CHAPTER – I : INTRODUCTION

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CHAPTER - I

1.1 Introduction

Education is as old as man’s capacity to learn, and with the passage of time the meaning of education has changed considerably. In primitive societies informal education was there and it was based on routine activities like hunting and food gathering. Later on, education was extended to the field of the 3 R’s, i.e., Reading, Writing and Arithmetic. With the development of modern society, education has come to refer to the all-round development of human personality with proper guidance and training, which is a lifelong process right from birth to death, from womb to tomb.

In the modern period most of the academic learning takes place in a school classroom which is populated with teachers and students, and the educational provisions in ordinary schools are confined to the educational needs of the average child. A typical elementary classroom is occupied by students with a wide range of abilities. It assumes that all children are alike in their interests, needs and abilities, but the fact is that no two individuals are alike in this world. Individuals differ not only from one another but even the same individual differs from one ability to another within his own self.

The primary task in the classroom is learning. Learning is a step by step, complex, interwoven and multi-level process. It comprises the complex sequential processes of input, processing and output. Each of these has several essential components and the impairment or dysfunctioning of anyone of these causes problems in learning.
Children in a classroom come under four categories of learning potentialities i.e., Bright, Average, Slow and Retarded. There are some children who cope perfectly well with the world and the school in every other respect show very little progress in learning. Teachers may come across children who excel in dance, music, arts and some other activities. But on enquiry the teachers may complain about their poor performance in academic activities. Parents may think that their children are not interested in studies. Teachers who are dealing with such children may be confused because a particular student may recite a poem correctly but commit mistakes when asked to read or write the same. If this situation continues in normal classrooms such students will be labelled as dull or poor, and will be neglected by the teachers and parents. Instead of abandoning them, their difficulties must be assessed and steps should be taken for their progress.

In the year 1962, Samuel Kirk used the term ‘learning disability’ as disorder or delayed development in the process of speech, language, reading, writing, arithmetic or other school subjects resulting from a psychological handicap caused by a possible cerebral dysfunction and emotional or behavioural disturbances. It is not the result of mental retardation, sensory deprivation or cultural and instructional factors. Moreover, in the intelligent tests their scores fall within the range of 80 to 90 IQ, or more than this. These children experience substantial deficiency only in the particular aspect of academic achievement. Their lower achievement in some subjects is linked to limited learning capacity. Ten to fifteen percentage of our school population is suffering from such difficulties and are branded as slow learners, low intelligence, retarded, under-achievers and so on. The teacher cannot find out the basic problem of the slow learner and the student becomes an abandoned one. As a result of this situation, the percentage of dropout and stagnation will rise. The class teacher and other teachers should know the individual differences of their students and their difficulties must
be assessed and steps should be taken for their all round development. In this context, the role of the teacher will change to a counsellor or a facilitator or even a medical practitioner, and thus teaching will become a challenging profession.

1.2 Concept, Meaning and Definitions of Learning Difficulties / Disabilities

The term ‘learning disability’ is used to describe a particular population of children, adolescents and adults who have problems in learning. Learning disability is found across all ages and socio-economic classes, or we can say that it is a universal phenomenon. It is not a category of mental retardation as sometimes mistakenly thought. The study of what is today called ‘learning disabilities/difficulties’ had its origin in the 1800’s in a variety of diverse areas of interest, but acceptance of the term ‘learning disabilities’ came in the mid 1960’s. Dember (1964) provides an account of investigations relating to visual perception as early as 1801. These attempts could now be considered research in learning disabilities.

Wiederholt (1974) has provided one of the more complete reviews of the history of learning disabilities. In a chapter in ‘The Second Review of Special Education’, he calls the years from 1800 to 1930 the foundation phase of the learning disabilities movement. The time from 1930 to 1960 is viewed as a transition phase, and from 1960 to the present is called the integration phase.

During the 1950s a special educator of international renown Dr. Samuel Kirk, started investigative efforts that played a major role in the recognition of learning disabilities as a sub-area of special education. Dr. Kirk, known for his work on the mentally retarded and for a variety of efforts on behalf of all handicapped children, became involved in the development of a new type of diagnostic tool. He points out that there are a
number of children who are not deaf, not blind, not mentally retarded, but who have difficulty in learning under ordinary school instruction. Those among others constitute the group that has been labelled ‘specific learning disabilities’. The label ‘learning disability’ has recently evolved to encompass the heterogeneous group of children not fitting neatly into the traditional categories of handicapped children. A substantial number of children show retardation in learning to talk, do not acquire other communication skills, do not develop normal visual or auditory perception, or have great difficulty in learning to read, to spell, to write or to make arithmetic calculations (Samuel A. Kirk et al., 1979).

In the early 1960s, the difficulty that many children were having with learning began to attract serious attention in the United States. An increasing number of children showing difficulties in reading, writing and mathematics were identified as falling behind gradelevel work. These children were otherwise bright, fairly articulate in their verbal expression, and did not appear to have any form of mental retardation, sensory handicap or visual impairment. Educators and professionals began to take these learning difficulties seriously. On April 6, 1963, Dr. Samuel Kirk addressed a gathering of anxious parents in Chicago, where he first used the term ‘learning disability’ to describe these children: “......... this meeting is not concerned with children who have sensory handicaps, such as the deaf or the blind, or with children who are mentally retarded....... It is concerned primarily with children who can see and hear and who do not have marked intellectual deficits, but who show deviations in behaviour and in psychological development to such an extent that they are unable to adjust in the home or to learn by ordinary methods in school.” (Hallahan and Cruick Shank, 1973)

When Kirk referred to learning disabilities in his speech in 1963, he provided the basis for most definitions in use today, but in a speech
delivered at the 1975 Association for Children and Adults with Learning Disabilities (ACLD) meeting, he indicated that, although he could define learning disabilities ten years ago, he was not certain that he could in 1975.

The first ‘official’ definition was provided in 1968 by the National Advisory Committee on Handicapped Children (NACHC). Confusion now exists in relation to the category of special learning disabilities. Unfortunately it has resulted in the development of overlapping and competing programs under such headings as ‘Minimal Brain Dysfunction (MBD)’, ‘dyslexia’, ‘perceptual handicaps’ etc.

