



**M.A. (EDUCATION) PART-II
Semester-III**

**PAPER IV Opt (ii)
SPECIAL EDUCATION**

Unit : A

**Department of Distance Education
Punjabi University, Patiala**
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LESSON NO.

Part - A

- 1.1 : Special Education: Meaning, Need and Importance
- 1.2 : Classification of Exceptional Children
- 1.3 : Trends in Special Education
- 1.4 : Children with Autism

**Note : Students can download the syllabus from
Department's website www.dccpbi.com**

LESSON NO. 1.1

**SPECIAL EDUCATION : MEANING, NEED AND
IMPORTANCE**

STRUCTURE OF THE LESSON

- 1.1.1 Objectives**
- 1.1.2 Introduction**
- 1.1.3 Meaning of special education**
- 1.1.4 Needs of special education**
- 1.1.5 Importance of special education**
- 1.1.6 Suggested Questions**
- 1.1.7 Suggested Books and Web sources**

1.1.1 Objectives:

After reading this lesson, the students will be able to:

1. Understand the meaning of special education.
2. Describe the importance of special education.
3. Explain the need of special education.

1.1.2 Introduction

We will begin our study of special education by defining four terms: exceptional children, disability, handicap and at risk. The term exceptional children includes both children who experience difficulties in learning and children whose performance is so superior that special education is necessary if they are to fulfill their potential. Thus, exceptional children is an inclusive term that

refers to children with physical disabilities and children with learning and/or behavior problems, as well as children who are intellectually gifted.

Disability refers to the reduced function or loss of a particular body part or organ: the term **impairment** is often used synonymously with disability. A disability limits a person's ability to perform certain tasks (e.g., seeing, hearing, walking) in the same manner in which most non disabled persons do. A disabled person is not handicapped, however, unless the physical disability leads to educational, personal, social, vocational, or other problems. For example, if a child who has lost a leg can, after learning to use an artificial limb, function in and out of school without problems, she is not handicapped.

Handicap refers to the problems a person with a disability or impairment encounters when interacting with the environment. A disability may pose a handicap in one environment but not in another. For example, the child with an artificial limb may be handicapped when competing against nondisabled peers on the basketball court but experience no handicap in the classroom. The term handicapped children is more restrictive than exceptional children and does not include gifted and talented children.

At risk refers to children who are not currently identified as handicapped or disabled **but** are considered to have a greater-than-usual chance of developing a handicap. The term is most often used with infants and preschoolers who, because of conditions surrounding their birth or the home environment, may be expected to experience development problems at a later time. The term is also being used to refer to students who are experiencing learning problem in the regular classroom and are therefore "at risk" of being identifies as handicapped.

1.1.3 Meaning of special education

Special education is instruction that is modified or particularized for those students with special needs, such as learning differences, mental health problems, specific disabilities (physical or developmental), and giftedness.

Children with special needs have always been part of society. In the past, some "special" education was provided to individual children on a one-on-one basis. As formal education became established, welfare or religious groups for the care of children with special needs often became involved in their education. Government provision of special education services generally followed the work of voluntary groups.

Progress in Special Education saw a major reversal as the eugenics movement took hold in the mid-1960s. Under eugenics theory, it was irresponsible to care for and educate people with special needs as it would “weaken society”. Eventually, scientific approaches to studying disability, such as behaviorism, led to a new understanding of special education and the vision that all children could learn, no matter what diagnosis they were given.

Initially, special education was provided to children of school age- about six or seven. In the United States, this led to the 1975 Education for all Handicapped Children Act (EHA), which required all public schools in the United States to provide adequate services to any child who had a diagnosed learning disability. The EHA was renewed in 1986 as the Individuals with Disabilities Education Act (IDEA).

Special education has a different quality in different countries. The political, economic and social pressure in each country has led to a different form of Special Education, with different sets of policies and practices. The provision of Special Education differs from county to country, and state to state. The ability of a child to access a particular setting may be dependent on their specific needs, location, family choice, or government policy.

It is distinguished from the regular educational framework by some usual quality, something uncommon, note worthy, extraordinary, additional to the regular, which is utilized or employed for a certain purpose. Special Education means specially designed instructions which meets the special educational and related needs of an exceptional child. It employs methods which are not usually used for average children. It is something special-special materials, special training, special techniques, special equipments and special help or special facilities may be required for special categories of children, having special needs. For example visually impaired children may require reading material in large print or Braille, Hearing Impaired may require hearing aid, auditory training, lip reading etc. Mentally Retarded children may needs skill training. So, related services such as special transportation, medical, psychological assessment, physical and occupational therapy and counseling may be required to make special education programme effective.

In short, we can say that special education is an attempt to educate the exceptional children according to their needs, capacities, interests and

potentialities. It includes special techniques, special materials and special efforts.

Thus, special education may be defined as that educational service, over and above the regular school programme, which is provided for an exceptional child to assist in the development of his potentials and removing or compensating his disabilities. Special education is related to the provision and organization of a system of education outside the ordinary school systems. Special education refers to the education outside the ordinary school systems. Special education refers to the educational freedom:

- Helping the child to grow to his fullest possible self-realization.
- Freedom from rigid curricula.
- Freedom from inflexible time-tables.
- Freedom from stifling examinations.

1.1.4 Needs of Special Education

- 1) In acquiring basic skills in an early years setting, schools or college.
- 2) Making friends or relating to adults or behaving properly in an early years.
- 3) Reading, writing, numbers work or understanding information.
- 4) Expressing themselves or understanding what others are saying.
- 5) Human resource development through providing appropriate education to children.
- 6) To prepare them for normal growth.
- 7) To enable them to face life with courage and confidence.
- 8) To develop abilities to the fullest possible extent so that every child can get a job.
- 9) To enable them to participate for natural development.
- 10) To integrate the special people with the general community as equal partners so that, they should feel equal social status.

1.1.5 Importance of Special Education

- 1) **Accommodate students rate of learning :-** In a special education classrooms, instruction is tailored to meet the students

unique needs. Instructions can be at a slower or faster pace as needed . In a general education classroom it is more difficult for the classroom teacher to speed up instruction to benefit the few students who excel with the presented material, which would ultimately leave the rest of the class behind. Students in a special education setting will receive extended wait time, allowing them to process the information, as well as more frequent opportunities to respond due to the smaller class size.

