

PRIMARY TEACHER'S PERCEPTION ON DYSNOMIA IN PAPUM PARE DISTRICT OF ARUNACHAL PRADESH.

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ABSTRACT-

The main purpose of this paper was illustrated the need to move beyond models of adult measurement in trying to take into consideration the peculiarities of evolving brain structures and neurological conditions such as dysnomia. The investigator was adopted survey method to obtained pertinent and precise information in connection with knowledge, perception and competence of primary school teachers on Dysnomia. The present researcher wants to gain factual information about Dysnomia. The target population of the study was primary school teachers working in papum pare district of Arunachal Pradesh. The sample of the study was 600 primary school teachers working in Papumpare district of Arunachal Pradesh. Data was collected by approaching primary school teachers worked in government & private schools which are considered for investigation. Descriptive statistics included percentage, Mean, Median, Mode, Deviation, Average Deviation, Standard Deviation and Inferential statistics include t-test and F-test. This specific research about Dysnomia is a learning disability of a person who is either unable to recall a word or naming from memory and it is also memorizing the word difficulties, examined to provide a context for understanding. The condition of the learning disorders was discussed with scientific terms. There was a significant difference in the perception of primary teachers on Dysnomia with regard to gender, locality, and management.

Key words: Dysnomia, Learning impairment, language disorder.

INTRODUCTION

Dysnomia is a language disorder that is characterized by difficulties in recalling phrases, titles, figures, and so on as required from the brain. It is a speech disorder which causes a individual at the time of speaking or writing to forget words or have trouble with the specific words. Children with particular cognitive disorders exhibit name and word retention problems, as well as a reduction in greater amounts of verbal fluency, are medically called Dysnomia. The individual can have a thorough word definition, but his exact name can not be recalled. Dysnomia is sometimes misdiagnosed as an emotional disruption in vocabulary. It is a cognitive disorder when the brain can't locate the terms when they're required for oral or written verbal

language. Children with Dysnomia have difficulty with recognizing specific words as generic synonyms. Dysnomia may impair the capacity to communicate, to compose or both.

Studies have demonstrated that early language problems can contribute to impairments in subsequent reading and many decades of studies have shown convincingly that fast automatic naming is a strong indicator of the performance of parallel and potential comprehension.²⁶ Dysnomia also interferes with memory and reduces processing pace. Eventually, it may occur in conjunction with other language difficulties, particularly difficulties in locating, arranging, and issuing verbal details.

Language & reading problems, particularly during adolescence, have repercussions in the school curriculum & individualism. Identifying these children at risk for having intellectual disorders is also an important activity for educators. There is controversy as to whether fast name problems represent normal delays in language learning or are indicative of differences in neural mechanisms underlying them. In the case of fast naming disorders and impairments in reading, there is well-reported literature in which few studies have clarified the prevalence in Dysnomia without disability in reading.

The powerful associations between reading & serial naming have been repeatedly found out over many decades of study. Past findings in particular have shown that deficiencies in quick naming and verbal fluency are correlated with children's reading difficulties. Past findings have also corroborated the association between a visual memory impairment and delays in comprehension, reiterating that problems with accurately identifying or marking visual objects are a good indicator for Dyslexia. Owing to the ineffective verbal marking of visual objects and sometimes results in dysnomia, memory for visual knowledge-be damaged. More precisely, studies believe that certain children with delays in reading often display severe deficiencies in rapidly finding & extracting verbal marks for visually displayed stimuli. According to the Rapid Automated Naming (RAN) hypothesis, a general mechanism is known to explain the mechanisms utilized for speed naming & representations of terms stored in the lexicon during reading acquisition.

LITERATURE REVIEW

Studies on Perception scale of Dysnomia

Das et al. (2013) indicated that teachers agreed that they required additional instruction to support and educate children with special needs in the area of special education, suggesting that teachers' colleges & universities ought to provide qualified instructors in order to create further classes of special education teaching. Inspectors are not fully acquainted with the idea of equal education and ought to be educated so they will enforce the program collaboratively. This requires professional preparation to help staff, funding for teaching and learning and government support services are required in schools to successfully enforce the comprehensive curriculum program for children with Dysnomia.

