the average ability in a given student's class is low, then he or she is more
likely to have a positive academic self-concept. This academic self-concept
is very important during a child's middle school years because much of a
child's daily interaction is related to school. Once these academic self-concepts have been established, it can be difficult to alter them.

Self-Concept is defined generally as the way in which one perceives and evaluates oneself in specific domains (Byrne, 1984; Harter, 1999, 2006; Hattie, 1992; Marsh & Shavelson, 1985). Self-Concept is shaped by others and the environment and reciprocally influences, how one perceives the self, others, and the environment (Hattie, 1992). It is the mirror in which a student sees his face; he understands his feelings and emotions about the subjects, his class fellows and the teachers (Ayduk, Anette & Anna, 2009). Students with better self-concept had higher academic competence than the others (Byrne, 2011). It is the set of perceptions that the person has about himself, the set of characteristics, attributes, qualities and deficiencies, capacities and limits, values and relationships that the subject knows to be descriptive of him/her. Self-Concept is formed through experiences with the environment and is influenced especially by home environment reinforcements and significant others (Shavelson & Bolus, 1982).

Gibson & Jefferson (2006) also revealed that parental involvement has an influence on children’s self-concept. It has been found that good perceived parent-child relationship is related to positive general self-concept and personality development of the adolescents (Lau & Cheung, 1987; Lau & Leung, 1992). Groflick & Slowiaczek (1994) define the environment in which the family lives, as a setting of learning, which has vital effects on the child. The child is affected by the sources of the family environment to a great degree, while gaining experiences relating to life.

A positive self-concept is an important part of one’s happiness and success. Individuals with a positive self-concept have self-confidence and set goals they can achieve. Achieving their goals reinforces their positive self-concept.

The characteristics of a positive self-concept are self-confidence, ability to accept criticism and not become defensive, setting obtainable goals and willingness to take risks and try new experiences.
1.5.1 Factors affecting Self-Concept

Self-Concept can be affected by an individual’s life experiences, heredity and culture, stress and coping, health status and developmental stage.

(i) Life Experiences

Life experiences, including success and failure, will develop and influence a person’s self-concept. Experiences, in which the individual has accomplished a goal and achieved success, will positively reinforce the development of a healthy self-concept. Difficult experiences and/or failures can negatively impact a person’s self-concept, unless they have established coping strategies to deal effectively with these challenges to their self-concept. Coping strategies are learned, as a person encounters and deals with various situations in life.

(ii) Heredity and Culture

Individuals typically grow up, learning and integrating their family’s heredity and culture into their life. Beginning at birth, heredity and culture shape and influence a person’s self-concept. Individuals who have integrated their heredity and culture into their life tend to have a healthier self-identity and self-concept.

(iii) Stress and Coping

Everyone experiences stress at some level each day. Common stressors include financial, work-related, relationship, and health issues. Individuals react and deal with stress in different ways, depending on their past experiences, and success and failure while dealing with stress. Individuals who learn and use effective coping strategies to deal with stress, will most likely develop a positive self-concept. People, who become overwhelmed with stress, may feel hopeless and powerless, leading to a feeling of low self-confidence and self-esteem.

1.5.2 Self-Concept of Children with Reading Difficulties

Children with Reading Difficulties (RD) in general, have a poor self-concept which is reflected in their lack of self-confidence and poor peer
relationships. Several earlier studies (Rosenthal, 1983; Thomsom & Hartley, 1980) have found that RD children have low self-esteem, compared to non-RD children, which indirectly affects their academic performance.

Self-concept is suggested to be closely linked to academic attainment, with low self-concept, related to academic failure (Shavelson, Hubner & Stanton, 1976) and success increasing an individual's self-concept. Self-concept may, therefore, be viewed as a dynamic function of school achievement with debate as to the top-down or bottom-up directionality of this association. Along-side evidence that self-concept impacts on areas such as motivation and effort (Burns, 1979; Skaalvik, 1997), this highlights self-concept as having significant relevance within educational psychology. It is, therefore, an area in which greater understanding and development is required. As Shavelson, Hubner & Stanton (1976) accord, an individual's self-concept is 'formed through his experience with his environment and by environmental reinforcements and significant others'. Despite a range of studies examining the self-concept of students with special educational needs, results have been mixed and contradictory.

Although several studies have shown that Children with Learning Disabilities (LD) have a low global self-concept (Ayres & Cooley, 1990; Clever, Bear & Juvonen, 1992; Hiebert, Wong & Hunter, 1982; Kistner & Osborne, 1987; LaGreca & stone, 1990; Rogers & Salofske 1985). Studies have found self-concept and academic achievement to be strong predictor of each other (Muijs, 1997), a higher self-concept corresponding to higher academic scores (Hay, 1997).

A population of students that requires closer attention is students who have been diagnosed with a learning disability. Students with LD are estimated to represent 2% to 10% of the student population (American Psychiatric Association, 1994). Students with learning disabilities struggle with self-concept and self-esteem, which in turn can lead to adjustment difficulties, substance abuse, depression, and suicide ideation (Saghatoaleslami, 2005; Sternke, 2010). Self-Concept is the perception that
individuals have of their own worth. This includes a composite of their feelings, a generalized view of their social acceptance, and their personal feeling about themselves (Bellmore & Cillessen, 2006; Sternke, 2010). Self-Concept develops as a result of one's experience with the environment and one’s evaluation of these experiences. It is important because it contributes to many different facets of a person’s life, from childhood to adulthood. Students with LD have been shown to have lower self-concepts than those of their peers without learning disability (Moller, Streblow & Pohlmann, 2009; Sternke, 2010).

A number of studies have explored the self-concept of students, within the special school population, including students with hearing impairment (Obrzut, Maddock & Lee, 1999) and learning difficulties (Crabtree & Rutland, 2001; Norwich & Kelly, 2004; Moller, Streblow & Pohlmann, 2009; Wright, 2011). Whilst segregated placement may be assumed to result in stigmatization (Norwich, 2009) and negative self-concept.

The link with these outcomes is based on the idea that individuals are likely to accomplish more, if they feel more competent, have high self-confidence and have more positive perception of themselves (Marsh & Hau, 2003; Tan & Yates, 2007).

