



Organization of special schools for Mentally Retarded children



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**ORGANIZATION OF SPECIAL SCHOOLS FOR
MENTALLY RETARDED CHILDREN**

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ORGANIZATION OF SPECIAL SCHOOLS FOR MENTALLY RETARDED CHILDREN

INTRODUCTION

Purpose of the booklet

Looking back at the history of special educational services in India, it is evident that various service facilities had been set by individuals interested in the welfare of the mentally retarded children for specific reasons such as, having a retarded son or daughter. With whatever limited resources they had in the form of infrastructure, funds, equipment and trained manpower, they have done their best for promotion of the cause. Despite the limitations their efforts have been tremendous and the results remarkable.

With more qualified personnel and support from central and state governments, the facilities in the form of special schools increased to over 300 in the country. Yet there are individuals and organizations who are interested in setting up service facilities, for which they request for guidelines in the various aspects of organization of special school. To fulfil their requests and to assist those interested in starting a special school, an attempt has been made to provide in a nutshell, the various aspects of organization of special schools for mentally retarded children. This booklet includes information on various existing special educational settings, in brief, organization of special school, target population, infrastructural facilities, equipment, furniture, staff, admission procedures, working hours, curriculum outline, grouping and programming, maintenance of records, rough budgetary requirement and details on government aid for organising a special school. Illustrations and sample formats are included wherever possible to enhance delivery of information to the readers. This booklet is restricted to organization of special school only, as it is planned to bring out separate booklets on the other service facilities.

Existing services for mentally retarded individuals

Various prevalence surveys conducted in the country show that two percent of general population has mental retardation,

three fourth of them have mild mental retardation while the remaining one fourth have severe mental retardation with I. Q. 50 and below. Children with delayed development up to the age of 3 years require the service of early identification, prevention and intervention which are provided by medical department at well baby clinics or child guidance clinics by professionals like paediatricians, psychiatrists and clinical psychologists. Pre-school and special education services are provided by special educators. Children with mild mental retardation who can benefit from regular education are recommended to attend the regular schools, while children with moderate and severe mental retardation are required to attend special school.

Currently, deinstitutionalisation is a trend in the western countries, while in India we take efforts to train the mentally retarded children to stay at home and receive training either from special school, or special class in regular school. Where both are not available, home based training programmes are encouraged where parents are trained step by step to train their children at home,

Of these various models for education of the mentally retarded children, the one that is most popular in the country and is majority in number is the special school. The special schools mostly offer educational facilities to moderately and mildly retarded i. e., trainable and educable retarded children. Very few special schools admit children who are severely retarded, needing physical care, the reason being need of additional staff, as the severely retarded children need one-to-one attention.

In the following pages, organization of a special school is described in detail.

Type	Facility	Suitability
Institution	Total Care 24 hours Segregated setup	All levels
Special School	Day Care Segregated setup	Mild, Moderate & Severe MR
Special Class in Regular School	Day Care, partially integrated for non academic programmes	Mild & Moderate MR
Resource Room	Integrated in regular class and partially segregated for specific academic programmes	Border line Mild
Itinerant teacher	Regular school/Home setup-the special teacher goes to school/home to train parent/regular tea- cher to train the retarded child	All levels, especially in places where there are no facilities available.
Home based training	Parents are demon- strated and trained to manage their mentally retarded children at home	all levels

ORGANIZATION OF SPECIAL SCHOOL

Objectives of Special School

1. To provide educational opportunities for mentally retarded children.
2. To develop programme suitable for every mentally retarded child.
3. To implement the programmes developed using appropriate methods and materials.
4. To prepare mentally retarded children for domestic skills, vocational training, and integration in the community.

INFRASTRUCTURE

Building : The special school should have five class rooms, a staff room, a domestic service room, a store room, an office room and a Principal's room. The classrooms should be ideally 16' X 12' with enough ventilation. There should be a minimum of 4 toilets out of which one should be preferably western type, for the use of children such as those with cerebral palsy who cannot squat down. If it is an area where western toilet cannot be provided, simple potty facility must be made with modification made to accommodate potty in an ordinary chair. This can be kept in mind while considering furniture for school. One class room should be situated close to the toilet for those children who need to be toilet trained. The building must have a ramp atleast in one place for the benefit of retarded children with multiple handicaps.

While constructing the building care should be taken to see that there are no steps dividing the room and corridor. This will prevent children from tripping and falling down.

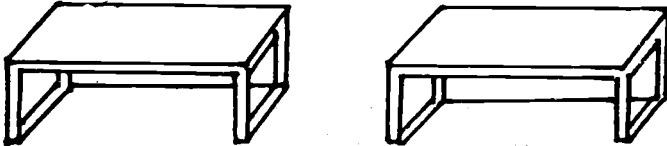
The plug points and switch boards must be provided atleast 6 feet above the floor so that children do not handle them. Unused plug points must be plugged with dummy plugs or sealed.

If the doors have facility to be bolted from inside it should be on top of the door so that it would allow the teachers to handle it and prevent the children from getting locked inside accidentally.

Depending on the budget provision, the walls could be painted in such a way that it is washable so that it could always be kept clean even if children tend to scribble on them, once in a while.

Low cost, multipurpose furniture

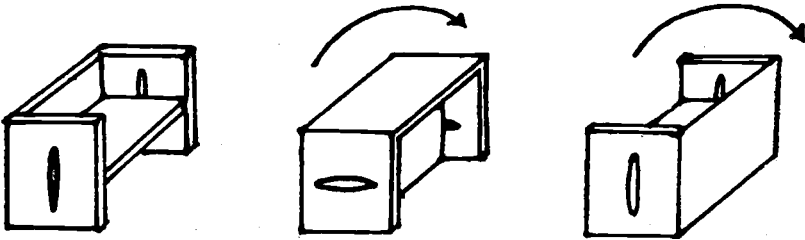
①



Working area/seat - movable

Three uses of furniture

②

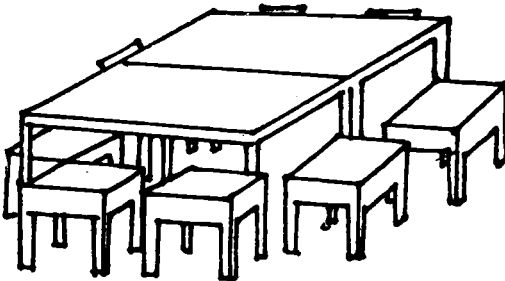


Low seat for child

work bench

High seat for adult

③



Two tables + seats put together to have large group activities

Glass windows which might break and hurt children may be avoided. Have the windows opening outside rather than inside which will have less access to children and thus less chances of breaking.

There should be a play ground preferably with an enclosure/ compound wall so that the children will stay within the school premises during outdoor activities. If possible have space for activities such as, gardening and poultry which promote prevocational skills in children.

