

RESEARCH – BASED INTERVENTIONS FOR SECONDARY SCHOOL STUDENTS WITH LEARNING DISABILITIES

MEETANJALI BAGESHWAR, RESEARCH SCHOLAR, FACULTY OF EDUCATION JAGANNATH UNIVERSITY, JHAJJAR.

Introduction

Learning disabled children consist of a special group of exceptional children. In spite of their average or non-average intelligence they do not cope up with the demands of the school. These children are the one who appear normally in many intellectual skills but displays a variety of cognitive limitations that seems to interfere with their ability to read write and learn in the classroom.

Learning disability : Historical retrospect

The origin of learning disabilities of children can be traced to the Strauss legacy according to which 'Learning Disabled Children' has developed the concept of 'Brain Damaged Children' formulated by Alfred A. Strauss and Heinz Werner (1947). The need for a new category known as Learning Disabled children was later realised as there is a group of children of normal or superior intelligence who failed to learn because of neurogenetic learning disabilities. These children have been variously characterised as minimally brain damaged chronic brain syndromes, minimal brain dysfunction or psycho-neurological learning disabilities.

Types of learning disorders:

1. Dyslexia – Inability to read
2. Dyscalculia – Inability to solve and calculate mathematical
3. Dysgraphia – inability to write
4. Dyspraxia – Sensory integration disorder
5. Dysphasia / Aphasia – language disorder

1. Dyslexia

Dyslexia is a learning disability categorized by deficits in learning to read or understand words, letters, and other symbols of a learner's native language. Dyslexia is caused by neurobiological dysfunctions in the brain. It may be inherited from parents or be a result of a traumatic brain injury, stroke, or dementia. A person who has a diagnosis of dyslexia may have difficulty in understanding letters, groups of letters or symbols, sentences, or paragraphs. Dyslexia can be diagnosed through a battery of assessments including memory, vision, spelling, and reading tests.

2. Dysgraphia

Dysgraphia is a type of learning disability that impacts an individual's writing ability. Students who have dysgraphia may have difficulties that range from inability to formulate thoughts into text, illegible handwriting, inconsistent mix of print and cursive, upper and lower case, and unbalanced size, shape, and slant of letters. In addition, an individual with dysgraphia may display difficulties in copying words, may

show poor spatial planning, may use inconsistent spacing between letters or words, or may not complete letters or familiar words. Dysgraphia may also impact an individual's ability to think and write at the same time; making note taking challenging.

3. Dysphasia

Dysphasia is a disability of widely varying severity and with a number of causes. The speech therapist is mainly concerned with dysphasia following strokes, head injury and benign or relatively benign tumours. The disability may vary from an inability to find the appropriate word on occasions to severe dysphasia with receptive and expressive components. Dysphasia may be classified as fluent or non-fluent. Non-fluent dysphasia tends to be associated with more anterior lesions in the cerebral hemisphere and fluent dysphasia with temporoparietal lesions. The object of assessment is to obtain a picture of the patient's abilities in the cognitive and expressive fields.

4. Dyscalculia

Dyscalculia involves frequent difficulties with everyday arithmetic tasks, such as telling time, following directions, adhering to and creating schedules, and sequencing events. Individuals with dyscalculia make mistakes with distinguishing between left and right. In addition, students with dyscalculia face challenges with consistently solving addition, subtraction, division, and multiplication problems. The knowledge of budgeting, financial planning, and estimating numbers is a daily challenge for individuals with dyscalculia.

5. Dyspraxia

Dyspraxia is a neurological disorder that impacts an individual's ability to plan and process motor tasks. Individuals with dyspraxia often have language problems, and sometimes a degree of difficulty with thought and perception. Dyspraxia, however, does not affect the person's intelligence, although it can cause learning problems in children. Developmental dyspraxia is an immaturity of the organization of movement. The brain does not process information in a way that allows for a full transmission of neural messages. A person with dyspraxia finds it difficult to plan what to do, and how to do it.

The efforts of the Government of India over the last five decades have been towards providing comprehensive range of services towards education of children with disabilities. In 1974 the centrally sponsored scheme for Integrated Education for Disabled Children (IEDC) was introduced to provide equal opportunities to children with disabilities in general schools and facilitate their retention. National Educational Policy, 1986, recommended 'to integrate the handicapped with the general community at all levels as equal partners'. NCERT joined hands with UNICEF and launched project integrated education for disabled children (PIED) in the year 1987, to strengthen the integration of learners with disabilities into regular schools. The Rehabilitation Council of India Act 1992 initiated a training program for the development of professional to respond to the needs of the students with disabilities. Sarva Shiksha Abhiyan (SSA) initiated zero rejection policy has been adopted under SSA, which ensures that every child with special needs (CWSN), irrespective of the kind, category and degree of disability, is provided meaningful and quality education. National Curriculum Framework (NCF) 2005 has laid down a clear context of inclusive education. Right of Children for Free and Compulsory Education (2009) guaranteed education for a child with disability, with Chapter V of the persons with Disability Act, 1995 ensuring every child with disability is entitled of a free education upto the age of 18 years. Govt. of India had accelerated the new scheme of inclusive education to achieve the target of Education For All (EFA) by 2010. Furthermore, IEDC