Self-Concept is the image we have of ourselves, including our physical appearance and personality characteristics. Many factors can influence our self-concept, including our childhood experience, of other people. Many psychologists have suggested that there are a number of different components of self-concept, including our social behaviour, physical condition, emotional awareness, family relationship, and academic performance.

Self-Concept as a construct has a long history within psychology and education, because it provides a gauge to determine the effects of academic and social functioning on the emotional well-being of the individual (Vaughn, Elbaum & Boardman, 2001). The construct of self-concept is
grounded primarily in self-worth theory (Covington, 1984; Dray, 2002; Eccles & Wigfield, 2002). Briefly self-worth theory suggests that all individuals have motivational "tendency to establish and maintain a positive self-image, or sense of self-worth" (Eccles & Wigfield, 2002).

Shavelson & Colleagues postulated that the multidimensionality of self-concept, would increase with age. As children’s nature begins to develop the ability to categorize their experiences, they also begin to place value on different aspects of self and their world (Gordon, 1968; Areepattamannil, 2011). A child’s sense of self becomes increasingly more specific, as experience and the ability to differentiate parts of his or her life increase. Shavelson and associates’ (1976) model of self-concept resulted in the renaissance of self-concept research, and the Self-Description Questionnaire (SDQ). Hence, Marsh (1990a, 1990b), based on the Shavelson, Hubner & Stanton (1976) model, developed Self-Description Questionnaire (SDQ) instructions to measure different areas of Self-Concept: SDQ-I for primary school students, SDQ-II for adolescent high school students, and SDQ-III for late adolescents and young adults. The SDQ instruments are "theoretically based, multidimensional in nature, have sound psychometric characteristics, evenly weighted sub domains, and some have national normative samples". (Bracken, 2009; Areepattamannil, 2011).

Self-Concept has been defined by many psychologists, from time to time. All these definitions refer to complex concepts within a person, and as much they can be inferred from behaviour. In one or more of the statements, these concepts are described by the theorists in the following way:-

(a) A person as an entity, separated from others is experienced.
(b) A sense of being the same person continues overtime.
(c) Physical characteristics, as experienced, are included in the concepts.
(d) A degree of organization or unity among items, included in self-concept is experienced.
(e) The self-concept is multifaceted; the particular fact, reflects the category system adopted by a particular individual and/or shared by
groups. The category system appears to include such as the school, social acceptance, physical attractiveness and ability.

(f) Self-concept includes a person’s evaluation as well as his cognitions.

(g) Self-defines and regulates the individual’s relations to others in various situation and activities.

So, the term ‘self’ is very much like what the existentialists have called as ‘being’. Thus, the self is unique personality with traits, like sociability, optimism, depression, construction, need achievement or any other traits measurable by objective or projective tests.

According to Raimy (1943), Self-Concept is a map which each person consults, in order to understand himself, during the moments of crisis or choice. The self includes all that a person embraces in the words “I, me, mine, myself”. The specific content of self-varies for each person but commonly includes such aspects as his body and his physical attributes, his personal qualities as shaped by his background and experience, his ideas and values, his plans and hopes, for himself and so forth.

Hall & Lindzey (1957) have labelled Self-Concept as “Self-Personality”. Its importance stems from its influence over the quality of a person’s behaviour and his method of adjustment to life and situations.

1.6 SOCIAL SKILLS

Social Skills can be defined as the set of skills people use to interact and communicate with one another. They are based on the social norms of our society and they tell us what attitudes and behaviors are considered to be normal, acceptable and expected in a particular social situation.

Social Skills are important because they allow us to interact with each other with predictability, so that we can more readily understand each other and be understood. Without an agreed-upon social way of interacting, it is very hard to prevent misunderstandings. It is important for us to be able to interact with clarity.

Social Skills include: how to greet someone, turn-taking in conversation, skills involved in maintaining conversation and engaging in
eye contact, to name a few. Communication is key for improving Social Skills. Communication includes verbal and non-verbal components.

a. **Verbal Communication**
   - Greetings
   - Conversations
   - Participating in class
   - Talking to your instructors
   - Asking someone out on a date

b. **Non-Verbal Communication**
   - Eye contact
   - Handshake
   - Body posture
   - Tone of voice
   - Hand gestures

Effective communication involves understanding both the verbal things people say and the non-verbal things people don't say. Communications takes practice to master, just like any other skill.

Children who have had many opportunities to play with peers from an early age, are clearly at an advantage when they enter formal group settings, such as day-care or public school (Ladd & Price, 1987; Lieberman, 1997). Children especially benefit when they can develop long-lasting relationships. Young children—even toddlers, who are able to participate in stable peer groups, become more competent over time and have fewer difficulties than children whose peer group membership shifts (Howes, 1988). In short, children develop better, more sophisticated social strategies, when they are able to maintain stable relationships with other children they like over long periods. Children's social competence with peers is an important aspect of their social development.
Good Social Skills are critical to successful functioning in life. The extent, to which children and adolescents possess good social skills, can influence their academic performance, behaviour, social and family relationships and involvement in extracurricular activities. Prior to determining the best means to help a student develop better social skills, it is important to understand specifically what a student can and can't do. It is crucial to assess and classify the nature, a child's social skill deficits, in order to devise and implement the most appropriate intervention.

Children may experience difficulty performing a skill due to -

- lack of knowledge (acquisition deficits)
- consistency despite knowledge (performance deficits).
- a sufficient degree or level of strength (fluency deficits).

1.6.1 Characteristics of Social Skills

- Social Skills are goal directed.
- Socially skilled behaviours are interrelated in the sense that one person may use more than one kind of behaviour at the same time for the same goal.

Social Skills should be appropriate to the situation of communication. Different Social Skills will be used for professional and personal communication. Social Skills can be taught, practiced and learned. Social Skills can be identified, as certain types of behaviour where by an individual can be judged how socially skilled he/she is.

