SARVA SHIKSHA ABHIYAN
TAMIL NADU

INCLUSIVE EDUCATION
2016-17

RIGHT TO EDUCATION
SARVA SHIKSHA ABHIYAN
EDUCATION FOR ALL
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Introduction

Every School – An Inclusive School:

Inclusive education is a human right issue. Every child with special needs has a right to receive education in the neighbourhood school. Therefore every school is an inclusive school. The right to education in the neighborhood school is granted to every child with special needs.

Sarva Shiksha Abhiyan focuses on Quality Education. Children with Special Needs are also supported with adequate resources in regular schools. In addition, they are provided with appropriate environment and amicable peer group support. SSA has made a step-by-step progress to initiate, implement and monitor the programme of educating Children with Special Needs in SSA.

Inclusive education is a multi-disciplinary process. Another endeavour of education for Children with special needs in SSA is to establish linkages with other schemes and departments.

With the Right to Education Act, it has been made mandatory for schools to enroll all children.” Children with severe disabilities are also enrolled in schools and home based education is given. The intervention for the students is frequently given at the School Readiness Program Centres or Resource Rooms. If the child cannot visit the centres, resource persons provide Home-Based care.
SSA organizes regular awareness rallies and street plays. Similarly, door-to-door surveys are also being conducted to identify and enroll children in schools.

**Mainstreaming** is a process that allows children with special needs to enter certain standard classrooms after they show the ability to keep up with the rest of their peers after getting interventions at School Readiness Programme.

*To achieve full inclusion, Students with special needs* are put in standard classroom environments without testing or demonstration of skills.

**IE Staff Pattern:**

Special Teachers including Therapists have an important role in identifying those children in need of special education, counseling parents, organizing medical checkups and surgery whenever required, and preparing initial Individual Educational Plans.

They prepare an IEP for every child under their special care. The Special Teachers also prepare relevant TLM and guide the regular teacher in its use. The Special
Teachers visit each of their allotted schools at least twice a week. Physiotherapist also provides therapies like speech therapy, mobility orientation, sensory training to the children. Special Teachers also identify non-enrolled children who are in need of special education and arrange for their enrolment.

- **2046 Special Teachers**
- **150 Physiotherapist**

**Supporting Teaching Staff:**

School H.M. / Class Teacher / Subject Teachers (Primary & Upper Primary) / BRTEs / Physiotherapist / Special Teachers

**Retention of CWSN in Inclusive Education:**

The goal of the inclusive education at elementary level is to reduce the gap in the enrolment, retention, completion rates and achievement levels of children with respect to gender and socially advantaged groups.
Physical Access and Enrolment:

Identification and Mapping of CWSN:

As per the census data 2011 2.13% of the population is differently abled population. A massive survey and household survey is done with the help of special teachers and BRTEs. Counseling and guidance session for the students and parents is organized during awareness programme.

Inclusive Education:

The goal of the inclusive education at elementary level is to reduce the gap in the enrolment, retention, completion rates and achievement levels of children with respect to gender and socially advantaged groups. The inclusion of CWSN has to be seen in terms of physical access, social access and quality of access.

Special Drives (Survey to identify CWSN):

Identification of the children with special needs is done every year with the help of the EER (Elementary Education Register) that is maintained in the schools.
The exact location and assessment of the number of the CWSN as per the EER is done by the BRTEs, Supervisors and Special teachers with the help of the community, Self Help Groups, Youth Groups etc., in convergence with BDOs.

Realizing the importance of integrating special children in regular school, the State had organized a special drive in the month of May 2016 in all the districts to identify the children with special need and steps have been taken to provide them access to education.

Special teachers and BRTEs are taking regular survey during their visit to ensure no CWSN is left out of the school. The number of CWSN identified in the State of Tamil Nadu for the year 2016-17 is 136263.

**Awareness Campaign:**

Awareness campaign, rallies, posters and hand bills were distributed to schools and public regarding inclusive education and the legal rights of the CWSN, the concessions given by the state and the central governments. Scrolling with slogans, captions on inclusive education were telecasted in the local channels of all blocks. PTA meetings were conducted to inform the parents on the care, need, management and potential of children with special needs. They were also given counselling and training on how to bring them up and teach them basic survival skills.
Medical Camps:

Medical Camps are conducted every year to assess the disability and the actual medical assistance needed by the CWSN. As per District Collector instructions and guidance Medical camps were conducted in coordination with DDAWO. In the districts, medical camps were conducted in the month of August 2016. Block wise individual Medical Camp was arranged. The assessment team consists of Doctors, Special Teachers and Physiotherapist.

They ascertain the degree and type of the disability, the developmental level of the child, and the nature of support services required, assistive devices required by the children. The students who need Assistive devices and ID cards are given priority to attend the camp.

