

Early Intervention in Inclusive
Education in Mumbai
The 'Why' and the 'How'

Manual 15

How to Identify
Children with Disability



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Supported by the Canadian International Development Agency (CIDA)



Foreword

The '*How to Series of Inclusive Education*' is a set of manuals that have emerged from a study undertaken by The Spastics Society Of India, Mumbai in collaboration with UNICEF and supported by the Canadian International Development Agency (CIDA).

The title of the project is *Inclusive Education Practice in Early Childhood*. It is an action research project involving both intervention and research on a large scale covering 6000 families based in the impoverished areas of the Mumbai slums. Six hundred children, both disabled and non disabled, were placed in Demonstration Learning Centres within the community where an enrichment programme and a need based intervention was given over a two year period. The intervention strategies were carefully documented and the progress of the children tracked by external researchers not connected with the intervention team. The aim was to study the mechanism or *intervention* strategies needed to put *children with disabilities* into existing programmes being run by Government and non-Governmental agencies and the barriers that came in the way to accessibility and participation.

From this evidence based research emerged a series of instructional resource material: the '*How to Series of Inclusive Education*.' These manuals are relevant for any organisation, or agency, working to address the crucial need of bringing *children with any disability* into inclusive settings. They recommend *a whole community approach to inclusive education*, and although the research was carried out in India it can be used anywhere in the world.

Growth And Development

Physical development in children between 0-2

Why is it important to know the various stages of physical development in children?

Every child goes through certain phases of development as they grow up.

This development may vary from child to child.

Knowing the various phases of development helps the anganwadi workers to identify differences in development as early as possible.

This encourages early intervention.

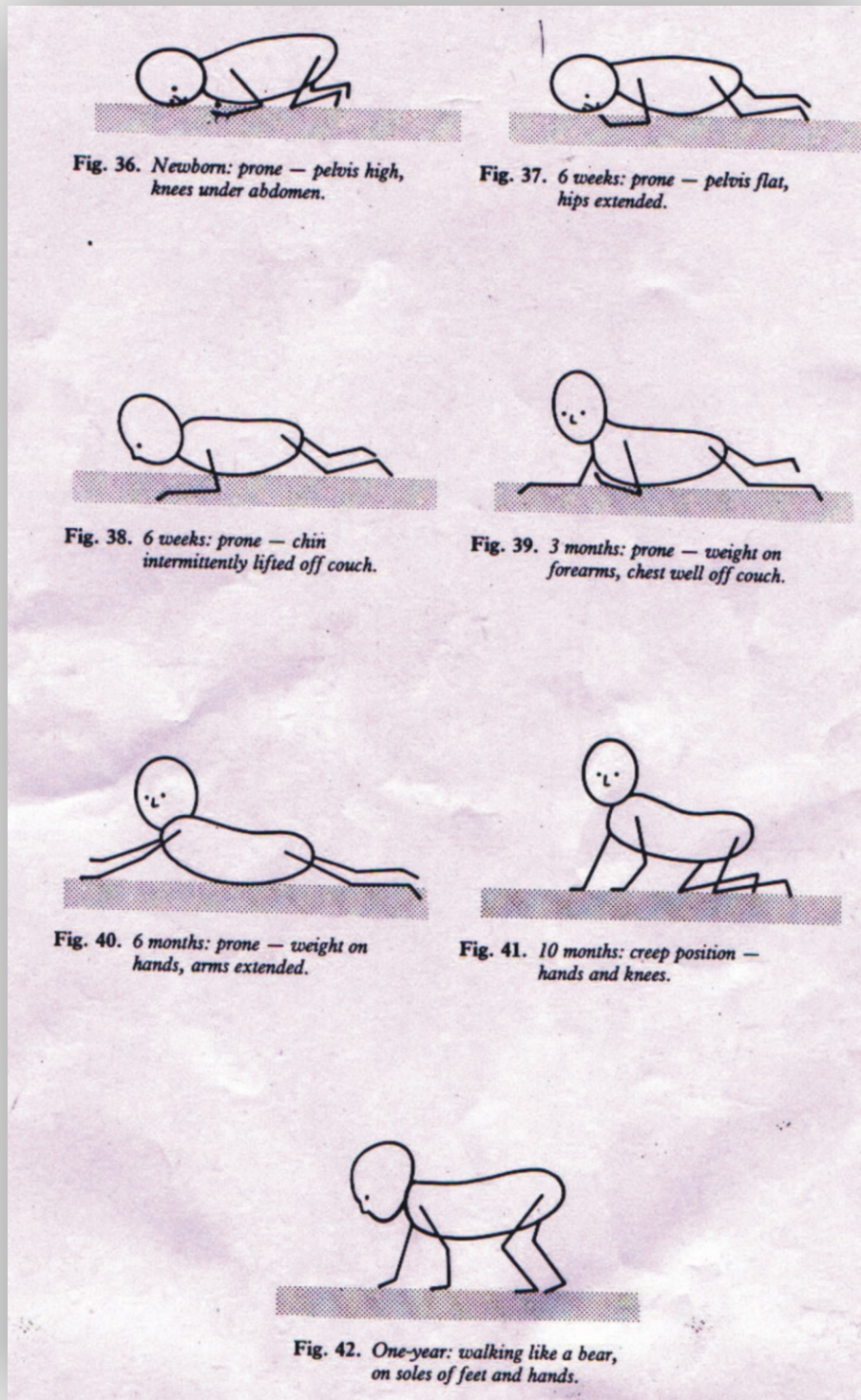
Early intervention enhances the overall development in children.

