INTRODUCTION
CHAPTER 1

INTRODUCTION

1.0 INTRODUCTION

School children are normally distributed into below average, average and above average. But there are a few children who may be found to deviate mentally, socially, educationally and physically from the normal children. These deviated children like other children, need security, love, affection and satisfaction of their urges. When they are denied the satisfaction of their social and emotional needs, due to some reason or the other they become emotionally disturbed and suffer from adjustment problems. As a result they fail to pay required attention to their studies and thus become educationally subnormal. Learning becomes futile, they become conscious of their inferiority complex and socially they feel isolated. There by, their achievement seems to be less when compared to normal children. Therefore they need careful attention. Such children distinctly require special educational care in a specialized manner. In addition to their problems specially in relation to the adjustments have to be considered. These deviated children are often designated as exceptional children. (Mathur1962)
In education an exceptional child may be defined as one who differs so much from his peer average group in respect to physical, mental or social characteristics so that he is unable to develop his fullest potential under normal conditions in the ordinary classroom for those some special organized schools have to be created. Exceptional children deviate significantly from the normal one's. The deviation may fall on either end far above the average or far below the average in one or more aspects of achievement. (Chintamanikar 1992)

The word exceptional child has been defined by different persons, a few of them are discussed. According to Cruickshank (1967). “An exceptional child is he who deviates physically, intellectually, emotionally and socially so markedly from what is considered to be normal growth and development”.

According to Baker (1955)., “An exceptional child is a child who is affected with a physical impairment that in any way limits or inhibits his participation in normal activities.

In the words of Kirk (1972), “The exceptional child is that child who deviates from the normal child in term of their mental characteristics, sensory abilities; neuromuscular or physical
characteristics, social or emotional behaviour, communication abilities, and multiple handicaps.”

According to Barbe (1992), “Exceptional refers to those children who differ from the average to an extent that their differences need some type of special school adjustment”.

Crow and Crow (1995) say that “the term typical or exceptional is applied to a trait or to a person possessing the trait. If the extent of deviation from normal possession of that is so great that because of it, the individual warrants and receives special attention from his behavioural responses and activities and thereby affected”.

Based on the above definitions the exceptional children are broadly classified into physically handicapped, Mentally handicapped and the gifted.

Physically handicapped children:

Physically Handicapped Children are one of the categories of exceptional children and essentially members of society, like others. A physically handicapped is that state of the body which obstructs the child from making normal progress in his school activities as average children do. (Different definitions and types
of physically handicapped children are discussed while describing the concept of the physically handicapped children).

**Mentally Handicapped Children**

A child who is born mentally deficient or becomes so due to psychological and environmental factors is considered as a mentally handicapped child. They may also be termed as backward or mentally retarded.

The American Association of Mental deficiency (AAMD) (Panda, 1997) refer to mental retardation as significantly sub-average in general intellectual functioning existing currently with deficits in adaptive behaviour and manifested during the developmental period. World Health Organisation defines mental retardation as a condition of arrested or incomplete development of mind especially characterised by subnormality of intelligence. (Chintamanikar, 1994).

For educational purpose these children are divided in to three distinct groups. They are 1) The Educable Mentally Retarded (EMR) who are found among pupils approximately in the I.Q. range 50 to 75, it is impossible for them to be adequately educated in the regular class room. They are capable of learning basic academic
skills of reading, writing and arithmetic. They can also learn vocational skills. 2) The trainable or severely mentally retarded (TMR or SMR) who obtain I.Q. Scores of approximately 30-50 they have very low intelligence as compared to E.M.R. They can learn reading and simple mathematics with much more effort. Their education is mainly based on various habits of daily life and training of skills. 3) The custodial or dependent mentally retarded (CMR or DMR) who score below I.Q.-30. These children are not considered for school placement. It was assumed that all such children would be in residential institutions. (Dunn, 1964).

**Gifted children**

The concept of giftedness varies widely. Havingrust (1992), defines the talented or gifted child is one who shows consistently remarkable performance in any worthwhile line of endeavour. (Chintamanakar, 1992).

The psychologists have defined giftedness on the basis of I.Q. Terman, (1994) defined, that children having an I.Q. of 140 and above are said to be gifted. “These gifted children have superior cognitive ability, Creativeness in thinking and superior talent in special areas” (Cruickshank 1968). These gifted children can be
placed in various categories such as having high mental ability, high educational achievement, high social talent, high mathematical ability and high artistic ability.

In order to develop these exceptional children to their maximum capacity, there is a need of modification in school practices or special education service is required. Because they are not able to receive classroom instruction in regular schools. This was the belief prevalent for several years. (Chintamanikar 1992).

Many children are hard of hearing, but every such child is not exceptional unless the loss is such as to impair communication skills. Within a particular group of exceptional children, there are also variations, there are different degrees of hearing loss. Hence it is appropriate to define exceptional children as those who differ from the average to such a degree in physical and psychological characteristics that the traditional school programme does not allow all round development and progress for them.

Education Commission (1964-66) has suggested that the education of exceptional children is to be organized not merely on humanitarian grounds, but also on utilitarian ground proper education makes handicapped children enable to overcome their
handicaps, and make them acceptable and useful citizens of the society and country at large. The commission also said that the primary objective of education for the handicapped child should be to prepare him for adjusting in a socio-cultural environment. These children can also be educated by using special instructional methodology and instructional material and learning aids and equipments related to their learning needs. It also requires additional teaching competencies in general teacher and in some cases special teachers are indispensable, these needs have given rise to the component of education known as “Special education”.

Special education according to Kauffman (1997) means specially designed instructions which meet the unique needs of an exceptional child. It involves different types of teaching procedure, teaching content and equipment (use of ramps, hearing aids, crutches, wheel chairs and calipers etc) for a particular type of disability. In order to provide special education, the National policy on education in 1986 and as amended in 1992 also envisages special provision for the handicapped.

Exceptional children should receive a special education on account of the following reasons.
1. Exceptional children do not get proper motivation in regular classroom work as they need different treatment.

2. Exceptional children may develop behaviour problems if their specific needs are not properly attended to.

3. Principles of equality demands that all children must be provided equal opportunity so that they develop their potentialities to the maximum level.

4. Education of the exceptional children will enable them to be self supporting economically.

5. Several categories of children i.e., the deaf, the dumb, and the blind need different methods of teaching, instructional materials etc. which can be provided only in special schools.