Transport : Provision for school van/bus is essential if all levels of retarded children from the city are to be admitted. In rural setting a car or a covered cycle rickshaw may be provided.

FURNITURE

Selection of furniture usually depends upon (a) the location of the school whether rural, urban or semiurban, (b) the budgetary provision and (c) the age and severity levels of mentally retarded children to be admitted. In general the furniture selected should be such that they allow for varied arrangements in the room and should have multipurpose utility value. (See diagram-3) The size of the furniture should take into consideration the age and physical development of the children in a given group. Pre-primary level may have more space on floor for play activities.

*Class arrangement for rural area/ schools
with low budget allocation*

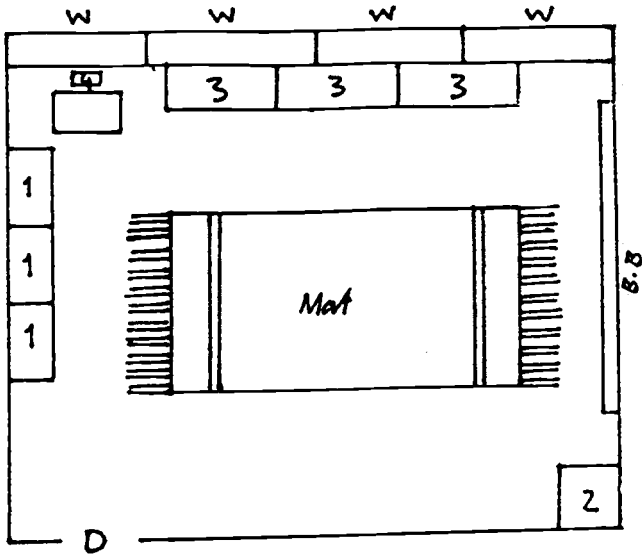
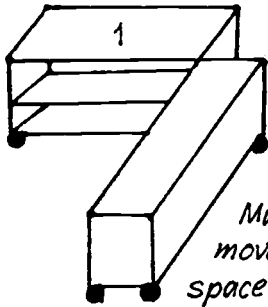
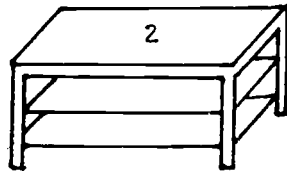


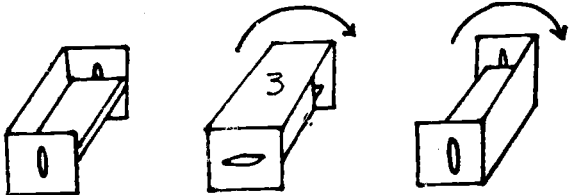
Diagram-5



*Multipurpose
movable
space divider*

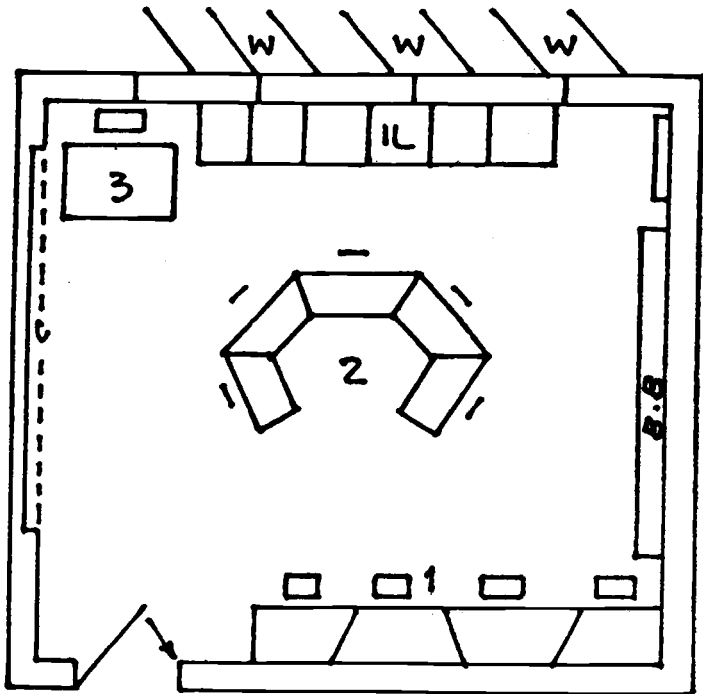


*Small stools/benches
stacked, to be used when
needed, as low seats*



- W - Window*
- D - Door*
- BB - Black board*
- 4 - Teacher's desk*

Class arrangement for urban area



Legend

- | | |
|--------------------------------------|---|
| D - Door | 1 - Tables arranged for individual activities |
| W - Window | 2 - Same table arranged for group activities |
| C - Cupboard | 3 - Teachers table & chair |
| BB - Black board | |
| M - Mirror | |
| 1L - Individual lockers for children | |

Diagram - 4

The furniture should be preferably wooden, sturdy and durable. The furniture should allow for flexibility in use. They should not have sharp edges which would hurt children. As retarded children do not have a classroom arrangement like normal children, the furniture design should be such that it allows for varied classroom arrangements.

Each class must have a teacher's table, large cupboards for keeping the teaching aids, specific pigeon hole arrangement or single lockers for the belongings of children such as school bag and lunchbox

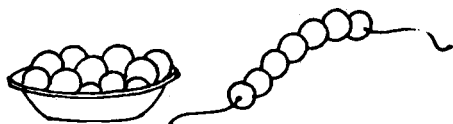
Diagrams 4 and 5 are examples of selected furniture for classroom arrangement that provides for flexibility and allow, one-to-one as well as group instruction which are essential for the education of mentally retarded children. Diagram 5 shows low cost furniture for schools which may be suitable for rural or semi urban setting. One may have alterations made based on the need and resources.

EQUIPMENT

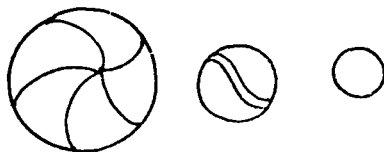
The selection of equipment for mentally retarded children require careful consideration. The materials should be as close to those used in daily living as possible so that transfer of learning is minimized. Wherever possible actual materials should be used rather than simulating or using models. For instance, to teach buttoning actual clothings should be used rather than button frames. However, to have variety and to sustain attention, various materials can be used. At preprimary level such aids can be relatively more, and gradually as the children move to higher levels they should be replaced by objects of daily use as learning aids, with necessary adaptations made if needed.

In general, the equipment needed can be divided into indoor and outdoor equipment. Listed below are minimal equipment one may acquire as per their resources and need.