Social Skills are complex. They involve overt, observable behaviours, as well as covert problem-solving skills. We can appreciate their complexity, when we identify potentially taxing adult, social situations, such as going out on a blind date, moving into a new neighbourhood, starting a new job, or attending a cocktail party. By realizing how difficult some social situations can be, we may become more willing to teach our students to be more socially skillful. Social Skills enable children to experience positive consequences during social interaction. (Elksnin, 1996).
Social Skills are defined as interpersonal behaviours that help the individual in society. These skills are extremely important if one is to get along at school, at home, in the work place, and in social leisure contexts outside the family unit. It has been found with children, for example, that those identified as deficient in Social Skills are unpopular with their peers and are more likely to be unhappy, anxious, and maladjusted (Gronlund & Anderson, 1963; Matson, Esveldt-Dawson, & Kazdin, 1983; Strauss, Lease, Kazdin, Dulcan & Last, 1989; Wierzbicki & McCabe, 1988).

Social Skills are discrete, observable, and teachable behaviours that initiate and sustain social interaction and that are decently associated to measures of social competence (Odom, McConnell & McEvoy, 1992b). For all children, Social Skills include social initiations (behaviours that direct attention to another individual and that set the occasion for social interaction), social responses (behaviours that follow social initiations and that establish an interaction with the initiator), and maintenance responses (behaviours that extend a social interaction beyond the initiation/response sequence). Social Skills also include social problem solving skills (identification and resolution of interpersonal conflict), prosocial skills (sharings, giving assistance, expressing affection), and other components of social discourse. Social Skills including responses that are verbal, meteoric, or gestural; each is identified as ‘Social’, to the extent that it establishes or maintains interaction with one or more partners.

Social Skills have been conceptualized frequently as a set of desirable skills (Caldarella & Merrell, 1977; Gresham & Macmillan, 1997) for effective interpersonal functioning, and are defined as a person’s ability to get along with others and to engage in prosocially behaviour that determines popularity among peers and with teachers, parents and significant adults (Matson & Ollendick, 1989). Social Skills have been seen as the nexus between the individual and the environment (Phillips, 1978), the tools used to initiate and sustain the peer relationships that are a vital part of our psychological wellbeing (Schneider & Bryne, 1985). The development of Social Skills is one of the most important outcomes of the schooling process.
Children with a Social Skills deficit are at risk for social-emotional difficulties and poor academic performance (Newcomb, Bukowski & Pattee, 1993; Parker & Asher, 1987).

Van Hasselt et al. (1979) have attempted to define social skills, and in doing so highlighted three main elements which are seen to be crucial: Social Skills are situation-specific; they are determined primarily by the learned acquisition and appropriate display of verbal and non-verbal response components; and they should enable people to behave in such a way, not to hurt or harm others. Curran (1979) has suggested the plural term skills, as opposed to skill, having been used to connote the complexity of the response classes and the different typologies subsumed under this term.

According to Cartledge & Milburn (1986) “Socially skilled behaviours are those that enable a person to interact with others, in a way that elicit positive responses and assist in avoiding negative responses from them”. Segrin (1998) refers “to the skills and abilities that allow people to interact appropriately and effectively with others”.

Social Skills development and social competence have been of interest of psychologists for many years. Thorndike suggested that social intelligence was a major component of the intellect, distinct from cognitive intelligence and equally important in the assessment and description of a child’s functioning. In the United States, Doll (1941) suggested that deficits in social intelligence were a necessary component in the identification of mental retardation: indeed in the late twentieth-century. Both United States and international definitions of, mental retardation require documentation of social functioning deficits in addition to deficits in overall cognitive functioning.

Ariel (1992) lists as many as thirty different social skills. A somewhat condensed list includes the following specific behaviours, necessary for social competence.
### 1.6.2 Basic Social Skills:

i) **Eye contact:** being able to maintain eye contact with another person to whom one is listening or speaking for at least brief periods of time.

ii) **Facial expression:** smiling, showing interests.

iii) **Social distance:** knowing where to stand, relative to others, knowing when physical contact is inappropriate.

iv) **Quality of voice:** volume, pitch, rate of speech, and clarity of content.

v) **Greeting others:** initiating contact or responding to a greeting, inviting another child to join in some activity.

vi) **Making conversation:** age-appropriate conversational skills, expressing feeling, asking questions, listening, showing interest, responding to question asked.

vii) **Playing with others and working with others complying with rules of sharing, compromising, helping, taking or complementing others, saying thank you, saying sorry.**

viii) **Gaining attention and/or asking for help:** using appropriate ways.

ix) **Coping with conflict:** controlling aggression, dealing with anger in self and others, accepting criticism.

x) **Grooming and hygiene.**

The above list represents a fairly complex amalgam of non-verbal and verbal skills, which all appear crucial for successful social interaction. Having the appropriate social skills, an individual also needs not to have other behavioural characteristics which prevent easy acceptance by others, e.g. high levels of irritating behaviour (interrupting, poking, shouting etc.), impulsive and unpredictable reactions: temper tantrums: abusive language: cheating at games. In some cases, these undeniable behaviours may need to be criminated by behaviour modification or cognitive behaviour modification procedures.
The term “Social Skills” is defined as a repertoire of verbal and nonverbal behaviours by which children affect the responses of other individuals (e.g., peer, parents, siblings and teachers), in the interpersonal context. The repertoire acts as a mechanism through which children influence their environment by obtaining, removing or avoiding desirable and undesirable outcomes in the social sphere. Further, the extent to which they are successful in obtaining desirable outcomes and avoiding or escaping undesirable ones, without inflicting pain on others, is the extent to which they are considered socially skilled.

Bellack & Hersen (1979) have referred to four repertoires of Social Skills in their taxonomy of Social Skills as follows:

**Self-Expressive Skills**
- Expression of feeling (sadness & happiness)
- Expression of opinion
- Accepting compliments
- Stating positive about oneself

**Other-Enhancing Skills**
- Stating positive about a best-friend
- Praising others

**Assertive Skills**
- Making simple requests
- Disagreeing with another’s opinion
- Denying unreasonable requests

**Communication Skills**
- Conversing
- Interpersonal problem-solving

1.6.3 Factors Affecting Social Skills Acquisition and Performance

Elksnin & Elksnin (1998) assumed that the Social Skill deficits were the result of the student’s lack of knowledge. Given this assumption, our
responsibility as teachers is to teach the student the skill, using the instructional sequence provided. However, there are other reasons children fail to acquire and perform social skills, viz.-

a. **Interfering behaviours**-Students in class may exhibit behaviours that interfere with learning and using social skills. At one end of the behaviour continuum, students may suffer from such high levels of anxiety that they avoid social situations, denying themselves opportunities to become more socially skilful. At the other extreme, certain students who are impulsive and inattentive may be unable to acquire and perform Social Skills. For these students, the teacher needs to address the interfering behaviors before teaching, or while teaching, Social Skills.

b. **Lack of opportunity**-Some students fail to acquire or perform Social Skills because they have few occasions to use the skill. In this case, we must provide students with opportunities to use skills, including unstructured classroom activities, such as cooperative learning, peer tutoring, and other group activities, as well as ensuring that our students have opportunities to informally interact throughout the day.

c. **Lack of feedback**- We rely on feedback, to maintain or change our behaviour. In order for students, with learning and behaviour problems, to become more socially proficient, we must provide them with specific participants who have more favourable Social Skills rating than did their programme counterparts.