After briefly discussing, mentally handicapped and gifted children, the researcher discuss in detail the physically handicapped child in terms of the meaning, needs, and their education cohesions.
1.1. HISTORICAL BACKGROUND OF THE PHYSICALLY HANDICAPPED CHILD:

Physically handicapped children come under the group of exceptional children. Throughout the ages, a child with a physical handicap has been a matter of concern to his family and to the society. In ancient times due to superstitions and ignorance such a child was believed to have been cursed by God or possessed by an evil spirit.

In ancient times the physically handicapped were either neglected or persecuted. A physically deformed child at birth in sparta, for eg. was left on the hills, or put in the great pit and also these children were often ridiculed in public and some of them employed as objects for the fun of noble men and kings. (Rohidekar and Usha, 1988)

In the middle ages, however, it became possible to divert some energy, care and money to the disabled. In Europe, medieval church became the social agency which provided services to the disabled, which are today offered by public, private welfare, educational and health agencies. The amount of help available was
however restricted due to the lack of information about health and educational problems. (Jaiswal 1978).

In the early 14th century John Wallis and William Holders writings on the education of the deaf aroused the interest in Rouseau, regarding the special education of the handicapped and attempted to develop a positive trend in the attitude towards the physically handicapped during 18th century. (Jaiswal 1978)

The expansion of education and the real programme in special education was started in the 19th century. In this period service to handicapped school children came into being. In the first decade of this century leaders such as Horace Mann, Howe and Doraetheo Dix started a movement for the establishment of the residential schools for the physically handicapped. These schools provide protective environment for their entire life. [Halhallen and Kauffman (1994)].

Today the emphasis on special education for the handicapped is increasing more and more. Specialized methods for helping such children to adjust to their needs are being evolved. (Rohideker and Usha 1988).
PHYSICALLY HANDICAPPED CHILD

With crutches
1.2 CONCEPT OF PHYSICALLY HANDICAPPED:

Any physical or mental disability handicaps a child, disability consists of impairment of structure and function, this can be either total or partial. For instance loss of vision of one eye or loss of hearing of one ear. But these impairment by themselves do not result in what we call handicap. A physically handicapped child is one who on account of injury, disease or congenital deformity, is substantially handicapped in studies or in undertaking work on his/her own, which apart from the injury disease or deformity would be suited to his age, experience, and qualifications. (Chintamanikar, 1992, and Panda, 1997).

Wright, (1960)., World Health Organization (1976): Proposes a distinction between disability and handicap. Disability is a condition of impairment in physical or mental, impairment, having an objective aspect that can usually be described by a physician. A handicap is the cumulative result of the obstacles which interferes between the individual and his maximum functional level of performance and activity. Therefore, physical impairment, cannot be regarded as a Psychological handicap.
According to Panda (1997) the term handicap should not be regarded as a Corollary to disability on the other hand it refers to disadvantage imposed by an impairment or disability upon a specific individual on his activities physical, mental, social, psychological and vocational etc. The degree to which an individual is handicapped depends on the extent and nature of his physical or mental disability. It also depends upon the social definition of “impairment” which means abnormalities of body, structures and appearance of organ system, function resulting from any cause of physical impairment. An individual with colour blindness has an impairment but it would be unlikely to lead to activity restriction. If his occupations were agriculture he might well be unaware of his impairment, but he would be at a disadvantage if he aspired to drive a railway engine. So the impairment which constitutes the handicap would depend on circumstances.

The terms physically handicap, disabled and crippled are used in an identical sense. (Chintamanikar, 1992)

Harris and Head (1974): The definition of handicap was summarized by Harris & Head (1994) in the following salient points.
1. Handicap is the disadvantage or restriction of activity caused by the loss or reduction of functional ability.

2. The degree of handicap is the extent to which the activity is restricted.

3. The loss or reduction of functional ability depends not only on the type of impairment or the presence of disease, but on the ability to adapt, to minimize or to extend the effect of impairment.

4. The ability to adapt may be related to personality, intelligence, education, or encouragement received; encouragement could be positive as well as negative in that some relatives are overprotective and never allow the person to try to adapt.

The definition of disabled proposed by United Nations aptly sums up what this study would like to characterize as a handicapped person. A person is unable to ensure by himself/herself, wholly or partly, the necessities of normal individual and social life, as a result of deficiency either congenital or not, in his or her physical or mental capabilities (Mehta, 1983).

According to dictionary meaning a physically handicapped person is defined as possessing a physical defect which reduces
one's efficiency in performing one's personal and social obligations according to a socially determined standard (Chintamaniker 1992). Educationally a child may be considered as handicapped if his/her physical condition prevents full participation in childhood activities of social, recreational, educational and vocational nature.

A physically handicapped child is one, who is affected with a physical impairments that in any way limits or inhibits his/her participation in normal activities.

On account of this, the handicapped child has many problems in his/her adequate adjustment. They are unable to participate in desirable, normal activities as normal children do. Their incapability develops some emotional problems like resentment and discouragement.

According to Bal Govind Tiwari, (1994). "Being handicapped too, and cannot avail of education they need special education and help. The handicap of any part of the body leads to deviation in learning. Handicapped children differ in the limit and nature of their disability. A physical handicap is that state of the body which obstructs the child from making normal progress in his
school activities as average children do. They require special attention and equipment to control or overcome special disabilities.

Based on the above definitions, the physically handicapped children are classified as:-

a) The visually handicapped or blind.

b) Acoustically handicapped or deaf.

c) Speech handicapped or mute.

d) Orthopaedically handicapped or crippled.

e) Neurologically handicapped.

f) Multi-handicapped.

Further handicaps can strike either at birth or at a later stage in the process of development. Those suffering from handicaps from birth may never know what normal living is, and as a consequence may suffer from less psychological disorders that accompany a handicap. Those who are stricken by disability due to calamities after a long period of normal life find it extremely difficult to adjust.