Indoor equipment



Wooden Beads
(coloured - all sizes)
100 each



Metal nails and board kit

Peg board with different shapes

Balls - different sizes



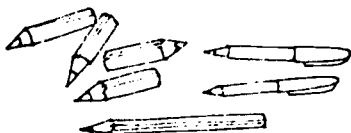
Blowing toys, toys that make different sounds, rattle, teething toys, toy drum etc.



String toys that are pulled (tractors, cars, planes)

Picture and numbers books

Picture charts

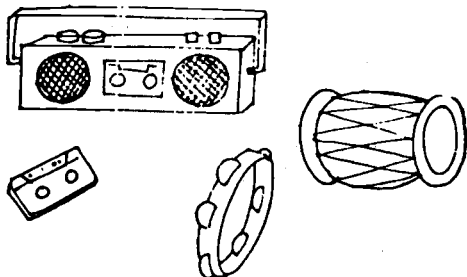


Crayons, pencils and sketch pens

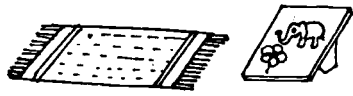
Colour clay

Marbles

Percussion instruments, drums, bells, tape recorder, tapes with music

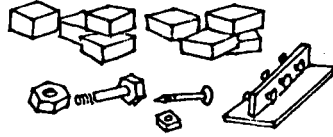


**Black board, felt boards,
magnetic boards**



Dari/mat

**Wooden blocks (coloured
and uncoloured Hollow
blocks & unit blocks)**



**Wooden/plastic nuts and
bolts and the like**

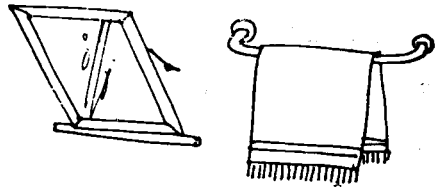
Puppets (hand)

**Crayon, colour pencils,
chalks**



**Containers - small basket or
bowls**

**Clothings with buttons,
buckles, shoe laces etc.
Flannel, plastic sheets and
cloth, wheat flour for finger
paints and a container.**



Mirror (Big)

Gum/paste (fevicol)

Measuring scales



**Water colours powder 1kg
each colour**

Brushes

Drawing Sheets

Sand paper

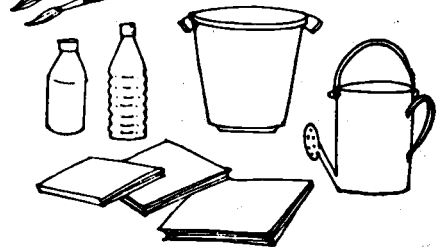
**Bottles (unbreakable ones
for water play)**

Big plastic drum/bucket/tub

**Books of various grade
levels from nursery to V.**

Gradening tools

Montessori equipment



Kitchen/Domestic equipment:

Weighing scale

Cutlery

Knives and chopping boards

Cooking utensils of various sizes, serving dishes, spoons and brooms and mops

Towels and dusters

Stove or cooking range

Refrigerator (if possible)

Bottles

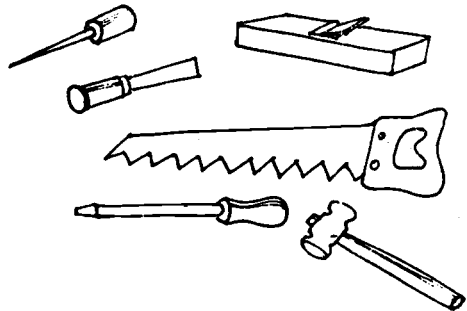
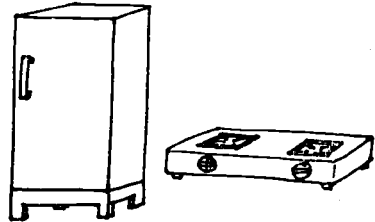
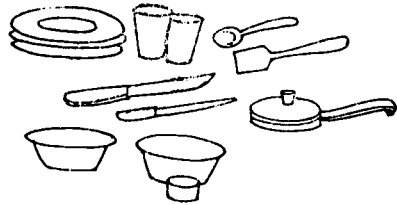
Cooking ingredients

Provocational equipments

Carpentry tools - screw driver, pliers, hammer, saws and so on

Gardening tools - pails spades, watering cans, long hose pipes

Any other suitable equipment, depending on chosen vocational training programme

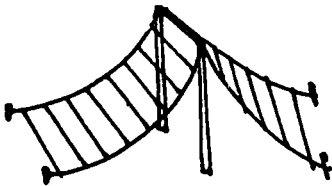
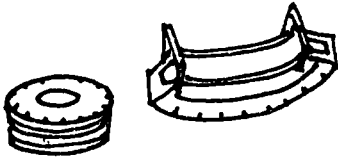


Outdoor equipment

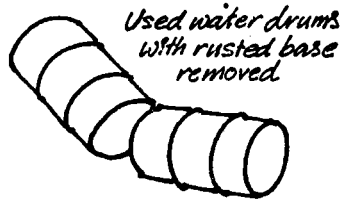
Simple set of stairs wooden rocking horse/boats slide, jungle gym, sea-saw hoops, balls.

(Simple items which are expensive made of locally available materials are illustrated at diagram 5 & 6.)

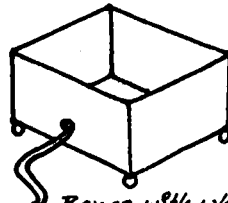
Low cost outdoor equipment



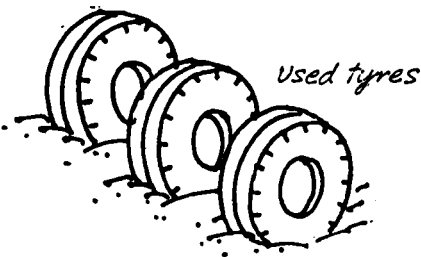
Ladder with ropes



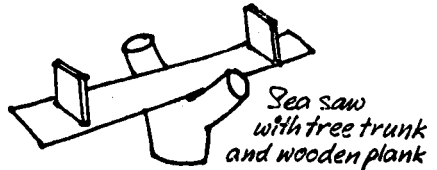
Used water drums with rusted base removed



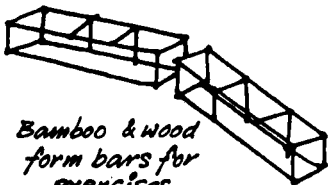
Boxes with wheels as pull-up toys & storage equipment



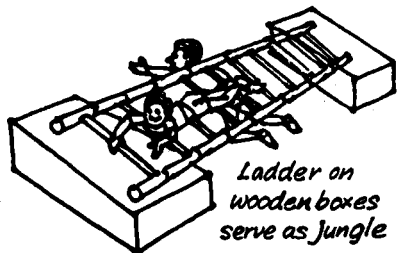
Used tyres



Sea saw with tree trunk and wooden plank



Bamboo & wood form bars for exercises



Ladder on wooden boxes serve as jungle gym

STAFF

The prescribed staff-student ratio is 1 : 5. It is practical to have about 7 to 8 children if they have no behaviour problems or additional handicaps. There should be five special teachers with one principal. The principal should have preferably a masters degree in Education and a degree or diploma in special education of the mentally retarded children. The special teachers must have a certificate or diploma in special education. The school should have a minimum of 3 Aayas/attenders who would take care of the cleanliness of the school and help the teachers with the feeding and toilet needs of children. There should be a watchman. The office staff should include a minimum of typist and an accountant.