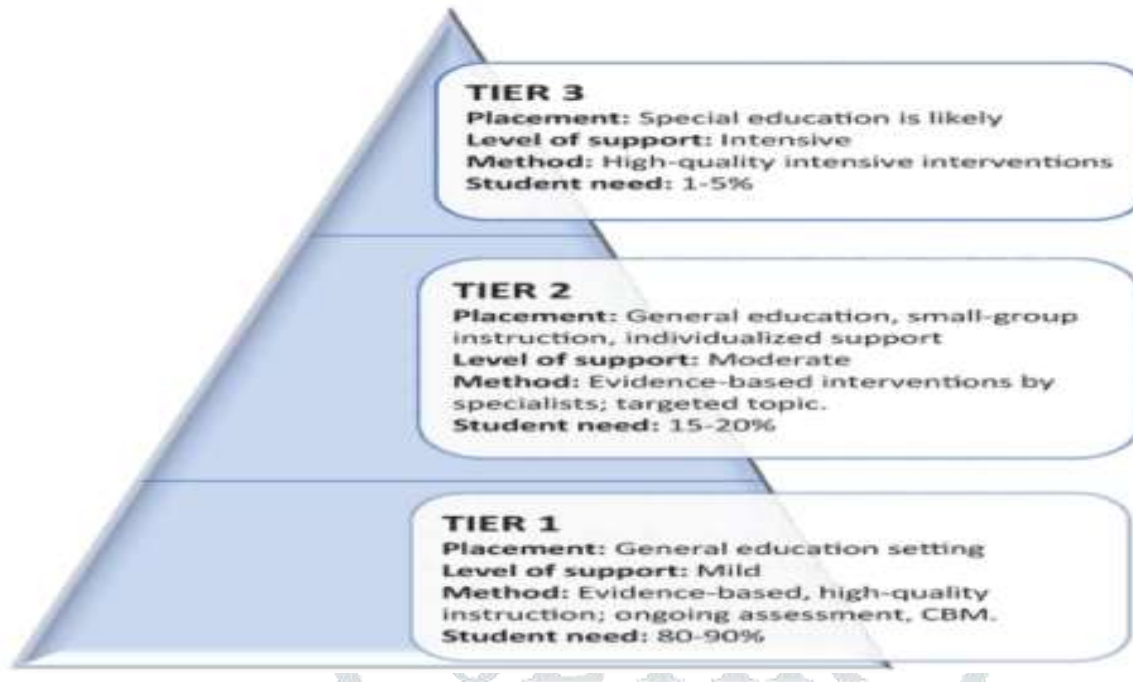
was revised and named, Inclusive Education of the Disabled at the Secondary Stage (IEDSS) in 2009-2010 to provide assistance for the inclusive education of the disabled children at 9th and 10th classes which is now subsumed under Rashtriya Madhyamik Shiksha Abhiyan (RMSA) from 2013.

NEED / RATIONALE FOR THE STUDY

With an estimated 1,210 million people, India is the world's second most populated country after China. It has 17 percent of the global population and 20 percent of the world's out-of-school children. According to official estimates from the Census of India (Government of India, 2011), the number of people with disabilities in the country is 26 million, or roughly 2.1% of the total population. However, UNICEF's report to the status of disability in India (2000) state that there are around 30 million children in India suffering from some form of disability. 75% of people with disabilities live in rural areas in India. Despite various efforts for inclusive education in India, about 94% of children with disabilities didn't receive any educational services.

I, as a teacher has felt that, there has been efforts to include children with disabilities in the educational mainstream but initiatives at strategizing their learning and concern for their development is still lagging. Due to inclusive setting, these children don't get separate time and attention which they require. The teaching methodology is same for all the children in the class which is not easily adaptable by such children. Less of play way method, learning by doing and audio-visual lectures is delivered. Students are just counselled by the special educator. No appropriate teaching materials and labs are available for them according to their requirement. They don't have separate classes in the time table for their development of concepts. Some examinations are conducted for them which make it difficult for them to score. Teachers when going on with his/her class, is not able to cater to the needs of these students differently. **Das, Kuyini and Desai (2013) reported that nearly 70% of the regular school teachers had neither received training in special education nor had any experience teaching students with disabilities.** Parents are not ready to accept that their children need help and counselling for so due to social acceptance. Sources of information, learning materials are same for all the students as the most important thing to recognize about many of the commercially-produced curricular materials of the market today is that most of them are written, designed and revised timely for typical average learners as only. Parents have to took more efforts for their child's learning but are not well equipped with the resource and select regular curricular materials that are allotted at the school. Most of school's personnel in India are not trained to design and implement education programs for students with disabilities in regular schools. **Most teacher training programs in India do not have a unit on disability studies (Myreddi & Narayan, 2000).** No hands-on activities are being conducted in the class giving them space and pace for their own learning. Subject teachers sometimes don't get extra time for these children due to engagement in other work.

