

5.4.5. Mainstreaming vs Inclusion

“Mainstreaming” and “inclusions” are two different academic programs meant for IEP students. “IEP” stands for “Individualized Education Program.” It is a legal document which describes a particular educational program required and designed specifically for a child’s unique requirements and needs. Although the terms “mainstreaming” and “inclusion” may be used interchangeably at times, they are in fact two very different movements. The controversy of mainstreaming vs. inclusion stems from a difference in understanding why a student with disabilities should join a general education classroom when possible.

Mainstreaming	Inclusion
<p>Expectations from a child:</p> <p>“Mainstreaming” refers to children with an IEP attending a regular classroom for their social and academic benefit. These students are expected to learn the same material as the rest of the class but with modifications in the course and adjustments in the assessment.</p> <p>(Mainstreaming requires the IEP students to attend a regular classroom and they are expected to show improvement in social skills and academic performance)</p>	<p>Expectations from a child:</p> <p>Inclusion refers to children with an IEP attending a regular classroom for their social and academic benefit, but these children are not expected to learn the same material as the rest of the class. They have their own individualized material, and they are not expected to show improvement as per the class.</p> <p>They are basically “included” in the class so that they have the opportunity to be with the students of their same age and have the chance to get the same education.</p> <p>(inclusion requires IEP students to attend regular classrooms for their own benefit not necessarily showing any improvement)</p>
<p>Support in teaching:</p> <p>A mainstreamed child does not have any other help in the classroom except for the teacher. The support they get is in the form of modifications in the course.</p> <p>For example, if a child is dyslexic and has problems in reading or writing, they</p>	<p>Support In teaching:</p> <p>The students in inclusion classrooms have a team supporting them. The regular teacher is given tips on how to help the child with special needs. There are specialists like speech therapists and physical therapists who help the teacher understand the needs of the child. The</p>

<p>are occasionally given individualized reading sessions. Their reading material is simplified, and they are given simplified writing assignments. (Mainstreaming requires a child to deal and adjust in the class on his own)</p>	<p>teacher is advised to know how to handle technologies and equipment which assist a special needs child. (Inclusion classrooms have a team of specialists supporting the child.)</p>
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7.3.4. Special school versus integrated school, Inclusive School

Special School: A special school is a school for children who have some kind of serious physical or mental problem. Special education is designed specifically for students with special needs, remedial education can be designed for any students, with or without special needs; the defining trait is simply that they have reached a point of under preparedness, regardless of why. Special Education is specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability. Special education is in place to provide additional services, support, programs, specialized placements or environments to ensure that all students' educational needs are provided for. Special education is provided to qualifying students at no cost to the parents. There are many students who have special learning needs and these needs are addressed through special education.

Integrated School: Integrated education traditionally refers to the education children with special needs in mainstream settings. Disabled people of all ages and/or those learners with 'Special Educational Needs' labels being placed in mainstream education settings with some adaptations and resources, but on condition that the disabled person and/or the learner with 'Special Educational Needs' labels can fit in with pre-existing structures, attitudes and an unaltered environment. Integrated schools educate children in an environment where self-esteem and independence are developed as priorities. Self-respect and respect for others are strongly encouraged. The integrated ethos is nurtured to ensure inclusion of people from different disabilities, religions, cultures, genders, abilities and socio-economic backgrounds.

Inclusive School: Inclusive schools recognize and respond to the diverse needs of their students, accommodating both different styles and rates of learning and ensuring quality education to all through appropriate curricula, organizational arrangements, teaching strategies, resource use and partnerships with their communities. Whilst inclusive beliefs, policies and practices specifically address the needs of students with disabilities and additional learning needs, they are equally beneficial for the full range of students. Schools that are inclusive adopt the belief that wherever possible all children should learn together regardless of differences; that all children can learn and achieve their potential; and that the continuum of students' needs should be matched by a continuum of programs, support and services. All students regardless of their ability or disability benefit from schools adopting inclusive practices.

