CHAPTER I

CONCEPTUAL FRAMEWORK

Education is not a privilege, but the basic right of mankind. Education has a major role in every individual’s life. Educational aims are based on the life, needs and aspirations of individuals. Every individual has innate capacities and powers and education plays an important role in developing these capacities of the individual. A sound system of basic education helps individuals to make better use of the available opportunities. It aims to equip the individual with basic minimum levels of knowledge, attitudes, values and skills to start one’s life journey.

Every child, whether he is disabled or non disabled has right to education in an appropriate setting. With the increased emphasis on human resource development as the key factor in the total development of the country, the need and importance of “Education for All” has increased in recent years. In India many government policies targeting to bring the whole country under the literacy bracket, is bound to touch the lives of every single person. This is a huge effort because India has one of the largest populations in the world and it consists of different kinds of people, some are disabled and some non-disabled. Many people have some type of physical, mental or emotional condition that significantly limits their ability to function successfully in our society.

Until recently the most commonly used term to refer to people with such conditions was handicapped. However, the preferred word is disabled and later it has changed to children with special needs and recently used term is differently abled children. According to the Census 2001, there were 2.19 crore persons with disabilities in India who constitute 2.13 percent of the total population which included persons with visual, hearing, speech, locomotor and mental disabilities and in Punjab state 170,853 persons were visually impaired, 22,756 persons with speech disability, 17,348 persons were
hearing impaired, 149,758 persons were with locomotor disability, and 63,808 persons were having mental disability (Census 2001). Govinda and Bandyopadhyay (2008) in their country level analysis of elementary education note that while almost all states took steps to identify children with disabilities and provide for them in regular schools there was considerable variation in efforts. For instance, Himachal Pradesh began a push towards IE in 1999-2000. A total of 25,476 children was identified as CWSN which was 2.34 percent of the total school going population at the elementary level. Some activities like to undertake surveys for identification of CWSN, training teachers through the foundation course, converging with a large number of NGOs and assessment camps for CWSN were specifically being carried out by the State. Besides capacity building of teachers, organizing camps and day care centres, it also started HBE for severely disabled children. TLM, books and aids and appliances were also given as per the need. Punjab was similarly very slow in its progress. It had neither involved NGOs in the IE programme nor conducted intensive capacity building exercises for functionaries at the various levels to increase awareness on IE. However, few activities such as identification, assessment, aids and appliances etc. were taken up. In the year 2006-07, the State had identified 46,320 CWSN which was 1.15 percent of the total child population.

Recently in a first ever survey conducted in Punjab for the purpose of setting goals to comply with the law has given very interesting details published in *The Tribune dated 17, February 2012* which are as follows:

- About 1,29,725 children with special needs are not getting free and compulsory elementary education in a disabled friendly and inclusive environment.
- As many as 49,398 children between 6-14 years are not in schools.
- More than one lakh disabled children need inclusive education.
- There are 122 habitations with no primary or upper primary school in neighbourhood to enable children to access free and
compulsory education mandated by the Right to Education (RTE) Act.

1.1 The History of the National Resource Centre for Inclusion-India

Dr. Mithu Alur is a mother of a child with cerebral palsy. When her daughter was born she struggled to find appropriate services and education opportunities for her daughter. Her journey carried her to England where she found educational services which allowed her daughter to thrive. Exposure to the models of special schools in Britain shaped her views and philosophy and upon her return to India she set up the first school in the country for children with cerebral palsy and other physical difficulties in Mumbai. This was called the Spastics Society of India. For the first time education combined with treatment was available under one roof of a special school setting for children with multiple difficulties. The main objective was to educate the country about the needs of a group of children who had been left out of schooling and even left out of Government’s classification of disability.

When her daughter was an adult, she decided to pursue doctoral work. Her research focused on the investigation of a government policy, the Integrated Child Development Scheme. She discovered that the policy which states that it is for all children does not in practice, serves children with disabilities. She found gaps in policy stated and policy enacted.

This research also led to an examination of the sustainability of the segregated services she had established for children with cerebral palsy. She examined the effectiveness of the segregated system in educating children with special needs. She found the cost of developing segregated services for the masses of children with disabilities not receiving an education would be exorbitant. Through an analysis of other approaches she realized that India needed to embark on a policy which led to inclusive practices for financial and ideological reasons.
One of her findings focused on how families perceive having a child with a disability. For them it is a matter of an *individual responsibility, a personal tragedy*. Their cultural mindset and fatalistic attitude are reflected in the opinions they voiced: *who can do anything?*, *It’s my fate and I have to bear it, it’s my fault* ... an individual construct of a personal tragedy theory. *They believed that their disabled child should not go to the same schools as normal children.* The parents of children with disabilities confirmed that the attitude of society was full of pity and sympathy about what had happened, and the birth of their handicapped child was generally regarded as a calamity.

Neighbourers and other members of the community would try and be helpful and come and tell them about people who would be able to *cure* their child through certain medicines, about gurus and faith healing, of evil spirits being excercised by witchcraft. A strong fear of disability being infectious prevailed. Instances were quoted when neighbours instructed their children not to eat or drink food that was touched by a disabled child; mothers of able-bodied children instructed their child not to play with the disabled child in case of getting infected. In one case, the normal child was beaten for disobeying his mother and playing with a disabled child (Alur, 1998).

Alur (1998) found that ignorance about their disabled child, a lack of any counselling support led the parents to believe that having a disabled child was a retribution for past sins. The Karmic theory of traditional Hindus, about the present being a reflection of past deeds was strongly entrenched. The neighbors taunted the family whenever there was a quarrel, and brought up the fact that they were cursed because they had a disabled child.

The disabled child, due to lack of services, suffered from a lack of socialization leading to isolation for mother and child.

Dr. Alur founded the National Resource Centre for Inclusion-India. The philosophy of inclusion is not restricted to children with disabilities but in the Indian context it draws in the impoverished
child who is socially disabled and out of education, the girl child who suffers from cultural oppression and the child with disabilities facing systemic barriers. The definition of inclusion the Centre promotes is the processes of increasing the participation of these students in the existing educational system and reducing their exclusion from the system regardless of their social background, gender or disability.

The National Resource Centre for Inclusion-India established four objectives:

- To increase the access of children to educational opportunities irrespective of disability, gender and/or social disadvantage;
- To promote the exchange of information and ideas on sustainable inclusive policy and practice;
- To develop a cadre of resources (human and technological) to support a sustainable model for the universalization of primary education; and
- To foster community attitudes, professional practices and legislative measures supportive of inclusive education and a social model of disability.