What are some of the important principles of motor development that you can keep in mind ?

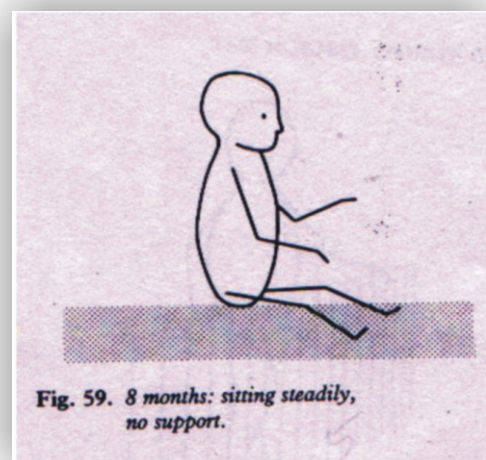
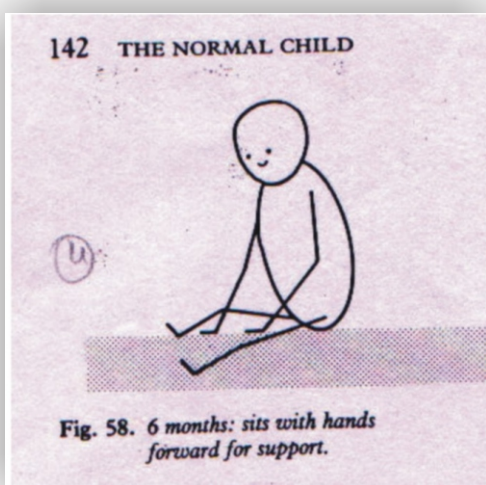
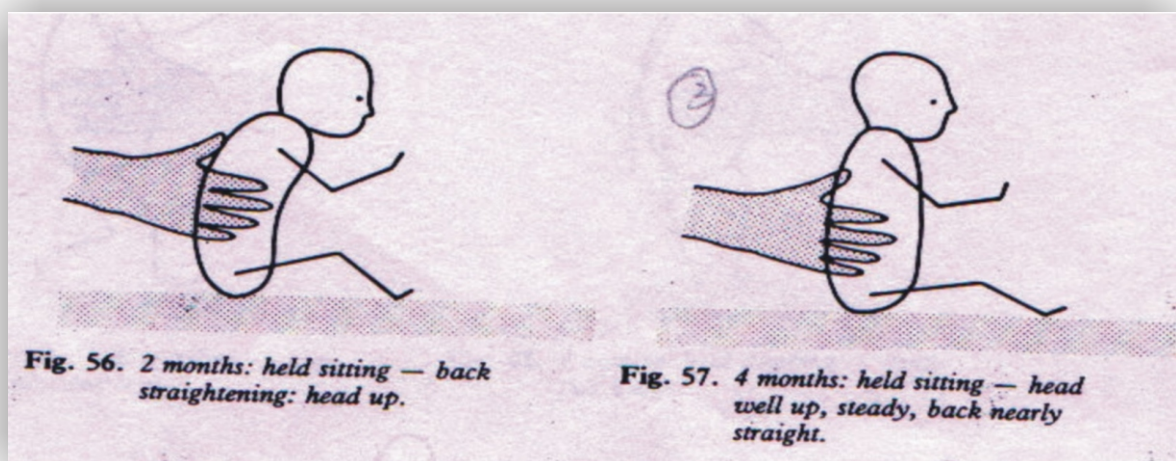
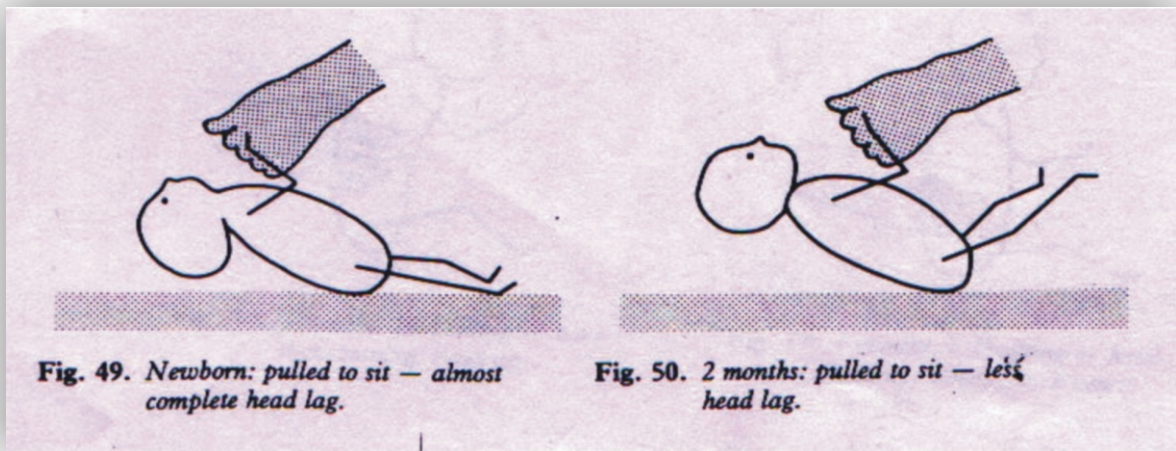
- ✓ Development starts from birth and goes on till the child becomes an adult.
- ✓ Development progresses from the head onwards i.e. head control comes before control of hands, before ability to sit, and lastly comes ability to stand and walk.
- ✓ Though the sequence of development remains the same in all children, the rate at which development takes place varies from child to child. Eg some children learn to walk at 10 months while some walk at 15 months but all children definitely will learn to sit before they can learn to walk.
- ✓ Every child first achieves gross motor functions and only then do fine motor functions develop i.e. a child will first be able to sit and balance before he can use his hands in sitting or playing.
- ✓ Every baby moves about in a particular way without control initially, but later on control develops due to which movement takes place with balance.