7.3.5. Characteristics of Inclusive School

The inclusive school characteristics listed below were derived from Lipsky and Gartner's Quality Indicators of an Inclusive Environment (2008):

Characteristics of Inclusive School	
School Climate	<ul style="list-style-type: none"> • Responsibility for all students is shared among all staff. • The school environment supports teachers in working collaboratively (e.g., common planning time, co-teaching).
Curriculum, instruction, and assessment	<ul style="list-style-type: none"> • Students with special learning needs may receive instruction in the general education classroom and participate in extracurricular activities with necessary supports. • All students participate in state and district assessments with needed or approved adaptations and modifications and their data are used for accountability purposes and subsequent decision making. • All staff participate in developing and implementing a school-wide behavior plan. • A team approach ensures that each student receives the appropriate help when needed.
Staff development	<ul style="list-style-type: none"> • Professional development activities are aimed at building capacity by enhancing the skills of all staff to promote students' access to the general education curriculum.
Support services	<ul style="list-style-type: none"> • Clinical and support staff are integral members of the school community.
Parent involvement	<ul style="list-style-type: none"> • School personnel actively involve parents, including those of students with disabilities and those from diverse backgrounds, in all school activities. • Staff use multiple approaches to reach different subsets of parents.
Community involvement	<ul style="list-style-type: none"> • School personnel make a concerted effort to reach out to all community members, leaders, and organizations.
Resources	<ul style="list-style-type: none"> • Resources are available throughout the school, not just in specialized settings or classrooms. • School personnel collaborate and serve as resources for each other.
School self-evaluation	<ul style="list-style-type: none"> • School personnel measure their school's progress toward addressing the needs of all students.
Comprehensive education plan	<ul style="list-style-type: none"> • School's planning documents and processes address the needs of all students in the areas listed above.

- Peer should be increased their appreciation and acceptance of individual differences
- Peer should be understanding and acceptance of diversity
- Peer should respect for all people
- Peer should do the work with group
- All students needs are better met, greater resources for everyone

The power of peers as shown here has a cumulative effect, which makes issues such a bullying incompatible. Rather, we have peers helping peers become more integrated into the school culture.

Role and responsibilities of Resource Person / Resource Teacher:

In some schools certain teaching staff provide valuable support to the classroom teacher. These teachers aren't usually responsible for a classroom of students. They're often referred to as "non-enrolling teachers." The most common support teachers are the learning assistance teacher and resource teacher. They may have distinct roles, or their roles may vary as they share the workload in the school. They may be assigned to a school full-time or parttime, depending on the school's need. Support teachers and resource teachers usually have some specialized training or experience that enables them to provide teacher and student support. Their duties include the following:

- suggesting strategies to school and family to support student learning
- providing service to students with special needs in a particular area of their education
- providing ongoing curriculum adaptation and/or intervention for physical or behavioural needs
- coordinating the team of professionals who work with your child
- assisting classroom teachers
- coordinating release time for staff involved in planning
- coordinating the Individual Education Plans (IEP)

The resource room sometimes functions as a home room for high school students. Some students receive support for specific subjects in the resource room, while the rest of their program is in regular classrooms. The beliefs and skills of the teachers who support students in these classrooms shape the success of an inclusive program.

Role and responsibilities of itinerant teacher:

This is a special education teacher employed by an agency hired to visit various schools in several districts and work with children with disabilities. This provides each child with the required auxiliary services and allows a district to meet requirements without having a program of their own. In this type of setting the special educator may be faced with a variety of responsibilities including but not limited to the following: Roles and Responsibilities of the itinerant teacher or Special Education Teacher:

- Curriculum modification: here the itinerant teacher assists the classroom teacher in modifying the curriculum to meet the learning style and needs of the child with a disability
- Organizing Parent conferences
- Educational evaluator: in some cases the itinerant room teacher is asked to do the educational evaluations. If this is the case the district will usually pay the agency a fee for this service.
- Conducting Pre-and post-testing using group standardized tests
- Involvement at the annual review-an annual meeting held by the IEP Committee to discuss the progress of each child with a disability and to plan the next year's Individual Education Plan
- Involvement in the triennial evaluation process-an evaluation that takes place every three years to determine if the conditions for the original classification are still present or need to be modified. The requirement here would be limited to either discussion of test results or to update the progress of the student and recommendations for the following year.