A Draft of National Policy for Persons with Disability has been circulated on 15\textsuperscript{th} of June (2005) requesting comments from stakeholders. With specific reference to Education and in recognition of the fact that one model may not be suitable for a country with such a diverse population and the wide diversity of needs of persons with disability in different environmental and social conditions, the policy covered a variety of educational options such as special education, distance education, itinerant teacher models, remedial teaching, home based CBR model, Home based education, education through an open learning system and alternative schooling. Many specialized and national as well as state level institutions have already been established to advise and assist the Ministry and the one pertinent to intellectual disability is the National Institute for Mental Handicap. (1984).
India is a huge country encompassing one billion people, of which 50 million are considered to be disabled or have special needs. After Independence, an important turning point for issues surrounding these people was the National Policy on Education (1986). The policy aimed at making it an effective instrument for taking the country into the 21st century. It envisaged improvement and expansion of education in all sectors, elimination of disparities in access and stressed improvement in the quality and relevance of basic education. This policy for the first time included a section on disabilities. Briefly, the pertinent areas addressed in this section include:

- Education of children with mild disabilities will be in regular schools.
- Children with severe disabilities will be in special schools with hostel facilities in district headquarters
- Vocationalization of education will be initiated.
- Teacher training programmes will be reoriented to include education of disabled children.
- All voluntary efforts will be encouraged.

1.2 DEVELOPMENT OF EDUCATION FOR CHILDREN WITH SPECIAL NEEDS

“There have always been special needs children, but there have not always been educational programme to meet their needs” (Kauffman and Hallahan, 1978). All school going children, whether they are disabled or not, have the right to education as they are the future citizens of the country. Some children with special needs may not benefit from regular classroom education due to various reasons including disability. In such a case, it is only appropriate that they be provided with education in some other meaningful way. It is therefore, pertinent to give some thoughts to the historical perspectives of educational programme for special needs children.

The history of educational programme for children with special needs presents both an optimistic and pessimistic picture. The
optimistic picture indicates that the practice and policy in special needs education have improved over time; that the attitude of society towards the less fortunate children has changed over the centuries, though much slowly; and that the past things were done less well than they are now, or, indeed, entirely the pessimistic picture indicates how some groups of influential people, though small in number, conspired to subvert any progress towards more liberal practices; how the interests of these less fortunate children were damaged by those who claimed to serve them; and how the conservative forces worked to maintain the status quo.

The government of India over the last two and half decades has been making efforts towards providing education to children with special needs. Along with other parts of the world, India too, witnessed the emergence of special schools for people with disabilities. The first school for the deaf was set up in Bombay in 1883 and the first school for the blind at Amritsar in 1887.

After India’s independence, education continued to be with the Ministry of Education and during this time the visionary Kothari Commission did recommend the inclusion of all children with disabilities in mainstream schools in their plan of Action. Yet, in spite of this sound advice the education system remained stagnant and in fact lost support earlier committed by the government for education of children with disabilities. Many initiatives came into being but none of these initiatives saw education from an inclusive or even an integrated point of view.

The Indian Education Commission (1964-66) was the first statutory body to suggest that “education of handicapped children has to be organized not merely on humanitarian grounds but also on the grounds of reality”. In order to provide adequate services to these children, the Commission recommended for adoption of two approaches, namely Special Education and Integrated Education.

The major achievement was however the launch of the ICDS program also in 1974, The Integrated Child Development
Program, (ICDS) as a part of India’s Fifth five year plan. This was an excellent concept but the prime initial objectives were not concerned with children with special needs. The DPEP (District Primary Education Program), which followed focused on integration in the areas of teacher training, removing architectural barriers and in providing appropriate aids and did far better but was unable to include a vast majority of children with disabilities in mainstream education. It was recognized by the government that people with disabilities have the same right to education as other citizens but the needs of a nation grappling with a myriad problems, poverty and sheer survival needs of its people made it difficult to sustain focus on the development of services for disabilities.

In 1974, a major shift in education for the child with disability was achieved with the launch of the comprehensive Integrated Education for the Disabled Child (IEDC). The aim was to provide children with moderate disabilities with both facilities and financial support. In a bid towards the implementation of this project, the Government launched Project Integrated Education Development (PIED), which provided teacher training, methodology for identification of children and school facilities as support services. However a major criticism against this was that it covered only the mild and moderately disabled who were admitted in schools undetected as disabled. It was only in 1986 when the Parliament of India adopted the National Policy on Education (NPE) that for the first time equality of opportunity was formally stated as a goal of education and the phrase “education for the handicapped” was used. The policy advocated only the integration of children with locomotor disabilities and others with mild disabilities in mainstream schools. It also enabled the setting up of a team of experts under the Chairmanship of Behrul Islam in 1987 to study the problems of disabled children and became the core of the comprehensive legislation provided later in the Disabilities Act of 1995.
The Rehabilitation Council of India was initially set up and given Statutory Status by an Act of Parliament namely Rehabilitation Council of India Act, 1992. The Act was subsequently amended in 2000.

The Council is responsible for regulating and monitoring the training of rehabilitation professionals and personnel, promoting research in rehabilitation and special education.

India is a signatory to the 1990 United Nations World Declaration on Education for All, (EFA) which reaffirmed the rights of all children including children with disabilities to access education in regular school settings. India also subscribes to the philosophy of the 1993, UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities and the Salamanca Statement and Framework For Action (1994). This perhaps set out in concise terms for the first time the concept of inclusive education and as one needing global consensus and urged all governments to adopt as a matter of law and policy the principle of inclusive education and emphasized that “Children with special needs must have access to regular schools ”. Although the Government of India has made several attempts to integrate disabled into the regular classrooms, it lacked in a firm commitment to promote integration. The Persons with disability act (PWD Act) 1995, has made integration of students with disability a legal responsibility of the Government. The PWD Act 1995 states, “Among other things: the appropriate Government and the local authorities shall ensure that every child with a disability has access to free education in an appropriate environment till he attains the age of 18 years (Article 26a); endeavor to promote the integration of students with disabilities in the normal schools (Article 26b).”

The Persons with Disabilities Act of 1995 emphasizes appropriate educational placement of children with disabilities based on their needs, which demands that a suitable system be developed to include children in regular schools.
The National Trust for welfare of the persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 was enacted:

(i) To enable and empower persons with disabilities to live as independently and as fully as possible where they belong.