### 1.6.4 Social Skills of Children with Reading Difficulties

Recent meta-analysis also suggests that Social Skills deficit is not invariably a characteristic of children with learning disabilities (Forness & Kavale, 1996). This meta-analysis makes it clear that most studies on Social Skills deficits of children with learning disabilities do not provide sufficient data to determine the prevalence of Social Skills deficit within this population, instead most studies present **mean** differences on Social Skills rating, between samples with and samples without learning disabilities.
Social Skills deficits are posited to be a consequence of the neurologic
dysfunction, presumed to underlie a child's or adolescent's academic skills
deficits (Boucher, 1986; Bryan, 1982; Olivia & La Greca, 1988; Renshaw
certain social skills may have great difficulty in building a network of
supportive friends and acquaintances, as he or she grow older, and may
become socially isolated.

In a broad sense, data indicates that learning disability, no matter
what the specific type, has a tendency to co-occur with social adjustment
problem. Bruck in her review of literature, related to social and emotional
adjustment, concluded that children with Reading Difficulties (RD) are more
likely to exhibit increased levels of anxiety, withdrawal, depression, and low
self-esteem, compared with their non-disabled peers. Deficits in Social
Skills have also been found to exist at significantly high rates among
children with RD. In general, Social Skill deficits include difficulties
interacting with people in an appropriate fashion (for example, lack of
knowledge of how to greet people, how to make friends and how to engage
in playground games or a failure to use knowledge of such skills in these
situations). While not all children with RD exhibit deficit in social skills,
there are certain common characteristics among those who do. Bruck
reported that children with more severe manifestations of reading disability
are likely to manifest both an increased number of and increased severity of
Social Skills deficits.

A Social Skill consists of skills that are necessary to meet the basic
social demands of everyday life. Deficits in Social Skills are among the most
crippling type of problem that a student can have. In terms of total life
functioning, a social disorder may be far more intimidating than an academic
dysfunction. A social disorder affects almost every aspect of life at school,
at home, and at play (Silver & Eddy, 2006). Social challenges involve the
student's ability to interact with others. When students are not aware of the
nuances of social situations, they are unsure of how to act or how to make
friends. It is estimated that one third of students with reading disabilities also have problems with Social Skills (Bryan, 1997; Voeller, 1994).

Some students, who have social difficulties, do quite well in academic domains, while other students have both social and academic difficulties. Also, it is important to recognize, that not all students with Learning Disability (LD) and related mild disabilities, encounter difficulties with social skills. In facts, for many, the social sphere is an area of strength. These students are socially competent at making and maintaining friends, and they work at pleasing teachers and parents (Haager & Vaughn, 1997).

The primary difficulty in the academic domain places Children with Learning Disabilities (LD) at risk for social and emotional difficulties (Grolnick & Ryan, 1990). Between 24-52 percent of children with LD, are reported to have significant social and emotional difficulties (La Greca & Stone, 1990; Rock, Fessler & Church, 1997). Concerns about the social and emotional difficulties of children with LD, have led to a large body of research on their social development (e.g., La Greca & Stone, 1990; Vaughn & Elbaum, 1998).

Kavale & Forness (1995) suggested that Social Skill deficits are a prominent feature in 75 percent of children with LD. The implication of such a high rate of social deficit is that children and adolescents with LD are faced with compound deficits that impact both the quality of life and academic performance in school. The positive attributes of these social behaviours result in successful social interactions for the child, while the negative attributes are viewed as deficits that can lead to problems such as aggression, impulsiveness, acting out, and an overall inability to get along with peers in social situations (La Greca, 1987).

1.7 ACADEMIC SELF-PERCEPTION

Academic Self-Perception may be defined as a student's self-concept of their academic ability which influences and is influenced by student's

Given similar instance, why do some middle school students excel in their schoolwork whereas others flounder and fail to achieve? It is known that students’ Academic Self-Perceptions, such as their perceived competence in particular courses, and the value they place on doing well, are critical predictors of academic success (Connell, Spencer, & Aber, 1994; Eccles, 1993; Eccles, Wigfield, & Schiefele, 1998; Fuligni, 1997; Guay, Marsh, & Boivin, 2003; Harter, 1978; Marsh, 1990; Nicholls, 1984; Phillips, 1984; Stipek & Gralinski, 1991; Valentine, Dubois, & Cooper, 2004). Yet, how do these self-perceptions develop? Do students’ beliefs about what others think of them, inform their own self-perceptions? Moreover, do students from different ethnic and/or socioeconomic backgrounds; develop these Academic Self-Perception systems in the same way?

They addressed these questions by testing a theoretically based multi-dimensional model of the relations among (a) students’ perceptions of others’ beliefs and behavior regarding schoolwork, (b) students’ own academic self-perceptions and behavior, and (c) academic performance (Figure 1.1). They expected this research to indicate potential mechanisms by which perceived social factors would predict self-processes regarding math/ science, which in turn would predict academic performance.

The expectancy-value framework, posits that both children’s expectations for doing well in a particular domain and the value they place on doing well in that domain affect their subsequent academic choices and performance. The role of parents and teachers as socializers of achievement beliefs is also central to expectancy-value theory. Consistent with symbolic interactionist theories, Eccles and colleagues (Eccles, 1984; Eccles et al., 1985; Meece et al., 1982) hypothesized that children’s perceptions of socializers’ beliefs, expectations, and attitudes predict their own self-concept. To date, however, this aspect of the theory remains underexplored, with greater empirical focus on the direct connections between socializers’ beliefs and children’s own academic beliefs.
1.7.1 Relationship between Academic Self-Perception and Academic Self-Concept

Self-perception can be described, using terms such as self-concept, self-esteem & self-image. There is not a clear distinction among these self-related perceptions as current researchers agree that Self-Concept has a multi-dimensional nature (Bong & Skaalvik, 2003; Marsh, Byrne & Shavelson, 1998; Shavelson, Hubner & Stanton, 1976).