Role and responsibilities of shadow teacher / Teaching assistants:

Shadow teacher / Teaching assistants work with teachers as part of the classroom team and play key roles in the education of students with special needs. They're usually assigned to work in a specific classroom and may work primarily with one child or they may work with several children. They are responsible for performing duties under the direct supervision of the teacher, principal, or vice-principal. Their duties include the following:

- personal care (personal assistance with toileting, positioning, mobility, feeding, grooming, dressing, etc.)
- safety and supervision

- communication and technical aids
- classroom observation
- assisting individual students or small groups with learning activities
- following behaviour management programs as set out by the teacher or other specialists
- following therapy programs as set out by the therapist
- facilitating social interactions among students
- data collection and record keeping as requested by the classroom teacher and/or principal

Due to the diversity of tasks and student needs, pre-service training for teacher assistants is very desirable. School districts should ensure that appropriate job descriptions are in place for the various functions being performed and that in-service training is provided.

Role and responsibilities of head master:

The Headmaster / principal or vice-principal may be involved with planning for students with special needs. The principal's roles and responsibilities include the following:

- selecting special education staff who embrace the philosophy of inclusion
- recognizing the need for program and staff development
- supporting the school's responsibility for the education of all students
- recognizing that all students benefit from inclusion
- recognizing the extra support needs of special needs students, and advocating for the supports

Role and responsibilities of teacher:

Their roles and responsibilities, which may be shared with a resource teacher or learning assistance teacher, include the following:

- evaluating and reporting on students' progress
- collaborating with students and their parents to plan, create, and sustain a safe learning environment
- collaborating with other professional and auxiliary personnel
- planning instruction for the class and for individual students
- implementing the goals and objectives of the Individual Education Plan and making revisions as necessary

- **communicating with parents about their children's education**
- **coordinating and managing information provided by support personnel (speech therapists, social workers, etc.)**
- **supervising and coordinating the work of teaching assistants**
- **adapting their teaching style, activities, and curriculum to facilitate each student's success**

5.3.6. Need for Inclusive Education in India for children with special needs

Children with disabilities and special needs also have the right to education just as normal children do. Inclusive education strives to address the learning needs of children with special needs, with a particular focus on those who are subject to being isolated and excluded. The philosophy behind inclusive education is to promote opportunities for all children to participate, learn and have equal treatment, irrespective of their mental or physical abilities. While the awareness on inclusive education in schools throughout the

country is still at an infancy stage, educational institutions are somewhat skeptical about having both normal and special children studying in the same classroom. And in circumstances, where a former excluded child is given admission into a mainstream classroom, the outcome of the action is questionable. Lack of flexibility in curriculum, inability to fend for themselves and thus being bullied by others in the class and not getting adequate attention from the teacher are common issues. All these may result in the child not getting a fair inclusive education. As a result, the number of children with special needs receiving higher education is on the decline.

In India, a majority of children with special needs do not receive any formal education, in spite of the practice of inclusive education in some schools. This is because children with disabilities and learning deficiencies are segregated from mainstream schools and other regular routines and social activities of normal children. Other contributing factors to this situation are lack of affordability and awareness on the kind of education choices available to children with special needs. Hence, inclusive education becomes a key reason for integrating a special child with the mainstream. Inclusive schools have to be well-equipped in all aspects to cater and deliver quality education for all children. This includes having a balanced curriculum that is appropriate for all categories of children, teachers who have the ability to handle the individual needs within the classroom and thereby promote an environment where personal development, social skills and student participation are strongly encouraged.