German (1982) studied that dysnomia in children with intellectual disorders tends to present a greater concern for lexical problems compared with CA and IQmatched monitors for children who are making low academic improvement in the school setting. Nevertheless, several of the prior research did not utilize LA-control groups or structured tests, rendering it impossible to assess if low-reaching children was having general language problems that affect lexical skills, or if Dysnomia was currently present.

OBJECTIVES OF THE STUDY

The researcher has suggested the following objectives, depending on the nature of the research problem.

1. To find out perception level of primary teachers on Dysnomia in Papum pare district of Arunachal Pradesh from Gender Variables.
2. To find out significant differences in the perception of primary school teachers on Dysnomia with regard to locality of govt.and private.
3. To find out significant differences in the perception of primary teachers towards children with Dysnomia with regard to private and govt. management.

4. HYPOTHESES OF THE STUDY

In view of the objectives of the study, the following hypothesis has been formulated:

1. There are no significant differences in the perception of primary teachers on Dysnomia with regard to gender.
2. There are no significant differences in the perception of primary teachers towards children with Dysnomia with regard to locality of govt.and private.
3. There are no significant differences in the perception of primary teachers to deal children with Dysnomia with regard to private and govt. management.

Methodology of study: the methodology of the study was to investigate the perception primary school teacher's on dyscalculia in nature of this study. It had felt that the compulsory to develop an suitable research methodology and design for the accomplishing the objectives of study. so, completion of this a bit of work. The investigator had been adopted below section and steps of the methodology. i.e.

Population- The present study was consisted with respect to perception's of primary school teacher's i.e. Govt & private teachers of the target populations in papum pare district of Arunachal Pradesh.

Sample- The sample of the present study is a bit of numbers of samples which had been selected according to representative through target population i.e. sampling procedures are concerned by the investigator which is used stratified random sampling procedure are concerned for data collection which had consisted of 600 primary school teacher's i.e. Govt. & Private school teacher 'in papum pare district of Arunachal Pradesh.

Analysis of Data:- Analyzing of the data which are collected from the target sample is an integral part of the educational research. the collection of data and its organization do not convey any sense until those are analyzed by making use of some appropriate statistical technique. Present study concerned along with respect to perception's of primary school teachers on dyscalculia in papum pare district of Arunachal Pradesh. In this studies samples were taken randomly from govt. & private primary schools locations in papum pare district of Arunachal Pradesh for analyzing and interpretation the data, the investigator used percentage(%), descriptive statistics as measures of central tendency, measure of variability and inferential statistics' t test for computing the result.

. Tools to be used in the study

Based on the nature of the problem, the investigator wants to know the perception of primary school teachers on Dysnomia. In the research or educational study, selection of any tools is always considered as important because a significant part of the study depends and the data depend upon the accuracy of the tools through the establishment of validity and estimation of reliability as the characteristics good tools of evaluation. therefore the investigator in the present study used were used in the tools is own developed awareness scale to measure the primary schools teachers on Dysnomia. So, the questionnaire for the perception based test was consisted to 58 questions and responses which had been made in the terms of closed ended forms, the actually and initial procedure of the present study had been standardization test and content validity which were establishing along with consultation of the subject expert

FINDING FOR EXAMPLPLES

Following are the main findings of the present study as per the data interpretations of the results;

Objective -1 that is "To find out perception level between male and female of primary teachers on Dysnomia in Papum pare district of Arunachal Pradesh from Gender Variables" the investigator visited the office of Deputy Director of School Education, Papum pare District

Hypothesis- There is no significant differences in the perception of primary teachers on Dysnomia with regard to gender.

Objective 1(a) To find out perception level between male and female of primary teachers on Dysnomia in Papum pare district of Arunachal Pradesh from Gender Variables in concept

Table 1: Perception scale on Dyscalculia (PSD2) Gender

Dimension	Gender				D= M1- M2	Std. Error difference	t- value
	Male (N=186)		Female (N=414)				
	Mean (M1)	SD	Mean (M2)	SD			
Concept	30.57	5.96	30.66	6.124	0.092	0.536	- 0.171
Characteristics	88.03	13.506	85.06	16.206	2.972	1.361	2.183
Causes	28.41	6.422	28.47	6.078	0.058	0.546	- 0.105
Strategies	33.74	6.759	33.98	6.777	0.236	0.598	- 0.395
Assessment	33.77	6.849	33.05	6.753	0.723	0.599	1.208
Total	214.52	39.496	211.22	41.938	3.309	3.64	2.72