Based on the National Sample Survey (N.S.S.) 1986, the researcher has quoted the statistics related to handicapped childrens in India and Karnataka in particular.
### Table I

Population of Disabled by Age groups and nature of disability in 1981

<table>
<thead>
<tr>
<th>Disability</th>
<th>0-4</th>
<th>5-14</th>
<th>15-19</th>
<th>60+</th>
<th>All ages total</th>
<th>Grand total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rural</td>
<td>Urban</td>
<td>Rural</td>
<td>Urban</td>
<td>Rural</td>
<td>Urban</td>
</tr>
<tr>
<td>VH</td>
<td>23559</td>
<td>4554</td>
<td>92351</td>
<td>34268</td>
<td>693182</td>
<td>1715</td>
</tr>
<tr>
<td>HH</td>
<td>Not covered by the survey</td>
<td>439368</td>
<td>96107</td>
<td>1462450</td>
<td>244680</td>
<td>916857</td>
</tr>
<tr>
<td>SH</td>
<td>Not covered by the survey</td>
<td>575096</td>
<td>168975</td>
<td>688387</td>
<td>199142</td>
<td>99431</td>
</tr>
<tr>
<td>LH</td>
<td>235077</td>
<td>98366</td>
<td>945900</td>
<td>282806</td>
<td>2094432</td>
<td>500714</td>
</tr>
<tr>
<td>Total</td>
<td>310836</td>
<td>102920</td>
<td>10252715</td>
<td>582156</td>
<td>4938451</td>
<td>1116036</td>
</tr>
</tbody>
</table>

Note: Based on prevalent rate given in nineteen and twenty eighth of National Sample survey and total population in the population statistics paper 2 of 1983, series of India, A.G. Office.

**India**

Out of 12 million disabled persons 2.6 million (1.2 LH, 0.74 million SH, 0.53 million HH, 0.12 million VH, 10 percent have more than one handicap) fall in the age group 4-15 years. To this, should be added 1.7 million MH children not covered in the Survey of the disabled persons carried out by N.S.S.O. in 1986. The total disabled children falling in the UPE age group comes to 4.3 million.

Out of 1.4 million children fall in the age group 0-4 years which is relevant for identification, diagnosis, assessment, early
stimulation and preparation for education. The disabled need education, and vocational rehabilitation subsequently are also to be considered.

On the basis of National sample surveys and (Table 1.1) other data are available. The Ministry of HRD has made some tentative estimates of the number of physically handicapped children in the school going age in India. It is estimated that about 12.59 million children with disabilities are to be provided education in the school system. Out of which in the age group 5-14 children with disability 3.149 million, 1.48 million locomotor handicap, 0.65 million hearing handicapped, 0.91 million speech handicapped, 0.15 million visual handicap: Mentally retarded children 3.60 million, children with learning disability 3.60 millions and children with disability with age group 16-18 years, 2.20 million. To this should be added 2 million disabled children in the age group 0-4 years.

Thus India may have blind, deaf and crippled children who ought to receive elementary education. It has not yet been possible to carry out even a sample survey for the enumeration of mentally handicapped children in India. But on the basis of surveys carried
out in England and America (which suggest that two to three out of every thousand children of school going age are mentally handicapped). India would have about 10.39 million disabled children in the age group 6-14. At the present estimate of the population, therefore, a total provision for the education of about 10.39 million handicapped children would have to be made in the country as a whole, if the directive of article 45 of the constitution is to be extended to handicapped children also. Further, the goal of universalization of elementary education for this disadvantaged group would remain unachievable unless some urgent measures are taken.
<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>VISUALLY IMPAIRED</th>
<th>HEARING IMPAIRED</th>
<th>ORTHOPAEDICALLY LEPROSY CURED</th>
<th>MENTALLY REARED</th>
<th>MENTIY DISABLED</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
</tr>
<tr>
<td>1 Bangalor(R)</td>
<td>1037</td>
<td>928</td>
<td>1965</td>
<td>1206</td>
<td>1195</td>
<td>2301</td>
</tr>
<tr>
<td>2 Bangalor(U)</td>
<td>1416</td>
<td>1128</td>
<td>2544</td>
<td>1208</td>
<td>1103</td>
<td>2311</td>
</tr>
<tr>
<td>3 Belgaum</td>
<td>982</td>
<td>891</td>
<td>1873</td>
<td>1677</td>
<td>1448</td>
<td>3125</td>
</tr>
<tr>
<td>4 Bellary</td>
<td>1174</td>
<td>1127</td>
<td>2301</td>
<td>1510</td>
<td>1252</td>
<td>2762</td>
</tr>
<tr>
<td>5 Bidar</td>
<td>656</td>
<td>639</td>
<td>1295</td>
<td>654</td>
<td>496</td>
<td>1150</td>
</tr>
<tr>
<td>6 Bijapur</td>
<td>1250</td>
<td>1160</td>
<td>2410</td>
<td>1476</td>
<td>1171</td>
<td>2647</td>
</tr>
<tr>
<td>7 Chikmagalur</td>
<td>625</td>
<td>564</td>
<td>1189</td>
<td>804</td>
<td>694</td>
<td>1498</td>
</tr>
<tr>
<td>8 Chitradurga</td>
<td>902</td>
<td>874</td>
<td>1876</td>
<td>1225</td>
<td>921</td>
<td>2146</td>
</tr>
<tr>
<td>9 Dharwad</td>
<td>1714</td>
<td>1546</td>
<td>3260</td>
<td>2240</td>
<td>2028</td>
<td>4268</td>
</tr>
<tr>
<td>10 Dikshina Kannada</td>
<td>781</td>
<td>796</td>
<td>1577</td>
<td>1484</td>
<td>1461</td>
<td>2945</td>
</tr>
<tr>
<td>11 Gulbarga</td>
<td>1489</td>
<td>1401</td>
<td>2890</td>
<td>1692</td>
<td>1387</td>
<td>3079</td>
</tr>
<tr>
<td>12 Hassan</td>
<td>721</td>
<td>633</td>
<td>1354</td>
<td>912</td>
<td>777</td>
<td>1689</td>
</tr>
<tr>
<td>13 Kodagu</td>
<td>249</td>
<td>258</td>
<td>507</td>
<td>362</td>
<td>293</td>
<td>655</td>
</tr>
<tr>
<td>14 Kolar</td>
<td>1345</td>
<td>1239</td>
<td>2584</td>
<td>1519</td>
<td>1321</td>
<td>2840</td>
</tr>
<tr>
<td>15 Mandy</td>
<td>776</td>
<td>743</td>
<td>1519</td>
<td>1263</td>
<td>1070</td>
<td>2333</td>
</tr>
<tr>
<td>16 Mysore</td>
<td>2552</td>
<td>2457</td>
<td>5009</td>
<td>2491</td>
<td>2402</td>
<td>4933</td>
</tr>
<tr>
<td>17 Raichur</td>
<td>2504</td>
<td>2054</td>
<td>4558</td>
<td>2460</td>
<td>2113</td>
<td>4573</td>
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<tr>
<td>18 Shimoga</td>
<td>724</td>
<td>631</td>
<td>1355</td>
<td>960</td>
<td>748</td>
<td>1708</td>
</tr>
<tr>
<td>19 Tumkur</td>
<td>1381</td>
<td>1228</td>
<td>2609</td>
<td>2208</td>
<td>1229</td>
<td>3437</td>
</tr>
<tr>
<td>20 Uthara Kannada</td>
<td>333</td>
<td>267</td>
<td>600</td>
<td>661</td>
<td>569</td>
<td>1230</td>
</tr>
<tr>
<td>21 State</td>
<td>22680</td>
<td>21604</td>
<td>44284</td>
<td>28012</td>
<td>23820</td>
<td>51832</td>
</tr>
</tbody>
</table>