Another critical aspect of inclusive education for a special needs child is in having the acceptance and friendship of classmates. This kind of support also aids in the progress of special children and helps them gain confidence within the school environment. Further, parents have a vital role as partners to make inclusive education successful within the classroom. This is possible when the children with special needs continue to live at home and attend school, just like normal children. Parents should also be involved with the teachers and administrative staff at the school to coordinate travel arrangements, school activities and learning materials for their special child.

The Heritage School located in Kolkata is well-known for its inclusive education philosophy where in children special needs are combined with the mainstream children to encourage overall improved student learning. The school has created a need-based programme with its educators to focus on its special students to allow them to discover their own skills and work on them to catch up with their peers. The Indian government continues

to include children special needs under several of their education initiatives, including the Sarva Shiksha Abhiyan (SSA). This is a government programme that aims at improving and providing quality primary education for all children. There are several national and local NGOs that champion the cause of children with disabilities and provide specific resource centres in support of inclusive education.

For instance, the Spastics Society of India has a division that aims at promoting the right of children with cerebral palsy to inclusive education. There are also private schools in the country such as The Heritage School, Akshar School, Vydehi School of Excellence, Chettinad Srihari Vikasam etc. that offer individualised learning programmes for children with special needs.

5.4. INCLUSION

The term inclusion captures, in one word, an all-embracing societal ideology. Regarding individuals with disabilities and special education, inclusion secures opportunities for students with disabilities to learn alongside their non-disabled peers in general education classrooms. Honestly establishing a successful inclusive classroom varies in complexity, based upon the challenges created by the disability at hand. However a knowledgeable approach and positive attitudes on the parts of parents and teachers proves vital to triumphing over any obstacles which may emerge.

Inclusive education differs from separate education in special schools. It is where all children, regardless of differences have the opportunity to learn with and from each other. In inclusive settings differences are valued but the focus is on similarities which are common to all children. An inclusive school defines differences as an ordinary part of human experience, to be valued and organised for. In settings like these the modelling provided by peers reduces the amount of input required by the class teacher. Inclusion should not be the sole responsibility of the specific class teacher. Everybody should be involved and take responsibility. However teachers make all the difference. Training for teachers should be sustained and ongoing. It should most importantly focus on attitudinal change. They need to understand and accommodate the concept of learner diversity. They also need to be trained to be innovative and flexible with regards to multi-level curriculum instruction and classroom management styles. A school-based support team should develop strategies for the whole school to meet the needs of learners with special educational needs. This team should also be a resource for teachers experiencing problems in their classrooms. All children benefit when all students are made to feel they belong and education is sensitive and responsive to individual differences. Inclusive education is one of the most effective ways in which to promote an inclusive and tolerant society.

In this section discussing about the concept of impairment, disability and handicap. And also this section deals about the concept of special education, integrated education and mainstream education.

5.4.1. Impairment, Disability and Handicap

The terms disability, impairment, and handicap have been used synonymously within the education, counseling, and health literature. Although, each of these three terminology can be used when discussing disabling conditions, they convey three different meanings. To promote the appropriate use of these terms the World Health Organization (WHO) provided the following definitions in their International Classification of Impairments, Disabilities, and Handicaps (ICIDH) (1980):

- **Impairment:** In the context of health experience an impairment is any loss or abnormality of psychological, physiological or anatomical structure or function.
- **Disability:** In the context of health experience a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.
- **Handicap:** In the context of health experience a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.

Based on these definitions, it should be understood a handicap is not a characteristic of a person, rather a description of the relationship between the person and the environment. Consider the following. A person who is born blind (the impairment) is unable to read printed material, which is how most information is widely disseminated (the disability). If this person is prevented from attending school or applying for a job because of this impairment and disability, this is a handicap. This person may be able to perform the daily activity (reading) using some type of assistive technology to overcome this handicap. By attributing the handicap to the environment as opposed to an individual, the emphasis is placed on using AT to produce functional outcomes as opposed to focusing on functional limitations.