78278 CWSN have been assessed in the medical camp with the help of the Department of Rehabilitation for the Disabled. 14927 children have recovered new ID card through these camps. The nature and severity of the disability has been noted by the physiotherapists and by the doctors.
**ALIMCO Measurement Camp:**

Assessment cum Measurement Camps for disabled children of the age group 6-14 years were organized as per the provision of Sarva Shiksha Abhiyan (SSA) under the supervision of Chief Education Officer (CEO) in all the districts concluded in the month of August. Doctors and Artificial Limbs Manufacturing Corporation of India, Kanpur, in collaboration with Sarva Shiksha Abhiyan (SSA), 78278CWSN have been assessed in the medical camps, out of which 14927 children were identified as beneficiaries. **ID cards were issued in the Medical Camps in convergence with DDAWO**

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**Distribution of Aids and Appliances:**

In the State, 14927 CWSN are provided assistive devices. Other than these, 1945 CWSN received devices from DDWAO Office. There is allocation of fund to purchase the Assistive device through IE head for the year 2016-17 and the devices are supplied to the identified children. 75 Cleft palate surgeries were done in tie up with Ramachandra Hospital under Smile Train Project. Special camps were organized at District level for screening the students. A team comprising doctors and technicians identified the students who are really in need for the surgery. 24 Cochlear Implant surgeries were also done for HI CWSN. 156 CWSN were undergone ortho surgery, 79 eye surgeries were done for VI CWSN and 48 tongue tie surgeries were done in convergence with Health Department.
Resource Room:

The resource rooms for CWSN is in the BRCs have been exclusively designed based on the need. The children receive regular therapy to improve their muscular and kinesthetic skills. Other usual interventions (like medical check-ups and audio disability testing) are integrated with these resource rooms. There are 413 resource rooms in State and during 2016-17; more than 9156 children were covered by the “Resource Room training”. Such resource rooms have had a major impact in training the identified children and mainstreaming them into regular schools. The rooms have the equipment needed for all types of therapy. Thus local CWSN who need special care in Physiotherapy, Speech therapy, sensory approach exercise, simulation exercise, use the rooms. The parents are also given guidance on how to exercise their children at home. The rooms are also used to train special teachers and regular teachers.

CWSN in Resource Room

Hub Meeting – Parents Counseling

IE HUB meeting is conducted monthly once in schools where CWSN are enrolled, in this meeting regular school teachers, VEC members, SMC members, Anganwadi teachers, parents of CWSN, and public take part. This session is organised by BRTEs and Special teachers. In this session they give awareness about the causes and prevention of disability, and also they give information about the allowances provided to them regarding MR-MG, Scholarship, Aids and appliances, National identity card
Kinet X Box- Activities: (Playway Method)

CWSN are benefited through KINET X box by handling the joy stick. CWSN get training in eye hand coordination, concentration and observation. Learning through motion helps Children with Special Needs to get joyful intervention without any pain.

School Readiness Program Centres:

School readiness programme centres is spread across in all the blocks intensely concentrating on the children with special needs who can’t afford the normal schooling. The School readiness programme staffed with one Care Giver and one Assistant. This School Readiness Programmes (SRP) at present supports 7693 children. Mentally retarded children are seen frequenting in these centres the most. Physiotherapists and special educators provide enormous support from their part for the development of the special children. Children with profound disability who cannot even express their basic needs are catered in school readiness programme. SSA provides an opportunity to teach and train these children through school readiness programme.
Home Based Education:

- Flexibility of time
- Special parameters
- Specially designed tools for differently abled children by field experts and specialists.
- Regular and Irregular assessments for Home based children

Therapy to promote gross motor activity. The therapist is also trying to give confidence to the child to move on in life.

Special teacher building positive energy in the mind of the parent so as to enable the kid to practice ADL

Early Intervention for CWSN of age group 0-5:

Early intervention is intended for infants and toddlers who have a developmental delay or disability. This program focuses on 0-5 age group. The main area is counseling the parents on accepting the condition of the child and how to deal and manage their special child in day to day living. The child is assessed and a program for motor, self-help and academics are given and the parents are taught on training the child.

Early intervention centres for the differently abled children are functioning in 32 Districts. Teaching, learning and play materials had been provided at the Early Intervention Centres for these children. 8138 children with in the age group of 0-5 years are attending Early Intervention Centres in the State.
The main aim of this program is to give training and awareness to the parents, siblings and other family members on how to train their disabled child. Their homes are visited regularly to monitor the progress made by the disabled child and to give the next program. The parents are also encouraged to visit the centre whenever needed. The indigenous resources available in their villages are used as materials for training. Regular follow-ups are done periodically.

**Transport and Escort Facilities for CWSN:**
Transport and escort facilities provided to the CWSN emphasize their regularity to the schools. Every month their parents receive escort amount Rs.250 from SSA. It ensures their regular attendance in schools and at School Readiness Programme (SRP). Escorts are parents of the CWSN.

**Training for Parents:**
To create awareness on Japanese Encephalitis and Acute Encephalitis (JE/AES), Brain Fever and Dengue Fever, one day block level training is given to the parents of CWSN, Anganwadi workers and the parents of Home Based CWSN. Doctors from Health Department act as resource persons for this training. It has really stirred the awareness among the parents.