ADMISSION

Eligibility

Children between the ages of 3 years and 16 years with any level or severity level of choice can be admitted. Below 3 years are more suited for early stimulation programmes and above 16 years for post school/vocational training programme. A sample admission form is at appendix I.

Procedure

The admission may be made once a year, ideally, to match the admission in schools for normal children.

Each school must have an advisory committee consisting of a medical person and a psychologist who could form the team alongwith the principal to diagnose and take decision regarding admission of each of the children brought to the school. Whenever possible, the team can include other professionals such as speech pathologist, physiotherapist and occupational therapist. These experts should be made available in school periodically for the teachers to consult for specific problems of mentally retarded children.

Criteria for acceptance

In addition to eligibility and selection procedure, certain conditions should be laid down for acceptance to minimize practical problems in the school.

1. The child's residence should not be very far away from school unless the parents arrange for transport.
2. The child should not have such behaviour problem which are harmful to self or others. Whenever possible depending on the availability of a qualified psychologist on full time basis, provisional admission may be given to such children on trial basis. If the child's problem is manageable in the classroom the admission may be confirmed.
3. The child should not be suffering from infectious diseases
4. Depending on resource and staff, admission criteria for children with dual/multiple handicaps or those without toilet training may be made.

For such children who cannot be admitted to school, possibilities of home training may be explored so that no retarded child goes unattended.

Contract with parents

A contract with parents should be undertaken by the school to exercise its discretion for emergency medical attendance, and permission for involving the child in films, or photographs for fund raising or for public awareness programmes.

PROGRAMMING

It is difficult to achieve total homogeneity in the grouping of mentally retarded children. However, groups can be formed based on the skill and ability level of the child and the mental age. There can be five groups namely pre-primary, primary, secondary and prevocational levels with two groups in preprimary level.

Preprimary level : The preprimary level is one where the curriculum includes skills required below the mental age of 5 years. Therefore, moderately and mildly retarded children below the mental age of 5 years can form one group as chronologically they may not be very old while compared to a severely retarded child with the same mental age. A 14 or 15 years old severely retarded persons with a mental age of 3 or 4 years will need to be separated as physically he will be big for this group, though the skills required to be trained will be almost the same with minor alterations based on physical needs and appropriate activities, such as menstrual hygiene, shaving skills and so on. Therefore, preprimary level should have 2 groups with separate section for the severely retarded ones. Skills imparted at this level are motor, self help including basic skills of feeding, toileting, dressing and bathing, language, social skills and preacademics.

To assess the skill levels and programme of this group portage guide to early education can be effectively used. MDPS also can be used in Indian set up. The special teachers will be aware of the source of these assessment tools. It is ideal to develop a checklist to suit indian conditions.

Primary level : This is an extension of preprimary level. Those children who achieve 80% of the skills at preprimary level will be eligible for this level. The curriculum at this level will include personal adequacy skills, functional academics and social competence. Children with a mental age of 5-7 years generally fit in this group. A checklist of skills to be trained in this level should be developed based on the local needs of the city or village, so that the programme is tailored to suit the specific needs. The checklist must have provision for continuous assessment. One of the scales effectively used in Indian condition for assessing and training children at this level is MDPS - Madras Assessment and Programming System.

Secondary level : In this level, the skills developed at primary level are further strengthened and emphasis is placed on functional academics Vocational skills and social competence necessary for daily living such as time and money concept, reading sign boards and survival words and signing and independent travel skills will form important components of the curriculum. Children with a mental age of 7 to 9 years fit in this group. In addition to MDPS - specific skill based checklist has to be developed as in primary level.

Prevocational level : Here the emphasis should be on work skills and social competence. Vocational aptitude and capability of the child should be kept in mind while planning for this level. Work routine, discipline, good manners and personal skills such as appropriate grooming, shaving and menstrual hygiene and recreation skills will form part of this group's curriculum. The skills such as money and time will be strengthened at this stage. Here again MDPS and/or specific skill based checklist should be developed.

The curricular areas given above for the various groups are broad guidelines. Specific details have to be worked out based on the local needs. The NIMH is in the process of developing checklist for each level and appropriate Handbook for teaching the skills, given in the checklist. Handbook for teaching preprimary level is available. Those who wish, to have a copy may contact NIMH. For other levels, the books are being prepared.

GROUPING

Each of the five groups can have 8 to 10 children, grouped, based on their skill level. Each child will require an IEP-Individualized Educational Programme based on his/her current level of functioning. IEP format, manuals and a sample IEP is given at the end. An IEP for each child should be written ideally, every 3 months. Each time, the objective taken must be reviewed, progress noted and fresh goals selected. To have uniformity among the classes, the groups can be as follows :

		<u>CA</u>	<u>MA</u>
Preprimary A	—	3 to 6 years	Below 5 years
Preprimary B	—	over six years	(severely retarded)
Primary	—	7 to 10 years	5 to 7 years
Secondary	—	10 to 13 years	7 to 9 years
Prevocational	—	14 to 16 years	8+

It is possible that the moderately retarded child may not learn any functional academics in primary or secondary levels but may learn social competence, communication and work skills effectively. they may be considered for the prevocational group.

The advisory committee with the class teacher, parent, speech pathologist, principal, psychologist and a medical expert should meet periodically – at least once in 3 months to review the progress made by the case, consultation required if any, and to guide the teachers accordingly.

Promotion and discharge criteria

Based on the above mentioned grouping system when a child meets with 80% success in a given group's expected criteria, he may be promoted to the next level. At prevocational level if he meets with 80% independence, he may be considered for appropriate vocational training and placement outside the school. At this point, parents should be encouraged to explore possibilities of employment for the child explaining to them the strengths of the child and the possible jobs he will be able to perform successfully. Children in any level, for reasons such as medical problems like seizures or behaviour problems that harm self or others may be discontinued temporarily. They may be admitted again provisionally after having been certified as fit to attend school. Even then if the teachers find them not fit for class, they should promptly report for further action.