INTERPRETATION'S

Objective 1(a).concept.The above table illustrated, the t-value (0.171) with regard to concept (M1 = 30.57; SD1 = 5.96; M2 = 30.66; SD2 = 6.124; D = 0.092; SED = 0.536) df – 600 - 2 = 598 $P \leq 0.01$ level is significant. It means null hypothesis rejected. It indicates that there is a significant difference in the perception scale of primary teachers on Dysnomia (PSD2) with regards to concept due to variations in Gender. From the mean value it is clear that female primary teacher (M2 = 30.66) are higher than the male primary teacher (M1 = 30.57) in their perception towards concept of Dysnomia (PSD2). From the SD values it is clear that male primary teachers (SD1 = 5.96) is slightly deviated than female primary teachers (SD2 = 6.124) in their perception on concept of Dysnomia.

Objective 1(b) Characteristics.To find out perception level between male and female of primary teachers on Dysnomia in Papum pare district of Arunachal Pradesh from Gender Variables in characteristics

The t-value (2.183) with regard to characteristics ($M_1 = 88.03$; $SD_1 = 13.506$; $M_2 = 85.06$; $SD_2 = 16.206$; $D = 2.972$; $SED = 1.361$) $df = 600 - 2 = 598$ $P \leq 0.01$ level is significant. It means null hypothesis rejected. It indicates that there is a significant difference in the perception of primary teachers on Dysnomia (PSD2) with regards to characteristics due to variations in Gender. From the mean value it is clear that male primary teacher ($M_1 = 88.03$) are higher than the female primary teacher ($M_2 = 85.06$) in their perception towards characteristics of Dysnomia (PSD2). From the SD values it is clear that male primary teachers ($SD_1 = 13.506$) is slightly deviated than female primary teachers ($SD_2 = 16.206$) in their perception of characteristics of Dysnomia.

Objective1(c) Causes.To find out perception level between male and female of primary teachers on Dysnomia in Papum pare district of Arunachal Pradesh from Gender Variables in causes

The t-value (0.105) with regard to causes ($M_1 = 28.41$; $SD_1 = 6.422$; $M_2 = 28.47$; $SD_2 = 6.078$; $D = 0.058$; $SED = 0.546$) $df = 600 - 2 = 598$ $P \leq 0.01$ level is significant. It means null hypothesis rejected. It indicates that there is a significant difference in the perception of primary teachers on Dysnomia (PSD2) with regards to causes due to variations in Gender. From the mean value it is clear that female primary teacher ($M_2 = 28.47$) are higher than the male primary teacher ($M_1 = 28.41$) in their perception towards causes of Dysnomia (PSD2). From the SD values it is clear that male primary teachers ($SD_1 = 6.422$) is slightly deviated than female primary teachers ($SD_2 = 6.078$) in their perception on causes of Dysnomia.

Objective.1(d)StrategyTo find out perception level between male and female of primary teachers on Dysnomia in Papum pare district of Arunachal Pradesh from Gender Variables in strategies

The t-value (0.395) with regard to strategies ($M_1 = 33.74$; $SD_1 = 6.759$; $M_2 = 33.98$; $SD_2 = 6.777$; $D = 0.236$; $SED = 0.598$) $df = 600 - 2 = 598$ $P \leq 0.01$ level is significant. It means null hypothesis rejected. It indicates that there is a significant difference in the perception of primary teachers on Dysnomia (PSD2) with regards to strategies due to variations in Gender. From the mean value it is clear that female primary teacher ($M_2 = 33.98$) are higher than the male primary teacher ($M_1 = 33.74$) in their perception towards strategies of Dysnomia (PSD2). From the SD values it is clear that male primary teachers ($SD_1 = 6.759$) is slightly deviated than female primary teachers ($SD_2 = 6.777$) in their perception on strategies of Dysnomia.