Table - II

Survey of Persons with Disability in Karnataka - 1991 by Disability Type (District Wise)

Disability by Type
Karnataka

The Survey identified a total number of 3,55,819 persons with disability in the Karnataka State. The distribution in detailed is given below:

Table III

Total population of disability with percentage in Karnataka

<table>
<thead>
<tr>
<th>Type</th>
<th>Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Visually Handicapped</td>
<td>44,284</td>
</tr>
<tr>
<td></td>
<td>(12.44)</td>
</tr>
<tr>
<td>2. Hearing Handicapped</td>
<td>51,832</td>
</tr>
<tr>
<td></td>
<td>(14.56)</td>
</tr>
<tr>
<td>3. Orthopaedically Handicapped Or Crippled</td>
<td>2,04915</td>
</tr>
<tr>
<td></td>
<td>(57.58)</td>
</tr>
<tr>
<td>4. Leprasy</td>
<td>10,662</td>
</tr>
<tr>
<td></td>
<td>(2.99)</td>
</tr>
<tr>
<td>5. Mentally Retarded</td>
<td>36,850</td>
</tr>
<tr>
<td></td>
<td>(10.35)</td>
</tr>
<tr>
<td>6. Multiple Disabled</td>
<td>7,276</td>
</tr>
<tr>
<td></td>
<td>(2.04)</td>
</tr>
<tr>
<td>Total</td>
<td>3,55,819</td>
</tr>
<tr>
<td></td>
<td>(100.00)</td>
</tr>
</tbody>
</table>

The above table reveals, that more number (57.58%) of children are crippled. While children with multiple disabilities form the least (2.04%) other differences like mentally retarded, lepracy, visually impaired (12.44%) and hearing impaired (14.56%) are also
found. It is very difficult to bring into normal as they require clinical approaches, whereas crippled children is subject to ratification through educational approaches, since other potentialities of the children are found to be normal. Hence the researcher is concerned more on the crippled children, a detailed discussion about crippled child is presented in the pages to follow.

1.3 CONCEPT, CHARACTERISTICS AND IDENTIFICATION OF CRIPPLED CHILDREN:

The present study was related to the crippled child. The problems of crippled children have been more than duly recognized these days. These children cannot adjust socially due to a crippled body. They are also categorized as being physically handicapped, lame and disfigured etc. Crippled children are less developed in physique than average children. They experience difficulties in normal routine work. These children are weak due to malnutrition, Sickness, Paralysis, tuberculosis anemia and other physical deficiencies. These children can be classified into two categories, the first often called the crippled or physical abnormality having muscular or skeletal deformities which in many cases are apparent to the casual observe. They wear braces, or
prosthetic devices such as artificial limbs or aid of crutches or wheel chairs. It includes children with cerebral palasy, poliomyelities, osteomyelitis, muscular distrophy and multiple sclerosis, clubfoot, epilepsy etc. The second category is abnormality due to sickness, which are not so readily recognized. They have a variety of chronic health ailments which confine them to bed for curtail their activity either periodically or chronically, crippled children are designated as the orthopaedically handicapped or the motor impairment. (Mahesh Bhargava, 1994).

One of the comprehensive definition is as follows. “A Crippled means a condition of malformation, malfunction of loss of bones, muscle or body tissue which requires special education or related services.” (Mahesh Bhargava 1994).

It can also be defined as follows. “Crippled Children are those who suffer from a defect that is accompanied by one or another type of deformity that inhibits the normal exercise of his/her muscles joints or bones. (Chintamanikar, 1992).

State legislation often includes the child with cardiac disturbances or tuberculosis within the definition of crippled children. The crippled can be divided into two types the mild and
the severe. The mildly crippled child as one who has problems like congenital anomalies such as dislocated hips or joint and the severely crippled is one who require hospitalization on either temporary or permanent basis. (Chintamanikar, 1992)

This crippled nature is found in the children due to many causes. But a thorough knowledge of some main causative factors is necessary for planning a programme for them, the main factors are:

**Hereditary cause:** Hereditary defect is one that passes down from generation, because of some sort of disturbance in the working of inherent gene mechanism. It is however noteworthy that a particular condition may be hereditary and yet it may not manifest itself at birth or might not have appeared before in the individuals immediate family.

**Congenital cause:** Congenital defect are those that are present at birth. Most common among congenital defects are club foot, dislocation of hip, missing bones, bowleg, webbed fingers etc. Most of them are the result of infection, nutritional deficiency, Glandular disorder of the mother, maternal malnourishment, x-rays etc.
POST RESIDUAL PARALYTIC POLIOMYELITIC
Acquired Cause: Acquired defects includes birth, injury, accidents, nutrition deficiency, defective bones or joints tumours and cancer.

Any of the above causes may lead to the crippledness among children.

Characteristics of the Crippled Children

These crippled children are found to be different from those of the normal children in their characteristics some of them are discussed below:

The crippled children possess the following characteristics:

They are passive, less persistent having shorter attention span, engage themselves in less exploration and display less motivation. They are more dependent on adults, and interact less with peers. They have poor body image, high anxiety, and frustration. They are found to be quiet-conforming, tender minded and somewhat tense. Social relationships constitute a problem area for many crippled youngsters. Their capacity for frustration, tolerance, are lower than normal children (Dykes 1984:85).

They possess a poor ego and unconscious guilt feelings and have a strong sense of fear. They often feel inferior. They are less
MUSCULAR DYSTROPHY
creative than normals. They lack confidence in their abilities (Mathew 1997).

