

# COLLEGE OF EDUCATION, NAGAON



## WORKSHOP REPORT

ON

### IDENTIFICATION OF DIFFERENT TYPES OF CHILDREN WITH SPECIAL NEEDS

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## INTRODUCTION

A special needs child is a youth who has been determined to require special attention and specific necessities that other children do not. All children including Children with Special Needs (CWSN) have an equal right to gain access to quality education and opportunities to succeed in life. 'Special educational needs' is a legal definition and refers to children with learning problems or disabilities that make it harder for them to learn than most children the same age. A child has special educational needs if they have a learning problem or disabilities that make it more difficult for them to learn than most children their age. They may have problems with schoolwork, communication or behavior. The state may declare this status for the purpose of offering benefits and assistance for the child's well-being and growth.

Special needs can also be a legal designation, particularly in the adoption and foster care community, wherein the child and guardian receive support to help them both lead productive lives. A variety of conditions and impairments can be classified as special needs. They can include chronic and terminal illnesses, physical impairments, and cognitive or psychiatric issues. Special needs individuals have a mental, emotional, or physical disability. Special needs can include much different medical or mental impairment from autism to epilepsy to visual impairments. Recognizing the importance of education in promoting all-round development among the individual and the country as a whole, the Government of India has launched several educational programmes. One such programme is SarvaShikshaAbhiyan for Universalization of Elementary Education (UEE) in the form of access, enrollment and retention of the children in the age group of 6-14 years in the schools. Further, the programme is also intended to facilitate the constitutional obligation of making free and compulsory elementary education as fundamental right of the school aged children. The 86th Amendment of the Constitution has prophesied a new thrust to the education of the children with special needs (CWSN) without whose inclusion; the objective of the UEE cannot be achieved. Hence, education of the CWSN has also become an important component of SSA. It has determined to ensure that every child with special needs, irrespective of kind, category and degree of disability should be provided meaningful and quality education. It has adopted a zero reduction policy.

However, a learner with special educational needs also includes learners from the disadvantaged or deprived communities. These include the children belonging to the groups of child labor, street children, victims of natural catastrophes and social conflicts, ethnic and religious minorities, economically weaker section and those in extreme social and economic deprivation.

### **IDENTIFY THE DIFFERENT TYPES OF CHILDREN WITH SPECIAL NEEDS**

Every child is unique. Children have their own strengths and weaknesses. Their development progresses according to certain sequences, but the pace may vary. It is natural that some children may excel in certain areas but have deficiencies in other areas. However, if children display marked problems or difficulties in one (or more) developmental areas, and their performance shows significant discrepancies compared with other children of the same age, it is advisable to refer the children for professional assessment. Children progress rapidly in their early years and lots of changes are expected in a year or even a month's time. Because of this, even experts may find it difficult to make a firm diagnosis based on a young child's conditions. On the other hand, it is precisely the plasticity of children's development that makes early identification and intervention important. With early identification of children's developmental and learning problems and prompt referral for assessment, it helps us understand and support the children's conditions and needs in development and learning.

Developmental and learning problems of children may be associated with a combination of factors. The child's own developmental conditions or other environmental factors, such as the family, school or society, may play a part. Sometimes it will be obvious that your child has special needs. Other times it won't be so clear. This will depend partly on the type of special need or disability the child might have, as well as its severity. For instance, a physical disability, such as blindness or deafness, may become apparent quickly. Meanwhile, a mild form of a learning disability, such as dyslexia or dysgraphia, may be harder to detect. If suspicion arises that the child may have a special need, it must be found out as soon as possible. Early detection can allow understanding the challenges the child may encounter in the future. The following are the categories and the symptoms of the disorders, that a child might have develop, to fall in to the category of being special.

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## 1) LEARNING AND COGNITION

### A) Global Learning Abilities

i) Children with relatively weak global learning abilities have significantly weaker performance in every aspect compared with other children of the same age. They are usually slower in acquiring new skills and knowledge, more difficult to adapt to new environments and things, more reluctant to take challenges and also tend to be more dependent. These children may:

ii) Have difficulty understanding and grasping the content of the subjects (e.g., language, general studies and arithmetic); or fail to generalise their acquired knowledge for application to other situations despite repeated instruction.

iii) Take a longer time to learn and practise new skills, e.g., in art and crafts and in playing games.

iv) Be constantly in need of individual guidance from teachers during class or in completing class work.

### B) Word Learning

i) Some children may have problems in certain subject areas only. A common problem is in word learning. These children may:

ii) Forget easily how to read or write words even with repeated practice.

iii) Often mix up words with similar sounds, meanings or written forms, e.g., writing "goat" as "boat" and reading "cars" as "eyes".

iv) Be slow in reading and sometimes skip words or lines.

v) Copy words with difficulty. They are slow, and often make mistakes in copying.

vi) Have mirror writing (e.g. “b” becomes “d” and “p” becomes “q”)

## 2) LANGUAGE ABILITY

Language development involves comprehension, expression and articulation. Generally speaking, verbal comprehension develops before verbal expression. In addition to the children's own attributes, the language environment, the opportunity in talking with adults or peers and the attitudes of adults all directly influence the children's language development. Children with weak language ability may have problems in comprehension, expression and/or articulation, thus affecting their learning as well as everyday life. Owing to their weak language ability, these children tend not to communicate with others, and so affecting their social functioning. These children may have issues with:

### A) Verbal Comprehension

- i) Have difficulty understanding long and complex sentences or oral instructions.
- ii) Misunderstand the meaning of questions and give irrelevant answers, e.g., when answering the teacher's question of “What does a fireman do?”, the child may say, “A fire engine”.
- iii) Be unable to understand a story or a cartoon video.