(ii) To deal with the problems of persons with disabilities who do not have family support or whose parents/guardian have died.

(iii) To extend support to registered organizations to provide need based services during the period of crisis in the family of disabled covered under this Act.

The constitution of the National Trust was a bold step in respect of care and protection of persons with disabilities who needed some custodial care and support.

1.2.1 Schemes of The Ministry of Social Justice & Empowerment (MSJE) for children with special needs

The Ministry of Social Justice & Empowerment operates various schemes for empowerment and rehabilitation of persons with disabilities (PWDs). The schemes aim to promote physical, psychological, social, educational and economic rehabilitation and development of persons with disabilities to enhance their quality of life and also enable them to lead a life with dignity. The major schemes for rehabilitation of persons with disabilities are:

1. **Scheme of Assistance to Disabled Persons for Purchase/Fitting of Aids/Appliances (ADIP)** - aims at physical rehabilitation of persons with disabilities through provision of assistive aids and appliances.

2. **Deendayal Disabled Rehabilitation Scheme (DDRS)**- an umbrella scheme that addresses all aspects of rehabilitation and includes projects covering various services ranging from programmes for pre-school and early intervention to rehabilitation of leprosy-cured persons.

3. **Scheme for Implementation of Persons with Disabilities Act**- under the scheme funds are provided for projects to make public
buildings barrier-free, support to the institutions at regional and
district level providing services to persons with disabilities and the
creation of awareness on related issues.

4. **Scheme of Incentives to Employers in the Private Sector**
   for Providing Employment to Persons with Disabilities.

1.2.2 **Other major initiatives by Government of India For children
   with special needs (CWSN)**

i.) **Artificial Limbs Manufacturing Corporation of India (ALIMCO)**
   was set up in 1972 by the Government of India, a –Not for
   Profit company with the mission of Empowerment of Persons
   with Disabilities and restoration of their dignity by way of
   manufacturing and supplying durable, sophisticated, technically
   manufactured modern and ISI standard quality Assistive aids and
   appliances that can promote physical, psychological, social
   economic and vocational rehabilitation by reducing the effect of
disabilities and enhancing potential for self-dependence. ALIMCO
   is the premier and the largest manufacturer of quality Aids & Appliance
   s in the whole of South Asia.

ii.) **Accessibility to Buildings:** Sections 45 and 46 of the
   Persons with Disabilities (Equal Opportunities, Protection of Rights
   and Full Participation) Act, 1995 envisage barrier free accessibility in
   public buildings which includes ramps, an adaptation of toilets for
   wheel chair users etc.

1.2.3 **Sarv Shiksha Abhiyan (A Programme for universalization of
   Education)**

   The Government came up with Sarv Shiksha Abhiyan in 2001 to
   bring improvement in the elementary education system. This program
   was an attempt to provide an opportunity to improve human
   capabilities of all the children through community owned quality
   education in a mission mode. **SSA (Sarv Shiksha Abhiyan)**
   has given priority areas for intervention in inclusive education
   for children with special needs (CWSN) which includes the following
   guidelines:
1.2.3.1 Barrier Free Guidelines for CWSN (Children with Special Needs) in SSA (Sarv Shiksha Abhiyan)

The ministry of Human Resource Development, Department of School Education and literacy, Government of India has given Barrier Free Guidelines for CWSN (Children with Special Needs) in SSA.

Barrier Free Access (BFA) refers to universal access to all children and adults within the schools. This should not be limited only to buildings and physical infrastructure, but also extend itself to curriculum and teaching learning processes. This is particularly relevant in the context of children with special needs because they have a variety of learning needs which need to be addressed.

**General guidelines for BFA are as follows:**

General guidelines include access to the physical environment as well as access to the curriculum and the teaching environment. Whereas the access to the physical environment mainly takes care of the children with orthopaedic impairment as well as visual impairment, access to the curriculum and teaching learning environment is particularly important for children with visual impairment, hearing impairment, intellectually challenged, children with cerebral palsy and children with multiple disabilities.

**Access to physical environment**

- The path from the gate to the school buildings and playground must be clear, leveled
- All entrances and doorways in the school buildings should be between minimum 4’ to 5’ feet wide.
- The toilet inside the school should be accessible to CWSN. This toilet should be fitted with commode and grab-rails.
- The drinking water outlet should be accessible to CWSN also
- Avoid sharp turns in the walkways.
- The walkway must be clear of any hung and protruding obstructions such as windows, lights, low branches, flower pots and sign posts etc.
A handrail should be provided at any dangerous point in the walkway. Guard rails and kerbs are a must in situations where there is a sudden change in the level of height including stairs and verandah.

The ends of the handrails should be bent downwards to avoid injury.

Steps should be of equal and even heights.

Bright colours (preferably yellow) should be used at every change in slope, at the beginning and the ending of a staircase for easy recognition.

All signages should be in print, visuals and Braille at the readable height (minimum 3 ft) of the children.

All the surfaces should be non-slip, and loose gravel or cobbles should be avoided.

Natural lighting should be optimized. There should be enough windows to allow adequate ventilation and lighting.

Safety of all children should be ensured by the provision of hazard free environment (broken window panes, broken steps, broken fixture and furniture, unsafe ceilings, etc).

The school/ classroom design should allow the teacher to be able to pay personal attention to the child, including effective positioning and placement, keeping in mind the individual needs of CWSN.

**Access to curriculum/ teaching learning processes**

- Adaptation and accommodations needs to be made in procedures for assessment, use of teaching strategies including signs & gestures and use of teaching learning material as per the needs of varied needs of CWSN.

- Availability and accessibility to teaching learning material within the class rooms to be ensured.

- Ensure participation of CWSN in all curricular and co-curricular activities.
• Use of peer support effectively to ensure increased participation of CWSN in schools.
• Use of enabling technologies to meet the needs of CWSN.

Category Specific Guidelines for BFA

Guidelines for children with Moving Difficulties and Cerebral Palsy
• Ensure wheelchair accessibility to classrooms, toilets, office rooms, playground, etc.
• The prescribed gradient of the ramp- 1:12 should be strictly adhered to and all ramps should be fitted with handrails.
• Aids and appliances like- callipers, wheel chairs, braces, special chairs, crutches, wedges, pencil grips, communication boards, etc. should be made available.
• Ensure adequate space allocation to meet individual needs of children using assistive devices.
• Ensure proper positioning and safe/careful handling of children with cerebral palsy, with the help of the resource teacher/parent.
• All classes and teaching facilities for these children should be provided on the ground floor.
• Arrange for a suitable writer for children with writing difficulties.
• Ensure enough response time to children with cerebral palsy. This is important as they might have communication and speech problems.