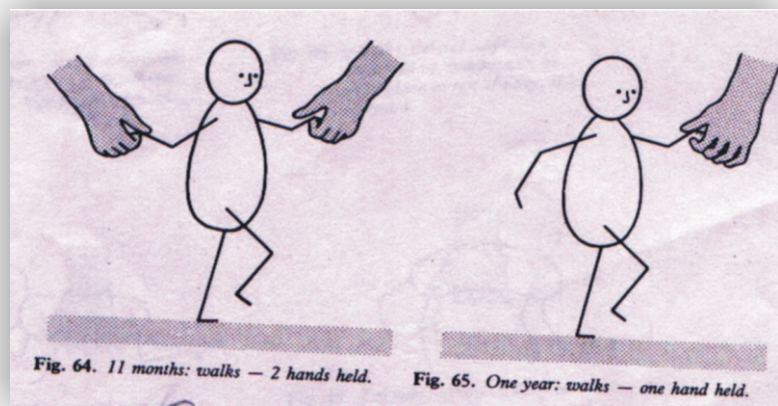
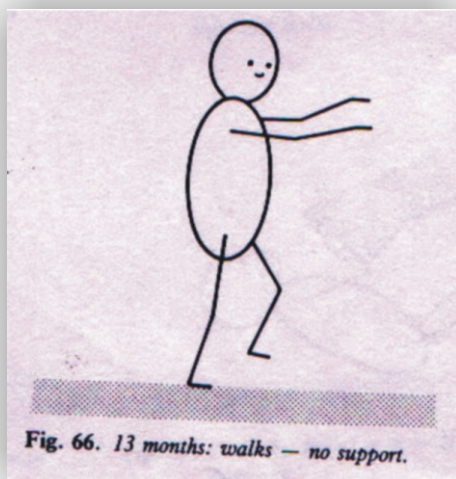
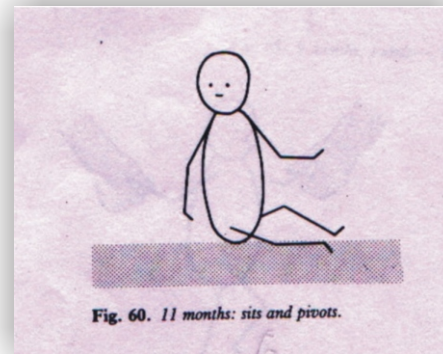
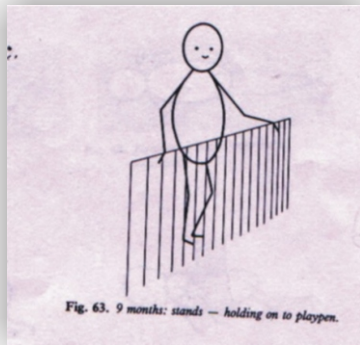
Physical Development