Impairment is considered to occur at the level of organ or system function. Assessment of impairment requires judgement of mental and physical functioning of the body and its component parts according to accepted standards. The classification of impairment is hierarchical, allowing considerable specificity for those needing to record such detail. Disability is concerned with functional performance or activity, and limitations therein, affecting the whole person. The disability codes attempt to encompass those activities considered important in daily life. Like impairment, the classification of disability is hierarchical but allows for an additional parameter to record the severity of disability.

Handicap focuses on the person as a social being and reflects the interaction with and adaptation to the person's surroundings. The handicap codes attempt to classify those consequences which place that individual at a disadvantage in relation to their peers. The classification system for handicap is not hierarchical, but comprises a group of 'survival roles', with each survival role having an associated scaling factor to indicate impact on the individual's life.

As traditionally used, impairment refers to a problem with a structure or organ of the body; disability is a functional limitation with regard to a particular activity; and handicap refers to a disadvantage in filling a role in life relative to a peer group. Examples to illustrate the differences among the terms "impairment," "disability," and "handicap."

CP example: Ravi is a 5 year old who has a form of cerebral palsy (CP) called spastic diplegia. Ravi's CP causes his legs to be stiff, tight, and difficult to move. He cannot stand or walk.

- **Impairment:** The inability to move the legs easily at the joints and inability to bear weight on the feet is an impairment. Without orthotics and surgery to release abnormally contracted muscles, Ravi's level of impairment may increase as imbalanced muscle contraction over a period of time can cause hip dislocation and deformed bone growth. No treatment may be currently available to lessen Ravi's impairment.
- **Disability:** Ravi's inability to walk is a disability. His level of disability can be improved with physical therapy and special equipment. For example, if he learns to use a walker, with braces, his level of disability will improve considerably.
- **Handicap:** Ravi's cerebral palsy is handicapping to the extent that it prevents him from fulfilling a normal role at home, in preschool, and in the community. His level of handicap has been only very mild in the early years as he has been well-supported to be able to play with other children, interact normally with family members and participate fully in family and community activities. As he gets older, his handicap will increase where certain sports and physical activities are considered "normal" activities for children of the same age. He has little handicap in his preschool classroom, though he needs some assistance to move about the classroom and from one activity to another outside the classroom. Appropriate services and equipment can reduce the extent to which cerebral palsy prevents Ravi from fulfilling a normal role in the home, school and community as he grows.

6.2. OBJECTIVES

After going through this unit, you will be able to:

- describe the various types of Children with Physical challenges
- explain the concept of Visual, Hearing, Loco-motor and Neurological impairments
- recognize and categorize the differences of various intellectual challenges of children
- enlighten the characteristics of Gifted, Mentally Challenged, ASD and LD children
- explain the types of Children with Emotional and Behavioural deviations
- describe the symptoms and characteristics of ADHD and Juvenile Delinquent children
- explain the issues and challenges of Children with Socio-cultural deviations
- describe the educational status of SC, ST, Minorities and Linguistic Minorities

6.3. CHILDREN WITH PHYSICAL CHALLENGES

Many causes and conditions can impair mobility and movement. The inability to use legs, arms, or the body trunk effectively because of paralysis, stiffness, pain, or other impairments is common. It may be the result of birth defects, disease, age, or accidents. These disabilities may change from day to day. They may also contribute to other disabilities such as impaired speech, memory loss, short stature, and hearing loss. People with mobility and movement impairments may find it difficult to participate when facing social and physical barriers. Quite often they are individuals of courage and independence who have a desire to contribute to the fullest level of their ability. Some are totally independent, while others may need part- or full-time assistance.

A physical disability is any condition that permanently prevents normal body movement and/or control. The term physical disabilities is broad and covers a range of disabilities and health issues, including both congenital and acquired disabilities. Students with congenital conditions either are born with physical difficulties or develop them soon after birth. Acquired disabilities are those developed through injury or disease while the child is developing normally. The age at which a condition develops often determines its impact on the child. Within that range are physical disabilities or impairments that interfere with a child's ability to attain the same developmental milestones as his or her age-mates. This section focus on the visual, hearing, loco-motor and neurological challenges of children.