So there is need to develop interventions that could help the learning disabled students to learn at their own pace and progress easily through the different stages of school life just like the mainstream students. The investigator feels that there is a need to intervene at the primary school level as this is the building stage on which the future growth and development of the children depends. Without early identification and the provision of effective early intervention, children with LD will require long term, intensive and expensive special education programs, many of which continue to show meagre results. Early intervention allows ineffective remedial programs to be replaced with effective prevention while providing older students who continue to need specialised services with highly informed and evidenced based. Not much work has been done in the field of developing interventions for Learning Disabled children in India. The researcher could not find the relevant review of literature in the field.



The figure presents each of the three levels (Tier 1, Tier 2, and Tier 3) of response to intervention (RTI). Each tier refers to the general descriptors of the strategies implemented in an increasingly intensive method. Each tier presents the percentage of students requiring the specific tier's level of intervention and a description of each of the following: typical placement, level of support, method of intervention, and student need presented as a percentage of the student population requiring such interventions within each tier.

OBJECTIVES

1. To develop interventions for learning disability (dyslexia) for students of secondary schools.
2. To develop interventions for learning disability (dyscalculia) for students of secondary schools.
3. To develop interventions for learning disability (dysgraphia) for students of secondary schools.
4. To develop interventions for learning disability (dysphasia) for students of secondary schools.
5. To develop interventions for learning disability (dyspraxia) for students of secondary schools.

METHODS AND PROCEDURES

SAMPLING

Convenience sampling (non-probability) technique will be used to select students for the study.

DESIGN

Experimental design will be used to develop interventions for LD students and the effectiveness of these interventions will be compared.

DELIMITATIONS

1. The study will be limited to Delhi region.
2. The study will be limited to Learning Disabled (LD) students only.
3. The study will be limited to secondary school students.

REFERENCES

- Strauss, A. A., & Lehtinen, L.E. (1947). Psychopathology and education of the brain -injured child, Vol. I. New York: Grune & Stratton.
- Das J. P. Dyslexia and reading difficulties : an interpretation fir teachers. Canada: the Maharashtra Dyslexia Association, 1998
- Das, A.K., Kuyini A. B., Desai I.P. (2013). Inclusive Education in India: Are the Teachers Prepared? International Journal of Special Education.28(1).
- <http://www.internationaljournalofspecialeducation.com/articles.cfm?y=2013&v=28&n=1>
- MHRD (2005). *Action Plan for Inclusive Education of Children and Youth with Disabilities*. Available on <http://www.education.nic.in>
- Ministry of Human Resource Development.National Policy on Education (PoA-1992).New Delhi: Government of India.
- Myreddi,V. & Narayan, J. Educating Children, Secunderabad, NIMH
- NCERT (1998).*Sixth All-India Education Survey*. New Delhi: National Council of Educational Research and Training.
- NCERT (2006). Including Children and Youth with disabilities in Education, a Guide for Practitioners. Department of Education of Groups with Special Needs. New Delhi: National Council of Educational Research and Training. Available on <http://ncert.nic.in>
- NCF (2005).*National Curriculum Framework*.New Delhi: NCERT. PP.79-89
- UNESCO (1994).Salamanca Statement.Retrieved January 17, 2016 from United Nations Educational, Scientific, Cultural Organisation. http://portal.unesco.org/education/en/ev.php-URL_ID-10379 & URL_DO=DO_TOPIC & URL_SECTION=201.html
- UNESCO (2000). Dakar Framework for Action.http://portal.unesco.org/education/en/ev.php-URI_ID
- UNICEF (2007).Promoting the Rights of Children with Disabilities. Innocenti Research Centre.Retrieved from <http://www.unicef-irc.org/publications/pdf/digest13-disability.pdf> on 15th December 2015.
- <https://www.intechopen.com/books/learning-disabilities-an-international-perspective/specific-learning-disabilities-response-to-intervention>
- <https://www.sciencedirect.com/topics/neuroscience/dysphasia>
- <https://www.medicalnewstoday.com/articles/151951>