A Federal study, sponsored jointly by the National Institute of Neurological Diseases and Blindness, the National Society for Crippled Children, and the U.S. Office of Education, attempted to define more clearly the nature and extent of these problems and to provide a basis for the planning of more effective programme of research and service. To serve as a guideline for its programme the committee suggested the following definition: “Children with special learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written languages. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia etc. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance, or to environmental disadvantage” (USOE, 1968).

The USOE is very influential in determining directions of the definition of learning disabilities. With the passing of Public Law 94-142, it was assigned the charge of providing leadership and support to the very difficult task of defining learning disabilities more precisely. After extensive
efforts to improve on the definition, the USOE released the 1977 Federal Register, which includes the regulations for defining and identifying learning disabled students under Public Law 94-142. These regulations endorse a definition almost identical to the NACHC’s: ‘specific learning disability’ refers to a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing or motor handicaps, mental retardation, emotional disturbance, environmental, cultural, or economic disadvantage (USOE, 1977).

In 1981, The National Joint Committee for Learning Disabilities (NJCLD) issued the following definition: 'Learning disabilities 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’ (Hammill, Leigh, McNutt & Larsen, 1981).

The NJCLD was comprised of representatives from the American Speech Language Hearing Association (ASLHA), the Association for Children and Adults with Learning Disabilities (ACLD), the Council for Learning Disabilities (CLD), the Division for Children with Communication
Disorders (DCCD), the International Reading Association (IRA) and the Orton Dyslexia Society.

The NJCLD definition emphasizes the severity and heterogeneity amongst the learning disabled. It redirects the fields of attention to the internal nature of learning disabilities but eliminates exclusive focus on psychological processing disorders contained in former definitions. A direct close relationship of learning disabilities to other handicapping conditions or environmental influences is denied. The cognitive, linguistic and academic nature of learning disability is stressed.

In 2000, Office of Special Education Programme (OSEP) convened a group of 18 education experts to re-examine the problems of defining learning disabilities with the purpose of providing a basis for future legislation. In 2001 they proposed the following definition: “The central concept of SLD (Specific Learning Disabilities) involves disorders of learning and cognition that are intrinsic to the individual. SLD are specific in the sense that these disorders each significantly affect a relatively narrow range of academic and performance outcomes. SLD may occur in combination with other disability conditions but they are not due primarily to other conditions, such as mental retardation, behavioural disturbances, lack of opportunities to learn, or primary sensory deficits” (Bradley et al., 2002).

The American Special Education Law, the Individuals with Disabilities Education Act (IDEA, 2002) defines a specific learning disability as: “.......... a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and
developmental aphasia. However, learning disabilities do not include learning problems that are primarily the result of visual, hearing, or motor disabilities, mental retardation, emotional disturbance, environmental, cultural or economic disadvantage”. [34 Code of Federal Regulations Section 300.7(c) (10)]

1.3 Types of Learning Disabilities / Difficulties

Learning difficulties can be classified into various categories like oral language disabilities, reading disabilities, writing disabilities and arithmetic disabilities. Dysphasia and aphasia come under oral language disabilities. A partial inability to comprehend the spoken word is called receptive dysphasia and the inability us called to speak expressive dysphasia. It is believed to be the result of injury, disease or maldevelopment of the brain. The loss of ability to comprehend, manipulate or express words in speech, writing or gestures is referred to as aphasia. The inability to comprehend spoken words is termed as auditory aphasia and the inability to formulate sentences properly is called formulative aphasia.

i) Reading Difficulties

Reading is an important tool and skill for understanding and communicating ideas. Reading ability and the development of reading skills have remarkable influence in the learning and teaching of language. Albert J. Harris (1974) has emphasized the importance of reading in the following manner: “Formerly one of the major goals in elementary education was ‘learning to read’, now the emphasis is placed upon ‘reading to learn’. In the primary grades, skillful teaching of reading is of the highest importance.”

The concept of reading has been judged as the ability to extract visual information from the page and comprehend the meaning of the text. Hence the process of reading consists of two aspects, namely, word decoding and
comprehension. The cognitive processes underlying decoding are simultaneous and successive. Reading comprehension consists of a dynamic interaction among three elements, i.e., the reader, the text and the context. Thus children with poor ability on these two aspects of reading are called reading disabled or ‘dyslexic’, and the problem is called ‘dyslexia’. It is a severe reading disability accompanied by visual perception problems.

Reading is one of the most important language skills. Students must be able to acquire these skills in the early stages of schooling because deficiency in reading affects the total performance of a child in all subjects in school and in later life. A disabled reader creates problems not only for himself but for the nation also. So it is important to identify and provide remedial measures to these children.

Several authorities (Brabner, 1969; Carnine & Silbert, 1979; Kaluger & Kolsen, 1978) suggest that reading difficulty is the principal cause of failure in school. Reading experiences strongly influence a student’s self-image and feeling of competency (Carnine & Silbert, 1979). Athey (1976) concludes that, in American culture, learning to read is important for maintaining self respect and for obtaining the respect of others.

**ii) Spelling Difficulties**

Spelling is the forming of words through the traditional arrangement of letters. The ability to spell is essential because it allows one to read written words correctly. In addition, incorrect spelling often results in an unfavourable impression, and the poor speller may be considered uneducated or careless.

Spelling involves skills in the visual, auditory and motor sensory modalities. The student must be able to exhibit visual and auditory
recognition and discrimination of the letters of the alphabet and must have motor control to write the word.

Spelling disabilities are often associated with reading disabilities. It is true that poor readers are generally poor spellers, but the reverse is not always true, for some good readers are poor spellers. Many of the learning disabled may suffer from difficulties in writing words with the correct spelling.

Hannah, Hodges, and Hannah (1971) have presented an excellent analysis of spelling. They discuss the structure and strategies that can be used in teaching spelling from kindergarten to the eighth grade. In their comprehensive book no mention is made about what to do with the child who fails in spelling programme, in other words, with the child who has a learning disability affecting spelling.

The first task of a teacher is to determine the present level of spelling skill and that of other academic skills for comparative purposes. Then the teacher needs to determine the method by which the child learns to spell.