WORKING HOURS

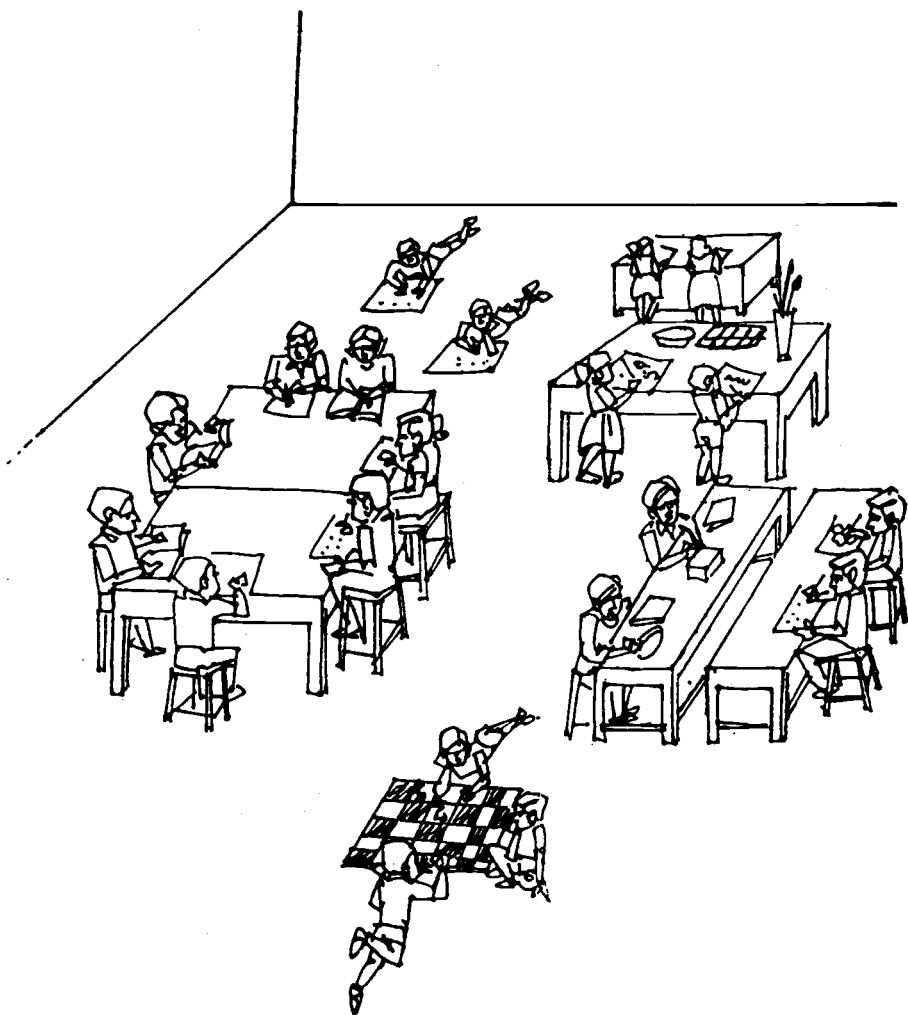
The school should function 5½ days per week with 9 AM to 3 PM on week days and 9 AM to 1 PM on Saturdays. The teachers must be in school ½ hour before and after the prescribed timings to have the necessary classroom arrangements and writing of the daily reports of each child respectively. A sample time-table is given at Diagram 7. In addition to the daily routine the teacher must organize periodic field trips to expose children to the various situation and provide community based instruction.

Diagram-7

DAY	9-00 to 9-15	9-15 to 9-45	9-45 to 10-15	10-15 to 10-45	10-45 to 11-00	11-00 to 11-30	11-30 to 12-00	12-00 to 1-00	1-00 to 1-30	1-30 to 2-00	2-00 to 2-30	2-30 to 3-00	3-00 to 3-30																																								
Monday	ARRIVAL - Outdoor play																																																				
Tuesday	PRAYER - ASSEMBLY																																																				
wednesday	Calender - year, day, date, weather festival (if any) and current events																																																				
Thursday	BREAK Toilet skills, social skills (waiting for turn)																																																				
Friday	LUNCH Self help - washing, serving, table manners, care of personal belongings, feeding																																																				
Saturday	Teachers - record maintenance and preparation for next day.																																																				
	Self help - washing, grooming, putting together personal belongings & leave for home.																																																				
	Indoor game and activity that enhance language, social, prevocational skills.																																																				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">G</td> <td style="width:10%; text-align: center;">Indor Games</td> <td style="width:10%; text-align: center;">I</td> <td style="width:10%; text-align: center;">writing</td> <td style="width:10%; text-align: center;">G</td> <td style="width:10%; text-align: center;">Story/dramatization</td> <td style="width:10%; text-align: center;">I</td> <td style="width:10%; text-align: center;">Time</td> <td style="width:10%; text-align: center;">G</td> <td style="width:10%; text-align: center;">concepts</td> <td style="width:10%; text-align: center;">I</td> <td style="width:10%; text-align: center;">Reading</td> <td style="width:10%; text-align: center;">G</td> <td style="width:10%; text-align: center;">Music</td> <td style="width:10%; text-align: center;">I</td> <td style="width:10%; text-align: center;">writing</td> <td style="width:10%; text-align: center;">G</td> <td style="width:10%; text-align: center;">Art</td> <td style="width:10%; text-align: center;">I</td> <td style="width:10%; text-align: center;">Reading</td> </tr> <tr> <td colspan="20" style="text-align: center;">For Teacher's : Weekly evaluation & preparation for next week</td> </tr> </table>													G	Indor Games	I	writing	G	Story/dramatization	I	Time	G	concepts	I	Reading	G	Music	I	writing	G	Art	I	Reading	For Teacher's : Weekly evaluation & preparation for next week																			
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I - Individualized instruction G - Group instruction

Note : The time-table given here is a sample which needs to be changed periodically depending on the climatic conditions, resources and level of the children.



Children doing various activities

Group activity programmes

In spite of running a special school providing services for 50 children on a daily basis there may be a need for number of children who require facilities. One way of meeting the needs of more number of children is by providing group activity programmes. To include group activity, the regular school working hours should be restricted to 9 AM to 12.30 PM. In the afternoons, the school can arrange for other mentally retarded children to attend programme on once-a-week basis. As for the daily school programme, the children for the afternoon also must be grouped as preprimary, primary, secondary and prevocational groups. The groups of a particular day would come only on that day of the week along with the parents. The parents would be given programme by the teachers for the rest of the week to follow at home. This not only trains parents, but also exposes the child to peer group interaction and allows the school to reach out to more number of children. Admission criteria, programme planning and record maintenance should be followed appropriately for these children also.

MAINTENANCE OF RECORDS

Each teacher is responsible for initial evaluation of skill level, setting goals and writing IEP for the child, which should be reviewed every 3 months.