Visual Impairment

The term visual impairments describes a wide variety of conditions that affect vision abilities. We use the term to denote mild to most severe vision loss, rather than to defects in the eye itself. According to the Individuals with Disabilities Education Act (IDEA) of 1997, a visual impairment refers to “an impairment in vision that, even with correction, adversely affects a child’s educational performance. The term includes both partial sight and blindness.” Sight impairment terminology can sometimes be confusing. Most people classified as “blind” have a visual sense of lightness or darkness, as well as an ability to see some shapes and images. To avoid confusion, you should know the following terms commonly used to designate degrees of visual impairment:

- **Totally blind:** This term usually implies little or no visual sensitivity to light at any level. This condition is rare, and people who are totally blind typically have severe physical damage to the eyes themselves or to the visual nerves.
- **Legally blind:** A legally blind person has a visual acuity of 20/200 or less in the better eye, after correction. This means that what an individual with normal (20/20) vision sees at two hundred feet, the legally blind person cannot see until he or she is within twenty feet. In addition, a person can be classified as legally blind if she has a field of vision no greater than twenty degrees at the widest diameter. (A normal field of vision is close to 180 degrees.) Only about 20 percent of legally blind people are totally blind. Legally blind individuals typically use Braille and visual aids.
- **Low vision:** People with low vision can read with the help of large-print reading materials and magnifying objects. They may also use Braille.
- **Partially sighted:** Partially sighted individuals have less severe loss of vision than people in the other three categories. A person with partial sight may be able to see objects up close or far away and with corrective lenses may be able to function at normal levels.

Hearing Impairment

Hearing impairment is hearing loss, in one or both ears, that may be permanent or fluctuating, that adversely affect educational performance. The Individuals with Disabilities Education Act (IDEA) offers the following definitions: A hearing impairment is a hearing loss, whether permanent or not, that affects a child’s educational performance. This definition includes children who have the capacity to receive some auditory stimuli, including speech and language; this capacity is known as residual hearing, which can be

supported by the use of a hearing aid. Deafness is a severe hearing impairment that impedes the child's processing of linguistic information through hearing, with or without amplification. A student with this condition cannot receive sound in all or most of its forms.

Hearing loss can vary from slight loss to complete deafness. Some individuals may wear hearing aids. Some persons with hearing loss use sign language to communicate, others read lips and are able to speak, and some use a combination of both methods. People with hearing loss face challenges in communicating, particularly in crowds. This difficulty may result in feelings of loneliness, frustration, anger, low self-worth, hopelessness, and depression. Hearing loss affects a student's ability to speak and to understand spoken language. A person with deafness cannot process any linguistic information, and a "hard of hearing" person can process some linguistic information. Hearing losses can be more precisely described in terms of the degree to which hearing (the ability to receive sound) is impaired. Sound is measured in two ways: Intensity (loudness) of the sound, measured in decibels (dB) / Frequency (pitch) of the sound, measured in hertz (Hz)

Typically classify degrees of hearing disabilities as follows:

- Slight: 15–25 dB of hearing loss
- Mild: 20–40 dB of loss
- Moderate: 40–65 dB of loss
- Severe: 65–95 dB of loss
- Profound: more than 95 dB of loss

A child who cannot hear sounds at less than 90 decibels is considered deaf for the purposes of educational placement. Hearing loss is further categorized into four types:

- Conductive hearing loss is caused by disease or obstruction in the outer or middle ear. An individual with this condition can usually use a hearing aid.
- Sensorineural hearing loss is the result of damage to the delicate sensory hair cells of the inner ear.
- Mixed hearing loss combines both conductive and sensorineural losses, meaning that a problem exists in the outer or middle ear as well as in the inner ear.
- Central hearing loss results from damage to the central nervous system, either in the nerves that occupy the pathways to the brain or in the brain itself.