- 2) **Provide unique approaches :-** Often, classroom teacher's are trained in one strategy and are given directions to only use that strategy because it is evidence based and the district has shuffled out a lot of money to fund that strategy or program. When a student comes to your classrooms, you have to ability to find a strategy that works for the student and use that one. You are not tied down to any one method. You can keep what's working, and trash what is not . Side by side teacher should supply material and golden nuggets of wisdom to give the child the extra "oomph" they need to succeed .
- 3) **Behavior Tolerance :-** In a special education setting, largely due to the smaller class size, behavior plans become individualized. Students receive immediate positive feedback that may be overlooked in that Classroom of 30+kiddos. Their accomplishments are recognized and they are praised for a job done well.
- 4) **Helpful to cater their special needs :-** Exceptional children have special needs. So these needs can only be fulfilled by providing them special education. Special classes are necessary for backward children because they require specific teaching methods. Talented or gifted children also face difficulties in adjusting themselves with average children because they belong to a higher I.Q. group. They do not find any scope to exercise their cognitive abilities. They also feel the tasks very easy and complete it much earlier. Here the problem is, how a talented child will spend the rest of his time while the teacher continues the same task for the average children. Thus, very often, the talented child is up to mischievous pranks. Also the curriculum meant for average

children is too simple and get monotonous for the gifted children. Here the talented children do not get any kind of stimulation and hence they lose interest in studies while special education provides them necessary stimulation and enhances their abilities. Similarly Visually impaired & Hearing impaired children do not get specific and special treatment at regular classes.

If these children are not reared up properly they may show behavioral disorders which may cause harm to the individual and to the society at large. Thus, the best compromise, some psychologists feel, is that a special class is necessary for exceptional children in the average school where they may spend a part of their school time span with children of specific backwardness . So it is imperative to make special educational arrangements for the disabled children.

- 5) **Helpful to develop the talents of gifted Children :-** In special class of gifted children, every student feels that he is not superior alone, but there are some other brighter children also. This thought helps a great deal in developing their confidence and inculcates a feeling of competition. Special classes also provide special opportunities for developing leadership in special branches. There may be some children with special interest in poetry, drama, games and in other branches of knowledge, with in a some group. Proper encouragement and training under special programmers of education may help them in the long run.
- 6) **Helpful to regular class teacher:-** Special education provides great help to regular class teacher. The regular teachers face various problems in heterogeneous classes. Such classes have different types of children such as gifted, speech impaired, hearing impaired, mentally retarded and a large number of average children. The teacher, in such conditions, has to devise a method of instruction which is suitable for all. But putting this into practice is difficult for the teacher, because the students also face problems to understand the instructions. In such conditions, the need for a special class is seriously felt. Special educational programme is designed not only to help the exceptional children

but also to help the regular teacher so that he can devote most of the class time to more homogeneous group of children. Thus, special education is helpful to a regular class teacher by which he can dispense his duties more effectively.

7) Helpful to solve the problems of maladjustment:-

Experimental data reveal that social maladjustment is found to be rampant with bright children in regular schools as they stay idle in the class due to light load of work. So they engage themselves in mischievous pranks and unapproved behavior. Even physically handicapped, mentally handicapped and educationally backward children find it difficult to adjust in school, home and society. Besides that, they have variety of learning problems also. Thus, special education is necessary for solving the problems of maladjustment of exceptional children. It takes care of the special needs of exceptional children so that they may not become a liability on society but an asset. Their adjustment problems, which may ultimately lead them to neurotic behavior, can be solved with the help of special education. Special education aims at developing confidence and competences in handicapped children to earn their livelihood independently. Special education enables them to receive education according to their needs, interests and abilities, which in turn helps them to be economically self-sufficient and socially efficient.

8) Helpful to have meaningful and permanent learning :-

Special education requires many auxiliary services e.g. the orthopedically handicapped require physical therapy, occupational therapy and periodic physical examination. Similarly blind, partial blind and hard of hearing children, too, require special services and personnel's. As these different special personnels such as teacher educators, consultants, psychotherapists, speech therapists, etc. are involved in this special education programme, the learning becomes more meaningful and permanent. These personnels have special skills which suit the needs of exceptional children and hence they can have better learning. They become capable to wipe out the various emotional problems and become

more alert and quick in their thinking process. They are guided properly which enhance their learning .

- 9) Helpful to enable the handicapped children to participate in various activities:-** Special educational programme provides the handicapped children various opportunities to participate in various activities according to their abilities. In normal schools the handicapped children are unable to compete with the normal children whereas in special schools they compete with the same kind of students which in turn boosts their confidence and develop self-reliance and self-sufficiency in them. Thus, the handicapped children become able to participate in the various activities according to their capacities and potentialities.
- 10) Helpful to provide insight to teachers and parents :-** Special education is helpful to provide insight to the teachers and parents of the physically handicapped children. It helps in the process of adjustment of these children in the society. The attitudes of the society will ultimately be changed towards them. The parents and teachers are aware of the strength and weakness of their children and they expect according to their potentialities, which saves them from frustrations & conflicts.
- 11) Provides special teaching facilities:-** Special teaching facilities are required to meet the personal and social needs of exceptional children. So the additional facilities enable these children to realize their potentialities and to minimize the handicaps arising from their anomalies. In special education, the superior children are provided with the opportunity to work according to their talent and handicapped children get opportunity to work according to their potentialities by means of special facilities. Thus, special teaching facilities are provided in special schools so as to cater the special needs of exceptional children.
- 12) Helpful to have selective placement:-** Selective placement is entailed through special education. It involves the complete assessment of children as well as their social environment by professionally qualified experts from different fields. Physical examinations and evaluations by specialists and experts like

ophthamologists, audiologists, psychologists, psychiatrists, pathologists, pediatricians, neurologists and educational personal are necessary for the proper selective placement of many types of exceptional children.

- 13) Helpful to enter into the careers of their choice :-** Special education helps the exceptional children to choose different careers of their choice . Handicapped children may not fit in all jobs. Thus, they can be provided special vocational training in special schools, which helps them to get a good start in the profession of his own choice and best suited to his abilities.
- 14) Helpful to develop realistic and positive self-concept:-** Special education develops a realistic and positive self concept among handicapped children. They become aware of their abilities and disabilities in various life situations. Special education helps in fitting square pegs in square holes and round pegs in round holes. The children in special schools are able to have self appraisal of their abilities, aptitudes, interests and personality characteristics. Thus, this knowledge helps them to develop realistic and positive self concept in them.
- 15) Prepares for adult life :-** The aim of all education is the all round development of personality of an individual. The teachers are concerned with the mental progress of children by promoting intellectual skills in the acquisition of knowledge. Further, they attempt to encourage children to adjust personally and socially. The same aims are true of special education programme. The students in special schools become aware of the situations which they may be going to face in future. Thus, special education prepares individuals for adult life.

1.1.6 Suggested Questions

- Q.1. Give the meaning of special education.
- Q.2. "The special children are children with special needs". Justify
- Q.3. Explain the importance of special education.