Therefore, the terms self-concept, self-perception and self-esteem have been used interchangeably by many researchers.

Shavelson, Hubner & Stanton (1976) reported that up to 17 different conceptual dimensions were to be found in contemporary definition of self-concept. This uncertainty had been further reinforced by researchers casually and interchangeably using terms such as self-esteem, self-regard, self-respects, self-confidence, self-perception, self-awareness, self-consciousness, self-evaluation and self-concept.

Generally, it may be agreed, that the term "Self-Concept" or "Self-Perception" refers to a sense of self that, although it is distinguishable as a
general or global construct, is nevertheless, inherently unstable. It is highly susceptible to environmental factors and, in essence, reflects a continuing process of reappraisal and self-definition. Further, owing to its hypothetical nature, a complete definition of self-concept has not yet been realized. Indeed, as with other constructs that contribute to description of the self as learner, such as cognitive and learning styles, there are those who would question such, on the grounds of self-concept.


Hence, the terms self-concept, self-perception, and self-esteem have been used interchangeably to refer to how people judge themselves and how self-satisfied they feel. Often the self-perceptions people form are an appraisal of themselves, based on their own expectations or the expectations of significant others (e.g., parents). Self-perceptions have been the focus of considerable interest in education and psychology because they provide a gauge of the effects of academic and social difficulties on student’s emotional well-being and sense of self (Haager & Vaughn, 1997).

In other words we can say that self-concept & self-perception, both are synonyms.

Moreover, when we go through the questions of Academic Self-Concept scale by Liu & Wang (2005), it is clear that all questions are relevant to fulfill the objectives of research study. So the researcher decided to select the inventory of Academic Self-Concept to serve the purpose of study.
1.7.2 Academic Self-Perception of Children with Reading Difficulties

Self-perceptions are a person's own beliefs or prediction concerning their abilities and performance. Both self-perceptions and actual competence have traditionally been divided into four smaller categories. These include academic, social, emotional and behavioural self-perceptions (Harter, 1982; Wilkinson, 2004). Although all the sub-categories are important for providing a complete picture of self-perceptions, Academic Self-Perceptions can be mostly directly related to a student's educational experience.

Academic Self-Perception, on the other hand, refers to mental representations of one's abilities within school or academic setting, or in relation to one's academic progress (Bracken, 2009; Brunner et al., 2010; Areepattamannil, 2011).

The literature generally suggests, Students with Learning Disability (LD), placed in mainstream settings, demonstrate relatively lower Academic Self-Perception than those in separate specialist provision (Chapman, 1988; Moller, Streblow & Pohlmann, 2009). These finding are explained as being consistent with social comparison theory and suggest educational inclusion, may result in a degree of psychological disintegration (Obrzut, Maddock & Lee, 1999).

Students with lower academic self-concept have less self-confidence, are less motivated to put in more effort to learn, and thus, have less satisfying academic achievement.

A more recent study reported that 70 percent of middle school students with LD, showed significantly lower academic self-perception than did their non-LD peers (Hagborg, 1996). Because of their basic difficulties with acquiring academic competence, children with LD are likely to have lower self-perception in an academic area (Renick & Harter, 1989). Children on average, spend at least 15,000 hours in school classroom, from the age of 4 or 5, until they leave high school (Hamre & Pianta, 2010). Social environments, such as classroom learning environments may greatly influence their academic self-perception, academic motivation, academic engagement, and academic achievement.
Cokley (2000) defined Academic Self-Perception as a student's view of his or her academic ability when compared with other students. Age is an important factor in understanding what the best intervention is for a student with LD, while academic interventions were most consistently effective for elementary students, counseling interventions were the most reliably effective for middle and high school students (Elbaum & Vaughn, 2003; Sternke, 2010). These results have an effect on the Academic Self-Perception for the student.

There is a difference between Self-Concept and Academic Self-Perception. Shavelson, Hubner & Stanton (1976) noted that self-concept can be described as an organised, multifaceted hierarchical, and development construct, in which general self-concept is at the top of the hierarchy, whereas academic self-perception is a sub component of general self-concept and is further divided into four subclasses; English, history, math and science. Another view of researcher about Academic Self-Perception is that, it may be defined as students' self-concept on their academic ability, which is influenced by students' academic performances (Liu & Wang, 2008; Tan & Yates, 2007; Marsh & Hau, 2003). Academic Self-Perception is important for students' personal adjustment and for the influence it has, on the other hand desired educational outcomes, such as academic achievement, educational aspirations, school completion and subsequent university attendance.

Academic Self-Perception is an evaluation of self-concept that is formed through experience with and interpretation of one's school environment (Marsh & Craven, 1997; Shavelson, Hubner & Stanton, 1976; Summerfield, 1995). Bracken (2009) defines Academic Self-Perception as "how a person feels about himself or herself within a school or academic setting, or in relation to a student's academic progress". Academic Self-Perception is hierarchically organised, and multifaceted in nature (Marsh & Shavelson, 1985).
Self-competence, Self-concept and Self-evaluation are all constructs used to study Self-perceptions. Although the terms are often used interchangeably in many studies.

1.8 SELF-EFFICACY

Self-Efficacy is a person's belief in his own exercise capacity, after organizing the activities, thus the person can put forward certain performances (Bandura, 1995). Self-Efficacy is a person's trust in his capability of organizing his knowledge and abilities and putting these into action, so that problem will be solved and a task will be carried out with success (Eccles & Wigfield, 2002; Cited by Firat Durdukoca, 2010). Bandura, concerning this matter, emphasizes on four sources of Self-Efficacy beliefs. These are a) Performance achievement b) experiences c) persuasion and d) physical/emotional situation.