**iii) Writing Difficulties**

Written language is a highly complex form of communication. It is both a skill and a means of self-expression. It integrates visual, motor, and conceptual abilities and is a major means through which students demonstrate their knowledge of advanced academic subjects. Hamill and McNutt (1981) reported that writing skills are among the best correlates of reading. Such skills include competence in writing, spelling, punctuation, capitalization, studying, making sound-letter correspondences, knowing the alphabet, and distinguishing one letter from another.
Writing problems are technically known as ‘dysgraphia’. It is written language disorder related with the mechanical writing skill of an individual. It manifests itself in poor writing performance in children of at least average intelligence who do not have a distinct neurological disability or an overt perceptual motor handicap. Researchers have indicated that poor handwriting constitutes one of the major learning deficiencies found in the learning disabled. Most learning disabled children hate to write and avoid it wherever possible.

Writing disabilities are often found in children who have reading and spelling disabilities. They are also found in children who can read and spell orally but who have not learned to express their ideas in writing. Smith (1981) identified that learning disabled students need direct, concentrated instruction to become proficient in written communication.

Children show a variety of handwriting problems such as slowness, incorrect direction of letters and numbers, too much or too little slant, spacing, messiness, inability to stay horizontal, illegible letters, too much or too little pencil pressure, and mirror writing. Sometimes basic problems of motor co-ordination, perceptual motor difficulties and left-handedness must be attacked in conjunction with the child’s difficulty in handwriting.

**iv) Arithmetic Difficulties**

Mathematics is a universal language enabling people to think, record and communicate the elements and relationships involving quantity (Lerner, 1981). It includes both verbal and written symbols that denote size, order, relationships, space, distance and time. For people to participate fully in society, they must know basic mathematics.

Many of the learning disabled children may be found to exhibit serious learning difficulties in arithmetic primarily related to mathematical
calculations and mathematical reasoning. ‘Dyscalculia’ is the most widely used term for the learning problems and difficulties faced by the children in mathematics.

Learning problems in arithmetic have traditionally received less attention than other academic areas (Bartel, 1982). Some children show perceptual problems. These problems may be due to figure-ground problems, discrimination errors, or spatial problems. Children with perceptual problems often confuse place on the worksheet, read multi-digit numbers, may not finish a problem on a page etc. They might have difficulty in differentiating between numbers like 6 and 9, 2 and 5, 15 and 51; between operating symbols, clock hands etc. Copying shapes or writing across the paper along a straight line, or the ‘before / after’ concept, or directional aspects of arithmetic e.g. adding, positive and negative number, may be of great difficulty to such children. Retaining mathematical facts, meaning of symbols, difficulty in mastering facts over time and counting rationally may be a big problem for children with learning difficulty. Difficulty in reading and understanding the vocabulary of word problems in mathematics, reasoning, comparing the size, quantity, understanding the symbols and the motor co-ordination involved in writing numbers legibly, with speed and accuracy may all contribute to arithmetic disability. Children with learning disability may have problems in receptive and expressive language in terms of meanings of certain terms like minus, add, divide, regroup, multiplication, place value and also the words that have multiple meanings like carry over, times etc.

\(v\)  \textit{Organisational Difficulties}

Some students with learning difficulties have difficulty organizing material while completing school assignments or in personal organisation matters such as bringing the correct books to class or arriving at class on
time. Learning disabled students fail to use strategies that non-disabled students readily use.

Some organizational difficulties in the classroom situation are,

a) Forgetfulness

- Forgets the contents read
- Forgets physical education kit
- Does not bring homework

b) Poor concept of time

- Not understanding time limits. e.g. How long is 10 minutes?
- Limited concepts of days and months. e.g. ‘Bring your reply slip back on Wednesday.’

c) Sequencing skills

Learning disabled children are found to be unable to do things in the right order. Long (2007) states that between 4 percent and 19 percent of the errors made by young, poor readers can be ascribed to reversed sequences. There have been suggestions that children with specific learning difficulties have a more basic and central sequencing defect (Sizemore, 1994).

1.4 Characteristics of Children with Learning Difficulties

There are several general characteristics that many of the learning disabled students possess, of which teachers should be aware prior to planning instruction. Many students with learning disabilities have some of the following characteristics:
• hyperactivity
• impulsivity
• perceptual impairment
• emotional problems
• equivocal or soft neurological signs
• disorders of memory, thinking
• general co-ordination deficit
• disorders of speech and learning
• disorders of attention
• specific learning difficulties in the area of reading, writing, spelling and arithmetic

According to the frequency of occurrence, the following characteristics have been identified as widely prevalent in children with learning difficulty.

i) Disorders of Attention

Some students display severe problems in maintaining attention to any task, both in and out of school. These children have been classified as having Attention Deficit Disorder (ADD) (American Psychiatric Association, 1994). Children with ADD display diminished persistence of effort, have difficulty sustaining attention to task, are overactive and do not seem able to inhibit impulsive actions or responses (Lowe and Reynolds, 2000). Such students generally have difficulty in maintaining their concentration on a topic. Depression, anxiety, fear, emotional problems or stress can lead to problems in concentration.
ii) **Hyperactivity and Impulsivity**

Children with learning difficulties may exhibit symptoms of hyperactivity (high rate of purposeless movements) and attention deficit (inability to attend to a task). The term currently used to describe this combination of behavioural traits is Attention Deficit Hyperactivity Disorder (ADHD). Learning disabled children may be found to demonstrate the symptoms of impulsivity. An impulsive child cannot keep himself away from touching and handling objects particularly in a strange or over-stimulating environment. The child’s impulsivity may lead him into conflict with the demands of conformity as established by the society.

Blackman and Goldstein (1982) suggested that when the learner does not know how to respond to incoming stimuli, he produces an incorrect response by either ignoring the relevant features of the task (impulsivity) or responding with excessive activity (hyperactivity). Hyperactivity or hyperkinesis has been considered as synonymous with learning disability for a very long time, although the relationship between the two is still not clearly substantiated. Ross (1977) states, ‘Many children are hyperactive without being learning disabled; some learning disabled children are also hyperactive’.

iii) **Disorders of Memory**

Children with learning disability are often characterised by inefficient memory systems. They are unable to spontaneously use rehearsal strategies, or reorganise information in a meaningful way. Early research suggested that this occurred because learning disabled children could not retrieve stored information efficiently. More recent theories focus on their inability to impose structure on information which is a key factor in memory. The following peculiarities are often present in learning disabled children.
i. Learning disabled children find it difficult to recall visual material (patterns, spellings, word order in a sentence etc.).

ii. Learning disabled children are very poor in tasks requiring auditory discrimination or aural discrimination.

iii. Learning disabled children are unable or difficult to use strategies for verbal rehearsal.