Locomotor Impairment

A person with locomotor disability will have limited movement of body parts. The main causes could be injuries, diseases or disfigurements in the bones or muscles or any injuries of the brain, spinal cord or the nerves. Disability of the bones, joint or muscles leading to substantial restriction of the movement of the limbs or a usual form of cerebral palsy. Some common conditions giving rise to locomotor disability could be poliomyelitis, cerebral palsy, amputation, injuries of spine, head, soft tissues, fractures, muscular dystrophies etc. The general characteristics of locomotor disability are:

- The child is not able to raise both the arms fully without any difficulties.
- The child is not able to grasp objects without any difficulty.
- The child has absence of any part of the limb.
- The child has a difficulty in walking.

A person's inability to execute distinctive activities associated with moving, both personally and objects, from place to place, and such inability resulting from afflictions of musculoskeletal and, or nervous system, has been defined as the Locomotor Disability. Locomotor disability can be classified as: congenital and acquired. The common causes of these two forms of affliction can be classified as: congenital and developmental. Common examples being: cerebral palsy, CTEV, meningocele, meningo myelocele, phocomelias, congenital dislocation of hip. Causes of the acquired disability can be put within the following jackets: Infective and Traumatic. The infective ones are: tuberculosis of spine or other joints, chronic osteomyelitis, septic arthritis, acute poliomyelitis, G.B. syndrome, leprosy, encephalitis, AIDS etc. Traumatic ones are: traffic accidents (air, water, road), domestic accidents, industrial accidents, agricultural accidents, fall from height, bullet injuries, explosions, violence, sports injuries, natural catastrophies like earthquakes, floods etc. Then there can be other causes as well, such as vascular. Common examples are: cerebro vascular disease, peripheral vascular disease, perthe's disease. Neoplastic conditions are yet another cause of locomotor disability. For example, brain tumors like astrocytoma, meningioma, spinal tumors like meningioma, astrocytoma, and osteo sarcoma etc.

Neurological Impairment

Neurological impairment refers to a broad group of disorders in which the central nervous system does not function properly and leads to some form of physical or mental problems. The central nervous system is made up of the brain and the spinal cord. This type

of impairment, which affects the brain or spinal cord, can have affect a wide range of different capabilities, from motor skills to memory. Cerebral palsy and Tourette's syndrome are two common examples of neurological impairment; the first affects motor skills and the second involves both motor skills and speech skills. Not all neurological impairments are present from birth. A neurological impairment can be acquired as a result of some form of brain or spinal cord injury. Often, the results are very similar; the only difference is the way in which a given part of the brain becomes damaged. A neurological impairment or disability may affect an individual's speech, motor skills, vision, memory, muscle actions and learning abilities. Because of its various forms, neurological impairment can be classified in many different ways.

- **Childhood Aphasia:** Childhood Aphasia which primarily affects speech and language abilities. For example, can be developed from birth or acquired because of some form of brain injury and is mostly involved with speech and language skills.
- **Minimal Brain Dysfunction:** Minimal brain dysfunction that affects learning and behavioral abilities;
- **Learning disability:** Learning Disability which primarily affects understanding or the ability to process language. It concerns disorders related to difficulties in general understanding and language comprehension.

6.4. CHILDREN WITH INTELLECTUAL CHALLENGES

Intellectual disability means significantly sub average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance. Intellectual disability refers to significant limitations in learning, thinking, solving problems, making sense of the world, and developing everyday life skills. All people with intellectual disabilities are capable of learning and can live a worthwhile and happy life.

Do not assume that a person has an intellectual disability because of the presence of another disability. Individuals with intellectual disabilities can still feel the influence of the Spirit. Some people may require support in only a few specific areas, and others require support in almost every area of life. An intellectual disability often affects a person's communication, social, and self-care skills. It also affects a person's ability to learn and remember. Common causes include head injuries, Down syndrome, and fetal alcohol syndrome. Intellectual disability is often associated with other disabilities as well. In this section deals about the concept, characters and types of gifted, mentally retarded, autism and learning difficulty children.