1.8.1 Sources of Self-Efficacy

Bandura (1977) identified four sources of information that affect Self-Efficacy, viz.-

- Mastery experiences
- Vicarious experiences
- Verbal persuasion
- Physiological state (Figure-1.2)

Mastery experiences are one's personal experience with success and failure. If one has good performance on the previous math exam, this positive experience with influence, the perception of one's ability is math.

Self-Efficacy can be affected by observing the experiences of others.

Employing verbal feedback to convince or encourage the learners to accomplish the tasks. Bandura pointed out that negative messages have an even greater influence on lowering efficacy expectations than positive messages do on increasing efficacy.
Anxiety, nervousness, rapid heart rate, sweating when these symptoms occur, we probably facing a big challenge that requires one’s competence to conquer it. These physical symptoms or mental states reflect the learner's perception of their Self-Efficacy and affect their performance.

**FIGURE – 1.2**  
**SOURCES OF SELF-EFFICACY**

Self-Efficacy is seen in people with high or low levels. Individuals, whose Self-Efficacy belief is high, are more willing to partake in the activities in their lives, put more effort in these activities, develop more effective strategies against the challenges (Eggen & Kauchak, 1999). Bandura differentiates between efficacy expectations and response-outcome expectations, the latter relating to judgments about the likely consequences of specific behaviours in a particular situation, and the former relating to the individual's belief that he or she is capable of achieving a certain level of performance in that situation. Bandura (1977) emphasises that perceived self-efficacy and beliefs about focus of causality, must be distinguished, because conviction, that outcomes are determined by one's own actions, can have any number of effects on self-efficacy and behaviour.

Self-Efficacy is grounded in a larger theoretical framework, known as Social Cognitive Theory, which postulates that human achievement depends
on interactions between one’s behaviour, personal factors (e.g., thoughts, feelings), and environmental conditions (Bandura, 1986)(Figure-1.3). These factors produce diverse effects on student’s learning (Miller, 2002). By influencing affective processes, Self-Efficacy plays an important role in physical and mental health of an individual. Researchers have also supported that mood affects people’s judgments of their personal efficacy (Bandura, Pastorelli, Barbaranelli & Caprara, 1999; Dieserud, Roysamb, Ekeberg & Kraft, 2001).

**FIGURE - 1.3**

**CONCEPTUAL MODEL (Cognitive, Affective and Biological events)**

Positive mood enhances perceived self-efficacy; despondent mood diminishes it (Bandura et al., 1999). Physiological indicators are considered as important sources of self-efficacy information (Davis & Holahan, 1987). Similarly, the effects on cognitive processes, take a variety of forms, as much of human behaviour is purposive and regulated by forethought and goal setting, which is influenced by self-appraisal of capabilities (Bandura, 1999).

Bandura developed a multi-dimensional model of the relationship between human cognition, environmental influences and human behaviour, called 'reciprocal determinism'. Individual behaviour is understood not as directly determined by social or environmental influences, but as crucially mediated through the individual's knowledge, understanding emotions,
perceptions and interpretations. Self-Efficacy is one of the concepts used to describe this mediation between social experience, individual thinking and behaviour.

Self-Efficacy beliefs are an important aspect of human motivation and behaviour, as well as influence the actions that can affect one's life. Self-Efficacy is what an individual believes he/she can accomplish using his/her skills under certain circumstances (Snyder & Lopez, 2007).

“Self-Efficacy is a judgment about task capability that is not inherently evaluative” (Gist & Mitchell, 1992). A person may feel hopelessly inefficacious for a particular activity, such as figure drawing and suffer no diminishment of self-esteem because that person has not invested self-worth in doing that activity well. On the other hand, high achievers may display a great deal of skill, and yet evaluate themselves negatively, because they have set personal standards that are very difficult to meet. Persons may question their self-worth, despite being very competent, if others do not value their accomplishments, if their skills cause harm to theirs, or if they are members of groups, that is not valued by society (Bandura, 1997). Self-Efficacy has to do with self-perceptions of competence rather than actual level of competence. This is an important distinction because people regularly overestimate or underestimate their actual abilities, and these estimations may have consequences for the courses of action they choose to pursue or the effort they exert in those pursuits. Over or underestimating capabilities also may influence how well they use the skills they possess. A capability is only as good as its execution. The self-assurance with which people approach and manage difficult tasks, determines whether they make good or poor use of their capabilities. Insidious self-doubts, can easily overrule the best of skills (Bandura, 1997). Self-Efficacy will be positively related to academic self-perception. Second, academic aspirations will positively mediate the relationship between academic and social self-efficacy and academic achievement. As reported by Bandura et al. (2003) and Caprara et al. (2004) in their study, girls displayed higher level of
agreeableness, conscientiousness and academic achievement and lesser externalization and delinquent behaviours than boys.

1.8.2 Distinguishing Characteristics of Self-Efficacy

Beliefs of Self-Efficacy differ in level, generality, and strength. Specifically, the perception of a task is affected by the level of task, necessary to accomplish the task. Generality refers to the range of activities that are included in the perception. Areas are more generalizable when activities are similar in degree, situation, and require the same capabilities. Finally, strength varies with self-efficacy beliefs. Those who have weak self-efficacy beliefs will allow negative experiences to weaken their self-efficacy, as they “give up” working toward the goal. Those with strong self-efficacy beliefs will continue to strive for accomplishment, even if difficulties or obstacles become apparent (Bandura, 1986, 1997).

Bandura’s Self-Efficacy Theory distinguishes between outcome expectancy and efficacy expectation. The degree, to which the teacher believes the environment can be controlled, is outcome expectancy. It deals with the general belief that a specific action produces a specific outcome. It does not refer to individual teacher’s capabilities. The conviction that the teacher is personally capable of successfully executing actions that will result in the wanted outcome, defines efficacy expectation (Bandura, 1986; Dembo & Gibson, 1984). It is efficacy expectation that predicates an individual’s undertaking of a specific action. If the individual perceives the ability to successfully handle the task, he/she is more likely to engage. Once engaged, the positive perception of self-efficacy and positive outcome expectancy will drive the individual to persist to completion. Upon successful completion of the task, the individual’s positive self-efficacy will be affirmed or strengthened.