Hallahan and Kauffman (1982) identified that usually learning disabled students have problems remembering auditory and visual stimuli. Teachers frequently report that these students forget spelling words, math facts, and directions. Torgesen and Kail (1980) state that learning disabled students may have difficulty in remembering because of their poor language skills. Thus, verbal material may be particularly difficult to remember. Research shows that students with LD do have more problems with memory than students without LD (Geltinger, 1991).

iv) Academic Characteristics

In the area of academic learning, children with a learning difficulty are low achievers. They may have problems in the specific areas of reading, writing and arithmetic. The difficulties related to academic work generally appear as early as kindergarten and continue into adolescence and adulthood. The following are some typical learning difficulties:

a) Disorders of Reading (Dyslexia): A good piece of reading is essential for conveying one’s ideas in a right and clear manner. It is the primary tool of education. Dyslexia refers to a specific difficulty in reading. A dyslexic child reads slowly, often reversing letters, words or numbers. The child may try to guess while reading, omitting or adding words not in the text. The child may have a poor vocabulary and weak comprehension. Research has proved that the dyslexic child fails to perceive and analyse distinctive
features automatically and overlook the sequential features of a story, which affect comprehension and focus less on meaning.

The dyslexic child has persistent difficulty in learning the components of words and sentences. There may be a history of delayed language development and the child almost always has problems in writing and spelling (Bryan & Bryan, 1978).

b) Disorders of Writing (Dysgraphia): The word ‘dysgraphia’ means difficulty in expressing thoughts in writing, or what is generally referred to as writing difficulty. A dysgraphic child may have difficulty in forming the letters and / or the speed of writing will be slow. His handwriting could be extremely untidy, perhaps even illegible. Words are frequently omitted and little attention is paid to punctuation or spellings. The total number of words and the length of sentence are reduced.

Most learning disabled students experience difficulty with handwriting and probably could be considered dysgraphic. The relationship between learning disabilities and poor handwriting has been discussed in the literature in this field (Hallahan, Kauffman & Lloyd, 1985; Blandford & Lloyd, 1987). James et al., (2001) states that students with writing disabilities demonstrate a poor awareness of text structure, are unaware of their own cognitive process of writing and have little understanding of the structure of a paragraph.

c) Disorders of Mathematical Learning (Dyscalculia): Arithmetic disabilities of a severe nature are less frequent than reading disabilities and receive less attention. With the availability of inexpensive electronic calculators, a temporary way out of learning disabilities has arrived, but it does not eliminate the value of knowing the fundamentals of arithmetic skills.

Arithmetic disabilities may be found in children of normal intelligence who are adequate in reading and spelling. Just as children who are doing fifth and sixth grade work in arithmetic computation may be
reading at the first grade level, so children who are reading at the fifth and sixth grade level may be unable to add or subtract. Such a condition has been labeled ‘dyscalculia’ in the literature.

With children it is difficult to determine whether the arithmetic disability is the result of a genetic factor or a cerebral dysfunction acquired before, during or after birth or whether it is due to poor instruction, to emotional factors or to the lack of early exposure to quantitative thinking.

Several authorities (Bley & Thornton, 1981; Kaliski, 1967) noted that many of the characteristics attributed to learning disabled students are related to arithmetic difficulties (problems of perception, memory, language, reasoning, motor functioning, and reading).

McLeod and Crump (1978) studied the math achievement of learning disabled students and its relationship to numerous ability areas. Their results indicate that verbal ability and visuospatial skills positively relate to math achievement.

d) Disorders of Listening: Listening is a complex process which requires good attention, discrimination and memory systems. Some learning disabled children may find it difficult to make sense of what is said to them. They feel difficulty in recognizing words having multiple meanings or words used in different contexts. Learning disabled students cannot understand figurative language idioms, words with multiple meanings etc. They have difficulty in understanding sarcasm, humour and play on words. Tallal (1976) has shown that children with language-related learning problems sometimes demonstrate a slow auditory processing time.

e) Disorders of Speech: Spoken language and learning disabilities have been closely aligned. Some learning disabled children’s speech are very limited in structure and content. They meet problems with tense, pronouns
and other grammatical structures. Omission of words and word endings, insertion of extra words or word parts in sentence, awkward organization of spoken language and articulation problems are some disorders of speech found in learning disabled children. Problems in expression often appear as articulation disorders (Bock & Mercer, 1981). In articulation disorders, the child may substitute (‘wabbit’ for rabbit), omit (‘oo’ for you) or distort a sound (a lisp). Problems may also occur in reception such as in discrimination difficulty. For example, the child may hear ‘Go, get the nail’ when the command was actually ‘Go, get the mail’. The child does not respond correctly since she/he cannot tell the difference between /n/and/m/. Phoneme discrimination errors may occur in comprehension of consonants, consonant blends and vowels.

v) Social and Interpersonal Characteristics

‘Tendency to be alone’ is a main feature of learning disabled children. They are sometimes socially maladjusted as they exhibit emotional liability and are at risk of social rejection. They elicit negative reactions from others because they lack social comprehension skills. As they exhibit difficulties in reading social cues, they may misinterpret the feelings and emotions of others. They have difficulty in understanding the perspective of others, as it is a complex cognitive-affective task. They also tend to have trouble in communicating with others, both as listeners and speakers. This puts these children at risk to have social difficulties.

Studies indicate that learning disabled children have poor social skills, and are considered unattractive by their peers. Research by Bryan and Pflaum (1978) documented that learning disabled children fail to read social cues and may misinterpret the reactions of other people. They lack role taking skills and find it difficult to adopt another’s point of view.
vi) Perceptual Motor Problems

Perceptual problems (inability to recognize, discriminate, and interpret sensation) have traditionally received much attention by several learning disability authorities. Work in this area is highlighted by studies of visual and auditory perceptual disabilities. Some common terms in the area include visual reception, visual discrimination, visual memory, auditory discrimination, auditory memory and inter-sensory integration. Cruickshank (1976) maintains that perception and neurological involvement are the key factors in defining learning disabilities.

There was a proliferation of training programmes developed in the 1960s for visual perceptual and visual motor disabilities. The most notable figures promoting these programmes were Newell Kephart, Marianne Frostig, Gerald Getman, Raymond Barsch, Glen Deman, and Cal Delacto.