**Japanese Encephalitis –AES Awareness Training for Parents:**
A two day awareness Training on JE – AES was held at all blocks. Doctors and Endomologists explained the reason for brain fever and precaution method through power point presentation using...
project. This training was given to the parents of special children, parents of primary children, Anganwadi workers and members of Self Help Groups. This training was given to 41300 persons. During this training, awareness on dengue fever was also included.

**World Differently Abled Day:**

Disability Day, or the International Day of People with Disability, is a day that has been promoted by the United Nations since 1992. The aim of Disability Day is to encourage a better understanding of people affected by a disability, together with helping to make people more aware of the rights, dignity and welfare of disabled people, as well as raise awareness about the benefits of integrating disabled persons into every aspect of life, from economic, to political, to social and cultural.

Every year celebration of the international day of disabled persons focuses on the different issues of the disabled persons all across the world.

**Activities in Convergence with Health Department:**

**IE- Rashtriya Bal Swasthya Karyakram (RBSK)**

Under National Rural Health Mission, significant progress has been made in reducing mortality in children over the last seven years (2005-12). Whereas there is an advance in reducing child mortality there is a dire need to improving survival outcome. This would be reached by early detection and management of conditions that were not addressed comprehensively in the past. Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aiming at early
identification and early intervention for children from birth to 18 years to cover 4 ‘D’s viz. Defects at birth, Deficiencies, Diseases, Development Delays including disability.

**Surgery:**

**Cleft Palate Week:**

Awareness week on Cleft Palate is celebrated as a chance to educate the community about the condition that is still not very well known. Schools have always been the great champions for Cleft lip and palate. In the local community, Students and Teachers help to reach as many people as possible during the Awareness Week (22.10.2016 to 26.10.2016). This helps to identify the children with cleft lip and palate.

**Autism Speaks- Light it up Blue:**

**Independence Day Celebration:**

Independence Day was celebrated with CWSN in inclusive schools. Abled children were practiced to tell few words about patriotism. IED Children were given importance to show their talents. Every Child was given a prize as a token of appreciation.
Inclusive Camps:

Drawing Competitions:

Exhibition on Inclusive:

Exhibition on Inclusive Education
Curricular Adaptation

Curriculum Adaptation is nothing but changes permissible in educational environments which allow the student equal opportunity to obtain access, results, benefits, and levels of achievement. These adaptations consist of both accommodations and modifications. Curricular adaptation is an on-going dynamic process that modifies and adapts the prescribed program of studies to meet the learning requirements of a student with special needs. It enables the teaching group to welcome learners of all abilities and ensures that every student is challenged to learn. Inclusion of a student with special needs is the collective responsibility of the entire school community, not the sole duty of the classroom teacher or educational assistant.

Curricular Adaptations for Children with Special Needs "Education for all" is the prime motive of Sarva Shiksha Abhiyan. Our special children also have the right for quality education. In order to train them to sustain the classroom atmosphere SSA takes strenuous efforts to conduct training to the regular teachers both primary and upper primary on curriculum adaptation.

Importance of Curricular Adaptation

In the year 2016-17 as per the MHRD guidelines and as per instructions given by State Project Director & Joint Director, Curriculum Adaptation Training was given to 20,000 primary school teachers and 10000 upper primary teachers in the entire state. Training plan was given by State Resource Group members and experts in the field of disability. Through this training in addition to sharpen their skills, teachers could know about how to handle CWSN in inclusive classroom.
State Level Training for **Curricular Adaptation** was conducted, same concept was given at district and block level in cascade mode.

State level Curricular Adaptation Training has been conducted in the year 2016-17 for the regular teachers and special teachers. Accommodation, adaptation, parallel curriculum, outcomes and overlapping curriculum as modification strategies were trained to the regular teachers in the training. Through this training, the regular teachers came to know about the curricular adaptation, remedial teaching, preparing Teaching Learning Material and classroom adaptation for children with Septic Learning Disability, autism, low vision, hearing impairment, ADHD, locomotors disability and Mental Retardation. IEP, importance of IEP, Teachers prepared IEP for various disabilities. A school staff orientation on Down syndrome often answers many questions, big and small.

**Implementation at school level**

**“Inclusive teachers maximize the opportunities for all students to learn even though they may be learning at different levels”**.

CCE in Inclusive Classrooms; Flexible evaluation

For CWSN

Joyful learning and flexible evaluation makes CWSN comfortable in the Classroom.

**Equitable Classroom in Inclusive Setup- Quality Initiatives**

**Inclusive Education: the way forward**

A special focus has been shown towards the Children with disabilities who have always remained relatively invisible in the efforts to achieve universal access to primary education. Within regular inclusive schools, they have the right to an education that responds to the diversity of their abilities and is adapted to their particular needs, with support as it is needed. It is only when a national commitment is made to include children with disabilities in the education system that any real progress is made towards achieving the goal of full enrolment for children with disabilities.
Barrier Free Environment (Infrastructure) in Class Room Setup

Ramp

Barrier free guidelines for CWSN refer to universal access for all children and adults within the schools. These are not being limited only to buildings and physical infrastructure, but also extend itself to curriculum and teaching learning processes.