Objective.1(e)Assesment.To find out perception level between male and female of primary teachers on Dysnomia in Papum pare district of Arunachal Pradesh from Gender Variables in assessment

The t-value (1.208) with regard to assessment ($M_1 = 33.77$; $SD_1 = 6.849$; $M_2 = 33.05$; $SD_2 = 6.753$; $D = 0.723$; $SED = 0.599$) $df = 600 - 2 = 598$ $P \leq 0.01$ level is significant. It means null hypothesis rejected. It indicates

that there is a significant difference in the perception of primary teachers on Dysnomia(PSD2) with regards to assessment due to variations in Gender. From the mean value it is clear that male primary teacher (M1 =33.77) are higher than the female primary teacher (M2 =33.05) in their perception towards assessment of Dysnomia(PSD2). From the SD values it is clear that male primary teachers (SD1 =6.849) is slightly deviated than female primary teachers (SD2 =6.753) in their perception on assessment of Dysnomia

Objective 2: To find out significant differences if any, in the perception of primary teachers on Dysnomia with regard to category, locality of rural and urban.

Hypothesis 2: There was no significant differences in the perception of primary teachers towards children with Dysnomia with regard to locality of rural and urban.

By using the computed Mean and SD values of Rural and Urban primary teachers on the perception of Dysnomia of Papum pare District of Arunachal Pradesh, the “t” value has been estimated for comparing significant Mean variance between rural and urban located primary teachers as shown in the table 2.

Table 2: Perception Scale on Dysnomia (PSD2) vs Locality

Dimension	Locality				D= M1- M2	Std. Error difference	t- value
	Rural (N=130)		Urban (N=470)				
	Mean (M1)	SD	Mean (M2)	SD			
Concept	30.35	6.639	30.71	5.907	- 0.357	0.602	- 0.593
Characteristics	83.85	17.176	86.57	14.929	- 2.726	1.53	- 1.782
Causes	27.64	7.13	28.67	5.881	- 1.034	0.612	- -1.69
Strategies	33.55	6.273	34	6.9	- 0.448	0.671	- 0.668
Assessment	33.45	6.688	33.23	6.819	0.218	0.673	0.325
Total	208.84	43.906	213.18	40.436	- 4.347	4.088	- 4.408

INTERPETATION'S

Objective.2(a) Concept.To find out significant differences if any, in the perception of primary teachers on Dysnomia with regard to category, locality of rural and urban with regard to concept

The above table depicted, The t-value (0.593) with regard to concept ($M_1 = 30.35$; $SD_1 = 6.639$; $M_2 = 30.71$; $SD_2 = 5.907$; $D = 0.357$; $SED = 0.602$) $df = 600 - 2 = 598$ $P \leq 0.01$ level is significant. It means null hypothesis rejected. It indicates that there is a significant difference in the perception scale of primary teachers on Dysnomia (PSD2) with regards to concept due to variations in Locality. From the mean value it is clear that urban ($M_2 = 30.71$) are higher than the rural ($M_1 = 30.35$) in their perception towards concept of Dysnomia (PSD2). From the SD values it is clear that rural ($SD_1 = 6.639$) is slightly deviated than urban ($SD_2 = 5.907$) in their perception on concept of Dysnomia.

Objective.2(b)Characteristic.To find out significant differences if any, in the perception of primary teachers on Dysnomia with regard to category, locality of rural and urban with regard to characteristics

The t-value (1.782) with regard to characteristics ($M_1 = 83.85$; $SD_1 = 17.176$; $M_2 = 86.57$; $SD_2 = 14.929$; $D = 2.726$; $SED = 1.53$) $df = 600 - 2 = 598$ $P \leq 0.01$ level is significant. It means null hypothesis rejected. It indicates that there is a significant difference in the perception of primary teachers on Dysnomia (PSD2) with regards to characteristics due to variations in Locality. From the mean value it is clear that urban ($M_2 = 86.57$) are higher than the rural ($M_1 = 83.85$) in their perception towards characteristics of Dysnomia (PSD2). From the SD values it is clear that rural ($SD_1 = 17.176$) is slightly deviated than urban ($SD_2 = 14.929$) in their perception of characteristics of Dysnomia.

Objectiv.2(c)Causes.To find out significant differences if any, in the perception of primary teachers on Dysnomia with regard to category, locality of rural and urban with regard to causes

The t-value (1.69) with regard to causes ($M_1 = 27.64$; $SD_1 = 7.13$; $M_2 = 28.67$; $SD_2 = 5.881$; $D = 1.034$; $SED = 0.612$) $df = 600 - 2 = 598$ $P \leq 0.01$ level is significant. It means null hypothesis rejected. It indicates that there is a significant difference in the perception of primary teachers on Dysnomia (PSD2) with regards to causes due to variations in Locality. From the mean value it is clear that urban ($M_2 = 28.67$) are higher than the rural ($M_1 = 27.64$) in their perception towards causes of Dysnomia (PSD2). From the SD values it is clear that rural ($SD_1 = 7.13$) is slightly deviated than urban ($SD_2 = 5.881$) in their perception on causes of Dysnomia.