1.8.3 Self-Efficacy and its Dimensions

Self-Efficacy comprises three important dimensions; academic self-efficacy, self-regulatory self-efficacy and social self-efficacy. Three of these (academic, self-regulatory and social) are discussed in detail in the sections that follow:
1.8.3.1 Academic Self-Efficacy

Academic Self-Efficacy has been defined “as personal judgements of one’s capabilities to organise and execute courses of action to attain designated types of educational performances” (Zimmerman, 1995). Academic Self-Efficacy has been reported to promote academic aspirations and prosocial behaviours (Bandura et al. 1996). In a meta-analysis by Multon, Brown & Lent (1991), self-efficacy was found to be related to academic performance (r=.38). Many researchers have reported a direct positive relationship between academic self-efficacy and academic achievement (e.g, Bandura et al., 1996; Caprara, Barbaranelli, & Pastorelli, 1998; Chemers, Hu, & Garcia, 2001; Greene, Millers, Crowson, Duke, & Akey, 2004; Pintrich & Degroot, 1990; Schunk, 1994; Sharma & Silbereisen, 2007; Zimmerman & Bandura, 1994).

1.8.3.2 Self-Regulatory Efficacy

Self-Regulatory Efficacy beliefs not only involve the exercise of control over action but also the self-regulation of various personal determinants of learning such as thought processes, determinants of learning processes and motivation (Bandura, 1977) According to Caprara, Barbaranelli, Pastorelli & Cervone (2004), self-regulatory self-efficacy concerns peoples’ perception for relating their actions in accord with personal norms when they are faced with peer pressure for engaging in anti-social conduct. It has been found that good self-regulations do better academically than poor self-regulators (Zimmerman & schunk, 1989) and that those students who are considered good self-regulators use their own performance as a guide for assessing their self-efficacy (Schunk, 1995). Bandura, Caprara, Barbaranelli, Gerbino & Pastorelli (2003) found that high self-regulatory efficacy was related to the ability to effectively manage one’s academic development.

1.8.3.3 Social Self-Efficacy

Social Self-Efficacy refers to a willingness to initiate behaviour in social situations (Sherer & Adams, 1983). The abilities to establish friendships for sustainable peer relationships, receive positive peer praise,
be socially acceptable, and behave in a prosocial manner at school, are all important tasks for success at school and have found to be directly related to academic achievement (Patrick, Hicks & Ryan, 1997).

1.9 JUSTIFICATION OF THE STUDY

India, the largest democracy and the second most populous country in the world, has forty to eighty million people living with disability, among them approximately 2.13 percent of all children receiving special education services, fall in the category of learning disability (Chadha, 2007). According to global literature, about 1 percent of children are born with severe language disability and up to 17 percent may experience varying levels of language disturbances (Karanth & Rozario, 2003).

Dyslexia, a common form of learning disabilities, is observed in 10 percent of the school going population.

Children with Reading Disabilities (RD) are found in every classroom, including those serving the most advantaged sub-urban areas. Two to three such children can be found in most typical class-rooms (Faas, 1976). Twenty percent reading disabled can be found in an Indian primary school (Rao, 1986). About 10 million children have difficulties learning to read. From 10 to 15 percent eventually drop out of high school; only two percent complete a four-year college program; the high dropout rate is a major hurdle in achieving the goal of universalization of education in India also. According to Human Resource Development (HRD) Ministry's annual report (1998), 38.23 percent of boys and 41.34 percent of girls leave the school system before reaching the class V stage.

Reading disorder is one of the most significant contributory factors of learning disability. As such, reading occupies pivotal role in the process of learning. Reading is an indispensable factor in daily life. It is an integral part of school work, fun time, sports and a host of other activities of children and adult, alike.

“Reading makes the full man, conference a ready man, and writing an
exact man”, said Francis Bacon. This is how the importance of reading was felt by great scholars of yesteryears. Reading has been one of the chief sources of instruction and information. Reading makes a man ponder over the various mysteries of the world. It helps him explore accumulated knowledge and contemplate the unknown. Thus, he begins to uncover some answers.

There have hardly been any epidemiological studies of reading disability in India. However, over the last decade or so, there has been an increase in the identification of individual children with reading disability, and a consequent demand for services. So far this process is largely confined to children enrolled in urban schools with English as the medium of instruction and seems to support the eastern viewpoint on reading disorders.

Children with Reading Difficulties (RD), soon grow ashamed, as they struggle with a skill that their classmates master easily. Children with RD are kept from exploring science, history, literature, mathematics and the wealth of information that is presented in print. Even people with mild reading impairment, do not read for fun. Their difficulty is painfully obvious, when they try to read out loud.

Repeated failures and negative feedback from others, frequently lead to sense of low worth and often entering them in a self-defeating cycle, in which academic failure and self-doubt, impact each other. Students will feel self-efficacious, when they are able to predict themselves, succeeding in challenging situations, which in turn determine the level of efficacy towards the task.

Some children with learning disability become obsessed by guilt and shame, as if their disability was in some sort their own fault, and this feeling of guilt, at the unconscious and subconscious level lowers the self-concept and self-efficacy and gives rise to problem behaviour puzzling parents and teachers alike and provocative of punishment which merely intensifies the child's difficulties.

When a child with reading difficulty does not receive the proper
intervention, the problems that he/she is facing go untreated and lead to equally frustrating issues as an adult with a reading difficulty.

Several studies reported that children with RD have lower academic self-perception than non-disabled peers (Bryan, 1986; Hagborg 1996; Kloomok & Cosden, 1994; Renick & Harter, 1988).

If a parent of a child with LD exhibits stress surrounding their child's disability, that child tends to have problems with social competence as well as displays more behavior problems (Dyson, 2003) Although several studies have shown that children with LD have a low self-concept (Ayres & Cooley, 1990; Clever, Bear & Juvonen, 1992; La Greca & Stone, 1990; Kistner & Osborne, 1987). When a student is unable to fully connect with others, their self-concept and social-skills suffers.

Socially deficit students do not participate actively in social interactions but rather take a passive stand. Peers do not choose them as social partners, whom they like to play or socialize with. By properly diagnosing students with reading difficulties and providing evidence based interventions, students will have a higher probability of successfully coping with their reading disability as an adult.