Evaluation

IEP (Individualized Educational Plan)

It is essential to evaluate the learning outcomes and learning level of the CWSN. An individualized educational plan has been maintained in all the schools and school readiness camps for the CWSN. These are prepared after consulting with the parents and experts. Indicators are developed for the CWSN. IEP is being reviewed by the BRTEs and the Special teachers on quarterly basis. Strategies and support services used by the children are reviewed and modified according to the need of the CWSN.

CWSN PROFILE

- A complete case history of the individual CWSN in recorded.
- The history is from the birth of the child
- Personal information pertaining to his family is also recorded.
- Medical history of the child is recorded
- Daily activity of the CWSN is updated.
- His achievement level is assessed and identified.
- Level fixation (long term & short term)
**Academic Performance of CWSN:**
The resource teachers in consultation with the regular teachers understand the problems and difficulties of the children and try to remove them as early as possible. Thus the resource teacher sits in the regular classroom and observes the conditions. Based on the need of the CWSN, resource teacher helps the children.

**Periodical Assessment (PA)**
Reading skill in Tamil and English, writing skill in Tamil, English and Arithmetic skill in Mathematics are assessed for all the children from standard I to VIII. A common question paper is specially designed and framed by the special educators based on Category wise /Standard wise /subject wise and conducted at the root level in schools.

**Braille Book usage by visually impaired student**
Every blind child irrespective of whether he/she is studying in Government or Government aided school or IE program have access to a Braille kit. A Braille kit contains basic educational devices needed by blind students for learning Braille, arithmetic, geometry, etc.
Introduction

“For right to education for all is to become a reality, we must ensure that all learners have access to quality education that meets basic learning needs and enriches lives.” – States UNESCO. It further states in an alarming note, one widely cited source estimates that 150 million children worldwide live with disabilities. Around four in five children with disabilities at all ages, both with moderate and severe disability are higher in low-and middle-income countries than in rich countries. In addition, many millions of children live in households with parents or relatives who have disabilities.

Right To Education Act, 2009 in India mandates free and compulsory education to all children from 6-14 years of age. The key objective of RTE-SSA is Universalization of Elementary Education (UEE). Three important aspects of UEE are access, enrolment and retention of all children which has further been facilitated by the Constitutional (86th Amendment) Act, making free and compulsory elementary education a Fundamental Right, for all the children in the age group of 6-14 years. This Amendment has given a new thrust to the education of Children with Special Needs (CWSN), as a mission by Sarva Shiksha Abhiyan (SSA) through inclusion into mainstream classrooms, rather than being placed in special schools. This trend created greater needs for schools and educators to understand how a classroom or a study material or accessible technology or adaptation in the whole process can benefit the specific needs of children in learning.

Vision 2023 statement of Tamil Nadu states that ‘Education and Skills mission, aims to establish a robust human resources pipeline by the following measure, Providing universal access, equity, quality at primary, upper primary, secondary and higher secondary level’

The Hon’ble Chief Minister of Tamil Nadu in the year 2012 made a special announcement in State Assembly that emphasized setting up a State Resource Centre for Inclusive Education in Chennai with facilities that primarily focus, augment personalized learning, and create equal opportunities, access to educational needs and vocational training of all those Children with Special Needs.

The State Resource Centre for Inclusive Education, the first of its kind in India was planned in a convergence model with Central and State departments like NIEPMP,
NIVH, ALIMCO, Directorate of Public Libraries, Directorate of Medical Services, State Commissionerate office for welfare for Differently Abled, Corporation of Chennai and other social organizations with professional expertise in the disability sector working together for Children with Special Needs under one roof and ensure “ Zero Rejection Policy” in their education.

Objectives

✶ Ensure Children with Special Needs irrespective of their socio-economic status or knowledge / literacy level of their parents have equal opportunities to early assessment and intervention, physical and intellectual capabilities enhancement programmes to achieve their academic as well as vocational education goals.

✶ Enhance the scope of inclusive education of the Children by required Therapeutic learning resource in accessible formats, Technology tools implementation for communication and learning, self-reliant in their education, daily life as well as in future career

✶ Create awareness among children, parents and special educators by providing hands on access, training on latest technology aids, methodologies and appliances available for their therapeutic rehabilitation, daily living as well as educational needs

✶ Provide latest trends, updates, research and developments happening worldwide in Inclusive Education, Health, Technology as well as Living style environment of people with Disabilities through awareness workshops, camps, internet groups, and social networking media

✶ Coordinate, facilitate and support regular teachers / educationists / special educators / research scholars / government officials / health and social workers to enhance their capacity building measures by workshops, camps and training programmes in the services of empowering Children with Special needs

✶ Support the Block and District level Centres in the state for their inclusive education measures by offering information services and organizing programmes for their requirements

State Resource Centre Units

✶ Assessment and Counselling Unit

✶ Physiotherapy Unit

✶ Speech and Language Therapy Unit
Children with Special Needs with challenges in:

- Vision
- Hearing
- Speech
- Intellectual and Cognitive abilities
- Learning
- Mobility or with Multiple Disabilities
- Special Educators and Regular Teachers
- Parents and Care givers
- Institutions like Government Departments and NGOs
- Professionals like Social Workers, Volunteers, Educationists, Resource Experts

MHRD Secretary is visiting State Resource Centre for Inclusive Education

Specific Learning Disability

Development of Tool for Screening Children with Specific Learning Disabilities in Schools

The Rights of Persons with Disabilities (RPwD, 2016) Bill has been passed by the Parliament on 16th December 2016 replacing the Persons with disabilities Act 1995. The
number of disabilities covered under this Act includes twenty one and for the first time in India, Specific Learning Disabilities is included. The Act defines Specific Learning Disabilities (SLD) as follows.