1.1.7 Suggested Books and Web sources:

1. Heward, William L. and Orlansky, Michael D. (1992). Exceptional children. Fourth Edition. New York : Macmillan Publishing Company.
2. Gearheart, Bill R., Weishahn, Mel W. and Gearheart, Carol J. (1992). The Exceptional student in the regular classroom. Fifth Edition. New York: Macmillan Publishing Company.
3. Kotwal, Parijit. (2008). Special Education. Delhi : Authors press Jawahar Park Laxmi Nagar
4. Kaur, Rajpal. (2005) Special Education. Delhi : Deep and Deep Publications.
5. https://en.wikipedia.org/wiki/special_education
6. tech.com/what-is-special-education
7. www.dodea.edu/curriculum/specialeduc.

LESSON NO. 1.2

**SPECIAL EDUCATION : CLASSIFICATION OF
EXCEPTIONAL CHILDREN**

STRUCTURE OF THE LESSON

- 1.2.1 Objectives**
- 1.2.2 Introduction**
- 1.2.3 Classification of Exceptional children**
 - 1.2.3.1 Mentally Retarded Children**
 - 1.2.3.2 Learning Disabled Children**
 - 1.2.3.3 Behaviour Disorders**
 - 1.2.3.4 Communication Disorders**
 - 1.2.3.5 Hearing Impairment**
 - 1.2.3.6 Visual Impairment**
 - 1.2.3.7 Physical and Health Impairments**
 - 1.2.3.8 Severe Handicaps**
 - 1.2.3.9 Gifted and Talented Students**
 - 1.2.3.10 Deprived Children**
 - 1.2.3.11 Maladjusted Children**
 - 1.2.3.12 Juvenile Delinquents**
 - 1.2.3.13 Emotionally Disturbed Children**
- 1.2.4 Suggested Questions**
- 1.2.5 Suggested Books and Web sources**

1.2.1 Objectives:

After reading this lesson, the students will be able to:

1. Understand the classification of exceptional children.
2. Explain the difference between mild, moderate and severe mental retardation.
3. Define visual impairment.
4. Differentiate between the characteristics of different impairments.

1.2.2 Introduction

The term, "Exceptional children" refers to children whose needs are very different from those of majority of children in society. These children deviate from average children to the extent that they cannot receive classroom instruction in regular schools. Even within a particular group of exceptional children, variations do exist. They differ in degree of impairment. Hence, it is appropriate to define exceptional children as those who differ from the average to such a degree in physical and psychological characteristics that the traditional school programme does not allow all round development and progress of their personality. Therefore they need special care, special education or special ancillary services to grow and develop according to their abilities.

1.2.3 Classification of Exceptional children

1.2.3.1 Mentally Retarded children: Mentally retarded children are those children who for temporary or long standing reasons function below the average of their peer groups, but social adequacy is not in question or if it is in question, there is little likelihood that he can learn to function independently and adequately in the community such children possess low intellectual ability and has deficits in adaptive behavior. Mentally retarded children can be further sub divided into four types.

Table: Level of mental retardation according to the AAMR (American Association on Mental Retardation)

Level	Intelligence Test Score
Mild	50-55 to approx. 70 (+/-5)
Moderate	35-40 to 50-55
Severe	20-25 to 35-40
Profound	Below 20-25

Mild Retardation: Children with mild retardation have traditionally been educated in self contained classrooms in the public schools. Today, many children with mild mental retardation are being educated in regular classroom, with a special educator helping the classroom teacher with individualized instruction for the child and providing extra tutoring in a resources room as needed. Many mildly retarded children are not identified until they enter school and sometimes not until the second or third grade, when more difficult academic work is required.

Traditionally, schools programs for students with mild mental retardation stressed the basic academic subjects - reading, writing and arithmetic – during the elementary years, with a shift in emphasis to vocational training and work – study programs in junior high and high school. Most mildly retarded students master academic skills up to about the sixth grade level and are able to learn job skills well enough to support themselves independently or semi – independently. Many adults with mild mental retardation develop social and communication skills similar to those of their non-retarded peers; many are not recognized as mentally retarded outside school or after they finish school.

Moderate Retardation: Unlike mildly retarded children, who may not be identified as needing special education until they reach school, most children with moderate retardation show significant delays in development during their preschool years. As they grow older, discrepancies generally grow wider between these children and their non-handicapped age – mates in overall intellectual, social and motor development. Approximately 30 % of those individuals classified as moderately retarded have Down syndrome, and about 50% have some form of brain damage (Neisworth & Smith, 1978). Additional handicapping conditions and physical abnormalities are more common in people with moderate retardation than in individuals with mild retardation.

During their school year, children with moderate mental retardations are most often taught in self-contained classrooms with highly structured instructional programs designed to teach daily living skills. Academics may be limited to development of a basic sight-word vocabulary (e.g. survival words such as exit, don't walk, stop), some functional reading skills (such as simple recipes) and basic number concepts. In the past, most persons with moderate mental retardation were removed from society and placed in large institutions where they had little opportunity to develop and learn how to get along in the world. Today most people with moderate retardation are receiving the individualized levels of support and supervision they require to live and work in the community.

Severe and Profound Retardation

Individuals with severe and profound mental retardation are almost always identified at birth or shortly afterward. Most of these infants have significant ventral nervous system damage, and many have other handicapping conditions. Although the AAMR (American Association on Mental Retardation) distinguishes between severe and profound retardation on the basis of IQ scores, the

difference is primarily one of functional impairment. Until recently, training for individuals with severe retardation focused primarily on self-care skills – toileting, dressing, and eating and drinking and communication development. A person with profound mental retardation may not be able to care for personal needs, may have limited or no independent mobility and may require 24-hour nursing care.

1.2.3.2 Learning Disabled Children

These are the children who show disorder in one or more of the basic psychological processes involved in understanding and using the spoken or written language skills. Their disorders are manifested in listening, reading, writing, spelling, arithmetic and communication etc. These children face learning problem but their problem are not due to visual hearing or motor handicaps, or mental retardation or emotional disturbances etc. They are near or above average in intelligence. They are impulsive, distractible, and poor in language organization. They show deficiency in memory processes and thinking.

1.2.3.3 Behaviour Disorders

Children's who showed some of the behaviors in a given cluster had a high likelihood of also showing the other traits and behaviors in that cluster. Quay calls the four types: conduct disorder, personality disorder, immaturity and socialized aggression.

Children described as having a conduct disorder are likely to be disobedient and/or disruptive, get into fights, be bossy, and have tempers tantrums. A personality disorder in children is identified by social withdrawal, anxiety, depression, feeling of inferiority, guilt, shyness and unhappiness. Immaturity is characterized by a short attention span, extreme passivity, daydreaming, preference for younger playmates, and clumsiness. The fourth dimension, socialized aggression, is marked by truancy, gang membership, theft and a feeling of pride in belonging to a delinquent subculture.