Observations with the child lying on his stomach



Observations Of The Child Lying On His Back, In Sitting And In Standing





(Courtesy: Normal motor development, Illingworth)



Pulled to sit almost complete head lag (new born)



New born : prone pelvis high, knees under abdomen



4 months: held sitting — head held well up, steady, back nearly straight



8 months: sitting steadily, no support

Some of the important milestones

Age	Gross Motor
1 month	<p>Held in sitting position-may hold head momentarily. Held in prone position with hand under abdomen, - momentary tensing of neck muscles will be noted Prone-momentarily holds chin off couch. Pull to sit-almost complete head lag.</p>
2 Month	<p>Held in sitting position-head up but recurrently bobs forward. Held in prone position with hand under abdomen-holds head up so that its plane is in line with that of the body. Prone- head no longer mainly turned to one side as in earlier weeks. Recurrently lifts chin off couch so that plane of face is at angle of 45 degrees to couch. Held in standing position-is able to hold head up for a longer time.</p>
3 Month	<p>Prone-holds chin and shoulders off couch , so that plane of face is at angle of 45-90 degrees from couch. Bears weight on forearms. Pull to sit from supine-only moderate head lag. Held in prone position with hand under abdomen-holds head up so that its plane is beyond that of the body.</p>
4 Month	<p>Held in sitting position-holds head well up constantly. He looks actively around, but head still wobbles if examiner causes sudden movement of trunk. Curvature of back now only in lumbar region as compared with rounded back of earlier weeks. Prone-holds head and chest off couch so that plane of face is at 90 degrees to couch. Weight still on forearms. Pull to sit Only slight head lag in the beginning of movement. Supine-head no longer turned to one side as in earlier weeks.</p>

<p>5 Month</p>	<p>Full head control. Held in sitting position-head stable when examiner Mildly rocks body. Pull to sit-no head lag.</p>
<p>6 Month</p>	<p>Prone-weight borne on hands with extended arms, the chest and upper part of abdomen off the couch. Pull to sit-head lifted off couch when about to be pulled up. Hands are held out to be lifted. Sits (supported) in high chair for a few minutes. Rolls from prone to supine. Held in standing position-bears large fraction of weight.</p>
<p>7 Month</p>	<p>Prone-bears weight on one hand. Sits with hands forward for support. Rolls from supine to prone. Standing position-can maintain straight hips and knees for short period when supported. He bounces with pleasure. (Previously he sagged at hip and knees.) Supine-spontaneously lifts head of couch.</p>
<p>8 Month</p>	<p>Readily bears whole weight on legs when supported. Sits for a few moments unsupported.</p>
<p>9 Month</p>	<p>Stands holding on to furniture. Sits steadily for 10 minutes. Leans forward and recover balance. (Cannot lean sideways). Prone-in trying to crawl may progress backwards May progress by rolling.</p>
<p>10 Month</p>	<p>Pulls self to standing position. Pull self to sitting position. Goes forward from sitting to prone, and from prone to sitting. Sits steadily without risk of falling over (except for occasional accident). Crawls, pulling self-forward with hands, abdomen on couch</p>
<p>11 Month</p>	<p>Prone-creeps (abdomen off couch). Sitting-can turn round to pick up object.</p>

1 Year	<p>Walks with one hand held.</p> <p>Prone-walks on hands and feet like a bear.</p> <p>May shuffle on buttocks and hand.</p>
13 months	<p>Stands alone for a moment.</p>
18 Months	<p>Climbs stairs unaided, holding rail.</p> <p>Runs.</p> <p>Seldom falls.</p> <p>Jumps.</p> <p>No longer broad-base and high-stepping gait when walking.</p> <p>Seats self in chair, often by process of climbing up, standing, turning around and sitting down.</p> <p>Pull toy as he walks.</p> <p>Throws ball without falling, as previously.</p>
2 Years	<p>Picks up object from floor without falling.</p> <p>Goes up and down stairs alone, two feet step.</p>

Speech and language development

Why is it important to know the Speech and language developmental stages ?

It is very important for the parents and the teachers to know what is expected of the child at different ages where language is concerned.

It is also good to keep in mind that all children learn in different ways and have different rates of learning.

Some of the important benchmarks of language development are:

Age	What children achieve in language	Activities to help stimulate language in the child
0 to 3 months	The child turns at the sound of a voice. They tell their feelings by cooing, gurgling, smiling and crying.	Listen and talk to your baby through out the day. Find out what your baby's sounds and actions mean. Sing songs , say nursery rhymes, smile and coo a lot.
3 to 8 months	The baby stares at the mouth, at 6 months the child utters his first syllable. Babies play with sounds and they babble to themselves.(makes all kinds of sounds like bbbbb, kkkkkk)	Talk and play with your baby. When the baby babbles repeat the syllable. Make a game of it and soon the baby will repeat your sounds. Play games like peek a boo that teach your child about taking turns when communicating with another person. Hand things to your baby and ask him to hand them back
8 to 12 months	Babies understand and respond to gestures, facial expressions, and can judge the tone of voice; differentiates between an angry and a loving voice.	Read and tell stories to your baby everyday. Hold the book so that the baby can see the pictures. Point to the objects and name them.