Guidelines for children with Intellectual Difficulties (children with mental retardation)

Since this section mainly focuses on adaptation in teaching learning processes, the following need to be emphasised:
• Ensure that visual, tactile and pictorial learning aids are available and accessible.
• Level of difficulty of both language and content need to adapted as per the comprehension level of the child.
Use of concrete objects as TLM, needs to be emphasised.
Give enough time for individualised teaching learning opportunities.
Based on the child’s level of understanding, the content and evaluation should be adapted. (For example- numbers of concepts taught could be reduced if required; questions could mainly be multiple choices/ fill in the blanks, etc).

Guidelines for children with Hearing Difficulties
Since language and communication is the major barrier for this group of children, the following needs to be emphasised:
Provision of suitable hearing aids and their maintenance should be ensured.
The resource teacher should provide auditory training to make optimum use of the residual hearing of the child.
Seating of the child should be such that s/he gets a clear view of teacher’s face (for lip reading) as well as the black board.
Ensure increased use of pictorial teaching learning materials.
Level of difficulty of language needs to be adapted as per the comprehension level of the child.
Ensure use of Indian Sign Language with the help of the resource teacher, if required.
Children with language acquisition problems should be exempted from the 3- language formula. Sign Language can be used as an option.
Sign language can be given as an option under co-curricular activity to enhance peer support.
Assessment procedures may include objective type questions, instead of essay type questions for children with difficulties in language acquisition.
Extra response time needs to be provided, wherever necessary.
Children with language difficulties should be exposed to language acquisition and reading softwares.
Guidelines for children with Seeing Difficulties

● Ensure availability of accessible teaching learning material (Braille, large print, audio, e-text, etc).
● Making science labs accessible by Braille labelling, tactile charts/diagram.
● Ensure increased use of verbal instructions/directions while teaching.
● Ensure availability and use of embossed and tactile TLM (maps, globes, charts, models, diagrams, etc).
● Availability, training and use of aids and appliances (Braille, Taylor frame, white cane, abacus, low vision aids, magnifiers, etc) should be ensured.
● Availability and training in screen-reading and scanning softwares should be done.
● Training in daily living skills, orientation & mobility (like-human guide technique) must be provided to children with seeing difficulties, as per the needs.
● Ensure effective orientation of children with seeing difficulties in school environment with active involvement of peers.
● Proper training to be imparted to children with low vision in making optimum use of residual vision with the help of resource teacher. The school environment including the walkways should be safe and free of all obstructions.
● Warning strips/textures to be provided before the beginning of steps/kerbs etc so that children with visual impairment do not have an accidental fall.
● Seating of a child with low vision should be such that s/he gets a clear view of teacher’s face as well as the black board.

Guidelines for children with Multiple Disabilities

● Availability, training and use of appropriate aids and appliances should be ensured.
Access to communication and information in the required language through interpreters, electronic devices, etc. should be ensured.

Information to be provided in appropriate format (Braille, sign language, etext, large print, tactile, audio-visual, etc).

Teaching needs to be more application oriented, experiential and practical for this group of children.

Training in mobility and daily living skills should be provided with support of resource teacher/ parents/ peers.

Effective use of peer support to enhance communication and mobility skills.

Use of appropriate technology, technological aids and software, like PacMate for deaf-blind, should be encouraged.

1.2.3.2 Curriculum adatpaion for children with special needs

When every child in the classroom including children with special needs are provided with an opportunity to learn maximum according to their learning potential, to make required adaptation in regular curriculum (learning content, learning approach, learning aids and evaluation), to apply all possible approaches, it is known as Curriculum adaptation. Curriculum adaptation is not a separate method for children with disabilities. It is a process of making necessary changes in learning content such as modification, substitution/ replacement, omission as a last resort and compensation etc. without changing the learning purpose.

Keeping the children with disabilities in mind while adapting the curriculum, small changes in learning content, learning friendly environment, appropriate learning approach, adaptation in learning aid and evaluation should be done. If the curriculum is planned in this way and applied like this for all children in the classrooms, then learning can be maximized for all children, including children with disabilities.

While planning curriculum, attention must be given to the needs of any child with disability. The learning purpose may be the
same for all students, but the learning experiences may vary from child to child. The following guidelines must be kept in mind while developing an inclusive curriculum for all children.

**The curriculum must:**

- Include child centered pedagogy keeping in mind the child’s psychological development, interests and specific learning needs
- Ensure equal access in every possible manner (physical, attitudinal, academic and social) to maximize learning
- Facilitate learning in an inclusive learning environment with accessible material, positive attitude and relevant/adaptive teaching strategies.
- Incorporate required adaptation in curriculum (learning content, learning approach, learning aids and evaluation) to address and accommodate individualised learning styles.
- Prescribe for use of all available educational / assistive technologies to ensure equal participation of and effective learning in all children specifically for children with special needs.
- Include all children with and without special needs by providing differential opportunities to demonstrate learnt skills according to their learning abilities.
- Include components of life skills through transitional stages working towards independent living.
- Include locally available conditions/ opportunities/ situations to develop prevocational and vocational competencies
- Integrate work pedagogy in education and include broad-based work experiences taking care of the needs of children with special needs
- Ensure participation of children with special needs in play, games, social and cultural activities to improve the physical and mental health by developing appropriate adaptations.
- Provide flexibility in school and class time tables to address individual needs of children.
• Create opportunities for facilitated social interaction
• Construct knowledge by connecting new ideas to existing ideas on the basis of materials/activities.

1.2.3.3 Evaluation Techniques for Children With Special Needs (CWSN) in SSA General Evaluation Techniques for CWSN

• Extra time may be provided, as per the needs of the child. Breaks may be allowed during this time to counter fatigue
• Use of devices to be allowed as per the individual needs of the child e.g. calculators, abacus, Brailler, Taylor Frame communication board, slant boards, pencil/pen grips etc.
• Use of technology e.g. computers, tape recorders, voice synthesizers to be allowed as per the needs of the child.
• Flexibility in syllabus allocated for testing. For example, if the child is learning at a slower pace, s/he may be tested on smaller units of content rather than the whole syllabus at one time.
• Assessment procedures may include objective type questions, instead of essay type questions for children with difficulties in language acquisition, questions to be modified e.g. simple language
• Accommodations are to be provided in the area of response methods. Examples, oral responses instead of written (can be taped) or amanuensis to write down answers, which would be given orally or through a communication board.
• Instructions and questions to be read out to students when needed.
• Braille and print size to be enlarged according to the needs of students.
• Suitable posture and seating arrangement to be made by providing adapted chair/table and separate room, if required.
• Timing of evaluation may be necessary, where children are on specific regular medication.
Disabilities which have language acquisition problems may be exempted from the 3-language formula. Sign language can also be provided as an option.