1.2.3.4 Communication Disorders

Children who are not able to make themselves understood or who cannot comprehend ideas that are spoken to them by others are likely to be greatly handicapped in virtually all aspects of education and adjustment. They need specialized help. These kinds of problems, called communication disorders, occur frequently among children in regular and special educational classes. The definition of the speech or language impaired "category of disability is a communication, disorder, such as stuttering, impaired articulation, a language

impairment, or voice impairment which adversely affects ----- educational performance."

Most specialists in the field of communication disorders make a distinction between speech disorders and language disorders. Children with impaired speech have difficulty producing sounds properly, maintaining an appropriate flow or rhythm in speech, or using the voice effectively. Speech disorders are impairments in language form. Children with impaired language have problems in understanding or expressing the symbols and rules people use to communicate with each other. A child may have difficulty with language form, content, and / or use, speech and language are obviously closely related to each other. Some people find it helpful to view speech as the means by which language is most often conveyed. A child may have a speech impairment or a language disorder or both.

1.2.3.5 Hearing Impairment

A person who is deaf is not able to use his hearing to understand speech, although he may perceive some sounds. Even with a hearing aid, the hearing loss is too great to allow a deaf person to understand speech through the ears alone. A deaf person has a profound hearing impairment and is dependent on vision for language and communication, even with the use of amplification systems.

A person who is hard-of-hearing has a significant hearing loss that makes some special adaptations necessary. Hard -of-hearing children are able to use their hearing to understand speech, generally with the help of a hearing aid.

Both deaf and hard-of-hearing children are said to be hearing impaired. This term, used mainly in education, indicates a child who needs special services because of a hearing loss. A hearing impairment may also be described in terms of age of onset. It is important to consider whether a hearing loss is congenital (present at birth) or adventitious (acquired later in life).

1.2.3.6 Visual Impairment

The Children who have certain problems in their vision may be termed as visually disabled children. Such children may be called blind or partial blind, depending upon the severity of their impairment. In the medical terms visually handicap means an inability to see within normal limits. Low vision is defined in terms of clarity whereas partial sightedness is defined in terms of distance from the snellen chart. Such type of children can be provided with education based on multisensory approach, use of plus curriculum, use of Braille etc.

1.2.3.7 Physical and health impairments

There are literally hundreds of physical and health impairments that can affect children's educational performance. We will address only those that are most frequently encountered. An orthopedic impairment involves the skeletal system—bones, joints, limbs and associated muscles. A neurologic impairment involves the nervous system, affecting the ability to move, use, feel, or control certain parts of the body. Orthopedic and neurologic impairments are two distinct and separate types of disabilities, but they may cause similar limitations in movement. It is difficult to establish precise criteria for describing the degree or extent of motor involvement in orthopedic and neurologic impairments. Children's difficulties in performing motor – related tasks may vary from time to time, depending on factors such as positioning, fatigue, and medication. The terms mild, moderate, and severe are often used to describe the functioning of children with a wide variety of physical and health impairments.

1.2.3.8 Severe handicaps

Students with severe handicaps exhibit extreme deficits in intellectual functioning and may also need special services because of motor impediments, communication, Visual, and auditory impairments, and medical conditions such as seizure disorders. Many have medical and physical problems that require frequent attention. The population referred to as severely handicapped encompasses students with severe and profound mental retardation, autism, and/or physical/ sensory impairment combined with marked development delay. The term is not generally used to refer to individuals with physical or sensory impairments who do not also have mental retardation. Many students with severe handicaps have more than one disability. Even with the best available methods of diagnosis and assessment, it is often difficult to identify the nature and intensity of a child's multiple handicaps or to determine how combination of disabilities affect a child's behavior.

1.2.3.9 Gifted and talented students

Giftedness consists of an interaction among three basic clusters of human traits - these clusters being above average general abilities, high level of task commitment and high levels of creativity. Gifted and talented children are those possessing or capable of developing this composite set of traits and applying them to any potentially valuable area of human performance. Children who manifest or are capable of developing an interaction among the three clusters

require a wide variety of educational opportunities and services that are not ordinarily provided through regular instructional programs.

1.2.3.10 Deprived Children

Deprived children or socially disadvantaged or simple disadvantaged children refer to those, who are economically, educationally, linguistically, or socially disadvantaged, such children suffer from a continuing inadequacy of basic necessities of life and have been denied the basic and universal rights of children. Socially disadvantaged children appear lifeless, incurious, and deceptively unintelligent. They show lack of interest, involvement, confidence and competence in expressing themselves. This is because of their poor social conditions, economic pressures, poor educational backgrounds, differences in languages and culture that for no fault of their own, such children show intellectual, emotional, learning, language, and motivational problems. Thus they too, require special attention.

1.2.3.11 Maladjusted Children

Maladjusted children also known as dement children, are the children who are discordant with moral standards or group norms. This may be due to their maladjustment or psychological retardation. Such children lack conformity to their role expectation in a given social situation and their present role is predominantly swayed and determined by their need dispositions due to be maladjusted or psychological retarded.

1.2.3.12 Juvenile Delinquents

Juvenile delinquency is a legal term which denotes acts of adolescents of varying degrees of social consequences from mere naughtiness to major assault punishable by law. A child is said to be a delinquent, when his antisocial tendencies appear so grave that he becomes or ought to become the subject of official action. Psychologists say that a delinquent child is one whose attitude towards society is such that, it will eventually lead to violation of the law. They show aggressive behavior which is due to their frustrations. They are generally the children whose needs are not fulfilled. They want to provide an outlet to their frustrations or an ego defense for the tension caused by frustrations of one or several of the needs of the individual. They too, requires special attention so as to help them to get rid of their undesirable behavior.

1.2.3.13 Emotionally Disturbed children

The children whose reactions to life situations are unrewarding to themselves and unacceptable to their peers and other members of the society. They are

unable to manage their emotions. Their emotions are so powerful that they cannot keep a check on them, as a result they are anxiety ridden and unable to learn, unable to make and maintain satisfactory inter-personal relationships with peers and teachers, exhibit inappropriate behavior or feelings under normal circumstances, pervasive mood of unhappiness or depression etc. Thus, they due to their exceptional nature require cautiously planned programmes for their education.

