



INCLUSIVE EDUCATION FOR CHILDREN WITH DISABILITIES AND STRATEGIES OF MEETING THE SPECIAL NEEDS OF THEM

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I) INTRODUCTION

Owing to lack of knowledge, educational access and technology, disabled children were initially treated as unwanted and segregated from other children. Later their education was carried out in special schools. In recent times there has been a shift towards having children with disabilities attend the same schools as non-disabled children. The educationists now feel that each child should be allowed to learn in his own way. The concept of inclusive education has been spelt out in the Salamanca statement and the framework for action on special needs education 1994. It states that all governments have been urged to "adopt as a matter of law or policy, the principle of inclusive education, enrolling all children in regular schools unless there are compelling reasons for doing otherwise". The basic premise is that the school should meet the educational needs of all children irrespective of their disabilities or limitations.

II) INCLUSIVE EDUCATION

It is the implementation of the 'policy and process' that allows all children to participate in all programmes. 'Policy' means that disabled children should be accepted without any restrictions in all the educational programmes meant for other children. It denotes equality, and accepts every child with his own unique capabilities. This principle must be accepted by all the international, national and local programmes. The 'process' of inclusion denotes the ways in which the system makes itself welcoming to all. In terms of inclusion of disabled children, it means the shift in services from 'care of the disabled child' to his 'education and personal development'. Inclusive education goes one step further by defining these children

as 'children with special needs' who need special attention, rather than children who are 'impaired' or 'handicapped'. Inclusive education is nothing but 'Making the programme for disabled children as an integral part of the general educational system rather than a system within general education'.

III) MEANING OF DISABILITY

Universal Elementary Education

Disability is an impairment that may be cognitive, developmental, intellectual, mental, physical, sensory, or some combination of these and that substantially affects a person's life activities. A disability may be present from birth or occur during a person's lifetime.

World Health Organization

A disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives.

IV) TYPE AND LEVELS OF DISABILITIES

The disabilities can be broadly classified into the following categories. These categories can be further classified on the basis of level of problems and type of problem.

(i) Visual Impairment

1. Refractive errors-short sight or long sight.
2. Partial vision or low vision. Who have difficulty in reading print even after wearing spectacles?
3. Totally blind.

(ii) Hearing Disabilities

1. Slight hearing loss - (26-40db) decibels.
2. Mild hearing loss - (41-55 db) decibels.
3. Moderate hearing loss (56-70 db) decibels
4. Severe hearing loss (71-90 db) decibels
5. Profound hearing loss (91db or more) - Hearing aid does not help

(iii) Mentally Retarded

1. Slow learners - (I Q 75 to 89 IQ)
2. Mild mentally retarded (IQ 60-65 to 70-75 IQ)

3. Moderate Mentally Retarded. (IQ 35-40 to 60-65 IQ)
4. Severely retarded (IQ 20-25 to 30-35 IQ)
5. Profoundly retarded (IQ 20-25 and below)
6. Slow learners - (IQ 75 to 89 IQ)
7. Mild mentally retarded (IQ 60-65 to 70-75 IQ)
8. Moderate mentally retarded (IQ 35-40 to 60-65 IQ)
9. Severely retarded (IQ 20-25 to 30-35 IQ)
10. Profoundly retarded (IQ 20-25 and below)

(iv) Physically Handicapped or Orthopedic Handicap

1. Polio of hands or legs (Upper or lower limbs)
2. Central nervous system disorder (cerebral palsy, Epilepsy)
3. Congenital malformations of limbs (e.g. Spinal bifida, or Club foot, or bow legs)
4. Diseases of the muscular skeletal system.
5. Muscular dystrophy or wastage of muscles in arms or legs.
6. Rigidity of joints - due to Rheumatoid arthritis.

(v) Learning Disabilities

1. Reading disabilities (dyslexia)
2. Disability to comprehend or speak - Dysphasia
3. Writing disabilities - Dysgraphia
4. Arithmetic disabilities (dyscalculia)
5. Disability to express orally - aphasia
6. Disability to read or write printed matter - Alexia

(vi) Speech Disabilities

1. Stammering - Difficulty in pronouncing certain Sounds.
2. Stuttering - Fluency in speech lacking
3. Voice Disorders - Cannot control pitch, loudness
4. Articulations - Problems, Omissions, and Substitution of words.