12 to 18 months	They can understand and utter a few words and simple directions. They know their own names. They will give you a toy if you ask for it.	Let your child play with pots and pans, spoons, plastic containers and other safe items. Give the names of all the objects in the child's environment.
18 to 24 months	The child says a word to mean a whole sentence. Later they can put words together to make short sentences like 'want water'. They ask and answer simple questions.	Talk naturally. Expand on what the child is saying.
2 to 3 yrs	He uses nouns and prepositions, verbs and adjectives. They like to play pretend games. They love asking "why" questions.	Play make-believe with the child. Encourage reading and looking at pictures.
3 to 4 yrs	Now the language of the child is essentially complete. They can talk in the past tense and make up stories.	Have a lot of reading material around the child.
4 to 5 yrs	They use longer sentences and will reply to questions. The child can carry out commands with two or three actions.	Actively converse with the child at every opportunity. Take time to listen. Expand on the child's answer and correct wrong ones, and give alternatives.
5 to 6 yrs	They can use opposites. The child is able to tell a story about himself and his surroundings with slight encouragement. They are gaining control over writing and drawing tools. They understand that the letters written on a page represent spoken words.	Make writing materials available to the child and when he writes, ask him to read what he is writing.

It is also important to know how we react to sounds at different ages so that hearing loss if any can be detected early.

- ✓ It is important for the mother as well as the teacher to know the way hearing develops in us.

- ✓ If the child of a given age does not show reactions expected of him/her, they may have a hearing difficulty.

Some of the important benchmarks of hearing development are:

Age	Level of sound	Expected reactions
0 to 3 months	Loud noise	Blinks, startles
1 to 3 months	Medium sound	Reflex action stops
3 to 6 months	Slightly loud sound	Turns eyes towards the source of sound At 4 months turns head towards the source of sound.
7 to 12 months	Soft sound	Imitates sound, turns his head immediately, recognizes his name, repeats simple sentences like bye bye, ta ta, no.
1 to 18 month	Extremely soft sound	Recognizes parts of body and indicates towards them when asked.
18 to 30 months	Soft sound	Indicating to known objects when asked.
30 to 36 months	Soft sound	Matching picture to objects when asked. Understanding and listening to simple commands. "Give me"
Beyond three years		Enjoying listening to stories.

Social and Emotional Development

Some of the important benchmarks of Social and Emotional development are:

4 6 weeks:	Begins to smile
12 weeks:	Watches movements of people in the room. Excited when a toy is presented to him. Recognizes mother and turns his head to sound.
12 16 weeks:	Anticipates when bottle or breast is offered by opening the mouth.
20 weeks:	Smiles at his mirror image. Looks to see where a dropped toy has gone.
24 weeks:	Stretches out his arms When he sees that his mother is going to lift him, gets excited. Imitates acts such as tongue protrusion or cough. Enjoys peeka-boo games.
32 weeks:	Tries to reach for objects too far away. Responds to 'No'. Pushes away mother's hand as a reaction to cotton wool swab
40 weeks:	Imitates pat a cake and bye bye. Repeats performance laughed at.
44 weeks:	Helps to dress by holding his arms out for a coat, etc.
48 weeks:	Begins to anticipate movements in nursery rhymes. Begins to show interest in books and understanding of words. Understands a phrase such as "Where is your shoe?"
2 ½ years:	Can tackle simple jigsaws.

(Courtesy: normal motor development, Illingworth)

Intellectual development

Why is it important to know about the various stages of intellectual development?

An important area of development in the early childhood years is the development of the child's thought processes.

The growth in the thought processes enables children to receive and use knowledge about the world.

To understand and teach children, it is important and interesting to know how children think and the stages that children go through in developing their thought processes.

What are the various stages of development? (0-2 years)

From birth to about two years, a child learns and explores more about himself/herself and his/her world through the senses (vision, hearing, smell, touch and taste) and constant interaction with his environment through various activities.

During this phase a change is also seen from responding through reflexes to goal directed behaviour.

It is also at this time that they gradually get aware of their environment and that their actions have some effect on their environment.

They are also aware of the information they receive from their senses and can react to it accordingly.

They gradually move from trial and error to learning to solve simple problems.

The child at this stage realizes that an object or person continues to exist even when out of sight. For instance, the mother may feed her child and then go into

The next room. Even though the child cannot see his/her mother, he/she knows that she is in the next room.