Identification of the Crippled Children

The parents and the teachers must detect the crippling nature earlier at home and also in the school so that there will be chance for a cure without permanent damage. The first step is to identify the child so that he can be referred for treatment. The teachers and parents must have in mind the following identification marks to recognize these children:

- Have poor motor control or co-ordination.
- Walks with a limp or with awkwardness.
- Shows frequent pain in joints during exercise.
- Has jerking or shaky movement in walking.
- Amputed limbs.
- Difficulty in sitting, standing and walking.
- Lack of control in all over the body, unable to co-ordinate the movement of two or three parts of the body Ex: while playing, difficulty in moving hands and legs simultaneously or to bend the body in a particular direction.
- Continuous muscle tension or stiffness.
- One or both feet turned downwards and outwards at ankle.
- Deviations in the running pattern - such as failure to alternate sides automatically, jerkiness, whipping of the leg or the foot in or out is also observed.
- Lateral curvature of spine, body thrown out of alignment resulting in growth and deformities.
- Deviations in standing or sitting patterns, such as weight shifted more to one side than the other or one part of the body twisted (Eg. the Trunk) with regard to the rest of the body
- Loss of limb or extremities for one or the other reasons such as surgical operations, accident etc.
- They fall frequently (Panda 1997 et al)

Apart from the above, the following identification may also be taken into consideration.

1. The teachers should go through the cumulative record to see if there is any evidence of a crippling disease for a specific child.
2. By conducting one legged Race i.e., ask the children to hop a certain distance on the right foot and then return hopping on the left foot.
3. By conducting side ways race i.e., make the children to run sideways keeping their feet at right angles to the direction in which they are running (Reddy 1997)

After the above testing if the teachers & parents found any remarks they may refer to those children to doctor or specialist for final identifications.

In conclusion, it can be said that this programme of identifying the physically handicapped children is beneficial for the school teachers especially at the elementary level. This programme also develops confidence in the teacher's powers of observation and a new perspective in a child in recognizing his potentialities and limitations in order to identity the handicaps.

1.4 ADJUSTMENT PROBLEMS OF THE CRIPPLED CHILDREN:

Crippled children suffer from coping problems more than the normal children. It is because of one or the other type of organic defect. These defects influences their personality directly. Therefore these children are maladjusted. Adler (1927) while listing the types of person who are likely to develop feelings of inferiority, had included prominently, the physically handicapped.
Their disability affects their cognitive aspects, academic achievement, intelligence, specific skills and interest (Mahesh Bhargav 1994). Body image theorists like Wilkins et al., (1954) have demonstrated that children who depend more on others reflexed a lower evaluation or confidence in their own bodies, whereas children who depend less on others have expressed more self-confidence. The knowledge of body image and its disruption due to chronic illness and physical disability constitute inferiority (Mc Daniel 1969).

Earlier studies on the crippled children (Drown et al, 1988) have amply demonstrated that they suffered from feelings of inferiority, emotional imbalance, low level of school achievement and even inferior psycho-social development. They have also investigated that irrespective of type of handicap all the children suffering from adjustment problems revealed feeling of inferiority, loneliness, and depression. The disabled children are taken care at home and they are dependent. So loss of self confidence unconscious fear neurotic attitudes are more frequently found among them. They feel that they are different from others, incompetent and socially inadequate.
These children seem to be introverted, pessimistic emotionally unstable, shy, passive, self-centered and anxiety ridden. The feeling of helplessness is one of the most important factors that govern their lifestyle and cognition. When these handicapped children are made conscious of truth, they begin to suffer from inferiority complex for e.g. the boy who is lame, cross-eyed or hunch back or clubbed foot, teased by the classmates of their own age. Crippledness impose a strain on parent-child relationships, parents do not always respond rationally to the painful fact of having a handicapped or chronically ill-child. They become worried, guilty and self-accusatory. Their behaviour on the other hand creates a sort of feeling of frustration, inadequacy, and insecurity (Mahesh Bhargava, 1994) among the crippled children.

Thus when a crippled child is subjected to a teasing and torturing, it creates a situation where the child loses self confidence and feels highly insecure. This makes him shy and timid, feeblemindedness which results in scholastic backwardness and the consequent unsatisfying experiences in the classroom, in turn, leads to truancy or other undesirable pursuits (Mahesh Bhargava, 1994) when the child is withdrawn from affection and security by
teachers, parents and associates, then it develops in him a feeling of being rejected and unwanted and parents do not understand him, do not find anything in the child except his shortcomings, punish him for slight offences, not helping him to do anything, not developing his interest, not stimulating him to self effort and thus encourage self-reliance. This leads to a sense of personal worthlessness and the child feels lost and insecure and is prepared for anti-social acts.

In order to develop the good personality the child must adjust with the environment. If the adjustment is not proper it leads to the development of maladjustment and discontent. Normally the degree of adjustment depends partly upon the person's self concept, anxiety and achievement motivation. In addition they have to adjust with their own disabilities as well as to their social circle. Actually they have to bear a double burden such as social handicap and actual physical loss. (Agarwal 1996).

In addition to these, the handicapped children have some of the other adjustment problems arising out of Self Concept, Anxiety, Achievement Motivation and Adjustment. These are discussed in detail.
SELF - CONCEPT:

According to the dictionary (Horrace, 1965) meaning self concept is nothing but a person's view of himself i.e., the fullest description of himself of which a person is capable at given time (Definitions quoted by different persons are mentioned in the Chapter III Page No. 107, 108).

The concept of self has its origin in the pre-history of personality theory. The term self-concept is used to refer to the organized cognitive structure derived from one's experience of his own self. The self-concept is a particular kind a attitudinal structure. It includes the elements of sheer perceptual recognition which do not necessarily always correspond fully to the reality of the self. It also includes cognitive awareness of one's own behavior and interaction with other people and with the environment (Mc David et al 1968). A stable self-concept develops self-confidence, fearlessness, love and sympathy, truthfulness, self-control etc. Consequently the child will make better social adjustment and will enjoy greater social acceptance Kundu (1989). Chauratru (1982) found that an integrated self-concept acts as a
motivational force in maintaining mental health and influencing learning situations.

Self-concept is an image one holds of himself. It comprises of personal evaluation of one's characteristics, capacities aspirations and achievement and personal adjustment of an individual tends to be influenced by his self-concept. Jerslid et. al. (1978) indicated that self-concept is important in achievement because it affects the child's level of aspiration and self-expectations. It is pointed out that a child who perceived himself unable makes him to be unsuccessful in his academic achievement.

Parameter (1970) suggested that the development of an adequate self concept encourages the academic achievement.

Moustakos (1970) suggests the following principles which summarize the basic approach and recognition of the self in true experience and the creation of human understanding.

a. The individual knows himself better than any one else.

b. Only the individual himself can develop his potentialities.

c. The individual's perception of his own feelings, attitudes and ideas is more valid than any outside diagnosis can be.
d. The individual's perception of himself determines how he behaves.

e. As long as the individual accepts himself, he will continue to grow and develop his potentialities.

f. The individual learns significantly only those things which are involved in the maintenance of self.