Newell Kephart probably did the most to create an upsurge interest in visual and visual-motor problems in children with learning disabilities. His major publication was ‘The Slow Learner in the Classroom’ (Kephart, 1960), which contained his theoretical ideas as well as numerous perceptual-motor training exercises.

Early theories in the field of special education emphasized the presence of visual perceptual deficiencies as a primary deficit associated with learning disorders. Frostig, Lefever, and Whitehead (2003) stated that, it is most important that a child’s perceptual disabilities, if any exist, be discovered as early as possible. All research to date which has explored the child’s general classroom behaviour, has confirmed the author’s original finding that kindergarten and first grade children with perceptual disabilities are likely to be rated by their teachers as mal-adjusted in the classroom; not only do they frequently find academic learning difficult, but their ability to
adjust to the social and emotional demands of classroom procedures is often impaired.

1.5 Factors Associated with Learning Difficulties in Children

Researchers have attempted to find out factors that inhibit the child’s ability to learn. Unfortunately, it is not possible to speak of any single factor or group of factors as directly causing a learning disability. For the parent and the teacher of a learning disabled student, it is important to be aware of causative factors so that they can choose and implement the appropriate kind of remedial programme for that child.

The literature cites many different causes related to learning disability. They include brain dysfunction (neurological damage and maturational delay), genetic factors, biochemical factors, nutritional deficiency, environmental and socio-economic factors.

i) Brain Dysfunction

The brain is the control centre of the body. When something goes wrong with the brain, something happens to any or all of the physical, emotional and mental functions of the organism. Individuals who had lost the ability to understand language, to speak, or to read as a result of injury to the brain led neurologists to investigate the relationship between brain function and communication.

Children with learning disability share several characteristics found in persons with brain damage caused by injury or infection. Neurological damage can also occur during the prenatal, natal and postnatal periods, resulting in a learning disability. Studies show that learning disability occurs if there is a maturational delay rather than a permanent dysfunction within the neurological system. Bender (1973) observed that if differential stages
in the development of the brain are delayed, a maturational lag occurs. Some
typical symptoms he mentioned were:

a) Slow maturation of language skills, especially reading
b) Delayed development of motor skills
c) Uneven performance patterns on measures of intellectual
development
d) Visual-motor problems
e) Incomplete or mixed dominance
f) Right-left confusion
g) Immaturity
h) Tendency for members within a family to show similar symptoms

Koppitz (1972-78) in a five year follow up study confirmed that
learning disabled children are neurologically immature and suggested that
they may need to start school at a later age than other children. Schools must
also accommodate their programmes to the child’s slower learning rate.

ii) Genetic Factors

Efforts have been made by a large number of people to study the
heritability of reading, writing and language disabilities. Such studies have
been made on families that have had many members with language
problems. Hallgren (1950) conducted the most extensive family study in
Sweden. He examined 276 dyslexic cases and their families. The prevalence
of reading, writing and spelling disabilities in the relatives provided strong
evidence that such conditions run in families and are consequently inherited.

Herman (1959) examined dyslexia in twins and reported that of the
twelve sets of identical (monozygotic) twins, all members were dyslexic.
Researchers have found that about 40% of first degree relatives of children
with reading disabilities have reading disabilities themselves (Pennington,
1990). An approximately equal degree of familiarity has also been found for speech and language disorders (Beichtman, Hood & Inglis, 1992).

**iii) Biochemical Factors**

There are many children with learning disabilities who are not known to have neurological problems or any history of genetic or environmental deprivation. It has been hypothesized that there is some unknown biochemical imbalance comparable to phenylketonuria as seen in the mentally retarded. Absence or excessive amounts of biochemical substances cause a biological imbalance. The use of drugs with hyperactive children with learning disabilities has resulted in considerable controversy. It should be stated that the field of pharmacology along with its relationship to learning disabilities is still in its infancy awaiting scientific studies to determine its value and dangers.

Some researchers (Ritvo, 1975; Safer & Allen, 1976) maintain that biochemical disturbances may contribute to learning disabilities. Coursin (1968) suggests that genetic factors may cause abnormal biochemical functioning.

**iv) Nutritional Deficiency**

A definite link between malnutrition and learning disabilities cannot be established but researchers assume that severe malnutrition at an early stage can affect the central nervous system and hence the learning development of the child. Nutrition is not only crucial for function, it is crucial for growth and development. Better nourished mothers produce smarter, better functioning infants. The developing child requires adequate nutrition, specially so in the first six months. A poor diet and severe malnutrition can reduce the child’s ability to learn by damaging intersensory abilities and delaying development.
Cott (1972) linked nutritional deprivation to poor biochemical functioning in the brain and suggested a form of treatment called megavitamin or orthomolecular therapy.

v) **Prenatal and Postnatal Factors**

The learning disabilities of some children may be the result of prenatal and postnatal problems. The children with learning difficulties were most often products of pregnancies with complications (such as toxemia, bleeding, and premature birth). Low birth weight has been significantly related to problems in development and later learning. Pasamanick and Knoblock (1973) mention the following factors in association with prenatal neurological damage and later learning problems:

- Maternal endocrine disorder (hypothyroidism, diabetes etc.)
- Maternal foetal blood type incompatibilities (Rh factor)
- Radiation
- Maternal age
- Drugs
- Rubella
- Anoxia
- Maternal cigarette smoking
- Premature birth
- Accident

Postnatal factors also can affect the developing child. Head injuries can result in brain injury. Malnutrition may directly or indirectly affect the development of the central nervous system and biochemical maturation and growth of the brain.
vi) **Environmental and Socio-economic Factors**

The term environmental factor is usually interpreted to include the child’s total environment. The effect of the home environment on educational outcomes, including such factors as socio-economic status (Morrison & Hinshaw, 1988) and parents’ education is being studied more widely.

Poor environment and socio-economic factors of the child may result in learning disability. The child with low socio-economic status sometimes becomes learning disabled. An emotionally unstable home environment may deprive the child of any motivation to learn. The child who never goes to school is deprived of basic academic skills. Bruner (1971) identified that poor quality teaching in schools can also cause a learning disability. Very often teachers themselves are not equipped to teach a particular subject. A poor teaching style, not giving the learner enough time to acquire basic skills, moving too fast and failure to understand how best a child learns can result in learning difficulties of the kind. Bad school environment also causes learning disability in children.