The educator of Children with Reading Difficulties (RD) must maintain an attitude of never-failing encouragement, in order to overcome the feeling of insufficiency, weakness, bitterness and isolation from which such children suffer. The greater the confidence shown in their ability within the necessary limits, the more they are treated as the equal of normal people, the greater the chances of academic success. When students believe that they are capable, heightened self-concept and self-efficacy levels assist them in attempting social and academic tasks.

The assessment and identification of children with reading difficulties has been a major area of debate and disagreement, given the lack of equivocal acceptance of a definition/description of Reading Difficulty.
the mid-20th century under the educational approach to learning disability, children were identified as having learning disability, if in the absence of any other cause, they tend to lag behind their peers in scholastic performance by two or more years. In the recent past, assessment of learning disabled has increasingly relied on profile based assessment in recognition of the fact that these difficulties not only result in a wide range of behaviour but also that the performance of these children is affected. It is increasingly recognized that the purpose of assessment is the identification of the relative strengths and weaknesses of a given child, in order to plan remediation and intervention, suited to the need of the child, rather than diagnosis and labeling.

In future studies, remediation efforts should be partially focused on overcoming poor social skills in children. Having a positive self-concept is important factor in leading a happy and healthy life.

In view of these facts, the researcher found the scope to undertake the present study i.e. to study the Self-Concept and Social Skills of Children with Reading Difficulties in relation to their Academic Self-Perception and Self-Efficacy.

1.10 STATEMENT OF THE PROBLEM

The problem for the present study is specifically stated as -

Self-Concept and Social Skills of Children with Reading Difficulties in relation to their Academic Self-Perception and Self-Efficacy.

1.11 OPERATIONAL DEFINITIONS OF THE TERMS USED

Self-Concept

The individual's perception of himself as a person, which includes his abilities, appearance, performance in his job, and other phases of daily living (Good, 1973).

In the present study, Self-Concept includes the following dimensions–
Behaviour, intellectual and school status, physical appearance & attributes, anxiety, popularity, happiness & satisfaction, as measured by Children’s Self Concept Scale developed by Dr. S.P. Ahluwalia (1971).

**Social Skills**

Social Skills as the ability to interact with others in a given situation in specific ways that are socially acceptable or valued and at the same time personally beneficial, mutually beneficial or beneficial primarily to others.

In the present study Social Skills refers to the score obtained by the respondents on the Adapted Hindi version of Matson Evaluation of Social Skills with Youngsters (MESSY) by Sharma(1997).

**Children with Reading Difficulties**

The reading difficulties in the present study refer to the problems that children encounter in English language learning, with their reading skills.

The areas of reading difficulties include:

<table>
<thead>
<tr>
<th>LEVEL-1</th>
<th>LEVEL-II</th>
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<tbody>
<tr>
<td>I-Sound Symbol Association (SSA)</td>
<td>I-Grapheme Phoneme Association (GPA)</td>
</tr>
<tr>
<td>II-Blending of Sound (BS)</td>
<td>II-Verbal Phonic Coding (VPC)</td>
</tr>
<tr>
<td>III-Phonic Analysis (PA)</td>
<td>III- Phonic Synthesis (PS)</td>
</tr>
<tr>
<td>IV-Visual Conditioning (VC)</td>
<td>IV-Verbal Visual Correspondence (VVC)</td>
</tr>
<tr>
<td>V-Semantic Closure (SC)</td>
<td>V-Verbal Memory (VM)</td>
</tr>
<tr>
<td>VI-Lexical Processing (LP)</td>
<td>VI-Listening Comprehension (LC)</td>
</tr>
<tr>
<td>VII-Language Internalization (LI)</td>
<td>VII-Reading Comprehension Aloud (RC-A)</td>
</tr>
<tr>
<td>VIII- Copy Writing (CW)</td>
<td>VIII-Reading Comprehension Silent (RCS)</td>
</tr>
</tbody>
</table>
Thus, respondents in the study are VI grade students, having difficulties in the above stated areas of language acquisition as measured by Diagnostic Test of Reading Disorders (DTRD), developed by Smriti Swarup & Dharmishta H. Mehta (2003).

**Academic Self-Perception**

Academic Self-Perception refers to mental representations of one's abilities within school or academic setting, or in relation to one's academic progress (Bracken, 2009). In the present study, Academic Self-Perception includes the following dimensions: Academic Confidence and Academic Effort as measured by Academic Self-Concept Scale developed by Liu & Wang (2005).

**Self-Efficacy**

Self-Efficacy is defined as people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives, Self-Efficacy beliefs determine how people feel, think, motivate themselves and behave (Bandura, 1977).

In the present study, Self-Efficacy is assessed by Albert Bandura’s Children’s Self-Efficacy Scale (1996) which includes the following dimensions:

- Academic Self-Efficacy
- Self-Regulatory Efficacy
- Social Self-Efficacy

**1.12 OBJECTIVES OF THE STUDY**

1. To identify Children with Reading Difficulties.
2. To find out the prevalence rate of Reading Difficulties.
3. To assess the level of Self-Concept of the Children with Reading Difficulties.
4. To assess the level of Social Skills of Children with Reading Difficulties.

5. To study the Academic Self-Perception of the Children with Reading Difficulties.

6. To gauge the level of Self-Efficacy in Children with Reading Difficulties.

7. To study the relationship between Academic Self-Perception and Self-Concept of Children with Reading Difficulties.

8. To study the relationship between Self-Efficacy and Self-Concept of Children with Reading Difficulties.

9. To study the relationship between Academic Self-Perception and Social Skills of Children with Reading Difficulties.

10. To study the relationship between Self-Efficacy and Social Skills of Children with Reading Difficulties.

1.13 HYPOTHESES

It is assumed that:

1) there exists a positive relationship between Academic Self-Perception and Self-Concept of Children with Reading Difficulties.

2) there exists a positive relationship between Self-Efficacy and Self-Concept of Children with Reading Difficulties.

3) there exists a positive relationship between Academic Self-Perception and Social Skills of Children with Reading Difficulties.

4) there exists a positive relationship between Self-Efficacy and Social Skills of Children with Reading Difficulties.
1.14 DELIMITATIONS OF THE STUDY

The study will be delimited to:

1) Kurukshetra district only.
2) Children in the age group of 10-12 years.
3) English Medium Senior Secondary Public Schools of Kurukshetra only.