‘specific learning disabilities’ means a heterogeneous group of conditions wherein there is a defect in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasias’

As children with SLD will be covered by the RPwD Act and also considering that SSA aims at Education for all, SSA, Tamil Nadu found it essential to identify children with SLD in the schools. Unlike other disabilities, SLD is difficult to identify as it involves difficulties in academic learning among children. To identify such children, teachers are in the best position. Therefore, SSA Tamil Nadu has developed a tool with funding from UNICEF that would help teachers to screen the children in primary schools.

The tool was developed by a team consisting of experts in the field of SLD, primary school teachers, district coordinators of SSA and teacher educators. The tool consists of group tests and individual tests in Tamil, Mathematics and English. To establish reliability and validity, field testing has been conducted on a large sample consisting of over 11000 children in three districts of Tamil Nadu. A meeting consisting of national level experts was held to present the tool in the draft form and get their views before finalizing the tool. The tool is being finalized to be put to use from the next academic year. This tool is the first of its kind in the regional language that would enable the teachers to screen children with SLD. Future plans include preparation of teachers for providing resource/remedial teaching for children with SLD.
# Case Study for CWSN - 1

<table>
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<tr>
<th>Name of the Student</th>
<th>T. Harishraj</th>
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<tbody>
<tr>
<td>Name of the Father</td>
<td>T. Thiyagarajan</td>
</tr>
<tr>
<td>Residential Address</td>
<td>10th ward SanthaipettaiIllampillai</td>
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<td>Name of the school</td>
<td>PUPS, Illampaillai</td>
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<td>Standard</td>
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<tr>
<td>Gender</td>
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<tr>
<td>Type of Disability</td>
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<tr>
<td>Percentage</td>
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<tr>
<td>National ID card</td>
<td>Issued</td>
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<tr>
<td>Name of the Special Teacher</td>
<td>A. Kavitha</td>
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**Birth History**

Harishraj was a premature baby. On his mother’s first pregnancy, Harishraj did not cry at all during his birth.

**Case Observation**

Harishraj is severely affected with Down syndrome (mentally retarded boy). He was diagnosed by the Medical doctor during medical camp the CWSN held every year. He can understand oral instructions. He keeps sitting at the same place most of the full time. His height is not proportionate to his age. When he was inducted in a regular class room structure he seemed to be quiet in class. He generally does not speak with his classmates, speaks only with a few students. When he looks Special Teacher she becomes very happy. He responds to the Special Teacher’s simple instructions. His physical movements are less. He seems to be more interested in having fun than learning.
Barriers:

i) Emotional problems:
He likes to see attractive colors and objects brought by Special Teachers. If the teacher does not attend to him or shouts at him he becomes completely mute.

ii) Physical problems:
He sits on the same seat all the time. If he is asked to get up, he becomes nervous. He dislikes to stand up, or to move around to. He handles things carefully. He likes drawing by using color pencils and crayons. He draws a picture & colors it.

iii) Educational problems:
He doesn’t like to learn. But the Special Teacher facilitates learning. Teacher takes help from his parents and the Head Master wherever necessary. Harish has started writing his name on his own. Writing his name is little difficult in Tamil script. In the beginning he was repeatedly making mistakes in writing his name but the teacher prepared flash cards of each letter model, practiced to match with his name, asked to overwriting each letter and then copy it. He has given step by step oral instructions and physical support.

iv) Parental problems
Parents are illiterate. They are unable to understand the children’s problems. Initially their parent was unable to co-operate with the regular and also the Special Teachers. Sparing time for him was difficult for the parents. Lack of social support, emotional stress, worries about his future makes them anxious. Periodical Family counselling was given and found to be effective in making the parents to cooperate.

Educational Arrangement
1. Individualized Education Plan (IEP) developed and followed to identify the student as CWSN. It was done with the help of experts from rehabilitation field. He was identified as Mentally Retarded (MR).
2. Medical Assessment Camp: The expert team assessed and recommended various support services to identify CWSN according to disabilities. The educational, vocational and other rehabilitation options were decided at the camp. He was assessed as MR (Down Syndrome).
3. **Occupational Therapy (OT)** and **Cognitive Behaviour Modification Therapy** are given at Resource Room.