1.2.4 Suggested Questions

- Q.1. Explain the term mental retardation.
- Q.2. Define gifted and talented students.
- Q.3. What are the characteristics of learning disabled children?
- Q.4. Write short notes on:
 - a) Communications disorder
 - b) Hearing impairment
 - c) Visual impairment

1.2.5 Suggested Books and Web Sources

- 1 Heward, William L. and Orlansky, Michael D. (1992). Exceptional children. Fourth Edition. New York : Macmillan Publishing Company.
- 2 Gearheart, Bill R., Weishahn, Mel W. and Gearheart, Carol J. (1992). The Exceptional student in the regular classroom. Fifth Edition. New York: Macmillan Publishing Company.
- 3 Kotwal, Parijit. (2008). Special Education. Delhi : Authors press Jawahar Park Laxmi Nagar
- 4 Kaur, Rajpal. (2005) Special Education. Delhi : Deep and Deep Publications.
- 5 www.slidesshare.net/.../exceptional-children-psychology-priyanka
- 6 nimhindia.gov.in/exceptional%20children.pdf
- 7 www.education.com>Learning and Your child>Learning Disabilities

LESSON NO. 1.3

SPECIAL EDUCATION : TRENDS IN SPECIAL EDUCATION

STRUCTURE OF THE LESSON

1.3.1 Objectives

1.3.2 Introduction

1.3.3 Trends

1.3.3.1 Mainstreaming

1.3.3.2 Community – based rehabilitation

1.3.3.3 Individualized education programme (IEP)

1.3.3.4 Inclusion

1.3.3.5 Deinstitutionalization

1.3.4 Suggested Questions

1.3.5 Suggested Books and Web sources

1.3.1 Objectives:

After reading this lesson, the students will be able to:

1. Understand the trends in special education.
2. Explain the concept of mainstreaming.
3. Describe the trend of inclusion in special education.
4. Differentiate between deinstitutionalization and community – based rehabilitation.

1.3.2 Introduction

For many years the field of special education simply did not exist. Of course, exceptional children – those who are handicapped and those who are gifted – have always been with us. But attention has not always been paid to their special needs. The integration of exceptional children into regular schools and classes is a relatively recent phenomenon. The full extension of educational services to exceptional children has involved immense changes – for special educators, regular educators, parents and many other people.

Through the efforts of special educators, parents, exceptional persons, legislators and other advocates, continual improvement has taken place in the range of students being served: the quality of the personal special education and related services and the methodology, curriculum and technology for educating exceptional children. For most exceptional students of school age, special educational opportunity is now a right and progress continues in guaranteeing this most fundamental right for all students who need it . (Weintraub, 1986)

1.3.3 Trends

1.3.3.1 Mainstreaming : The word **mainstreaming** has been popularly used to describe the process of integrating exceptional children into regular schools and classes. Much discussion and controversy and many misconceptions have arisen regarding whether all handicapped children must now attend regular classes - the so-called mainstream of our public school system. Some people view mainstreaming as placing all exceptional children into regular classrooms with no additional supportive services. Whereas other have the idea that mainstreaming can mean completely segregated placement of handicapped children. As long as the interact with non handicapped peers in a few activities (perhaps at lunch or on the playground). Many parents have strongly supported the placement of their exceptional children in regular classes; other have resisted it just as strongly, feeling that the regular classroom does not offer the intense, individualized education that their children need.

What the law does call for is the education of the handicapped child in the least restrictive appropriate educational setting, removed no further

than necessary from the regular public school program. As Turnbull and Turnbull (1986) note, the least restrictive environment principal prevents the unwarranted segregation of students with disabilities from their nondisabled peers. Heron and Skinner (1981) describe the least restrictive environment as *that educational setting which maximizes the ... student's opportunity to respond and achieve, permits the regular education teacher to interact proportionally with all the students in the classrooms and fosters acceptable social relations between non-handicapped and [handicapped] students.*

As Gresham (1982) points out, simply placing a handicapped child in a regular classroom does not mean that the child will learn and behave appropriately or that she will be socially accepted by non-handicapped children. It is important for special educators to teach appropriate social skill and behavior to the handicapped child and to educate non handicapped children about the differences in their handicapped classmates. But these challenges should not mean that handicapped children are denied the right to participate in a regular classroom for all or part of the school day. Sapon – shevin (1978) suggests that mainstreaming not be interpreted to mean “changing the special child so that he will fit back into the unchanged regular classroom, but rather as changing the nature of the regular classroom so that it is more accommodating to all children.

According to Stephens, Blackhurst and Magliocia (1983) : “Mainstreaming is the education of mildly handicapped children in the regular classrooms. It is a concept that is compatible with the least restrictive environment. All the handicapped can be educated with their normal peers whenever possible. It is based on the philosophy of equal educational opportunity that is implemented through individual planning to promote appropriate learning, achievement and social normalization.”

According to Wang (1981) : “The term mainstreaming is used to mean an integration of regular and exceptional children in a school setting where all children share the same resources and opportunities for learning on a full time basis.”

Thus, a simple perusal of above definitions makes it clear that the process of mainstreaming is placement of the mildly retarded children or mildly handicapped children in the regular classroom environment that suits their requirements. Even, it can be a regular classroom for a part of the day. Sometimes, it may not include a regular classroom but a special class in the regular setting and co-curricular activities determined by consideration of how best we may promote learning, achievement and social normalization.

1.3.3.2 Community – based rehabilitation : The aim of community – based rehabilitation (CBR) is to help people with disabilities , by establishing community based programs for social integration, equalization of opportunities, and rehabilitation programs for the disabled. The strength of CBR programs is that they can be made available in rural areas with limited infrastructure, as program leadership is not restricted to professions in healthcare, education, vocational or social services. Rather, CBR programs involve the people with disabilities themselves, their families and communities, as well as appropriate professionals. Like normal children, handicapped children, too need socialization, as they are also a part of the society and they will have to live in the same. Thus, they should be provided with opportunities to mix up with the normal children and share their views with them. This is possible only by integrated education. By means of integrated Education, the handicapped children can be brought into the mainstream of the education of the normal children. So they can be related to the community by the processes such as inclusion, normalization, mainstreaming ad deinstitutionalization.

In today's changing scenario, the attitudes of people towards disabled have changed significantly. Now emphasis is laid on the employment of the disabled. It is based on the fact that no doubt in certain tasks the disability of the individual may become an obstacle but there may be some other tasks in which he may be able to perform better than the normal individual. Thus, the handicapped children no longer require sympathy or mercy but they require co-operation from the society .

Hence, it is the duty of the society to provide them proper employment which in turn facilitates their rehabilitation.

The constitution of India has made provisions for the rehabilitation of the disabled . It directs the states to make effective provisions in securing the right to education, work and public assistance . There are basically three legislation in India dealing with the interests of the disabled. There are :

- The Rehabilitation Council of India Act, 1992
- The persons With Disability (Equal opportunities, protection of rights and full participation) Act, 1995.
- The National Trust for the welfare of persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act-1999.