Objective.2(d)Strategy.To find out significant differences if any, in the perception of primary teachers on Dysnomia with regard to category, locality of rural and urban with regard to strategies

The t-value (0.668) with regard to strategies ($M_1 = 33.55$; $SD_1 = 6.273$; $M_2 = 34$; $SD_2 = 6.9$; $D = 0.448$; $SED = 0.671$) $df = 600 - 2 = 598$ $P \leq 0.01$ level is significant. It means null hypothesis rejected. It indicates that there is a significant difference in the perception of primary teachers on Dysnomia (PSD2) with regards to strategies due to variations in Locality. From the mean value it is clear that urban ($M_2 = 34$) are higher than the rural ($M_1 = 33.55$) in their perception towards strategies of Dysnomia (PSD2). From the SD values it is clear that rural ($SD_1 = 6.273$) is slightly deviated than urban ($SD_2 = 6.9$) in their perception on strategies of Dysnomia.

Objective.2(e)Assesment.To find out significant differences if any, in the perception of primary teachers on Dysnomia with regard to category, locality of rural and urban with regard to assessment

The t-value (0.325) with regard to assessment ($M_1 = 33.45$; $SD_1 = 6.688$; $M_2 = 33.23$; $SD_2 = 6.819$; $D = 0.218$; $SED = 0.673$) $df = 600 - 2 = 598$ $P \leq 0.01$ level is significant. It means null hypothesis rejected. It indicates that there is a significant difference in the perception of primary teachers on Dysnomia (PSD2) with regards to assessment due to variations in Locality. From the mean value it is clear that rural ($M_1 = 33.45$) are higher than the urban ($M_2 = 33.23$) in their perception towards assessment of Dysnomia (PSD2). From the SD values it is clear that rural ($SD_1 = 6.688$) is slightly deviated than urban ($SD_2 = 6.819$) in their perception on assessment of Dysnomia

Objective 3:To find out significant differences if any, in the perception of primary teachers towards children with Dysnomia with regard to private and govt. management.

Hypothesis 3: There was no significant differences in the perception of primary teachers to deal children with Dysnomia with regard to private and govt. management.

By using the computed Mean and SD values of private & govt. primary teachers on the perception of Dysnomia of Papum pare District of Arunachal Pradesh, the “t” value has been estimated for significant Mean difference between private and govt. teachers of primary as shown in the table 3

Table 3: Perception Based Test on Dysnomia (PSD2) vs Management

Dimension	Management				D= M1- M2	Std. Error difference	t- value
	Govt. (N=375)		Private (N=225)				
	Mean (M1)	SD	Mean (M2)	SD			
Concept	30.66	6.31	0.6	5.658	0.06	0.512	0.118
Characteristics	86.77	15.903	84.68	14.661	2.09	1.303	1.604
Causes	28.63	6.148	28.15	6.24	0.476	0.521	0.912
Strategies	34.11	7.011	33.56	6.338	0.552	0.571	0.967
Assessment	33.1	7.079	33.56	6.272	- 0.463	0.572	- 0.809
Total	213.27	42.451	180.55	39.169	2.715	3.479	2.792

INTERPRETATION'S

Objective.3(a)Concept.To find out significant differences if any, in the perception of primary teachers towards children with Dysnomia with regard to private and govt. management with regard to concept

Interpretation: The above table illustrate, that The t-value (0.118) with regard to concept (M1 = 30.66; SD1 = 6.31; M2 = 0.6; SD2 = 5.658; D = 0.06; SED = 0.512) df – 600 - 2 = 598 $P \leq 0.01$ level is significant. It means null hypothesis rejected. It indicates that there is a significant difference in the perception scale of primary teachers on Dysnomia (PSD2) with regards to concept due to variations in Management. From the mean value it is clear that government (M1 = 30.66) are higher than the private (M2 = 0.6) in their perception towards concept of Dysnomia (PSD2). From the SD values it is clear that government (SD1 = 6.31) is slightly deviated than private (SD2 = 5.658) in their perception on concept of Dysnomia.