1.6 **Learning Difficulties and Academic Achievement**

Education is a unique investment and academic achievement is a vital aspect of it. Academic achievement is considered as a key to judge one’s potentialities and capacities. Hence, educators give paramount credence to the intellectual attainment of the child in the form of scores and grades. In this hectic process of attainment, a significant number of children lag behind, leaving parents and teachers with so much of disappointment and queries as to when it went wrong.

The reasons for achieving low in academics are numerous. Most of the sensory and physical disabilities are radically apparent to the observer,
but handicaps of the underachiever or academically weak students are not always so obvious. Their handicap is not related to their cognitive ability alone.

Learning is implicit in every aspect of development. There are times when we come across such situations where some children who in most ways seem normal, have difficulty in learning or remembering in the classroom situation unlike the other children. They have difficulty in educational performance, copying, writing, listening, understanding, number, speech and communication. This handicap is usually referred to as ‘learning difficulty’.

A learning disabled student gets low marks in the examination. His academic achievement will be low when compared to normal students of his class. With the right support and intervention, however, children with learning difficulties can succeed in school and go on to successful, often distinguished careers later in life. Teachers can help children with learning difficulties achieve such success by encouraging their strengths, knowing their weaknesses, understanding them well and developing learning strategies to deal with specific difficulties in children.

Walker et al. (2007) examined the academic achievement and social functioning of children with learning difficulties (LD) and children without LD (7-12 years old). Attainment scores in Mathematics and English were obtained for each child, and a sample of children without LD was further classified as low achieving (LA) or high achieving (HA) on the basis of these scores. Sociometric and peer behavioral attribute scores were collected for each child. Findings indicated correlations of attainment with sociometric status and also with behaviour attributes. Boys and girls differed on the proportion of variance in sociometric status accounted for by academic achievement and also by various behavioural attributes. HA
children scored higher on positive sociometric status than children with LD and higher on positive behaviours than both LA children and children with LD. Children with LD scored higher on negative behaviours than both HA and LA children. The findings are discussed as indicating a relationship between academic achievement and social adjustment, suggesting that intervention strategies need to target social relationship difficulties in LA children as well as children with LD.

1.7 Influence of Psycho-social Variables on the Academic Achievement of Students with Learning Difficulties

The Online Oxford English Dictionary (2008) defines the term ‘psycho-social’ as “pertaining to the influence of social factors on an individual’s mind or behaviour, and to the interrelation of behavioural and social factors”.

Psycho-social variables encompass two categories. The first consists of psychological attributes like achievement motivation, self-concept etc. which exist at the individual level, and are likely to be the result of the process of socialisation. The second category is sociological that is more structural in nature. Social and personal adjustment, home environment are examples of ‘social’ variables.

There is widespread recognition that children with learning disability may experience social and emotional problems because of their learning difficulties. They experience stress, anxiety, depression, low self-concept, poor socio-personal adjustment etc. The psycho-social variables viz., achievement motivation, self-concept, home environment, personal adjustment, and social adjustment and their relationship with academic achievement are explained in detail.
i) **Achievement Motivation and Academic Achievement**

Teachers and parents often note that learning disabled students do not have the motivation needed for learning academic tasks. This lack of motivation may be the consequence of chronic academic failure. When students learn to doubt their intellectual abilities, they come to view their achievement efforts as futile. Learning disabled students tend to hold negative self concepts in regard to their academic performance, further they do not think that they are in control of their academic destinies.

Studies of motivation in learning disabled students often involve an analysis of the student’s style of attribution. Attribution refers to the student’s ideas concerning the causes of events, that is, how they explain to themselves the causes of their academic successes and failures. Good learners tend to attribute their successes and failures to their own efforts or actions. They persevere on difficult tasks, delay gratification, and are actively involved in the learning situation. In contrast, learning disabled students often attribute their success to luck or the teacher and they blame failures on their lack of ability or the difficulty of the task. They become passive learners who are unable to work through challenging tasks even though they have the skills and abilities to do so.

Smith (1969) defines achievement motivation thus: ‘It is a task-oriented behaviour that allows the individual’s performance to be evaluated according to some internally or externally imposed criterion, that involves individual in competing with others, or that otherwise involve some standard of excellence.’ Achievement motivation can be seen in many areas of human endeavour on the job, in school, in home making or in athletic competition, for example, people in whom the need for achievement is strong seek to become accomplished and to improve their task performance. They are task oriented and prefer to work on tasks that are challenging.
Children learn by copying the behaviour of their parents and other important people who serve as models. Through such observational learning, children take on, or adopt, many characteristics of the model, including the need for achievement if the model possesses this motive to a marked degree.

The expectations parents have for their children are also said to be important in the development of achievement motivation. Parents who expect their children to work hard and to strive for success will encourage them to do so and praise them for achievement-directed behaviour. A specific set of parental expectations related to achievement motivation concerns ideas about when children should become independent in skills such as standing up for one’s rights, knowing one’s way around town, playing with minimal supervision and, in general, doing things one self.

The degree to which people with strong underlying achievement motivation show achievement-oriented behaviour depends on many factors. One of these is another motive – fear of failure – which is said to inhibit the expression of achievement behaviour (Atkinson, 1964).

A student’s motivation to learn and achieve is also threatened by continuous failure. When their attempts to learn are perceived as futile, the students’ interpretation is that they have lost control of the situation. For example, if they have tried their hardest, yet people tell them to try harder, they do not know what to do. They develop a ‘helpless’ orientation toward learning situation, withdraw effort and appear to be without motivation.

Those learning disabled students who do not develop such emotional responses to failure and continue to be motivated to learn tend to perceive that they have maintained control. Therefore, the support system must strive to promote the students’ feelings of control and power over their destiny by helping students to: (1) develop skills in decision making and providing opportunities to make decisions (2) recognize the causes of success and
failure so that instead of always blaming themselves they come to feel that their efforts will influence the outcome and (3) develop coping mechanisms and strategies for responding constructively to failure.

There are a lot of studies about the achievement motivation of the non learning disabled students but there are only a few studies on the achievement motivation of the L.D students. According to these studies learning disabled students exhibit a discrepancy in achievement and apparent potential for learning. It is assumed that learning disabled students need more motivation as compared to normal students. The learning disabled child with proper attention has the potential for normal development and successful school achievement.

ii) Self Concept and Academic Achievement

Self concept is generally considered to be an important factor underlying the behaviour of an individual. A great deal of research has indicated that self concept is positively related to academic success. Studies have found such a relationship to appear as early as kindergarten to continue through elementary school years and to persist at the secondary and college level.