Recently RTE (right to education) has mandated free and compulsory education to all the children from 6-14yrs of age. The right of children to free and compulsory education (RTE) Act, 2009, which represents the consequential legislation envisaged under Article 21-A, that every child has the right to full time elementary education of satisfactory and equitable quality in a formal school which satisfies certain essential norms and standards. This amendment has given new direction to the education of children with special needs (CWSN), as without their inclusion the objective of universalization of education cannot be achieved. Hence education of children with special needs is an important component of the Sarv Shiksha Abhiyan. Sarv Shiksha Abhiyan (SSA) provide for a variety of interventions for universal access and retention, bridging of gender and social category gaps in elementary education and improving the quality of learning.

1.3 TYPES OF CHILDREN WITH SPECIAL NEEDS

In a democratic country like ours every child has the right to education. It is consistent with a democratic philosophy that all children should be given equal opportunity to learn whether they are average, bright, dull, retarded, blind, deaf, crippled, delinquent, emotionally disturbed or otherwise limited or deviant in their capacities to learn.

The PWD Act, 1995 has given the following seven types of disability as:

1. Blindness;
2. Low vision;
3. Leprosy-cured;
4. Hearing impairment;
5. Locomotor disabilities;
6. Mental retardation; and
7. Mental illness

Each category of disability is defined under the Act as follows:

1. **Blindness** refers to the total absence of sight or visual acuity less than 6/20 or 20/200 in the better eye with correcting lenses, or limitation of the field of vision subtending an angle of 20 degrees or worse.

2. **Person with low vision** means a person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device.

   They need orientation training, mobility training and more of oral instruction depending upon the degree of loss of vision

3. **Leprosy cured category** includes people who have been cured of leprosy but who suffer from residual disabilities caused by leprosy. These range from loss of sensation in hands or feet to physical deformities and paralysis that allow the individual to indulge in some economic activity to a state of extreme physical deformity and/or old age that make the person unfit for employment.

4. **Hearing impairment** means loss of sixty decibels or more in the better ear in the conversational range of frequencies. Hearing impairment is a generic term indicating a hearing disability which may range in severity from mild to profound. It includes both deaf and hard of hearing.

   A **deaf person** is one whose hearing disability precludes successful processing of linguistic information through audition, with or without a hearing aid.

   A **hard of hearing person** is one who, generally with the use of a hearing aid, has residual hearing sufficient to enable successful processing of linguistic information through audition (Brill, MacNeil & Newman, 1986). A hearing aid will enable them to hear better. For such children education in general schools in common with other
children is not difficult. Most of them are already studying in the general classroom.

5. **Locomotor disability** means disability of the bones, joints, muscles leading to substantial restriction of the movement of the limbo or any form of cerebral palsy (condition of a person characterized by abnormal motor control posture resulting from brain insult or injuries occurring in the prenatal, peri-natal or infant period of development). Physical disabilities are those whose non-sensory physical limitations or health problems interfere with school attendance or learning to such an extent that special service, training, equipment, materials or facilities are required. In some cases the problems are so severe that they require artificial limbs to compensate for crippling conditions. In other cases they need wheel chair or crutches. Mildly orthopedically handicapped children do not have learning problems. They can be integrated in the regular schools without much difficulty.

6. **Mental retardation** refers to a condition of arrested or incomplete development of the mind of a person, especially characterized by subnormal intelligence, cerebral palsy also falls under this category. Individuals who lack motor control as a result of brain injuries occurring in pre-natal (before the birth of the child), peri-natal (during the delivery of the child) or the infant period of development also come under this category. Mentally retarded children are those who have a lower level of intellectual functioning and have problems in social adaptability.

7. **Mental illness** includes any mental disorder other than mental retardation.

**Learning disability** refers to a group of disorders that affect a broad range of academic and functional skills including the ability to speak, listen, read, write, spell, reason and organize information. Learning disability was not included in the PWD Act, 1995. It is a commonly found problem in school children.
Children with Multiple Handicap

Multiple handicap refers to more than one handicap in a child. A child may be blind and deaf, blind and orthopaedically handicapped, deaf and orthopaedically handicapped mentally retarded and orthopaedically handicapped and so on. In case of multiple handicaps one handicap may be primary handicap and the other secondary or one handicap may be more severe than the other handicaps.

1.4 CONCEPT OF INCLUSIVE EDUCATION

Inclusive education which has emerged as a reform in the education of the children with special needs gained momentum since 1994 world conference on special needs Education. Inclusive education is not just about the particular school or class a child attends. It is also about what goes on in that school or class. Inclusive education means encouraging each child to take part in the everyday activity of the school, and helping every child to achieve the most from school. Inclusive education means ensuring that the system adjusts to meet children’s needs, rather than expecting children to ‘fit’ into the system.

In looking up a dictionary definition of the term ‘inclusion’ is to have a party; contain in addition to other parts or to put in with something or someone else; take in or consider as a part of the group’ (Longman’s English Dictionary).

In education ‘inclusion’ refer to the placement and education of children with disabilities in regular classrooms with children of the same age who do not have disabilities. The underlying premise of inclusion is that all children can learn and belong to the mainstream of the school and community life. Inclusion is the basic value that extends to all children. Inclusion gives a message:

“Everyone belongs to the school, everyone is welcome to the school”

An inclusive school is a place where everyone belongs, the child is accepted and is supported by his/her peers and other members of
school/community in the course of training for his/ her educational needs. Inclusive education is a flexible and individualized support system and is provided in regular schools, committed to an appropriate education for all. In inclusive setting the emphasis is not on treating the deficit but on adapting the environment to accommodate the disability perceiving it as a normal difference and these differences are not only to be accepted and respected but also to rejoice for the fact that no human beings are alike.

The goal of inclusion is to ensure that all children, regardless of any individual differences that may have, are fully included in the mainstream of life. But we don’t know the time frame when all children will be fully included in the mainstream of school and community.