At this time, they gradually start learning that certain events cause other events and therefore their behavior starts becoming purposeful. They try new activities through trial and error.

(2-6 years)

In this stage children can think about objects, people, or events that are absent by using pictures that are framed in their minds.

At this stage they learn by thinking symbolically, that is, by giving, providing a concept/idea/word with an image. For instance, a ball is a round object that is used for playing. Hence when we use the word apple or ball it is a symbol for that object.

Knowing the symbols for things helps the child to think about them and to communicate with other people about them.

At this stage, a child also learns to observe and imitate behaviors or actions performed by other people.

This imitating can go a step further, and the child learns to play roles as well as make objects through actions. For instance, when a child feeds her doll by putting her finger to its mouth, the finger stands for the feeding bottle. Though she knows that the finger is not really a bottle she uses it as a symbol for the bottle. At that time the child may also be playing the role of her mother.

As teachers it is important that we understand the changes in cognitive development that occur in childhood.

Children have varying ability levels and hence it is important to go at their pace. These Stages only provide guidelines for us to understand how the child handles a wide range of intellectual concepts.

How to identify disability

This manual includes checklist for the following difficulties (in English along with their Hindi translations):

- ✓ Physical Difficulties
- ✓ Speech Difficulties
- ✓ Hearing Difficulties
- ✓ Intellectual Difficulties

Initially, for the identification of children with a disability, the field supervisors administered a 10-point scale, developed in Bangladesh. Training was given to the community worker on the use of the scale with special emphasis on sensitivity towards the parent. To ensure that all children were included, a list of the disabled children living in the community was obtained from the Community Health Workers.

Once the children had been admitted and the demonstration units started functioning, the therapists from the SSI/UNICEF team visited the units and conducted observations. As it was observed that there were certain children who were misdiagnosed by the 10-point scale, the therapists developed their own checklists to assess the children. These checklists varied from the original 10-point scale by further detecting the specific area of disability as well as the extent of delay experienced by the child.

The checklists were further refined by the therapist into a diagnostic tool adapted for the Anganwadi workers to acquire an approximate evaluation of the child concerned. All checklists assist people to make first line identification of disability. Children have to then be referred to a pediatrician or neurologist as per requirements.

All the checklists given below have been translated in Hindi.

Assessments developed by Spastics Society therapists using their vast experience along with inputs from panels of leading pediatricians of the city, and after referring to various other assessment tools like Portage assessment scale, Bayley's assessment scale, functional assessment scale formed the basis for developing the community checklist.

Checklist For Physical Difficulties

How do you identify physical difficulty in a child?

- ✓ Given below is a simple checklist, which can be used for first line identification of a physical difficulty in children.
- ✓ The questions present on the checklist would be asked to the parent concerned and the responses recorded.

Personal details of the child should be written such as the name, date of birth, age and date of assessment.

Checklist 1

Checklist for children with physical difficulties

Question	Yes	No
Did the mother experience problems during pregnancy?		
Did the child experience an illness at/after birth like pneumonia, jaundice, convulsions etc?		
Was the child born with a cord around the neck?		
Does the child walk with hips and knees bent?		
Does the child walk on toes?		
Has the child's physical development been affected after an episode of fever?		
Have you observed a weakness in one or two limbs after an episode of fever?		
Has your child been able to walk till a certain age, and then stopped walking over a gradual period of time?		
Has this difficulty to walk increased over time?		
Does your child tire out very easily and find it difficult to breathe?		

Does your child have a bulge on his/her back and is that also accompanied with a weakness on any limb?

Did the child achieve neck holding, sitting and crawling by age of 1 year?

Does the child walk without support?

Can the child reach out for toys with both his hands?

Did the child hold a pencil by 3 years of age, or presently can he hold a pencil?

Scoring: In question 1-11, if more "yes" responses than "no" responses are acquired, then the degree of delay is more and the child would have to be referred to a physio/occupational therapist where assessment and therapy may be required. In questions 12-15, if more "no" responses than "yes" responses are acquired then the degree of delay is more and the child would have to be referred to a physio/occupational therapist where assessment and therapy may be required.

एक बच्चे के शारीरिक कठनाईओं को कैसे पहचान सकते हैं ?

थोड़े आसान सवालो के जवाब मिलने के बाद आसानी से बच्चे की कठनाई के बारे में पता चल सकता है।

ठस जाँच पत्रिका के सवाल माँ/बाप से पूँछ सकते हैं और उनके जवाब हाँ या ना में लेते हैं।

१-११ नंबर के सवालो में अगर ज्यादातर 'हाँ' मिलती है तो

१२-१५ नंबर के सवालो में उत्तर अगर 'ना' है तो.....