(vii) Chronic Health Problems

1. Congenital heart problems - viz Mitral steno sis
2. Chronic bronchitis and asthma
3. Juvenile diabetes
4. Tuberculosis

(viii) Emotional Disturbance leading to Behavior Problems

1. Attention deficit disorder (hyper activity)

2. Aggressive/Violent behavior
3. Hyper active - or Hypoactive
4. Anxiety disorder
5. Shy and withdrawal tendencies
6. Depression
7. Conduct disorders
8. Obsessive-compulsive disorder
9. Phobia-fear of darkness, heights or depths.
10. Psychosis.

V) STRATEGIES TO MEET THE SPECIAL NEEDS OF CHILDREN WITH DISABILITIES.

(a) Reducing the deviation

This can be achieved in two ways - reducing the defect/disability and reducing the visibility of the defects.

(b) Reducing the disability

This is possible through the following strategies.

(i.) Practice - copy writing, speech training, remedial instruction etc.

(ii) Substitute learning-use of left hand if right hand becomes deformed. Lip reading if unable to develop speech, Braille learning, type writing, if unable to write by hand etc. (Devices which help in improving functioning)

(iii.) Functional prosthetics – magnifying glasses for the children with partial sight, hearing aid calculators, if unable to compute, Braille type writer, alphabetic chart for those who forget the shapes of the letters etc.

(c) Reducing the visibility of the defect:

This is helpful in developing positive attitude towards the children with physical defect. The visibility of the defect can be reduced through the following strategies.

Use of the cosmetic prosthetics; Use of artificial limbs which are not functional, wearing black glasses by blind person, transparent hearing aid. Etc. Compensatory learning; proper body posture control learning appropriate social manners etc.

(d) Changing the environment: Manipulation of the environment is also very much essential in meeting the special needs of children with disability. This involves

1. Alteration of physical environment, and,
2. Alteration of the social environment.

Alteration of the physical environment has two important objectives

1. Improving responses-Removing architectural barrier so that mobility is eased, adaptation in the house hold articles so that day to day activities can be carried out without much difficulty, adaptations in the communication devices. like videophone for the deaf, talking machine for the blind etc.
2. Improving stimulus large print book for the partially sighted, proper placement in the class for the deaf avoiding distraction for a child with concentration problems etc.
3. **Alteration of the social environment** - through parental guidance and Counseling Orientation to the peers, public awareness programmes teacher training programmes.

The role of teachers in meeting the special needs of children with disability vary from one disability to other. However there are certain common roles. They are listed below.

VI) COMMON ROLES OF TEACHERS

- Identification of the children with disabilities in the classroom.
- Referring the identified to the experts for further examination and treatment.
- Accepting the children with disabilities.
- Developing positive attitude between normal children and disabled children.
- Placing the children in the classroom in proper places so that they feel comfortable and are benefited by the classroom interaction.
- Enabling the children with disabilities to avail the facilities provided for them under IED scheme.
- Removing architectural barriers wherever possible so that children with disabilities move independently.
- Involving the children with disabilities in almost all the activities of the classroom.
- Making suitable adaptation in the curriculum transaction so that the children with disabilities learn according to their ability.
- Preparations of teaching aids/adaptation of teaching aids which will help the children with disabilities learn.
- Parental guidance and Counseling and public awareness programme through school activities.
- Acquiring competencies which are essential in meeting the needs of the children with disabilities.
- Cooperating with resource teachers if resource rooms are available.

- Collaborating with medical and physiological personnel social workers, parents and special teachers.
- Providing scope for cooperative learning among disabled and normal children.
- Conducting case studies and action research related to the specific problem of children with special needs.
- Construction of achievement and diagnostic tool.
- Adaptation in evaluation for children with special needs.
- Nurturing the talent among children with disabilities.
- Providing remedial instruction to the children who require it.

VII) CONCLUSION

The teachers can perform the above roles only when essential competencies are developed among them. This calls for intensive training of the teachers with adequate practical component. Apart from Disabilities If the children have behavioral, emotional or learning problems that may be associated with their parents or family situations; teachers can provide relevant information on social services to the parents. Encourage them to contact social workers of the Integrated Family Service Centre or the Integrated Services Centre in their district who will assess their specific needs and offer the most suitable services.

If children show sudden changes in behavior and emotion, or demonstrate wounds that are caused by non-accidental injuries, teachers can refer to the relevant departments or professionals as soon as possible for timely referral and management.

VIII) REFERENCES

- Inclusive Education For Disabled Children M. Manivannan* Asia Pacific Disability Rehabilitation Journal*
UNESCO on Inclusive Education