Gifted:

Giftedness, intelligence, and talent are fluid concepts and may look different in different contexts and cultures. Even within schools you will find a range of beliefs about the word "gifted," which has become a term with multiple meanings and much nuance. Gifted children may develop asynchronously: their minds are often ahead of their physical growth, and specific cognitive and social-emotional functions can develop unevenly. Some gifted children with exceptional aptitude may not demonstrate outstanding levels of achievement due to environmental circumstances such as limited opportunities to learn as a result of poverty, discrimination, or cultural barriers; due to physical or learning disabilities; or due to motivational or emotional problems. The term "gifted child" has been defined by different scholars and psychologists in the following words: Telford and Survey (1977): The intellectually gifted can be defined in terms of test scores or demonstrated performance, for instance, Percent of the general population is measured by intelligence and of achievement st. Gifted children are natural learners who often show many of these characteristics:

- Many gifted children learn to read early, with better comprehension of the nuances of language. As much as half the gifted and talented population has learned to read before entering school.

- Gifted children often read widely, quickly, and intensely and have large vocabularies.
- Gifted children commonly learn basic skills better, more quickly, and with less practice.
- They are better able to construct and handle abstractions.
- They may show keen powers of observation and a sense of the significant; they have an eye for important details.
- They may read a great deal on their own, preferring books and magazines written for children older than they are.
- They often take great pleasure in intellectual activity.
- They have well-developed powers of abstraction, conceptualization, and synthesis.
- They readily see cause-effect relationships.
- They often display a questioning attitude and seek information for its own sake as much as for its usefulness.
- They are often skeptical, critical, and evaluative. They are quick to spot inconsistencies.
- They often have a large storehouse of information about a variety of topics, which they can recall quickly.
- They readily grasp underlying principles and can often make valid generalizations about events, people, or objects.
- They quickly perceive similarities, differences, and anomalies.
- They often attack complicated material by separating it into components and analyzing it systematically.

Mentally Challenged/ Mentally Retarded (MR):

In the classification of exceptional children, the mentally retarded children belong to the lower end of the scale of intelligence and scholastic aptitude quite opposite and contrary to the gifted and who lie at the high end of scale. Mental retardation is a developmental disability that first appears in children under the age of 18. It is defined as an intellectual functioning level (as measured by standard tests for intelligence quotient) that is well below average and significant limitations in daily living skills (adaptive functioning).

Children with mental retardation learn more slowly than other children, have more difficulty solving problems, and show language and communication deficits. As a result,

they perform less well in school and have more difficulty making friends and engaging in social activities. The following are some of the characteristics of mentally retarded children.

- They will generally need services at the pervasive level, typically throughout their life;
- They are likely to have multiple disabilities, particularly in the areas of mobility and communication;
- Their communication deficits make it difficult to accurately assess their intellectual functioning;
- In educational settings, they may be placed along with students with moderate to severe MR or in their own classroom;

Mental retardation varies in severity. There are four different degrees of mental retardation: mild, moderate, severe, and profound. These categories are based on the functioning level of the individual.

Mild mental retardation: Approximately 85 percent of the mentally retarded population is in the mildly retarded category. Their IQ score ranges from 50 to 75, and they can often acquire academic skills up to the sixth grade level. They can become fairly self-sufficient and in some cases live independently, with community and social support.

Moderate mental retardation: About 10 percent of the mentally retarded population is considered moderately retarded. Moderately retarded individuals have IQ scores ranging from 35 to 55. They can carry out work and self-care tasks with moderate supervision. They typically acquire communication skills in childhood and are able to live and function successfully within the community in a supervised environment such as a group home.

Severe mental retardation: About 3 to 4 percent of the mentally retarded population is severely retarded. Severely retarded individuals have IQ scores of 20 to 40. They may master very basic self-care skills and some communication skills. Many severely retarded individuals are able to live in a group home.

Profound mental retardation: Only 1 to 2 percent of the mentally retarded population is classified as profoundly retarded. Profoundly retarded individuals have IQ scores under 20 to 25. They may be able to develop basic self-care and communication skills with appropriate support and training. Their retardation is often caused by an