- 1) **The Rehabilitation Council of India Act, (R.C.I.):** This act, passed by the government of India in 1992 gave statutory status to the Rehabilitation Council which is working for the rehabilitation of the disabled. It regulates the programmes and institutions for various categories of professionals in the area of disabilities.
- 2) **The Persons with Disability Act (P.W.D.) :** This act is the most comprehensive act, which takes holistic view of the disabled and strives for their rehabilitation . This act has made the following provisions:-
 - a) Three percent (3%) reservation for the disabled in the government jobs.
 - b) Providing incentives for public and private sector organizations that employ the disabled, at least to the extent of five persons of the total workforce.
 - c) States shall progressively ensure that every disabled child has access to free education till the age of 18 years.
 - d) There shall be preferential allotment of land at concessional rates to the disabled persons for the construction of house , setting up of business or factories and for the establishment of special recreational centers, schools and research institutes .

- e) There shall be establishment of special employment exchanges, special insurance policy and unemployment allowance for them.
- f) There shall be chief commissioner for the persons with disability who is :
 - to co-ordinate the works of state commissioners for the persons with disabilities .
 - to monitor utilization of funds disbursed by central government .
 - to take steps to safeguard rights and facilities made available to persons with disabilities.
 - to look into complaints with respect to denial of rights of persons with disabilities.

Thus, this legislation is only for the welfare of the disabled and their rehabilitation in the society.

- 3) National Trust for the welfare of Persons with Autism, Cerebral Palsy : Mental Retardation and Multiple Disabilities Act:** This legislation led to the setting up of a trust, which works to strengthen family guardianship of those suffering from autism, cerebral palsy, mental retardation and multiple disabilities. It also looks after the disabled with no family support.

Thus, all the above mentioned legislations were a step for the rehabilitation of the disabled. Besides these acts, the government of India, has opened about hundred Special employment information and Registration Centers all over the country, keeping in view the abilities and employment of the disabled , “ Vocational Rehabilitates Centers’ have also been opened to provide special employment training to the handicapped according to their physical, social and vocational needs . The employment and Rehabilitation on Department of Human Resource Development has opened Vocational Rehabilitation Centers in the metropolition cities like Mumbai, Hyderabad, Delhi, Kanpur, Chennai etc. The main purpose of all these centers is to help rehabilitation of the disabled so that they may become productive members of the society.

- 1.3.3.3 Individualized education programme (IEP) :** In the united states an individualized Education Program (IEP) is mandated by the

Individuals with Disabilities Education Act (IDEA). An IEP defines the individualized objectives of a child who has been found with a disability, as defined by federal regulations. The IEP is intended to help children reach educational goals more easily than they otherwise would. In all cases the IEP must be tailored to the individual student's needs as identified by the IEP evolution process, and must especially help teachers and related service providers understand the student's disability and how the disability affects the learning process.

The IEP describes how the student learns, how the student best demonstrates that learning and what teachers and service providers will do to help the student learn more effectively. Developing an IEP requires assessing students in all areas related to the known disabilities, simultaneously considering ability to access the general curriculum, considering how the disability affects the student's learning, forming goals and objectives that correspond to the needs of the student and choosing a placement in the least restrictive, environment possible for the student.

As long as a student qualifies for special education, the IEP is mandated to be regularly maintained and updated up to the point of high school graduation, or prior to the 21st birthday.

An IEP is meant to ensure that students receive an appropriate placement, not "only" special education classrooms or special schools. It is meant to give the student a chance to participate in "normal" school culture and academics as much as is possible for that individual student. In this way, the student is able to have specialized assistance only when such assistance is absolutely necessary, and otherwise maintains the freedom to interact with and participate in the activities of his or her more general school peers.

1.3.3.4 Inclusion: The practice of educating all children in the same classroom, including children with physical, mental and developmental disabilities. Inclusion classes often require a special assistant to the classroom teacher. In a fully inclusive school or classroom, all of the children follow the same schedules; every one is involved in the same filled trips, extra-curricular activities, and assemblies.

It is a process of integrated education in which exceptional children enter into normal classes for education. This simply means that the exceptional children should not be segregated from the normal ones but they should also be included into ordinary classroom. They should be provided education along with the normal students. This will help them to develop their potentialities upto their maximum. This will help to remove their complexes by being in the same class. The disabled students will learn, how to compete with the normal students. They will try to compensate for their disability. They will strive hard and which in turn , will increase their confidence. On the other hand, normal students will also realize that the disabled children are in no way inferior to them. They will also try to help them. This will enhance the development of social qualities among the students. Inclusion of disabled children in the normal classes will not only help them to keep pace with the normal students but also help them to develop positive self concept.

1.3.3.5 Deinstitutionalization: Deinstitutionalization as a process of integrated education means the removal of retarded persons from institutions and placing them in other environments. In other words, it is the process of releasing as many exceptional children and adult as possible from the confinement of residential institutions into their local community.

Deinstitutionalization is a trend which emerged as protest against institutionalization. The disabled children were dumped in special institutions. In those institutions, disabled children were considered physically or mentally ill and they were provided with only treatment for their illness but they were deprived of care and education. Around 1800 such institutions sprouted and as these grew in size, these institutions became less cost effective and housed people without much of treatment either. In the late nineteenth century special institutes became dumping grounds for all kinds of misfits. The same trend continued for several decades. In the 1950's and 1960's a number of social movements were started. These movements emphasized the needs of the retarded and these raised voice to help the retarded. After 2nd world war, the support provided by **President Kennedy and President Johnson** to the

education of retarded, opened new vistas for their education. Kennedy's approach to mental illness led to the establishment of community centres which provided in-patient and out-patient care, treatment, consultation and education. This marked a beginning for the era of deinstitutionalization by which the retarded children were brought back to live with their own community.

Deinstitutionalization includes three processes:

1. The process of reversing institutionalization by finding alternative placement.
2. The process of returning to the community of all the resident when have development the skills which are necessary for successful transition.
3. The process of establishing residential environments that protect rights and leads to a rapid transition to the community.

Thus, the process of deinstitutionalization was a step to make the retarded children, a part of the community and providing them with as equal rights as they would have enjoyed if they would have been normal.

At the initial stages this process of deinstitutionalization was subjected to criticism on the following grounds:

1. The placement of retarded children in nursing homes was not beneficial as these nursing homes usually did not have quality of care as that of special institutes.
2. In such types of homes, primarily medication was the only treatment and they were not provided with any education or training.
3. In some cases, it led to readmission to the institutions since community facilities were not available for their education.
4. This led to poor medical diagnosis.
5. It led to regression in adaptive behavior.
6. The staff employed in the special institutions was competent and specially trained but the staff of community centres was incompetent to deal with the retarded.

1.3.4 Suggested Questions

- Q.1. What is Individualized education programme (IEP)? What points should be kept in mind for the success of this programme?
- Q.2. Write short note on:
- a) Inclusion
 - b) Deinstitutionalization
- Q.3. What do you mean by mainstreaming?
- Q.4. Explain community-based rehabilitation.