Individualized Educational Programming (IEP)

As mentioned earlier, every child must have the individualized educational training programme developed, which should be systematically implemented and progress evaluated, using the periodic review form.

The IEP/ITP form and the manual appended in the end of the booklet is an outcome of National seminar on development of IEP format held at NIMH in 1986. Professionals from various fields including special education, speech pathology & audiology, psychology, physio occupational therapy and medicine, participated in the seminar. The existing IEP forms in the country were considered in

the seminar and a new one was developed with a manual for filling it. The participating organization tried out the new format for 6 months and gave a feedback. Based on the feedback given, further modifications were made and the revised one is appended in this booklet alongwith its manual. A sample filled IEP also is attached for reference. (Appendix 2 & 3) This form is currently being used successfully in a number of special schools in the country.



Parents meeting

Screening for problems in Communication

The classroom teacher will find children having communication problem which might need expert guidance for intervention by the teachers. A checklist is attached at appendix - 4 which would assist the teacher for referral and intervention under guidance.

Assessment of behaviour problems

Many mentally retarded children exhibit problem behaviours which need to be corrected. Systematic intervention shows positive results in reducing such behaviour problems. The formats attached at appendix-5 would assist the teacher in assessing the behaviour problem and seek expert advice for effective intervention.

PARENTS MEETING

The teacher must organize periodic parents meetings. Ideally, once in every three months and once annually parents meeting should be organised. In addition individual meeting with parents may be arranged as and when required. It is ideal to have a student diary through which the parents and the teacher can communicate.

BUDGETARY REQUIREMENT

Salary of the Principal and the qualified special teachers should match that of M. Ed., B. Ed., or Secondary grade trained teacher training as the case may be with a special allowance for Special Education.

The salary of ayah, watchman LDC Typist cum accountant should be as per the State Government Rules.

Depending on whether it is own or rented building, the rent and maintenance expenses would vary. Therefore, it is difficult to give a generalized estimate for starting of a special school.

It is also important to take into account as to whether the administration of the school would charge fee from the children.

However, a rough estimate of budgetary requirement is given below.

	<u>Recurring</u> Rs.	<u>Non-recurring</u> Rs.
Furniture	—	20,000-00
Equipment	—	20,000-00
<u>Salary</u>		
Principal (3,000 x 12)	36,000-00	—
5 Teachers (1,500 x 5 x 12)	90,000-00	—
Ayah (600 x 3 x 12)	21,600-00	—
Watchman (600 x 12)	7,200-00	—
Typist (1,000x12)	12,000-00	—
Total	<u>1,66,800-00</u>	<u>40,000-00</u>

* Excludes building and Transport.

** Allowance should be provided for increment of staff, repairs and replacement of damaged equipment.

DETAILS ON GOVERNMENT AID

The ministry of Welfare, Government of India has a scheme of assistance to organizations for the disabled persons. The details regarding the scheme such as type of organization, eligibility for assistance, extent of assistance, Procedure for submission of application, condition for sanction and so on may be obtained by writing to : The Secretary, Ministry of Welfare, Government of India, Shastri Bhawan, New Delhi 110 001.

Every application should be routed through the state government with their recommendation in the prescribed format.

CONCLUSION

Looking back at the past years, the services for the mentally retarded children in India has definitely progressed to a great extent. With efforts of Government and voluntary organizations we are sure to find a brighter future with regard to special education facilities for the mentally retarded children.

APPENDICES

ADMISSION FORM FOR SPECIAL SCHOOL

1.0 Name of the case :

1.1 Register No. :

1.2 Date of Registration :

2.0 Present complaints :

2.1 Specific behavioural problems, if any :

2.2 Any specific interest :

3.0 Assessment report :

3.1 Medical :

3.2 Psychological :

3.3 Special Educational :

3.4 Referrals (OT, PT, ST etc) :

3.5 Management plan proposed :

4.0 Any other information :

5.0 Admitted :

Admission No:

Group :

wait listed :

waiting list no :

Rejected :

Reasons for rejection :

Any other Remarks :

Date :

Signature of the Principal

INDIVIDUALIZED TRAINING PROGRAMME

PART A

- | | | |
|---|---|--------------------------|
| 1. Name | : | 6 Registration No. : |
| 2. Date of Birth (Age) | : | 7. Class and Roll No. : |
| 3. Sex | : | 8. Date of filling ITP : |
| 4. Address | : | 9. ITP No. : |
| 5. Mother tongue/language (s) spoken by the MR person | : | |
| 10. significant information about the MR person | : | |
| 11. Associated conditions and referrals if any | : | |
| 12. Goal | : | |
| 13. Staff Responsible | : | |

ITP No. :

INDIVIDUALIZED TRAINING PROGRAMME

Date of programming :

Date of Evaluation ;

Staff Responsible :

PART B

Skill activity

Present Level/
Baseline

Objectives

Materials needed

Procedure :

Evaluation

1 2 3 4 5 6 7

Remarks / Problem encountered

Signature of Staff

INDIVIDUALIZED TRAINING PROGRAMME

MANUAL

**National Institute for the Mentally Handicapped,
Manovikas Nagar, P. O. Bowenpally,
Secunderabad - 500 011.**

INDIVIDUALIZED TRAINING PROGRAMME

MANUAL

The Individualized educational programmes are developed specifically to meet the educational and training needs of each child. As no two mentally retarded children have similar abilities and needs, and as majority of the mentally retarded children require services from more than one discipline such as special education, speech pathology and audiology, psychology, physiotherapy, occupational therapy, and medicine, it is essential that a comprehensive service programme is developed for each child, based on his needs, including the appropriate input from various disciplines. Development of such an I E P / ITP is an important component of diagnostic prescriptive process.

The ITP has two sections, part A and Part B. Part A consists of general information about the child, person initiating the programme and the overall goals for the child. Part B consists of specific programming for a skill or behaviour.

GUIDELINES FOR FILLING UP PART A

1. Name :
give the child's full name and pet name if any in brackets.
2. Date of birth (age) :
Given as in the records.
3. sex :
4. Address :
Give the present address.
5. Mother tongue/languages spoken :
It is essential that the child is exposed to one language consistently. Therefore record the details of the child's mother tongue as well as other language spoken by the child. Circle the mother tongue.
6. Regn. No :
Give the number of the registration in the institute/school.

7. Class/roll no.:

In case of a special school give the class group of the child and the roll number.

8. Date of writing the ITP :

ITP is generally written on a particular day when the team meets and decides on the programme for the child. Write the date of such a meeting.

9. ITP No :

Each child will have number of ITPs following one after the other. Write the number of the particular ITP.