Inclusive education is the provision of services to students with special needs in the neighborhood schools with necessary support services and supplementary aids for both children and teachers. It means meeting the needs of all children with and without disabilities for a free and quality public education in the least restrictive and most effective environment of the neighbourhood schools.

Inclusion is the term which can be defined as an attitude or a commitment of appreciating diversities and accepting that all children can be educated in a common school to their maximum potential. It requires increasing the capacity of regular schools so that they can respond creatively to greater diversities. It also involves building the capacities of the teachers to deal with a diverse population of students and to acquire pedagogical competencies that facilitate the learning of all students in their classroom (Julka, 2001). Inclusive education strives to address the learning needs of children with special needs, with a particular focus on those who are subject to being isolated and excluded. Inclusive education promotes opportunities of all the children to participate, learn and have equal treatment, irrespective of the mental or physical abilities.
The important aspects of children with special needs are in having the acceptance and friendship of class mates. This kind of support also aids in the progress of special children and helps them gain confidence within the school environment. Hence inclusive education becomes a key reason for integrating a special child within the mainstream (Balasubramanian, Anusha).

According to Dr. Mithu Alur, founder of spastics society of Indian and coordinator at the National Resource Centre for Inclusion (NRCI) “Children need to be with other children, sending them to school for disabled will not help.”

Inclusive education is more in tune with the social model of disability which sees the system as the problem. The school and the education system as a whole are enabled to change in order to meet the individual needs of all learners.

![Inclusive Education](image)

Figure 1.1 showing the concept of inclusive education

**1.5 SUPPORT SERVICES**

Support services are very important for the success of the education of children with special needs. The vast majority of children with special needs, especially in rural areas, or as a consequence provided with no services whatsoever. Indeed, in many developing
countries, it is estimated that less than 1 percent of children with special educational needs are included in existing provision. Experience, moreover, suggests that inclusive schools, serving all of the children in a community, are most successful in eliciting community support and in finding imaginative and innovative ways of using the limited resources that are available.

Community-based rehabilitation represents complementary and mutually supportive approaches to children with special needs. Cost-effective approaches promote equality of access for those with special educational needs as part of a nationwide strategy aimed at achieving education for all. Community-based rehabilitation should be developed as part of a global strategy for supporting cost-effective education and training for people with special educational needs. Community-based rehabilitation should be seen as a specific approach within community development aimed at rehabilitation, equalization of opportunities and social integration of all people with disabilities; it should be implemented through the combined efforts of people with disabilities themselves, their families and communities, and the appropriate education, health, vocational and welfare services.

Children with special needs should receive additional instructional academic support from teachers in the context of the regular curriculum, not a different curriculum. The guiding principle should be to provide all children with the same education, providing additional assistance and support to children requiring it. The acquisition of knowledge is not only a matter of formal and theoretical instruction. The content of education should be according to the needs of individuals with a view to enabling them to participate fully in development. Teaching should be related to pupils’ own experience and to practical concerns in order to motivate them better.

Local administrators and school heads as support can play a major role in making schools more responsive to children with special educational needs if they are given necessary authority and adequate
training to do so. They should be invited to develop more flexible management procedures, to redeploy instructional resources, to diversify learning options, to mobilize child-to-child help, to offer support to pupils experiencing difficulties and to develop close relations with parents and the community. Successful school management depends upon the active and creative involvement of teachers and staff, and the development of effective co-operation and team work to meet the needs of students.

School heads have a special responsibility in promoting positive attitudes throughout the school community and in arranging for effective co-operation between class teachers and support staff. Appropriate arrangements for support and the exact role to be played by various partners in the educational process should be decided through consultation and negotiation.

Pre-service and in service training programmes should be provided to all the teachers, primary and secondary alike, positive orientation toward disability, thereby developing an understanding of what can be achieved in schools with locally available support services. The knowledge and skills required are mainly those of good teaching and include assessing special needs, adapting curriculum content, utilizing assistive technology, individualizing teaching procedures to suit a larger range of abilities, etc. Specific attention should be given in preparing all teachers to exercise their autonomy and apply their skills in adapting curricula and instruction to meet pupils’ needs as well as to collaborate with specialists and co-operate with parents.

Appropriate technical aids to ensure the successful operation of an education system must also be provided. Integrated approaches should, therefore, be linked to the development of support services at central and intermediate levels.

A high percentage of disability is the direct result of lack of information, poverty and low health standards. As the worldwide prevalence of disabilities is increasing, particularly in the developing
countries, there should be joint international action in close collaboration with national efforts to prevent the causes of disability through education which, in turn, would reduce the incidence and prevalence of disabilities, thereby further reducing the demands on the limited financial and human resources of a country.

International and regional meetings covering issues related to education should ensure that special educational needs are addressed as an integral part of the debate and not as a separate issue. As a concrete example, the issue of special needs education should be put on the agenda of regional ministerial conferences organized by UNESCO and other intergovernmental bodies.

1.6 TYPES OF SUPPORT SERVICES

Realizing the goal of education of children with special educational needs is not the task of the Ministries of Education and schools alone. It requires the cooperation of families, and the mobilization of the community and voluntary organizations as well as the support of the public-at-large. The various types of services are as follows:

1.6.1 ACADEMIC SUPPORT
1.6.2 ADMINISTRATIVE SUPPORT
1.6.3 PARENTAL SUPPORT
1.6.4 COMMUNITY SUPPORT
1.6.5 PEER SUPPORT

1.6.1 ACADEMIC SUPPORT

Academic support is the most important support to ensure an appropriate education for special needs children. According to Stein (1995), “A teacher should be a philosopher and a horse tamer”. A teacher must be a scholar, a thinker, must keep on refreshing himself with newer skills. A teacher must not live in an ivory tower; he/she must be practical, realistic, and skillful in moulding his students and convincing the community.

The classroom teacher is the person responsible for the academic functioning of the child. So it is a challenge for the teachers
to work with their own perceptions, apprehensions and teaching constraints. The inadequate facilities, large class size or multiple class teaching further complicates the teacher’s perceptions. The head of the institution and the professional with special knowledge and competencies should support the regular teacher in his efforts to educate children with special needs in regular classrooms. He/ she needs to be oriented to the demands of this new challenge. The regular teacher and special teacher should work in coordination rather than an isolated professional. The classroom teachers should be given guidelines for adjustment to the curriculum, adaptation of instructional materials and methods to suit the needs of the differently abled children.