1.3.5 Suggested Books and web sources:

1. Heward, William L. and Orlansky, Michael D. (1992). Exceptional children. Fourth Edition. New York : Macmillan Publishing Company.
2. Gearheart, Bill R., Weishahn, Mel W. and Gearheart, Carol J. (1992). The Exceptional student in the regular classroom. Fifth Edition. New York: Macmillan Publishing Company.
3. Kotwal, Parijit. (2008). Special Education. Delhi : Authors press Jawahar Park Laxmi Nagar
4. Kaur, Rajpal. (2005) Special Education. Delhi : Deep and Deep Publications.
5. www.scilearn.com/blog/2015-special-education-trends
6. [study.com/academy/lesson/current-trends-in-special education](http://study.com/academy/lesson/current-trends-in-special-education)
7. education.stateuniversity.com/.../special-Education-current-trends

LESSON NO. 1.4

SPECIAL EDUCATION : CHILDREN WITH AUTISM

STRUCTURE OF THE LESSON

- 1.4.1 Objectives**
- 1.4.2 Introduction**
- 1.4.3 Characteristics**
- 1.4.4 Causes**
- 1.4.5 Educational Provisions**
- 1.4.6 Suggested Questions**
- 1.4.7 Suggested Books and Web Sources**

1.4.1 Objectives

After reading this lesson, the students will be able to:-

1. Define 'Autism.'
2. Describe the characteristics of autism.
3. Explain the various causes of autism.

1.4.2 Introduction

Autism spectrum disorder (ASD) and autism are both general terms for a group of complex disorders of brain development. These disorders are characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors. ASD can be associated with intellectual disability, difficulties in motor coordination and attention and physical health issues such as sleep and gastrointestinal disturbances. Some persons with ASD excel in visual skills, music, math and art.

Autism appears to have its roots in very early brain development. However, the most obvious signs of autism and symptoms of autism tend to emerge between 2 and 3 years of age, children show impairment in language development, especially comprehension, unusual language usage, poor response to name calling, deficient non verbal communication, minimal recognition or

responsiveness to other people's happiness or distress, and limited variety of imaginative play or pretence, and especially social imagination.

During school these type of children face problem in language development, withdrawal tendency, inability to join play of other children, inappropriate attempts etc.

1.4.3 Characteristics

Social Skills

- 1) Very little or no eye contact.
- 2) Resistance to being held or touched.
- 3) Tends to get too close when speaking to someone (lack of personal space).
- 4) Responds to social interactions, but does not initiate them.
- 5) Does not generally share observations or experiences with others.
- 6) Difficulty understanding jokes, figures of speech or sarcasm.
- 7) Difficulty reading facial expressions and body language.
- 8) Difficulty understanding the rules of conversation.
- 9) Difficulty understanding group interactions.
- 10) Gives spontaneous comments which seem to have no connection to the current conversation.
- 11) Makes honest, but inappropriate observations.
- 12) Seems unable to understand another's feelings.
- 13) Prefers to be alone, aloof or overly-friendly.
- 14) Difficulty maintaining friendships.
- 15) Finds it easier to socialize with people that are older or younger, rather than peers of their own age.
- 16) Unaware of/disinterested in what is going on around them.
- 17) Talks excessively about one or two topics (dinosaurs, movies, etc.).
- 18) Overly trusting or unable to read the motives behinds peoples' actions.
- 19) Minimal acknowledgement of others.

Linguistic/language development

- 1) Abnormal use of pitch, intonation, rhythm or stress while speaking.
- 2) Speech is abnormally loud or quiet.
- 3) Difficulty whispering.
- 4) Repeats last words or phrases several times. Makes verbal sounds while listening (echolalia).
- 5) Often uses short, incomplete sentences.
- 6) Pronouns are often inappropriately used.
- 7) May have a very high vocabulary.

- 8) Uses a person's name excessively when speaking to them ("Mary, we are having lunch. Right, Mary?").
- 9) Speech started very early and then stopped for a period of time.
- 10) Difficulty understanding directional terms (front, back, before, after).

Behaviours

- 1) Obsessions with objects, ideas or desires.
- 2) Ritualistic or compulsive behaviour patterns (sniffing, licking, watching objects fall, flapping arms, spinning, rocking, humming, tapping, sucking, rubbing clothes).
- 3) Fascination with rotation.
- 4) Play is often repetitive.
- 5) Unusual attachment to objects.
- 6) Quotes movies or video games.
- 7) Difficulty transferring skills from one area to another.
- 8) Perfectionism in certain areas.
- 9) Frustration is expressed in unusual ways.
- 10) Feels the need to fix or rearrange things.
- 11) Transitioning from one activity to another is difficult.
- 12) Difficulty attending to some tasks.
- 13) Gross motor skills are developmentally behind peers (riding a bike, skating, running).
- 14) Fine motor skills are developmentally behind peers (hand writing, tying shoes, and scissors).
- 15) Extreme fear (phobia) for no apparent reason.
- 16) Verbal outbursts.
- 17) Unexpected movements (running out into the street).
- 18) Difficulty sensing time (Knowing how long ten minutes is or three days or a week).
- 19) Difficulty waiting for their turn (such as in a line).
- 20) Causes injury to self (biting, banging head).

Emotions or sensitivities

- 1) Sensitivity or lack of sensitivity to sounds, textures (touch), tastes, smells or light.
- 2) Difficulty with loud or sudden sounds.
- 3) Unusually high or low pain tolerance.
- 4) Intolerance to certain food textures, colours or the way they are

- presented on the plate (one food can't touch another).
- 5) Inappropriate touching of self in public situations.
 - 6) Desires comfort items (blankets, teddy, rock, string).
 - 7) Laughs, cries or throws a tantrum for no apparent reason.
 - 8) Resists change in the environment (people, places, objects).
 - 9) An emotional incident can determine the mood for the day - emotions can pass very suddenly or are drawn out for a long period of time.
 - 10) Calmed by external stimulation - soothing sound, brushing, rotating object, constant pressure (hammock, rolled in a blanket).
 - 11) May need to be left alone to release tension and frustration.

School-related skills

- 1) Exceptionally high skills in some areas and very low in others.
- 2) Excellent rote memory in some areas.
- 3) Difficulty with reading comprehension (can quote an answer, but unable to predict, summarize or find symbolism).
- 4) Difficulty with fine motor activities (colouring, printing, scissors, gluing).-
- 5) Short attention span for most lessons.
- 6) Resistance or inability to follow directions.
- 7) Difficulty transitioning from one activity to another in school.

Health/movement

- 1) Walks on toes.
- 2) Difficulty changing from one floor surface to another (carpet to wood, sidewalk to grass).
- 3) Odd or unnatural posture (rigid or floppy).
- 4) Difficulty moving through a space (bumps into objects or people).
- 5) Walks without swinging arms freely.
- 6) Incontinence of bowel and/or bladder.
- 7) Constipation.
- 8) Frequent gas (flatulence, burping) or throwing up.
- 9) Appearance of hearing problems, but hearing has been checked and is fine.
- 10) Allergies and food sensitivities.