10. Significant information of the M.R. person. Includes information on i) the degree of retardation, ii) associated conditions such as visual, hearing or orthopaedic handicap, medical conditions such as epilepsy, hyperkinesia and behaviour problems, iii) family background of the child, iv) strengths and weakness of the child and v) medicine taken if any.

11. Goals :

Mention the overall goals set for the child after assessment, and the order of priority, if there are more than one goal.

12. Staff responsible:

The name of the staff member, whoever will be responsible for carrying out and coordinating the ITP should be mentioned here.

GUIDELINES FOR FILLING UP PART B:

Part B consists of the specific programme for the child with precise instructions to carry out the programme.

13. Skill/activity :

Mention here, the skill on which the MR child/individual is to be trained for example, feeding skill, dressing skill, or writing skill and so on. If it is a behaviour which is to be modified, mention the name of the behaviour, for example, head banging, eye poking or body rocking, and so on.

14. Current level, baseline :

Write in behavioural terms what exactly the mentally retarded person is able to do in the given skill or behaviour for example, if the skill is combing hair, the current level can be "picks up comb, holds it appropriately". Places the comb on the head but does not comb the hair in one direction uniformly. Cannot make the partition in the hair.

15. If it is a behaviour, mention what provokes the behaviour, how exactly the M R. person behaves and for how long.

16. Objectives :

Mention in behavioural terms what is the objective. Mention the (a) condition, (b) behaviour, (c) level of performance and (d) dead line. To illustrate, an example is given below :

(a) When asked (b) the child (name of the child) points to the appropriate picture of the fruit named, (c) 8 out of 10 times correctly and (d) in 3 months.

17. Procedure :

Give step by step procedure for meeting the objective. Do not have ambiguous directions. The steps must be specific and clear. Remember to mention the reinforcers to be used and when.

18. Materials needed :

Write the materials needed for developing the particular skill or improving the particular behaviour.

19. Evaluation :

Leave this column blank when the ITP is written after the specific duration when the child is evaluated for progress or problems, fill this column by noting down the observations. This in turn forms the baseline or current level for the next ITP to be written.

To quantify the progress of the child, performance may be ranked from 1 to 7 as shown below :

Below base line	=	1
No progress	≡	2
25% progress	≡	3
50% progress	≡	4
75% progress	≡	5
100% progress	≡	6
100% progress before deadline	≡	7

Circle the appropriate number. To get the percentage of progress measure by comparing with the objective, how many times the child is able to do. Find out the percentage of marks.

Skills development in speech and language, motor activities for daily living and academic areas can be written in this format as also the problem behaviours to be corrected. Thus the format is of use for special educators, speech pathologists, psychologists and physiotherapists.

20. Problems encountered/remarks :

Write here clearly, the problems faced while carrying out the programme which may be specific to the child and the situation.

SPECIAL EDUCATION CENTRE (NIMH)

PERIODIC REVIEW FORMS

NAME OF THE STUDENT :		NAME OF THE STAFF :			
AGE :		DATE OF PROGRAMMING :			
IQ :		DATE OF REVIEW :			
GROUP :					
Sl. No.	skill	Specific objective	Achievement	If not achieved, why ?	Remarks

Procedure:

- ① A stimulatory situation can be created for the child by associating other activities with brushing e.g. "you will get your milk to drink only after brushing." If possible peers (brother or sister) will be asked to brush along with the child.
- ② Stand behind the trainee and hold the brush along with him in front of a mirror. Provide physical prompt in brushing, following the sequence of front-upper and lower teeth, left and right's upper and lower teeth together and then with mouth open, lower & upper teeth. Gradually fade the prompts to verbal then cueing and later without prompt. Modelling by peers and others would enhance learning faster. Appreciate him at every attempt and encourage him.
- ③ Assist the child to bend a little forward and tell him to spit. Initially physical prompt and modelling can be provided and later faded gradually.
- ④ Remember to reward the child for each attempt.

Evaluation

1 2 3 4 (5) 6 7 78%

Remarks: After few days the child showed interest to brush his teeth after every meal.

Amitav Mishra
Signature of Staff

IIP NO. : 02

INDIVIDUALIZED TRAINING PROGRAMME

Date of Programming: 18. 9. 87

Date of Evaluation: 17. 12. 87

Staff Responsible: AMITAV
MISHRA.

PART B

Skill Functional word Skill (Expressive language
And Recreational - skill)

Present Level/ He follows the instruction. He can
Baseline speak few words, plays cricket and
watches cricket matches on Television.

Objectives When asked, the child will be able
to name different materials used
in playing cricket with 80% accuracy
in a period of 3 months.

Materials needed a) Ball, bat, pads, stump, bail etc.
b) sports magazines
c) paper, crayons & pencil etc.

Procedure:

- ① Take the child near the sports cupboard before playing and ask him to identify and name the articles. Initially tell him the name of them and ask him to repeat by showing the particular article. Provide verbal prompt and then verbal cueing and gradually fade it.
- ② During recreation time show coloured sports magazine and tell the name of different materials (ball, bat, pads etc) used in cricket.
- ③ During play time ask him to pass the articles and give the chance to him to name them. Also ask him to tell verbally what he wants to get.
- ④ When while keeping the materials in the cupboard, ask the child to name the materials once again.
- ⑤ Tell the parents, while watching cricket on T.V. to ask the child, the name of the sports article.
- ⑥ In art and craft class, assist the child to draw the picture of ball, bat etc and ask him to name them.
- ⑦ Remember to reward the child for each attempt.

Evaluation

1 2 3 4 ⑤ 6 7 80%

Remarks: She child once fell down in the ground and got injured. She training was only at home for 10 days.

Amilav Mishra
Signature of Staff

**REFERRAL FORM FOR SPEECH PATHOLOGY &
AUDIOLOGY SERVICES
T. A. SUBBA RAO**

Services by a speech pathologist and an audiologist could be requested when the following aspects are observed in children with mental retardation.

Sl. No.	Not applicable	Always	Inconsistent	Occasionally
1. <u>Poor spontaneous interactions</u> Difficulties in spontaneously interacting with people, for example in asking for things, rejecting items, calling people, either through speech or through gestures. Has no speech.				
2. Inability to produce speech sounds (no speech)				
3. <u>Poor clarity of speech</u> Has poor clarity of speech particularly strangers find it difficult to understand his/her speech.				
4. <u>Less words</u> Uses mainly words, that are names and action words only. Words such as me, mine, good, fat, between are not used.				
5. <u>Short sentences</u> Uses sentences which appear to be telegraphic and the sentences are mainly statements such as asking for food items/toys. Sentence such as questions or connected sentences are rarely observed.				
6. <u>Affected Voice</u> Voice appears to be abnormal. Such as weak voice where the child does not talk loudly, or appears to speak through the nose or appears to struggle				

SI No.