1.6.2 ADMINISTRATIVE SUPPORT

Administrative support is another important measure for implementing children with special needs. For effective implications of education for children with special needs, administrators are expected to be familiar with the concept, objectives and practices of inclusive education. Such familiarity will help the administrator in supervision, monitoring, control and for providing leadership to the headmasters of the schools.

The school expects financial assistance from the Government to meet their contingency expenditure for purchase of aids and equipments, and other instructional materials, removal of architectural barriers and other environmental modifications. When such assistance is not provided by the Government, other agencies such as Rotary club, Lions Club, business houses, industries, NGOs, parent teacher associations and voluntary agencies should come forward to provide assistance in the form of finance or supply of materials to schools.

A resource room is an administrative arrangement for meeting the needs of children with special needs. It is for the student who is placed in regular classes but needs some special instruction in an individualized or small group setting for a portion of the day.
Individual needs are supported in resource rooms. Thus schools should have resource room facilities. It serves as a support base for children with special needs. Resource rooms can be constructed either with assistance from the Government or from other agencies. Once the resource has been constructed it must be maintained properly and used for the purpose for which it has been constructed. Financial support is a very important aspect of effective implementation of inclusive education programmes in regular schools. In most cases, financial assistance is given by the National Government to assist schools to successfully implement the Inclusive Education Policy (Frost, 2002). According to Stainback and Stainback (1990), the government should provide financial assistance for schools to purchase teaching and learning resources and the special learning equipment for students with special needs. There should be funds provided to build classrooms and create an environment, which is as barrier-free as possible for children with special needs.

1.6.3 PARENTAL SUPPORT

A crucial barrier to effective education for special needs children is non-involvement of parents in the process of educating children with special needs. In most cases parents send their children to school but they are not involved in any aspect of inclusion such as assessment, decision making and education of their children. Parent contact programme will motivate parents for their involvement in the process education for children with special needs.

Involvement and cooperation of the parents in the education of special needs children are very important. They should discuss timely with the teachers and seek their guidance and the most important thing is the interest of the parents. Until and unless if parents are not interested in the education of their special needs children, the school cannot alone transform their dreams into reality. They should show positives hopes for the future of their special needs children by providing them required instructional materials. Their encouragement
and help and involvement in the education of their special needs children are very necessary.

The education of children with special educational needs is a shared task of parents and professionals. A positive attitude on the part of parents favors school and social integration. Parents are privileged partners as regards the special educational needs of their child, and to the extent possible should be accorded the choice in the type of education provision they desire for their children.

A co-operative, supportive partnership between school administrators, teachers and parents should be developed and parents regarded as active partners in decision-making. Parents should be encouraged to participate in educational activities at home and at school, as well as in the supervision and support of their children’s learning. The development of parents’ associations should be promoted. Parents should also be made aware of the programmes and policies related to children with special needs so that they can provide better support for them.

1.6.4 COMMUNITY SUPPORT

Involvement of the community or social intervention is a necessary condition for the success of the education of children with special needs. Decentralization and local area based planning favors greater involvement of communities in education and training of children with special needs.

Local administrators should encourage community participation by giving support to representative associations and inviting them to take part in decision-making. Community support should be sought in order to supplement in-school activities, provide help in doing homework and compensate for lack of family support.

The movement of community participation has gone under a paradigm shift, in recent years, from a state of informal initiative to a formalized policy intervention. This can be witnessed from the documents and recommendations of various commissions appointed after Independence. There is a shift from non participative
administrative dominated educational planning to participative community-based procedure. This transformation in school education has gone through four important stages (Mohan, Devi Dutt, Antony: 2003).

1. The first stage consists of creating awareness among the parents about the importance of sending their children to school regularly. This assumes that persuasion, rather than enforcement or compulsion, is the means of ensuring universal participation of children in primary education. This is evident from the legislative measures indicative of a shift from compulsion (as specified in the Compulsory Primary Education Act, 1961) to persuasion, combined with incentives to promote universal primary education as elaborated in various Policy documents on Universal Elementary Education (UEE) and Education for All (EFA).

2. The second stage is characterized by increased awareness which, in turn, creates more demand for education. The government not being totally prepared to meet this increased demand, communities are invited to provide the schooling facilities in un-served areas. This intervention fulfills twin objectives of providing facilities to promote UEE and mobilizing community resources for education.

3. In the third stage, community support is sought and ensured while framing the provisions for establishing and managing new schools. This ensures not only participation, but also a sense of ownership as communities often provides the required space and other infrastructure facilities to run the school.

4. Sustainability of community participation is then to be ensured through the setting up of school betterment committees, which include members of the local community. These committees are primarily responsible for reviewing, organizing and mobilizing human, physical and financial support to better the functioning of schools.

Thus, community support, which begins as merely supplementary to the functioning of the school, shifts emphasis to ownership of schools by community. Community participation thus
gets integrated into the action plan for the goal of UEE. The constitution of Village Education Committees and vesting authority in them to oversee the functioning of primary school is one such example (Mohan, Devi Dutt, Antony: 2003). These committees are expected to develop into a participative system in which various stakeholders like the teachers, parents and community leaders work together with a common understanding to ensure maintenance of infrastructure as well as building an environment congenial to the teaching learning process for children with special needs.

1.6.5 PEER SUPPORT

Children with special needs may be enrolled in the regular class, but they may not be accepted and respected by their age peers. Under this circumstance, the child with a disability may be teased and bullied by their peers. This acts as a major barrier for education of children with special needs. Peer rejection can be avoided by encouraging children to develop friendships. Peer support can help those who are bullied through listening, mentoring and friendship. Peer support has measurable outcomes. Those who receive support and the supporters often have improved behaviour, attendance and academic performance. Staff benefit from having ‘helpers’ and a better atmosphere in school or college often results from improved relationships between staff and students (Cowie and others 2004).

The peers should also offer general assistance like helping a locomotor impaired child in carrying his/ her material. For the full development of children with special needs the non- disabled should accept their disabled peers. “The process of peer education has been increasingly recognized as sound and valid in its own right. Peer educators not only help others to learn, they learn themselves in the process” (Foot, Morgan and Shute 1990). Children with and without disabilities should learn together and complete their assignment cooperatively and if teachers ask non- disabled children to provide tutoring to their disabled peers.
Peers rejection and acceptance also plays an important role in the education of children with special needs. If non-disabled children accept them and help them they can enjoy the school environment.