**Davidson and Greenberg (1967):** Found that lower the level of self-esteem, lower is the level of achievement, while consequently higher levels of the self-concept were associated with higher level of achievement. Further high achievers were more able to express basic needs, suggesting that a stronger self-concept is associated with a greater willingness to risk self-experience an obvious requisite for achievement.

Children having poor opinion of themselves becomes self-rejected, they behave in a way that other regard as unsocial or immature, when they are not loved by their parents they become resentful, rebellious, negativistic and aggressive towards siblings whom they regard as the cause of parental rejection. When the self concept is not developed properly, they lack individuality which tends to make them self-rejected.
ANXIETY:

Any situation that threatens the well being of the organism is assumed to produce a state of anxiety. According to dictionary meaning anxiety is an intense functional disturbance of the body that takes the place of conscious fear or anxiety (Horrace, 1965). (Few more definitions were given in the Chapter III Page No. 109, 110). Freud (1975) says that “Anxiety is something felt unpleasant effect of state or conditions”. This state was characterized by all that is covered by the word nervousness, apprehension, dread, frustration depression etc. children should know their abilities and must have clear self concept. Without the knowledge of these things they are maladjusted which gives rise to anxieties, worries, insecurity and tension. All these things are directly or indirectly come in the way of need satisfaction of the children (Hillgard, 1975, L. Munne 1992). Threat of physical disability, threat to one’s self-esteem and pressure to perform beyond one’s capabilities produces anxiety. Frustration, of the basic needs develops anxiety. If he tends to withdraw and to suppress or repress his feelings, he becomes moody. Normally anxiety arises in adjusting to the expectations and the standards of the school. If the family values
are at variance with the values of the school, then anxiety arises. Children who come from homes where the cultural pattern is quite different from that of the teacher or the other students creates a difficulty in adjustment. Due to lack of personal attention at home, emotional disturbance are commonly found in children. Sometimes parents are unable to devote much individualized attention to each child. If the children feel deprived of their mothers love and attention then they are more likely to feel anxious. If the child’s urges, desires or interests are frustrated, either because of lack of ability to satisfy them or because of unfavorable environmental conditions, his emotional experiences follow a pattern of maladjustment (Lindgren 1976).

Normally anxiety make students receptive to learning. The lack of such anxiety in social situation makes the children careless of the right and feelings of others. Such children become self centered. They do not care for others.

Children who suffer from over anxiety have difficulty in making progress in learning. They develop problems of behaviour which are undesirable. If a child appear in the examination with high anxiety, he is likely to misunderstand the questions and
forgetting also results. Only the anxiety in the middle ranges stimulates the most effective learning.

ACHIEVEMENT MOTIVATION:

Motivation occupies a pivotal place in the process of teaching and learning. Achievement motivation, is a comparatively new concept in the world of motivation. According to Mc Clelland et. al. (1953) achievement has been defined as a concern for excellence in performance, as reflected in competition with the standards set by others or oneself. Unique accomplishment or long term involvement. According to Munn (1972) achievement motivation is defined as a desire for obtaining some specific standard of excellence. (Few more definitions were given in the Chapter III Page No. 111, 112).

The children need motivation to learn for securing good marks in examination, when the child suffer from his disability he lacks his socializing behaviour and also risk taking originality in expressing his own views. Lacks imitation, so he needs motivation. Motivation is an art of attracting others towards oneself, when he lacks motivation he will not able to set some of standards for himself, so that he is pleased by his competence and disappointed
with incompetence. (Heckhaucen, 1976). To achieve one’s goal one needs to set aspirations at a higher level and try to overcome any obstacles to success. The basis of achievement motivation is achievement motive. Those who engage themselves in a task under the influence of an achievement motive are said to work under the spirit of achievement motivation. The handicapped children those who possess less achievement motivation shows the lower level of achievement. Whereas the students with high achievement motivation show the higher level of achievement. Most of the students lack the opportunity to express their natural instincts, knowledge of goals and procedure, attitude of the teacher, lack of physical and environmental condition, lack of appreciation, etc. To influence their performance different types of motivational technique are to be employed to make them academically successful (Kauffman, 1978).
ADJUSTMENT:

As per dictionary meaning (Horrace 1965): Adjustment is a condition of harmonious relation to the environment where in, one is able to obtain satisfaction for most of the one’s needs and to meet fairly well the demands, physical and social, put upon one. (Few more definitions were given in Chapter III Page No. 112, 113). From the psychological point of view adjustment is the behavioral process by which human beings and other animals maintain an equilibrium among their environment. These children deviate widely from the average in certain traits. These deviations create certain problems of adjustment. These children do not take participation in activities common to the majority of other persons.

The term adjustment has two meanings in one sense, it is a continued process by which a person varies his behavior to a more harmonious relationship between himself and the environment. In other sense, adjustment is a state i.e., the condition of harmony arrived at by person whom we call well adjusted (Parameshwaran, 1988).

Due to their frustration, aggressive behavior will be developed instead of adjusting. When parents interfere with the wishes
of their children they frequently turn upon them and express hatred and engage in some destructive, defiant or annoying behaviour.

Too much of care, and protection of the parents towards these children damages the development. It deprives them of opportunities to learn things that other children of their age mates are learning. Failure to master the developmental tasks appropriate for their age means that they will make poor social adjustments and this will lead to poor personal adjustment. Further children being frustrated in their attempts to learn to be independent the more they are frustrated, the more angry, resentful, and negativistic they become. Because parents often cannot understand their behaviour and feel that their children are unappreciative of all they have done for them, the parent child relationship deteriorates which creates a mal-adjustment (Elizabeth Hurlock, 1988).

Every child wants to be recognized and treated as individuals. As Erikson has explained the search for identity a sense of being able to function as a separate person but with a close relationship to others. To be happy and well adjusted, children must have an inner assurance of their ability to function independently until they get this feeling of assurance, they are insecure, failure to be recognized
as individual is hazardous to good personal and social adjustment. Children who have self-rejected attitude dislike themselves, and they are disliked by their playmates, they feel that they are not what they want to be.

Quite a few children play truant from school because they find the school environment dull, monotonous and uninteresting. Rigid school organization, unwieldy classes. Uniform curriculum for all children, lack of pupil teacher contact encourages defeatism and embarrassment. If the child finds school work beyond his power of assimilation, he runs away from the school and indulges in antisocial act. Such a child is also likely to be lazy, disobedient, inattentive, quarrelsome, unstable and lonely. We can see two types of adjustment problems. These can either be conduct problems or personality problems, conduct problems are of two types (1) Problems of limited social significance and (2) Problems of serious social significance. Those of limited social significance are particularly associated with home include feeling difficulties, insomnia, grinding of teeth, thumb sucking, nail biting, disobedience stubbornness, incompatibility with parents and sibling, difficulty in making friends others of serious social
significance are of fundamentally anti-social in nature and all types of delinquencies such as stealing, truancy, begging, gambling, cruelty homicide and suicide.