4. Transition from home base to regular school. During educational assessment & field visits, needs of the student was identified with special need to occupy in regular school with the help of special teachers. There has been a substantial expansion of activities for bringing the child to school in elementary education. There still remains a lot challenges for providing quality education. The challenge has different dimensions like effective onsite support, evaluation process and availability of existing infrastructure, right kind of learning materials and its usage in stipulated time. Under inclusive education, Harishraj has been attending school along with normal students. The Special Teacher’s monthly visit has helped Harishraj to improve on a daily basis.

**Curriculum**

Curriculum for MR students is not definite. It is need based. It is also based according to the students’ learning pace. As Harishraj is a severe MR student, the curriculum was decided by using check lists prepared by Special Teachers.

**Steps followed in Teaching – Learning:**

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<th>Demonstration of skill by teacher</th>
<th>Imitating skills</th>
<th>Praise technique</th>
<th>Teacher physical support, support by gestures Evaluation tools</th>
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**Check list:**

Check list used for evaluation was prepared by Special Teachers. It helps to decide skills that can be developed in the student. In this case language skill, conversation skill, Gross motor skill, Fine motor skill, Self-Help skill were decided to develop. Same check lists were used for entry level and final level.

**Observation:**

Through frequent observation teacher evaluates the students’ communication skills, likes/dislikes and behavioural skills. The time taken to respond by an MR student is uncertain. With close support groups responses were achieved.
1. Oral test
Oral questions were asked based on individual identification of objects in school, home base surrounding, selected letters, numbers and picture.

2. School records
Case papers, health reports, Physical movement forms, physiotherapy management records, Parent Interviews – Overt behaviors at home, improvements in certain skills, dependency level were evaluated with the discussions.

Present Status Now Harishraj is in III class of normal school. He happily comes to school regularly and completes the targets. Barriers encountered initially are minimized. Through psychological support by Special Teachers at initial stage to MR Child, required therapy support and parental counselling about the government schemes were given. And that mainstreaming was possible for MR students. The general development of a disabled child took place in this way under SSA.

3. Achievement of the child

Future Goal:
It has been planned to give sentence reading and writing practice.

Conclusions:
Children with special needs were integrated and mainstreamed but not included in classrooms. With the effort of Special Teachers and general teachers work separately with special need children. Normal teachers work better with normal students while Special Teachers teach specifically. Multi category training strengthens the teachers in class room management and behaviour modification of CWSN. SSA was helpful in improving enrolment of CWSN in normal schools & to some extent for their retention. Normal teachers and Special Teachers assisted in preparing IEPs according to the needs of learners. Still they should be prepared for understanding “Inclusion” at cognitive, affective and functional level. This can be achieved through quality trainings of regular teachers and Special Teachers.
Orientation of all the functionaries in the system facilitates the program as a part of their personal beliefs and values. Monitoring with caring and supportive guidance would be helpful to improve the process of the CWSN.

### Case Study for CWSN - 2

<table>
<thead>
<tr>
<th>Name of the Child</th>
<th>S. Yogasree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the parent</td>
<td>P. Saravanan and S.Vanitha</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>26.6.2010</td>
</tr>
<tr>
<td>Age</td>
<td>7 Yrs</td>
</tr>
<tr>
<td>Std</td>
<td>II</td>
</tr>
<tr>
<td>Admission No</td>
<td>5728</td>
</tr>
<tr>
<td>Name of the School</td>
<td>PUPS Kattuputhur(West)</td>
</tr>
<tr>
<td>Address</td>
<td>Sasthrinagar, Santhai Backside, Kattuputhur, Thottiyam</td>
</tr>
<tr>
<td>Type of Disability</td>
<td>Multiple Disability (80%)</td>
</tr>
<tr>
<td>Name of the Block</td>
<td>BRC, THOTTIYAM</td>
</tr>
</tbody>
</table>

**Medical History:**

The mother faced difficulty during delivery; forceps was used during delivery because there was a hollow in the parietal side of the skull. The child was affected because of this.

Doctors told that he had fits, when the child was under supervision. Because of that the Childs lower limb & Upper limb was affected.

**Mental Depression of the Parents:**

The Parents were very much depressed because of the child’s birth complications and its implications in the development of the child.

**Delayed Mile Stone Development:**

Crawling and sitting were very much delayed and walking impaired until school age.

**Question Mark about the Childs Future:**

Parents are confused and worried about the child’s condition and future. They went to many temples and read horoscopes. They met many doctors and underwent treatment to
overcome their child’s problem. Doctors told that continuous treatment on physiotherapy only can improve the child.

**Special Teachers Role:**

The Special Teacher met Yogashree and gave counselling to her parents about the need of the child and the importance of giving therapy to the child. They explained that before schooling, the child’s gross motor skills had to be improved first.

**Parents Regular Visit to Resource Room:**

Thereafter, the parents brought Yogashree regularly for physiotherapy. As a result of the continuous therapy given by the physiotherapist and the parents, the child gained gradual improvement.

**Physiotherapy provided by Therapist**

**Muscle Stimulator Therapy given by Resource Room**

**The First Walk by the Child:**

It was an interesting story about how Yogashree walked for the first time. One morning as the mother was feeding breakfast to her child’s while speaking to her neighbourhood the child began to walk by herself suddenly. Yogashree’s first walk was only in the 11th month unlike other children who normally start early. The mother felt very happy she called her husband to see the miracle.