Not applicable

Always

Inconsistent

Occasionally

7. Affected flow of speech

Appears to be talking haltingly and has difficulty in starting a word

8. Poor hearing/listening

Does not respond to sounds unless they are loudly made ; has a history of ear infections does not understand instructions ; does not remember previously taught words.

9. Irrelevant speech

Any other

Ref. to :

Signature of the special teacher

PROBLEM BEHAVIOUR CHECKLIST

REETA PESHAWARIA

CHILD/CLIENT'S NAME _____ EVALUATOR: _____

AGE : _____ DATE : _____

SEX : _____

The purpose of this checklist is to identify children who require behavioural management of problem behaviours in school setting or home setting. Behavioural management is generally taken up if the problem behaviour fulfills any of the following criteria :

- The problem behaviour interferes in the learning process.
- The problem behaviour is causing harm or disrespect to others.
- The problem behaviour is harmful for the child/client's ownself.
- The problem behaviour is socially unacceptable.

Put a tick for those statements which best describe the child/client's behaviour being evaluated.

	School setting	Home setting	
1. PHYSICAL VIOLENCE TOWARDS OTHERS (e.g. kicks, slaps, hits, pushes, spits, bites, pinches, pulls hair or uses objects as weapons against others)	<input type="radio"/>	<input type="radio"/>	Occasionally
	<input type="triangle"/>	<input type="triangle"/>	Frequently
	<input type="checkbox"/>	<input type="checkbox"/>	No problem
2. DAMAGES OWN OR OTHERS' PROPERTY (e.g. throws or breaks objects, rips or tears own clothes, books of others)	<input type="radio"/>	<input type="radio"/>	Occasionally
	<input type="triangle"/>	<input type="triangle"/>	Frequently
	<input type="checkbox"/>	<input type="checkbox"/>	No problem
3. HAS VIOLENT TEMPER OR TEMPER TANTRUMS (e.g. cries and screams or stamps feet while banging objects or slamming doors, angry, irritable)	<input type="radio"/>	<input type="radio"/>	Occasionally
	<input type="triangle"/>	<input type="triangle"/>	Frequently
	<input type="checkbox"/>	<input type="checkbox"/>	No problem

	School setting	Home setting	
4. RESTLESS AND PHYSICALLY OVER ACTIVE (e.g. does not sit at one place for required time)	<input type="radio"/>	<input type="radio"/>	Occasionally
	<input type="triangle"/>	<input type="triangle"/>	Frequently
	<input type="checkbox"/>	<input type="checkbox"/>	No problem
5. INATTENTIVE OR EASILY DISTRACTIBLE (e.g. does not pay attention to what is told, does not continue with the task at hand for required time)	<input type="radio"/>	<input type="radio"/>	Occasionally
	<input type="triangle"/>	<input type="triangle"/>	Frequently
	<input type="checkbox"/>	<input type="checkbox"/>	No problem
6. DISOBEDIENT, OBSTINATE (e.g. does not obey commands does the opposite of what is told)	<input type="radio"/>	<input type="radio"/>	Occasionally
	<input type="triangle"/>	<input type="triangle"/>	Frequently
	<input type="checkbox"/>	<input type="checkbox"/>	No problem
7. WANDERS, TRUANCY FROM HOME/SCHOOL (e.g. wanders outside the class, outside home or runs away from school/home)	<input type="radio"/>	<input type="radio"/>	Occasionally
	<input type="triangle"/>	<input type="triangle"/>	Frequently
	<input type="checkbox"/>	<input type="checkbox"/>	No problem
8. USES ABUSIVE OR ANGRY LANGUAGE (e.g. "stupid" "fool" or teases others)	<input type="radio"/>	<input type="radio"/>	Occasionally
	<input type="triangle"/>	<input type="triangle"/>	Frequently
	<input type="checkbox"/>	<input type="checkbox"/>	No problem
9. BOSSES AND MANIPULATES OTHERS (e.g. tries to tell others, what to do, orders always wants his/ her way)	<input type="radio"/>	<input type="radio"/>	Occasionally
	<input type="triangle"/>	<input type="triangle"/>	Frequently
	<input type="checkbox"/>	<input type="checkbox"/>	No problem
10. MISBEHAVES IN GROUP SETTINGS (e.g. disturbs others while in the class, knocks things down in play session or lunch sessions, interrupts inbetween while others are talking)	<input type="radio"/>	<input type="radio"/>	Occasionally
	<input type="triangle"/>	<input type="triangle"/>	Frequently
	<input type="checkbox"/>	<input type="checkbox"/>	No problem

	School setting	Home setting	
11. LIES, STEALS OR CHEATS (e.g. twists the truth to own advantage, cheats in games, steals money)	<input type="radio"/>	<input type="radio"/>	Occasionally
	<input type="triangle"/>	<input type="triangle"/>	Frequently
	<input type="checkbox"/>	<input type="checkbox"/>	No problem
12. STEREOTYPED BEHAVIOURS (e.g. body rocking, head nodding, waves or shakes parts of the body repeatedly)	<input type="radio"/>	<input type="radio"/>	Occasionally
	<input type="triangle"/>	<input type="triangle"/>	Frequently
	<input type="checkbox"/>	<input type="checkbox"/>	No problem
13. SELF-INJURIOUS BEHAVIOURS (e.g. bangs head or other parts of the body against objects or scratches or picks self causing injury)	<input type="radio"/>	<input type="radio"/>	Occasionally
	<input type="triangle"/>	<input type="triangle"/>	Frequently
	<input type="checkbox"/>	<input type="checkbox"/>	No problem
14. SEXUAL BEHAVIOUR PROBLEMS (e.g. engages in masturbation openly or in front of others, stand in public places exposing body inappropriately, touches others or own private parts excessively in public)	<input type="radio"/>	<input type="radio"/>	Occasionally
	<input type="triangle"/>	<input type="triangle"/>	Frequently
	<input type="checkbox"/>	<input type="checkbox"/>	No problem
15. ODD BEHAVIOURS (e.g. talks too close to others face, walks with fingers in ears, smells every objects, hoard's objects, puts everything in mouth)	<input type="radio"/>	<input type="radio"/>	Occasionally
	<input type="triangle"/>	<input type="triangle"/>	Frequently
	<input type="checkbox"/>	<input type="checkbox"/>	No problem
16. FEARS (e.g. of objects, animals, places)	<input type="radio"/>	<input type="radio"/>	Occasionally
	<input type="triangle"/>	<input type="triangle"/>	Frequently
	<input type="checkbox"/>	<input type="checkbox"/>	No problem
17. ANY OTHER (specify)	<input type="radio"/>	<input type="radio"/>	Occasionally
	<input type="triangle"/>	<input type="triangle"/>	Frequently
	<input type="checkbox"/>	<input type="checkbox"/>	No problem