Some students have little confidence in their own abilities. Black (1974) found children with learning disabilities to be lower in self concept than their peers. In addition, Black noted that self concept was directly related to achievement (i.e., the lower the self concept, the lower will be the level of achievement). Due to repeated academic failure, disappointments, and frustrations, it is not surprising that many learning disabled students have low feelings of self worth. Some students may refuse to even try a task due to fear of failure.
Self concept indicates how much a pupil is satisfied with the ‘self’ at mind, worries, sadness, inadequacies, handicaps, immoralities, undue aggression and conformity and possess personal qualities like self confidence, commitment, feeling of self worth, sympathetic resourcefulness, responsibility etc. Learning disabled children need to feel accepted as capable and competent. If these needs are not met, emotional and behavioural problems may develop. Learning disabled children are especially vulnerable in this respect. Repeated failures and negative feedback from others frequently lead to a sense of low self worth, and students with learning problems often enter a self defeating cycle in which academic failure and self doubt impact each other. Learning disabled students tend to hold negative self concepts in regard to their academic performance, further they do not think that they are in control of their academic destinies.

The attainment of a favourable attitude toward oneself has been regarded as important by a number of personality theorists such as Rogers, Murphy, Horney and Adler. This belief in the importance of self concept is also shared by many clinicians and social psychologists. Studies reveal that persons who seek psychological help frequently acknowledge that they suffer from feelings of inadequacy and unworthiness. These people see themselves as helpless and inferior, as incapable of improving their situations, and as lacking the inner resources to tolerate or to reduce the anxiety readily aroused by everyday events and stress (Rogers and Dymond, 1954). Hansfold and Hatti (1982) in a motor analysis found that school performance indicators were highly correlated to self concept.

Self concept is not something separate from school performance in reading, math and social and physical skills. It is an important and integral part of performance. Many studies conducted since the 90’s indicate that children with high self concept perform better in their schoolwork than children with lower levels of self concept.
iii) **Home Environment and Academic Achievement**

Of all the conditions that influence personality development, relationship between the individual and members of the family ranks first. The home is the person’s primary environment. Family influences are ruling determinants of what the person’s self concept will be in adult life as well as in childhood.

One of the principal ways in which the family influences a person’s self concept is through a mirror image of himself, or what he believes the members of his family regard him. The family becomes a looking glass in which the person sees himself. The ideal home is where each member of the family is respected and given rights, privileges and responsibilities, where there is no dominance of either or both of the parents. This gives the child a sense of security. Studies indicate that the child’s performance in the school is adversely affected by poor relationship between him and his parents. Collaboration between their families and the school is important for all students, but it is particularly important for students with disabilities.

Families of students with disabilities are very involved in supporting their children’s educational development, both at home and at school. Compared with their peers in the general population, families of students with disabilities are markedly more involved in home based activities, particularly in helping with homework and at times more involved in school based activities.

Home environment is one of the most potential factors influencing the development of a child. All children are born into a ‘family’ of some kind. The type of living arrangement or family in which a child grows up influences his or her development in several possible ways. The socially valued characteristics like self esteem, academic achievement and psychological adjustment in young children are found to be dependent upon
the support they obtain from their family which includes the family’s economic, social and cultural environment, and of the neighbourhood, physical facilities provided etc. The teacher is able to realise fully the reason for defective performance. Several studies have revealed that home environment is a potential determinant of educational attainment. The educational status of parents and other members in the family, the income of parents, the number of school-going children and the occupational status of parents have influence on the achievement of pupils.

Educationists all over the world have been convinced of the importance of home environment on academic achievement and they know that it is the lack of a suitable home environment that handicaps learning disabled children from achieving their best in life.

Using data from a longitudinal study of high risk children (N=174), Jimmerson et al. (1999) examined deflections from predicted achievement scores on the basis of the discrepancy of observed scores from an established regression line (from first to sixth grade and first grade to age 16 years). Years in special education and socio economic status (SES) were related to changes in math achievement between first and sixth grade, whereas SES, child behaviour problems and quality of home environment were related to deflections in achievement from first grade to age 16 years. Environmental factors, quality of home environment, parent involvement in the child’s education and SES were related to improved achievement across time. These results suggest that early school, family, home environment and child factors are important predictors of academic achievement deflections in late elementary and high school.

iv) Personal Adjustment and Academic Achievement

There is widespread recognition that children with learning disability may experience social and emotional problems because of their learning
difficulties. They experience stress, anxiety, depression, low self esteem, poor adjustment etc. Bhola et al. (2000) found that learning disabled children had significantly lower academic, social, parental, general and total self esteem than normal children. It was also found that children with learning disabilities show poor adjustment than children without learning problems.

‘Adjustment’ means to fit to, adopt or to accommodate. Thus, when we adjust to something, we change it in some way to make it appropriate to certain requirements. Adjustment is a process to lead a well established and a contented life. It keeps balance between one’s need and the capacity to meet those needs. It further brings changes into one’s way of life according to the demands of the situations and prefers ability to bring changes and the conditions of one’s environment.

We adjust ourselves with the environment to satisfy our needs which are useful, sometimes to improve the person in an action to meet obstacles like rising anxieties or worries in the organism. Thus, adjustment is such a process by which man maintains balance between his inner needs, outer circumstances, and by which the gratification of inner needs is effected. Thus, in the process of adjustment man has to establish balance between oneself and the outer environment. Through the process of adjustment we learn (i) to understand ourselves better (ii) to understand others better, and (iii) to understand the world around us better.

In order to have proper adjustment in typical classroom situations, students must behave relatively well (with a minimum amount of disruption) and have a good rapport with classmates and teachers. A number of social behaviours correlate highly with academic achievement. For example, independence, attention, persistence of talk, self-control, compliance with
teacher requests and the ability to follow instructions are prerequisites to school success.

Personal adjustment in school is of the greatest importance to one’s happiness. Good adjustment to the situation gives rise to pleasant emotional reactions. Unsatisfactory adjustment may lead to neurotic behaviour patterns among the learning disabled pupils, or they are likely to be rejected or in conflict with the teachers, parents and peers alike. The personal adjustment of learning disabled students can be studied at different aspects, viz., academic matters, seating arrangements, homework, teacher etc. If the child does not bear satisfaction, he faces adjustment problem. Academic matters indicate the satisfaction of pupil with his studies, subjects and classwork. Students with learning disabilities look like other students but show discrepancies between ability and achievement scores in standardised tests. They perform more poorly in school than expected by their teachers or parents.