The child was walking slowly and steadily. Gradually she started walking restlessly. She could walk to her neighbours’ house. The child was very happy and smiling & laughing the whole day.

**Yogashree admitted in the school**

**Regular school teacher training Yogashree**
Eternal Joy

It was a day of eternal joy. The parents shed tears of joy, instead of words. The following points led to the success of these CWSN.

- **Acceptance by the Parents.**
- **Medical intervention at the right time.**
- **Intervention by the Special Teachers.**
- **Parents support.**
- **Teachers support.**
- **Community support.**
- **Regular therapy at resource room.**
- **Regular therapy at home.**

Finally Yogashree was admitted in the nearby government school. And she continues her academics with the help of her class teacher and peer group support. Simultaneous physiotherapy is also provided. Her parents feel happy to bring her to school and they enjoy watching their daughter playing with the normal students.

**Case Study for CWSN - 3**

<table>
<thead>
<tr>
<th>Name of the Child</th>
<th>S. Parthiban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the parent</td>
<td>R.Selvam and S.Vijaya</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>16.10.2002</td>
</tr>
<tr>
<td>Age</td>
<td>14Yrs</td>
</tr>
<tr>
<td>Std</td>
<td>VIII Completed</td>
</tr>
<tr>
<td>Admission No</td>
<td>1449 (V std. 2011 admitted)</td>
</tr>
<tr>
<td>Name of the School</td>
<td>PUMS – K. Valayapatti</td>
</tr>
<tr>
<td>Address</td>
<td>Sc Street</td>
</tr>
<tr>
<td></td>
<td>K. Valayapatti</td>
</tr>
<tr>
<td>Type of Disability</td>
<td>Cerebral Palsy with MR 80%</td>
</tr>
<tr>
<td>Name of the Block</td>
<td>BRC, VAIYAMPATTI</td>
</tr>
</tbody>
</table>

Parthiban was born to Mr. Selvam and Mrs. Vijaya on 16.10.02. They were living in K. Valayapatti a small village within Vaiyampatti block. Both parents were coolies. Their
marriage is a consanguineous marriage. They have 5 children among whom Parthiban is the child with developmental delay. The child was identified by the Special Teachers during the survey at the age of 6 (May 2010).

At the time of identification the child was unable to move around and delayed in all areas of developmental milestones. During birth the child had also had a delayed birth cry. Initially the Special Educator and parents developed a good rapport. Then detailed information on both medical and physical history of Parthiban was gathered from his mother and consolidated for further diagnosis.

**Before Intervention:**

The child was identified by the Special Teachers during the survey. At the time of identification the child was unable to move around and delayed in all areas of developmental milestones. Information was gathered from his mother about him and came to know that the child has mental retardation associated with cerebral palsy.

**After Intervention:**

The child was identified in the bed ridden position. Regular therapeutic intervention was provided by physiotherapist and special educators. Gradually there is more improvement in the developmental milestones. During the year 2010 – 11 Parthiban was provided with wheel chair by SSA.

With the help of wheel chair the child was made to sit on it instead for being in bed full time. Parthiban got exposed to outer world with the help of the wheel chair. In the year 2011 – 12 Parthiban was provided with rolator by SSA helping the child to walk with support. In the academic year 2012 -13 Parthiban was enrolled in the school PUMS – K.
Valayapatti as per the guidelines of RTE Act in Standard V. His admission number was 1449. As the parents were coolie workers they used to tie the child with a beam to avoid moving away for home.

Gradually it was controlled with therapeutic and behaviour modification techniques. There is a massive improvement in his speech, walking, behaviour. Now the child is able to walk with minor support. Parthiban is able to move and keep himself clean with good practice on toilet training and eating habits. His language expression is also good.
S. Dhanush, studying in std VIII in CSI Willis Integration High school. He was identified as a visually impaired child at the age of five on 1st June 2008. He was immediately brought to BRC Kaatankolathur. His parents were given awareness about his disability. His mother was appointed as the helper in the SRP Centre.

**During the Training:**

Tamil and English alphabet was introduced to him through Braille. He was taught basic mathematical operations using Abacus. He has been scaffolded and evaluated regularly by Special Educators since 2008. He wrote III term examination in Std VI and VII with the help of a scribe. He secured first place out of 27 students in std VII in the annual examination and his score was 468 out of 500.

**His Present Status:**

As a feather to his cap, his special talent of singing was identified and tuned finely. As a result, he got a chance to participate in **Vijay Tv Super Singer contest**, cleared many rounds and been coming out with flying colours.

Thus Dhanush has proved himself as a child prodigy. His parents are proud of their son and they always feel grateful to SSA for being the backdrop for their son's upliftment.