Personality problems include aggressiveness, submissiveness or withdrawing behaviour, which manifests itself in various forms such as inferiority feeling, shyness, seclusiveness hypersensitivity, absent mindedness. Secretiveness suspiciousness and feelings of being persecuted. All these behaviour problems make adequate adjustment rather difficult, personality problems of the most serious type include psychoneurosis and psychoses which make adequate adjustment nearly impossible.

1.5 Education of the Exceptional Children

The Nature of the exceptional child is hereby explained by integrating the views of experts like cruickshank, Fleming, Kirk and Crow - "An exceptional child is he who markedly deviates in physical, mental, social, educational, emotional and behavioral characteristics to such an extent that he requires a modification in a routine class room teaching or needs the specific teaching methods and programs so that he may develop his abilities, capacities and potentialities to the maximum. So, Even in a normal class, they can
be given special education by special visiting teachers, social workers, and specialists in handling various handicaps. These people may provide assistance to parents and teachers in understanding exceptional children, in educating and guiding them by visiting the school from time to time.

The primary responsibility in this method of education lies with the class teacher in training exceptional child but he gets help from these special persons also at times to help the child to develop his abilities and make proper adjustments. This type of arrangements is useful in those schools and areas, where the number of exceptional children is less or the status of exceptionality is very low. By classifying exceptional children according to their specific needs. Extra class planning can be done in normal classes. So that the exceptional child gets proper guidance, training and education according to his special needs which may help in overcoming his problems, deficiencies and imperfections. This is important for emotional and social adjustment of these exceptional children. When the performance levels of exceptional children are too low to adjust with the normal children of the class. Under such conditions special class planning becomes absolutely essential.
The success and effectiveness depends upon the efficiency of the specially trained teachers. Subject experts and guides give training and vocational guidance to these children in these classes with the help of the specially required material and techniques. (Mahesh Bhargava, 1994.)

These exceptional children can also take education in special schools but it is very important to fulfill the needs and development of exceptional children by making provisions for special schools. Special classes and buildings are constructed in these schools and adequately trained, able teachers, doctors and directors are to be appointed who can give both formal and informal education through special tools and instruments. It can be more useful to train them in any profession according to their specialties also. By proper coordination between parents, social workers, teachers and administrators such arrangements can be done to the best use for the benefit of these exceptional children (Agrawal, 1995.)

Establishments of the residential schools fulfill the necessities of those children who require special training for a prolonged period because of their exceptionalities. In order to develop socially, physically and emotionally, physical education is
to be provided. It also helps in the development of perceptual motor abilities such as balance, literality, body image, spatial awareness, strengthens the muscle and cardiovascular endurance, flexibility and motor co-ordination. The regular sports activities should be suitably modified to suit the capabilities of the disabled. Play and sports for the disabled should be more organized and structured than those of the normal child (Panda, 1997).

1.6 Education of the crippled children.

Remarkable progress has been made during recent years for the education of the crippled children. In the metropolitan cities of India, many schools have incorporated many unusual features including medical and therapeutic equipments to meet with the educational and physical needs of these children. These crippled children are always like the normal children except for their physical deformity. Though they cannot do physical work with so much efficiency, their desires and ambitions are like those of normal children. They require such education which is in tune with their physical fitness. The education of the crippled children should be extensive so that their whole personality can be
developed. The schools may take following steps to provide better provisions to these children.

Provision of Emotional Adjustment and Security for crippled children:

Social and emotional adjustment is badly affected due to physical abnormality. Therefore their emotional adjustment should be taken care of. We have to make such activities and such a school organizational atmosphere through which their inferiority complex can be removed, and a feeling of self confidence, and self direction can be aroused within them. The teacher should not be harsh, they should be patient and sympathetic towards the expression of children’s emotions. He should sublimate the emotions of children by presenting suitable opportunities and situation for their healthy-expression. Scientific method of teaching and existence of co-curricular activities would promote the emotional development of the child of ethics, Standards and ideals of society leads to emotional disturbance, so it must be avoided. Thus education and teachers are the two great factors to modify the emotions of children and prepare them for a well composed and balanced life. As far as possible vocational training should be
given to these children. This may develop physical efficiency in them.

**Motivation and Determination:**

Teacher should motivate these children in a manner by which self-determination can be promoted, which may enable them to fulfill the aims of education and life. (Motivational techniques were discussed in the V chapter).

**Medical Aids:**

By giving medical aid and therapy, these crippled children can be made healthy, so that they become successful in getting educational and vocational training. Education of the crippled children has changed considerably over the past 50 years, due to the concerned and involvement of the society. These crippled children can be integrated in regular class room where convenient hand nails, ramps, wide doors, no door sills and attendance in classroom is facilitated. Special classrooms are to be located in the ground floor normally for those orthopaedic disabilities where special equipments are provided. Eg. Standing tables, Parallel Bars, Relaxation Chairs.
In addition, to the above physical facilities, other facilities may be provided in schools such as:

1. Construct a short ramp on steps to enable children in wheelchairs or crutches to enter the building.

2. Addition of hand bar by the side of a water tap, in a toilet, or near a section of the blackboard.

3. Desks should be removed to make room for the wheelchair to move.

4. Adjusting seats to turn to sides so that the child with braces can sit more easily.

5. Rubber mats over slippery sections of the floor within the classroom.

In the education of these crippled children with motor handicaps premium is placed on intellectual development, academic ability, and facilitating the child's total adjustment to limitations.

1. These children should be taught self reliance, initiative and the ability to make choices. They must learn to plan ahead for mobility and assistance.

2. They should be taught how to use different parts of the body.
3. Teachers were ought to see that they develop workable self concept. Those children should play by mixing with their non-handicapped peers.

4. The school must develop creativity in the children with reference to art, rhythm, music, drama, opportunities must be given for the developmental, personal and also to get social experience and opportunity for personal development must be encouraged.

5. Teachers praise and acceptance are significant help for improving personal development.

1.7 GENESIS OF THE PROBLEM:

The problem of adjustment of crippled children has been a basic interest, not only to educational but also to sociologist and physiologists. The subject has received much significance, in these days.