The various personal adjustment problems among the learning disabled are:

a) Problems of Indiscipline: Insulting teachers, quarrelling, taunting, remaining out of the classes and many other indisciplinary activities are common among the learning disabled pupils. Many learning disabled children are problematic for the teachers and classmates in the classroom situation. They are bugging, awkward and clumsy in their behaviour. Playing and shouting inside the classroom while the teacher is teaching is a very common indiscipline behaviour among learning disabled children.

b) Lack of Interest and Attention: There are many pupils of the school population who remain lifeless in the class. Many learning disabled are found unenthusiastic and disinterested in classroom activities. They are always inattentive in the class.
v) Social Adjustment and Academic Achievement

The Online Medical Dictionary (2008) defines the term ‘social adjustment’ as “those types of relationships which involve the accommodation of the individual to circumstances in his social environment for the satisfaction of his needs or motives”.

Many research studies have shown that children with LD exhibit difficulties with social relationships and social interaction, have a low academic self-concept, and have a variety of emotional difficulties. Children learn to relate to peers by engaging in peer relationships. Some children have problems making friends or ‘fitting in’. Often a vicious circle develops where a rejected child is given fewer and fewer opportunities by his peers to relate and thereby learn new skills. Lack of opportunity to participate normally in peer interaction is especially a problem for children who differ in some obvious way, either culturally, racially or through some mental or physical disability. Parents and teachers should address issues of peer acceptance as early as possible in order to prevent loss of self-confidence and self esteem. In addition to providing direct social skills training or counselling for the child with peer acceptance problems, parents and teachers can create opportunities for non-threatening social interaction to occur.

Doing poorly in school is also related to problems with social behaviour and peer acceptance. Some of these characteristics include a lack of judgment in social situations (such as sharing personal information with strangers), difficulty in deciding how others feel, interpersonal problems, problems involving family relations, lack of social competence in school and low self concept.

Many students do not draw attention to themselves, and therefore do not receive the specialized services they require. These students do not
create undue disruption in the classroom or in the playground, but rather withdraw from social situations. “Many learning disabled students have a variety of difficulties in the social behaviour area because they are likely to be rejected or in conflict with parents, teachers and peers alike” (Bryan and Bryan, 1975).

Cirino et al. (2000) in their study conducted among Chinese children found relation between academic achievement and social adjustment. A sample of children in Shanghai, China, initially aged 10 and 12 years participated in this two year longitudinal project. Information on academic achievement and indexes of social adjustment, including social competence, aggression, social inhibition, leadership and peer acceptance was collected from multiple sources. It was found that academic achievement can be predicted by the children’s social competence and peer acceptance. In turn, children’s social functioning and adjustment including social competence, aggression-disruption, leadership and peer acceptance, uniquely contributed to academic achievement. These results generally supported the ‘reciprocal effects’ model concerning the relation between academic achievement and social adjustment. Many social skills should be considered necessary for classroom survival. Without mastering them, success in the classroom situation is impossible.

Berenice et al. (1989) conducted a study using self report questionnaires and they found that a sample of 34 university students with learning disabilities reported significantly poorer self esteem, academic achievement and social adjustment than a sample of 31 non-learning disabled students. Bryan’s (2005) research has demonstrated that certain types of social skills interventions, namely those focused on self perceptions, have consistently had positive effects on academic achievement.
1.8 Need for Identifying Psycho-social Variables of Elementary School Children with Learning Difficulties in Relation to their Academic Achievement

‘Psycho-social’ means involving the aspects of psychological and social behaviour of an individual. Here ‘psycho’ means psychological. It is a phenomenon of mind. ‘Social’ means the sociological aspects, which deal with human interactions and interrelations.

A comprehensive study intended to identify the important social and psychological variables which influence a learning disabled child’s academic achievement and the related pattern of behaviour has not yet been taken up under Indian conditions. Knowledge related to this important area of education is mainly obtained from the studies conducted in Western countries, where the nature and the method of interaction of the different social and psychological variables, types of sample selected etc. are highly dissimilar. The knowledge obtained from a study under Indian condition would be of much value in obtaining a theoretical understanding of the extent of the influence of psycho-social variables which control learning and achievement at school level.

It is true that the teacher cannot alter some of the social and psychological factors which lead to poor academic achievement. But an advanced knowledge about such factors can help the teacher to understand the learning disabled students in a better way. He will thus be in a better position to modify the teaching-learning situation to benefit the pupils having different levels of psycho-social variables.

The generally accepted individual factors conducive to academic achievement are intelligence, personality, study skills and motivational level of the student concerned. Modern research studies realize that psycho-social variables also affect academic achievement. The family and the school are
considered to be the important social factors contributing to academic achievement.

In the world of industrialization and globalization, education has become highly commercial and academic excellence has gained through tough competitions. Academic achievement of students has been a great concern to educationists since time immemorial. Academic achievement has become a significant index in determining a child’s future. Both innate potentials and environmental factors play equally important roles in academic achievement. It is imperative to look into the interplay of both these factors. Innate potentials, in terms of academic achievement, are exhibited mainly through the intellectual functions, and of course, there is a positive correlation between intellectual functions and academic achievement. However, there are certain confounding factors which mask the effect of this innate potential and, in turn, hamper the child’s academic achievement in the course of his studentship. Specifically, this group of students are those who have more inner crises. Various psycho-social factors-for example, achievement motivation, self concept, social adjustment, personal adjustment, home environment etc.-affect the academic achievement of learning disabled students. Academic achievement is an index as well as an affair that has its roots from nervous system to neighbourhood, and only a thorough and comprehensive assessment we would be able to point out the detrimental factors that are responsible for the dilemma of low academic achievement. Hence, all possible care has been taken to be sensitive to investigate all the needed information so as to give a consolation to the inner cry of many, who are associated with this childhood disability.

Different researchers have taken up various studies in scholastic backwardness in general. However, a comprehensive yet concise research work, focusing on those closely related psycho-social variables in learning
disabled has not been carried out in India, and such a work is the need of the hour. The proposed study is a modest attempt in this direction.

The review of related literature relevant to the topic under study is presented in the succeeding chapter.