बच्चे का नाम उसकी जन्म तारीख, उमर, जाँच करने की तारीख वगैरा भी मालूम कर लेनी चाहिए।

pyus fQjus esa dfaBukbZ tk;ip us dh iz'ukoyh

loky	gkj	uk		
गर्भधारणा के दौरान माँ को किसी प्रकार की तकलिफ हुई क्या?				
पैदायशी के वक्त/ तुरंत बाद बच्चे को किसी प्रकार की बिमारी हुई थी क्या?				
क्या जन्म के समय नाल बच्चे के गले में अटकी थी?				
क्या बच्चा पैर मोड के चलता है?				
क्या बच्चा पैर की उंगलीओ पे चलता है ?				
बिमारी की वजह से उसके बढोतरी मे असर हुआ है ?				
क्या बिमारी की वजह से हाथो में या पैरो में कमजोरी आयी है				
क्या बच्चा उसके उमर के मुताबीक चल रहा था?या चलने के बाद चलने मे कठीनाई आयी?				
क्या आपका बच्चा जल्दी थक जाता है?				
क्या उसको सांस लेने में तकलिफ होती है?				
क्या आपके बच्चे के पिठपर सुझन रहता है?				
क्या उसके हाथ और पैरो में कमजोरी है?				
क्या बच्चा बिना किसी सहारेके चल सकता है ?				
क्या आपका बच्चा ३ साल की उमर तक पेन्सिल पकड सकता था?या अब वो पेन्सिल पकड पाता है				
यदी बच्चो को खिलौने दिखाए तो वो उसे दोनो हाथो से पकड सकता है क्या?				
क्या आपका बच्चा 9 साल की उमर तक बैठने लगा, रेंगने लगा या गर्दन संभाल ने लगा?				

Ldksvjhax

प्रश्न १-११ के जवाब में अगर ज्यादातर 'हा' है तो उसका मतलब यह है कि बच्चे को ज्यादा शारीरिक कठनाई है। उसे थेरेपीस्ट के पास जाँच के लिए जाना चाहिए

प्रश्न १२-१५ में अगर ज्यादातर 'ना' है तो उसका मतलब यह है कि बच्चे को ज्यादा शारीरिक कठनाई है। उसे थेरेपीस्ट के पास जाँच के लिए जाना चाहिए

Checklist 2

Check list for children with speech difficulties

How to identify speech and language ability and disability through a simple questionnaire

Identification should be done as early as possible.

Refer to an Audiologist Speech Therapist for any help

Put for 'yes' or 'no' for the questions in any one of columns (0, 1, 2, or 3)

Name of the child: -

Age/ sex: -Date of birth: - Date of test: -

Language used for test: - Hindi/English/Marathi/others.

Teacher / therapist:

Ability	Never 0	Occasionally 1	Often 2	Always 3
Requests items by name (give ball, give water etc)				
Indicates toilet needs (I want to do/ am doing/already did susu)				
Names everyday objects (water, ball, biscuit, comb, soap etc)				
Points to pictures in a book				

when named (picture of apple glass etc)				
Shows body parts on request (show nose, eyes, ears etc)				
Follows simple commands (come here, go, up, sit down)				
Asks 1-2 words sentences or phrases				
Uses about 2-3 words sentences or phrases				
Understands functions of objects (Do you use a comb to comb hair? Yes/no)				
Follows 2-3 part commands (Go and get a pen? First sit, then open the book and colour)				
Uses 3-4 words in a sentence				
Uses sentences of 4-8 words				
Talks about experiences at school and home				
Can the child make requests (Ask the child to colour but don't immediately provide a pencil)				
Does he wait to listen to you and take part in talking				
Does he make eye contact				
Can the child pay adequate attention				

Scoring: If larger number of 'yes' responses observed in,

- ✓ Column 'never' and 'occasionally' the parent should consult a speech therapist for therapy and assessment
- ✓ Column 'often' the parent should consult a speech therapist for guidance
- ✓ Column 'always' the parent should consult a speech therapist only in the face of a problem.

बोलने में असुविधा जाँच ने की प्रश्नावली

सवाल	हाँ	ना
क्या चीजों को माँगता है? (जैसे की गेंद, पानी।)		
क्या बाथरूम जाने के लिए बोलता है? (जैसे की सुसू करना है या कर लिया।)		
क्या रोज की चीजों का नाम जानता है? (जैसे की पानी, गेंद, कंधी, साबु।)		
क्या तस्वीर को पहचानता है? (जैसे की जेब और गिलास।)		
क्या शरीर के विभागों को पूछने पर दिखाता है? (जैसे की नाक, आँख।)		
क्या साधारण उपदेश को मानता है? (जैसे की इधर आओ, जाओ।)		
दो- तीन अक्षरों को बोलता है?		
अंदर, बाहर, उठो, बैठो जैसे अक्षर समझता है?		
वस्तुओं का इस्तमाल किस तरहसे करना है, क्या पूछनेपर जवाब देता है?		
तीन-चार शब्दों का एक वाक्य में इस्तमाल करना जानता है?		
नाम से चीजों की पहचानता है?		
नकल करना और पाँच तक गिनना जानता है?		
एक-तीन रंगों को पहचानता है ? (जैसे लाल, नीला, हरा ।)		
दस तक गिनती करता है।		
चार से आठ शब्दों का एक वाक्य में प्रयोग करता है।		
स्कूल और घर में हुई बातों और अनुभवों को बताता है?		
क्या बच्चा बिनती कर पाता है (जैसे बच्चे को रंग करने के लिए कहो पर रंग न देने पर वह क्या करता है।)		