- 11) Irregular sleep patterns.
- 12) Apparent lack of concern for personal hygiene (hair, teeth, body odours).

1.4.4 Causes

Scientists are not certain about what causes ASD, but it is likely that both genetics and environment play a role. Researchers have identified a number of genes associated with the disorder. Studies of people with ASD have found irregularities in several regions of the brain. Other studies suggest that people with ASD have abnormal levels of serotonin or other neurotransmitters in the brain. These abnormalities suggest that ASD could result from the disruption of normal brain development early in fetal development caused by defects in genes that control brain growth and that regulate how brain cells communicate with each other, possibly due to influence of environmental factors on gene function.

Some studies suggest that some people have a genetic predisposition to autism. Identical twin studies show that if one twin is affected, there is up to a 90% chance the other twin will be affected. Researchers are looking for clues about which genes contribute to this increased susceptibility. In some cases, parents and other relatives of a child with ASD show mild impairments in social and communicative skills or engage in repetitive behaviors. Evidence also suggests that some emotional disorders, such as bipolar disorder, occur more frequently than average in the families of people with ASD.s

1.4.5 Educational Provisions

1. **Least Restrictive Environment (LRE):** School districts are required to educate students with disabilities in regular classrooms with non-disabled peers, in the school they would attend if not disabled, to the maximum extent appropriate, supported with the aids and services required to make this possible. This does not mean that every student has to be in a general education classroom. The objective is to place students in as natural a learning environment as possible, within their home community, as much as possible. Participation of students with autism in the general education environment is often called mainstreaming or inclusion. Inclusion does not mean placing a student with autism in general education

just like a typical learner; a variety of supports are provided to create a successful environment and experience for everyone involved. Careful planning and training are essential to provide the right modifications and accommodations. Supports might include a specially trained classroom or one-on-one paraprofessional, altering testing environments or expectations, adapting curriculum, visual supports or adaptive equipment, etc. The special education department should support general education staff and others in the school community who interact with students with autism. The less restrictive a student's setting, the greater the opportunities for a child with autism to interact with the school population outside the special education environment - this means support staff, general education and special area teachers, office staff, custodians and most importantly, peers, who are not necessarily knowledgeable about autism.

2. **Applied Behavior Analysis (ABA)** : ABA is the name of the systematic approach to the assessment and evaluation of behavior, and the application of interventions that alter behavior. The principles of analyzing behavior to understand its function, controlling the environment and interactions prior to a behavior (antecedents) and adjusting responses (consequences), and using positive reinforcement (rewarding what you want to see) are all ABA techniques that are often used in shaping behavior in individuals with autism. Many programs use the principles of ABA as a primary teaching method, or as a way of promoting positive and adaptive behavior.
3. **Discrete Trial Teaching (DTT) or the Lovaas Model** : Named for its pioneer (ABA-based) Teacher-directed DTT targets skills and behaviors based on an established curriculum. Each skill is broken down into small steps, and taught using prompts, which are gradually eliminated as the steps are mastered. The child is given repeated opportunities to learn and practice each step in a variety of settings. Each time the child achieves the desired result, he receives positive reinforcement, such as verbal praise or something that he finds to be highly motivating.
4. **Floortime, or Difference Relationship Model (DIR)** : The

premise of Floortime is that an adult can help a child expand his circles of communication by meeting him at his developmental level and building on his strengths. Therapy is often incorporated into play activities – on the floor – and focuses on developing interest in the world, communication and emotional thinking by following the child's lead.

5. Picture Exchange Communication System (PECS) : The PECS system allows children with little or no verbal ability to communicate using pictures. An adult helps the child build a vocabulary and articulate desires, observations or feelings by using pictures consistently. It starts with teaching the child to exchange a picture for an object. Eventually, the individual learns to distinguish between pictures and symbols and use these to form sentences. Although PECS is based on visual tools, verbal reinforcement is a major component and verbal communication is encouraged.

6. Therapies Used For Students with Autism.

(i) Occupational Therapy (OT): A Certified Occupational Therapist, (OT) brings together cognitive, physical and motor skills to enable the individual to gain independence and participate more fully in life. For a student with autism, the focus may be on appropriate play, fine motor and basic social and life skills such as handwriting, independent dressing, feeding, grooming and use of the toilet. The OT can recommend strategies for learning key tasks to practice in various settings.

(ii) Physical Therapy (PT): A Certified Physical Therapist (PT), focuses on problems with movement that cause functional limitations. Students with autism frequently have challenges with motor skills such as sitting, walking, running and jumping, and PT can also address poor muscle tone, balance and coordination. An evaluation establishes the abilities and developmental level of the child, and activities or supports are designed to target areas of need.

(iii) Sensory Integration Therapy (SI): (SI) therapy addresses disruptions in the way an individual's brain processes sensory input, developing strategies to help process these senses in a more productive way. A sensory integration-trained OT or PT begins with an evaluation, and then uses research-based strategies to plan an individualized program for the

child, matching sensory stimulation with physical movement to improve how the brain processes and organizes sensory information.

(iv) Speech-Language Therapy (SLT): Certified Speech-Language Pathologists (SLP) use a variety of techniques to address a range of challenges for children with autism. SLT is designed to address the mechanics of speech and the meaning and social value of language. For students unable to speak, SLT includes training in other forms of communication, or oral exercises to promote better control of the mouth. For those who seem to talk incessantly about a certain topic, SLT might work on expanding the conversational repertoire, or reading social cues and adjusting conversation to the needs of the listener. An SLT program begins with an evaluation by an SLP and therapy may be conducted one-on-one, in a small group or in classroom/natural settings.

1.4.6 Suggested Questions

- Q 1. What do you mean by Autism?
- Q 2. Discuss the characteristics of Autism in detail.
- Q 3. What are the causes of Autism?
- Q 4. What is the role of teacher in shaping the behavior of an autistic child?

1.4.7 Suggested Books and Web Sources

- 1 Heward, William L. and Orlansky, Michael D. (1992). Exceptional children. Fourth Edition. New York: Macmillan Publishing Company.
- 2 Gearheart, Bill R., Weishahn, Mel W. and Gearheart, Carol J. (1992). The Exceptional student in the regular classroom. Fifth Edition. New York: Macmillan Publishing Company.
- 3 Kotwal, Parijit. (2008). Special Education. Delhi : Authors press Jawahar Park Laxmi Nagar
- 4 Kaur, Rajpal. (2005) Special Education. Delhi : Deep and Deep Publications.
- 5 <https://en.wikipedia.org/wiki/Autism>
- 6 www.fixers.org.uk/What-is-Autism