1.7 JUSTIFICATION OF THE STUDY

The Government of India is fully committed to the goal of universalization of elementary education which cannot be achieved without including children with special needs. Children belong together with advantages and benefits for everyone. They don’t need to be protected from each other. The Sarv Shiksha Abhiyan is contributing the mission of inclusive education through its scheme “to reach the unreached”. They cover children going to school, out of school and children with disability. Inclusive education under Sarv Shiksha Abhiyan is based on the belief that all can learn and should learn together. It is about creating classrooms where educational needs of the able as well as disabled children are met. Inclusion is mainstreaming the disabled children in regular schools.

SSA ensures that every child with special needs, irrespective of the kind, category and degree of disability, is provided meaningful and quality education. Hence SSA has zero rejection policy. This means that no child having special needs should be deprived of the right to education and taught in environment, which is best suited to his/her learning needs. These include special schools, and even home based education.

Being fully aware of the social commitments, the Government of Punjab is leaving no stone unturned to ensure that all communities get access to and the of educational facilities. The Government has introduced programmes to provide free and compulsory education to all children in the age group of 6-14 years as mandated by the Government of India. Giving unqualified priority to school education, the State Government has introduced various innovative approaches like mobilizing community support and introducing decentralized planning to help achieve the goal of universalisation of elementary education. Incentives such as stipends and scholarships, free books
and uniforms and mid-day meals etc have been initiated in all government schools in order to improve the attendance and to boost overall literacy.

The Sarva Shiksha Abhiyan (SSA) which hinges around decentralized planning and community participation is being religiously implemented by the Government of Punjab since 2002. SSA has empowered the local community by their involvement in all aspects of plan formulation. A community based planning process is being carried out by delegating powers to Panchayati Raj Institutions and constituting the Village Education Development Committees (VEDCs). The equity issues related to girls and children from socially disadvantaged groups and children with special needs are being properly attended under the Programme. Therefore, for children with special needs to reach their full potential in school, and to make a successful transaction to adulthood and the world of further and higher education it is necessary to provide special support services to them.

It is also very important to study children with special needs and their support services and provide them education according to their needs so that they can fully develop their potential and the target of universalization of Education for all children be achieved and fulfill the purpose of education to ensure that all students gain access to knowledge, skills, and information. The above facts have made the study more relevant as it would be helpful in revealing more facts and details of support services i.e. Academic support, Administrative support, Parental support, Community and Peer support provided to the children with special needs for the successful completion of their education in school. Dr.J.P.Singh and Dr. M.K. Dash found through their research that about 90% of the children with disabilities are mildly or moderately disabled. They can be offered education by a general teacher who receives adequate training. Only 10% of the disabled children need attention from specially qualified teachers.

Provision of support services is very important for the success of the education of children with special needs. Within schools, children
with special needs should receive whatever extra support they require to ensure their effective education and inclusive education is one of the most effective means for building solidarity between children with special needs and their peers. The educational team should share the responsibility for the education of special needs children. Parents and volunteers should be invited to take an active part in the work of the school. Teachers, however play a key role as managers of the education process, supporting children through the use of available resources both within and outside of the classroom. The major thrust of SSA is on inclusion or mainstreaming Children with special needs (CWSN) into the fabric of formal elementary schooling.

Experiences of programmes like DPEP and various research findings have shown that inclusion is best determined by the individual needs of the child. Most children with special needs can be enrolled and retained in regular schools if adequate resource support is provided to them, whereas there are others who might have to be provided some kind of pre-integration programmes before they can be mainstreamed in a classroom. There might be still some CWSN with severe profound disabilities, who would require an educational programme and intensive specialized support completely beyond the purview and scope of a formal school in the current situation.

The central purpose becomes more challenging as schools accommodate students with increasingly diverse backgrounds and abilities. As we strive to meet these challenges, the involvement and cooperation of educators, parents, and community leaders is vital for the creation of better and more inclusive schools. Thus this study is the need of the hour and is an effort to study the support services for children with special needs in the elementary schools of Punjab.

1.8 STATEMENT OF THE PROBLEM

“A Study of Support Services for Children with Special needs in Elementary Schools of Punjab”
1.9 OPERATIONAL DEFINITIONS OF THE TERMS USED

**Support Services** - Support services are the additional services provided to children with special needs to meet their educational needs in schools.

**Administrative support** for children with special needs provided by Government and the school.

**Academic support** provided by teachers to children with special needs in the school.

**Parental support** given by parents to children with special needs.

**Peer support** given by the peers of children with special needs in the school.

**Community support** given by community members to children with special needs.

**Children with Special Needs** - Children with special needs are those who differ from the average to such a degree in physical or psychological characteristics, that school programs designed for the majority of children do not afford them opportunity for all round adjustment and optimum progress, and who therefore need either special instruction or in some cases special ancillary services, or both, to achieve a level commensurate with their respective abilities.

According to NCERT (1988) “A child has special educational needs if s/he has difficulty in learning. This requires special educational provision to be made for her/him. A child has learning difficulties because of a disability which hinders him/her from making use of the existing educational facilities provided for all other children of his/her class. A child has learning difficulties because of some other reasons too”.

According to Warnock Report (1978) “A child will have special educational needs if she/ he have a learning difficulty requiring special educational provisions. The ‘learning difficulty’ includes not only physical and mental disabilities, but also any kind of learning
difficulty experienced by a child, provide that it is significantly greater than that of the majority of children of the same age”.

1.10 OBJECTIVES OF THE STUDY
1. To present the status of inclusive education to children with special needs in the Malwa belt of Punjab.
2. To study the various support services required for children with special needs for their successful completion of elementary education.
3. To ascertain the academic support provided to children with special needs in the elementary schools.
4. To study the administrative support given to the elementary schools for the education of children with special needs.
5. To study the support given by the parents to their children with special needs.
6. To ascertain the community support for the education of children with special needs in elementary schools.
7. To study the support given by Peers to children with special needs in elementary schools.
8. To study the difference in support services for children with special needs in the Malwa belt of Punjab.

1.11 DELIMITATIONS OF THE STUDY
1. The present study will be confined to elementary schools in the Malwa belt of Punjab.
2. The study will be delimited to four districts of Malwa region of Punjab.
3. Only Government elementary schools having resource rooms will be taken for the study.
4. The study will be delimited to visually impaired, orthopedically impaired, hearing impaired, mentally retarded and learning disabled.