"A child with the special needs will inspire you to be a special kind of person".
SUCCESS STORY OF PUSHBARAJA

<table>
<thead>
<tr>
<th>Name of the CWSN</th>
<th>M. PUSHBARAJA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age/ Sex</td>
<td>10/M</td>
</tr>
<tr>
<td>Class Studying</td>
<td>V Std</td>
</tr>
<tr>
<td>School</td>
<td>Corporation Middle School, Vandikara Street, Thanjavur</td>
</tr>
<tr>
<td>Block</td>
<td>Thanjavur (U)</td>
</tr>
<tr>
<td>Father’s Name</td>
<td>Mr. Mannarmanan</td>
</tr>
<tr>
<td>Address</td>
<td>109, Nagai Road, Vandikara Street, Thanjavur</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Cerebral Palsy</td>
</tr>
<tr>
<td></td>
<td>(TA Contracture, Hammer Toes with Equinus foot)</td>
</tr>
</tbody>
</table>

BEFORE PHYSIOTHERAPY THROUGH SSA:

Master M. PUSHBARAJA is a 10 Years old Male Child having Cerebral Palsy with TA Contracture and Hammer Toes with Equinus foot. He is Studying V Std in Corporation Middle School Vandikara street, Thanjavur; He got National Disability ID Card in 2009 through SSA. His Father is on daily wages and his mother a house wife. He is from poor family background. His Native is Thanjavur, Tamil Nadu State.

His Father used to carry him to School regularly. Parents were poor they were unable to take medical and physiotherapy treatments regularly. In this situation SSA identified him in his School having Severe TA Contracture deformity, his bony alignment had also changed and due to this he suffered pain over the knee and ankle joint when he walked.
After Physiotherapy through SSA:

Assessment:

After assessment that his Range of motion was restricted, physiotherapy treatment was given regularly at DRC Thanjavur. Different Range of motion exercises was given for the ankle joints. Passive stretching to lengthen the shortened muscle fibers and gait training with parallel bar and CP walker was given to improve his walking for six months, after treatment his Range of motion was improved but it did not reach the desired normal range. Hence it was believed that the tendon lengthening surgery could bring full range. He was referred for Tendon Lengthening Surgery through SSA Medical Camp. He was admitted in MM Ortho hospital, Kumbakonam. There screening procedures were done for 5 days.

Surgical Procedure:

After screening under General Anesthesia, Z – Plasty of TA in Coronal Plane and Jones Procedure done for LTA and Tightness released through a 3cm incision then the wound washed and closed in layers and POP applied.
PHYSIOTHERAPY DURING THE STAGE OF POP:

Exercise like Isometries to Quadriceps and Hamstrings was given to avoid weakening and active toe movements like toe curling, holding rubber and cloth in between the toes for shortening the intrinsic muscles were given.

Movements to other free joints to avoid stiffness of the adjacent joints were also given and repeated checkups were done for the pressure areas of POP to avoid pressure sores. Likewise during hospitalization physiotherapy treatment was given twice a day, these exercises were also taught to parents during immobilization in home.

Antibiotics and wound care information were given to parents & he was discharged in 4 days. Regular visits were made by SSA officials for check for modifying the exercise regime appropriately according to the improvement and need. POP cast was changed every 10 days.

PHYSIOTHERAPY AFTER POP REMOVAL:

After one month POP was removed and non-weight bearing exercises like gradual mobilization to the foot with emphasis for intrinsic muscle were given, weight bearing started after 15 days and KAF Othroosis given for ambulatory training And correct method of orthotic application taught to the parents then gradual initiation and progress to more vigorous exercises like walking stretching exercises, heel walking, jumping, squatting exercises were given. Strengthening exercises mainly concentrated to avoid weakness.

Now he is walking without support and his TA Lengthened and also wearing KAFO to avoid flexion deformities. Every day he is coming to DRC for physiotherapy treatment by the Day Care Centre autorikshaw.
Success Report:

1. Student’s Report:

“I constantly reminded myself of how lucky I am that complimented with quick relief from pain. My ankle is stable; strong seemingly with normal motion and my joints ROM is also improved. Now I feel proud to share with others the successful experience with the Physiotherapists, I continue physiotherapy exercise and my studies too”.

2. Parent’s Report:

“I would like to comment on the excellent treatment and facilities given by SSA so that my child could become independent. I have never expected this to happen with present family situation. Thanks a lot for the graceful service”.

3. Head Master’s Report:

“I am immensely happy to share about PUSHBARAJA’S success. Now he is able to walk without support. There is so much improvement in his leg. Before he wouldn’t mingle with his peer groups and he won’t concentrate in his studies due to feeling of loneliness. But now he mingles with his peer group and on the whole has performs well. Thanks a lot to SSA and Physiotherapists”.
4. District Co-ordinator’s Report:

“Master M. PUSHBARAJA got into the treatment and training a year back by our physiotherapists. The child was co-operative during the treatment sessions and now he is able to walk and do his self-care activities and attending school and DRC regularly. His parents and teachers are very happy. Now the child is improving very much”.

5. Physiotherapist’s Report:

“We feel highly successful that M. PUSHBARAJA got freedom from his disability. His gait became normal, he is able to stand and able to walk without support, and he is able to run, jump, climb upstairs. Now he had forgotten his previous problems and he is studying V Std successfully and taking regular physiotherapy in our DRC for his further improvements”.