Every society has a social responsibility to provide compulsory schooling for all children of a defined age group (7-14). It is important to identify and provide opportunities for the development of the full potentialities of every child. In this process when the efforts are inadequate, the academic achievement which is an end product will be less. Children are the backbone of every society
and play an important role in its scientific and technological development. But crippled child hinder in their own development and societal development.

It is of prime importance to know why some children achieve high while others achieve low in the same school environment. Terman, (1974) pointed out that, intelligence and achievement are far from perfect correlation. Much remains to be discovered as to why some children fail to use their intelligence, there must be certain aspects of the personality which reinforce and further the pursuit of academic goals.

A few researches have been done in relation to the academic achievement of the handicapped children by taking a few factors like age, socio-economic-status, intelligence, aspiration, self-concept, motivation (1) Sing (1983) Gyani, (1984) Mathur Abha (1985). The researcher has not come across any studies related to crippled children to show the effect of different levels of self-concept, anxiety, achievement motivation and adjustment on academic achievement and also to show that whether the interaction between the two factors have any impact on achievement or not.
One of the reasons for lack of research in this area is, because they could see and hear, they did not attract the special attention of the public in respect of education till about the middle of the 20th century. And also there is very little involvement of the universities and dearth of persons who can carry out and supervise in this area.

This prompted the researcher to make an attempt to study the impact of levels of self concept, anxiety achievement motivation, and adjustment problems of the handicapped children in relation to their academic achievement.

The researcher being a teacher educator found that the provisions made for these physically handicapped children is meagre. Schools have not developed infrastructural facilities to meet the special needs of these unfortunate members of the society.

The purpose is to help the child and the teacher to identify and concentrate on the above factors which help them to improve their achievement. Efforts have, however, been made in India to study the problems of physically handicapped in the field of sociology, psychology and social work. But still studies in this area, particularly in Karnataka are wanting. The orthopaedically
handicapped in this study includes the lame (deformed in either one or both of the legs) or crippled (deformed in the muscles and joints). Only a small proportion of crippled children suffer from mild defects which could be rectified earlier. But by negligence of the parents the original deformity multiplies as a result of which the child becomes seriously crippled. The two great crippling diseases are poliomyelitis and infantile paralysis and tuberculosis of bones and the joints.

The study is limited only to the crippled children of the age group 6-14. It does not take into account other categories of the physically handicapped children.

1.8 STATEMENT OF THE PROBLEM:

The problem taken up for investigations can be stated in precise terms as: “Study of the adjustment problems of handicapped children of secondary schools, in relation to the academic achievement in Karnataka State with reference to Chitradurga, Dharwad and Bellary districts”.

1.9 NEED AND IMPORTANCE OF THE STUDY

In India, research on education of the orthopedically handicapped has not received the attention it deserves. It is only
very recently that some attention is being paid. It is through education that researcher we can bring about some changes for the better. Education of the handicapped has national significance also. Hence, there is the need to provide education suited to them. It will help to prevent, reduce or eliminate the problem in the fields of academics, communication, locomotor and adjustment of orthopaedically handicapped children.

The preamble of the constitution states that justice, liberty, equality and fraternity should be secured to the citizens of India. All these will have no meaning if they are not provided facilities for education, which is one of the fundamental right, that is, education for all. If this facility is not provided social economic and political development is not possible. Article 45 of the constitution directs that free and compulsory education should be provided for all children until they complete the age of 14 years irrespectively of their handicappness.

The orthopaedically handicapped pupils are just normal children except for their physical deformity, therefore it is necessary to provide special facilities in addition to the facilities provided to normal children. The education for orthopaedically
handicapped is important for the development of the country and also to build up the needed resources. In our constitution a few provisions have been made for their education, which have to be followed up with right spirit and perspective. However, there is paucity of research in this area. This may be perhaps that this area has not attracted the attention of the researchers. Hence, here is a need for research in the education provided to these children which might deliniate information required to revitalise the educational programmes.

The present study, is an attempt to study the performance of orthopaedically handicapped children in respect to their adjustment, problems.

1.10 OBJECTIVES OF THE STUDY

This study has been undertaken with the following objectives. Which are intended to assess the :

1. Academic achievement of physically handicapped children of high and low self concept group.

2. Academic achievement of physically handicapped children of high and low anxiety group.
3. Significance in the interaction between self concept and anxiety on academic achievement.

4. Academic achievement of physically handicapped children of high and low achievement motivation group.

5. Academic achievement of physically handicapped children of high and low self concept group.

6. Significance in the interaction between achievement motivation and self concept on academic achievement.

7. Academic achievement of physically handicapped children of high and low adjustment group.

8. Academic achievement of physically handicapped children of high and low anxiety group.

9. Significance in the interaction between adjustment and self concept on academic achievement.

10. Academic achievement of physically handicapped children of high and low anxiety group.

11. Academic achievement of physically handicapped children of high and low achievement motivation group.

12. Significance in the interaction between anxiety and achievement motivation on academic achievement.
13. Academic achievement of physically handicapped children of high and low anxiety group.


15. Significance in the interaction between anxiety and adjustment on academic achievement.

16. Academic achievement of physically handicapped children of high and low achievement motivation group.

17. Academic achievement of physically handicapped children of high and low adjustment group.

18. Significance in the interaction between achievement motivation and adjustment on academic achievement.

19. To construct an adjustment inventory to identify their adjustment.

20. To construct an achievement test to measure their achievement.

1.11 AN OVERVIEW OF THE STUDY:

Chapter 1 dealt with the introduction of exceptional children, historical background of the physically handicapped children, concept of physically handicapped, survey report, concept of
orthopaedically handicapped. Adjustment problems of orthopaedically handicapped, Genesis of the study, statement of the problem, objectives of the study and an overview of the study.

In chapter II, a brief review of related literature and how the related literature helped the researcher to design the present study, will be discussed. For better understanding the related literature reviewed by the researcher will be classified as studies related to.

1. Self concept and academic achievement. 2. Anxiety and academic achievement. 3. Achievement motivation and academic achievement. 4. Adjustment and academic achievement.

In chapter III, methodology used in the present study will be discussed. This chapter includes restatement of the problem. Selection of variables, definitions of the terms, formulation of the hypothesis, sampling procedure. Description and justification of selected tools for collection of data, administration and scoring procedure and finally a brief description of various statistical tools used for the analysis of data and justification in selecting them will be discussed.

Chapter IV deals with the analysis, presentation and interpretation of data.
Chapter V presents a brief summary of all the chapters it will also present conclusion drawn on the basis of interpretation, the educational implications, limitations of the study and suggestions for further research.

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57