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अगर ज्यादा तर जवाब 'हाँ' है तो जल्द से जल्द उसे थेरपीस्ट के पास जाँच के लिए जाना चाहिए ।

Checklist 3

Checklist for children with intellectual difficulties

Questions	Yes	No
Can the child identify parts of the body? This task aims at helping the teacher assess whether the child is aware of her/himself and his body.		
Can the child follow simple instructions like, go get that ball or close the door etc? This gives an approximate measure on his level of comprehension.		
Can the child build blocks? This activity provides a general picture of the child's gross motor skills.		
Can the child string beads? This activity provides information on the child's fine motor skills.		
Does the child interact with the other children in class? This provides information on a child's social and emotional development.		
Does the child comprehend basic concepts required for communication such as yes/no? This also gives an approximate measure on his level of comprehension.		

Scoring: If more 'no' responses than 'yes' responses are observed the degree of delay is more.

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क्या बच्चा छोटे-बड़े डब्बे एक के उपर एक रख सकता है?		
क्या बच्चा धागे में मोती पिरो सकता है? (यह क्रिया बच्चे की बारीक कारीगिरी की जानकारी देता है।)		

क्या बच्चा साधारण बात-चीत जैसे हँ या ना समझता है? (यह हमें बच्चे की समझने की जानकारी देता है।)		
क्या बच्चा शरीर के भाग पहचान सकता है? यह क्रिया शिक्षिका को यह जानकारी देता है कि बच्चा अपने शरीर के अंगों को पहचानता है कि नहीं।		
क्या बच्चा आसान सवाल और बातें समझता है? (जैसे वह गेंद लेकर आओ या दरवाजा बंद करो।)		

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अगर ज्यादा तर जवाब 'ना' है तो कठीनाई ज्यादा है ।

Checklist 4

Checklist for children with hearing difficulties

How to approach a child

First one has to find a quiet corner where the child will be asked to sit facing another helper who will be observing the reactions of the child to the sound being made and noting the reactions down. The sound has to be made from behind the child, from his left side and from his right side. One can clap, whistle, bang utensils, ring a bell, bang two books together, use a plate and spoon, shake a box full of stones or marbles, use toys available in the community set ups.

Questions		
Does the child keep looking at you while you are talking?		
Does he lack attention in what is being taught?		
Does the child want the volume of Radio or TV to be kept abnormally high?		
Does the child want the same instruction to be repeated?		
Does the child frequently misunderstand what is said to him?		
Does the child have problem in reading or writing. Does he/she miss out on the consonants?		

Does the child not take interest in class activities?		
Does the child not play with his/her friends?		
Is the child nervous and unhappy?		
Does the child cups his/her ears or bends his/her head in the direction of the sound?		
Does the child speak louder than the situation demands?		
Does the child prefer staying away from activities where he/she is supposed to be listening?		

Scoring: If more 'no' responses than 'yes' responses are observed the degree of delay is more.

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सवाल	हाँ	ना
क्या बच्चा बात करते वक्त आपकी तरफ देखता है?		
क्या वो ध्यान नहीं देता है जब कुछ सिखा रहे है?		
क्या बच्चा चाहता है कि टि. व्ही. या रेडियो की आवाज बहुत उँची रखी जाए?		
क्या बच्चे को एक ही बात बार-बार दौरानी पडती है?		
क्या ज्यादातर बच्चा बात गलत समझता है?		
क्या बच्चे को पढने या लिखने में तकलीफ होती है?		
क्या बच्चे को कक्षा के काम का शौक है?		
क्या बच्चा अपने दोस्तो के साथ नहीं खेलता?		
क्या बच्चा दुःखी है?		

क्या बच्चा अपने कान आवाज की नजदीक ले जाता है?		
क्या बच्चा कुछ ज्यादा ही जोर से बोलता है जब की जरूरत नहीं हो?		
क्या बच्चा ऐसे काम से दूर रहता है जहाँ उसे सुनना है?		

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अगर ज्यादा तर जवाब 'ना' है तो कठीनाई ज्यादा है ।

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List of Manuals

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Including children with...

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- e. Visual impairment
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