Objective.3(b)Characteristic.To find out significant differences if any, in the perception of primary teachers towards children with Dysnomia with regard to private and govt. management with regard to characteristics

The t-value (1.604) with regard to characteristics (M1 =86.77; SD1 =15.903; M2 =84.68; SD2 =14.661; D = 2.09; SED =1.303) df – 600 - 2 = 598 $P \leq 0.01$ level is significant. It means null hypothesis rejected. It indicates that there is a significant difference in the perception of primary teachers on Dysnomia (PSD2) with regards to characteristics due to variations in Management. From the mean value it is clear that government (M1 =86.77) are higher than the private (M2 =84.68) in their perception towards characteristics

of Dysomnia (PSD2). From the SD values it is clear that government (SD1 =15.903) is slightly deviated than private (SD2 =14.661) in their perception of characteristics of Dysnomia.

Objective.3(c)Causes.To find out significant differences if any, in the perception of primary teachers towards children with Dysnomia with regard to private and govt. management with regard to causes

The t-value (0.912) with regard to causes (M1 = 28.63; SD1 =6.148; M2 =28.15; SD2 =6.24; D = 0.476; SED =0.521) df – 600 - 2 = 598 $P \leq 0.01$ level is significant. It means null hypothesis rejected. It indicates that there is a significant difference in the perception of primary teachers on Dysnomia (PSD2) with regards to causes due to variations in Management. From the mean value it is clear that government (M1 =28.63) are higher than the private (M2 =28.15) in their perception towards causes of Dysnomia (PSD2). From the SD values it is clear that government (SD1 =6.148) is slightly deviated than private (SD2 =6.24) in their perception on causes of Dysnomia.

Objective.3(d)Strategy.To find out significant differences if any, in the perception of primary teachers towards children with Dysnomia with regard to private and govt. management with regard to strategies

The t-value (0.967) with regard to strategies (M1 = 34.11; SD1 =7.011; M2 =33.56; SD2 =6.338; D =0.552; SED =0.571) df – 600 - 2 = 598 $P \leq 0.01$ level is significant. It means null hypothesis rejected. It indicates that there is a significant difference in the perception of primary teachers on Dysnomia (PSD2) with regards to strategies due to variations in Management. From the mean value it is clear that government (M1 =34.11) are higher than the private (M2 =33.56) in their perception towards strategies of Dysnomia (PSD2). From the SD values it is clear that government (SD1 =7.011) is slightly deviated than private (SD2 =6.338) in their perception on strategies of Dysnomia.

Objective3(d)Assesment.To find out significant differences if any, in the perception of primary teachers towards children with Dysnomia with regard to private and govt. management with regard to assessment

The t-value (0.809) with regard to assessment (M1 = 33.1; SD1 =7.079; M2 =33.56; SD2 =6.272; D =0.463; SED =0.572) df – 600 - 2 = 598 $P \leq 0.01$ level is significant. It means null hypothesis rejected. It indicates that there is a significant difference in the perception of primary teachers on Dysnomia (PSD2) with regards to assessment due to variations in Management. From the mean value it is clear that private (M2 =33.56) are higher than the government (M1 =33.1) in their perception towards assessment of Dysnomia (PSD2). From the SD values it is clear that government (SD1 =7.079) is slightly deviated than private (SD2 =6.272) in their perception on assessment of Dysnomia.

DISCUSSION AND CONCLUSIONS

The present study emphasized the introduction with a brief outline of the primary education system, teaching skills and an overview of learning disabilities of primary school children. Detail information of possible causes of learning disabilities of Dysnomia, and identification of essential differences between the neuropsychological assessments of children. The sample of the study was **600** primary school teachers working in Papum pare district of Arunachal Pradesh. Papum pare district has 410 primary schools. Data was collected by approaching primary school teachers worked in government & private schools which are considered for investigation. Descriptive statistics include Percentage, Mean, Median, Mode, Average Deviation, Standard Deviation, Inferential statistics include t-test and F-test. This specific research about Dysnomia mathematical and memorizing the word difficulties, examined to provide a context for understanding. The conditions of the learning disorders were discussed with scientific terms. There was a significant difference in the perception of primary teachers on Dysnomia with regard to gender, locality, and management.

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