### B) Verbal Expression

- i) Lack in vocabulary and usually give short and simple responses.
- ii) Speak with incorrect sentence structure or grammar, e.g., “Why not me can play?”
- iii) Have difficulty expressing them properly and be disorganised in verbal responses.
- iv) Find it difficult to recall a simple event or convey a simple message.

### C) Articulation/Stuttering Problems

- i) Mispronounce words, e.g. saying "sand" as "dand"
- ii) Have stuttering problems, e.g. "Can ...Can... Can... I go to toilet?" or "I want to ha... ha... have... biscuits."

### 3) GROSS AND FINE MOTOR SKILL

Gross and fine motor development includes muscle movement, coordination of limbs, eye-hand coordination and bodily movement in space. Children with weak gross and fine motor skills appear to be awkward and clumsy, which affects their daily life including self-care and even learning. These children may have issues with:

- i) Have relatively weak muscle tone.
- ii) Have poor balance and fall easily when walking or running.
- iii) Have poor movement coordination, being awkward during gross motor activities.
- iv) Find it difficult to learn new physical activities or ball games.
- v) Write slowly and often cannot keep their writing on the lines.
- vi) Be clumsy in using spoons and forks and spilling water when pouring.

### 4) ATTENTION

Attention refers to a child's ability to concentrate on a specific object or activity, such as in class, reading, talking with people and playing games. In general, children's attention control improves



with their age:

- i) Under 3 years old – cannot control their attention well
- ii) 3 to 4 years old – can concentrate with external prompts or adult's guidance
- iii) 5 to 6 years old – begin to control their attention and able to concentrate

An average child of 2 to 5 years of age can sustain their attention on the same thing for about 2 to 5 minutes while those from 6 to 10 years old can sustain for about 8 to 10 minutes. Children with a short attention span have difficulty concentrating especially at activities that require sustained concentration. These children may:

- i) Have difficulty concentrating during classes and are easily distracted, such as often looking out of windows or being distracted by sounds outside.
- ii) Have difficulty concentrating on class work and make careless mistakes such as missing items when doing worksheets.
- iii) Not concentrate when talking with others; often unable to follow instructions for not paying attention to what others say.
- iv) Appear to be forgetful or careless and often lose their belongings.

## 5) BEHAVIOR

### A) Activity Level

Children differ in their level of activity. Some are more active than the others. However, certain children are obviously much more active than others of the same age. This not only affects the children's learning but also disturbs other classmates or the classroom routines. These children

may -----

- i) Often leave their seats, climb up and down, or move about in the classroom.
- ii) Be restless in seat, such as fidget with their legs, stretching their bodies, or frequently drop things on the floor.
- iii) Be excessively talkative and not able to work or play quietly.
- iv) Be impatient; dislike taking turns and being unable to wait quietly in queue.

#### B) Oppositional Behaviour

It is normal for children not following adult's instructions at times. However, some children are often uncooperative and rebellious. They may lose their temper easily and often argue or quarrel with others. Special attention and prompt referral are necessary if children are found to have such problems. These children may-----

- i) Lose their temper or be irritated easily even for minor things.
- ii) Refuse to follow instructions or compromise and often argue with others.
- iii) Seldom admit their own mistakes and often blame others.

#### 6) EMOTION

##### A) Throwing tantrums

Young children have immature self-control which may lead to their frequent tantrums. If the intensity and frequency of tantrums is not high, we can use positive management strategies for the behaviour. However, for those children who frequently lose their temper and show

destructive and aggressive behaviour including hurting themselves, hurting others or damaging things during their tantrums, referral may be necessary.

## B) Anxiousness

Some children get anxious easily. Their anxiousness is more than being shy. When they are faced with strangers, in an unfamiliar environment or are the focus of attention in a crowd, they will appear uneasy and restless. These children may-----

- i) Fear of going to school or fail to adapt to school life even after starting school for a period of time.
- ii) Appear nervous while talking and interacting with others, especially with strangers.
- iii) Fidget and at a loss when they are asked to stand up and answer questions or to perform in front of their classmates.
- iv) Speak in a soft voice and avoid eye contact.
- v) Only talks to family members or teachers they trust while remain quiet at other times.

## 7) DEPRESSED MOOD

Children will experience times of sadness or feeling down. Transient mood swings are considered normal. However, if children stay gloomy for a prolonged period and this begins to affect their learning or daily life, we will need to take a closer look into the matter. These children may -----

- i) Appear to be sad or sullen persistently, or become easily annoyed or irritated.
- ii) Show no interest in many things, being passive in class activities or games.

iii) Cry easily and seldom speak to others.

iv) Not have a good appetite, or not eat as much as they usually do.

## 8) SOCIAL SKILLS

Children vary in temperament. Some are more outgoing, active and have better social communication; some are more passive, need a longer time to warm up and adjust in getting along with people. However, the problems in some children are not simply a question of their passiveness. They have difficulties in communicating and interacting with people as well as adapting to social rules. These children may

i) Rarely make friends and prefer to play on their own.

ii) Be inadequate in social communication skills, often exhibit inappropriate behaviour or speech.

iii) Rarely share food, toys or their interests with others.

iv) Tend to be self-centred and insensitive to others' needs and feelings.

v) Talk only about topics they like in conversation and ignore others' responses, resulting in one-way communication.

## TYPES OF DIFFERENT DISABILITIES AMONG CHILDREN

- **Visually impaired:** We can classify visually impaired children into four categories-
  1. **Profoundly impaired:** They are totally blind people having zero acuity in both eyes.

2. **Severely impaired:** They are partially blind people whose visual acuity in the better eye is less than 6/60 after maximum correction. They can read only the second letter in the visual acuity test board by their better eye.

3. **Moderately impaired:** The impairment is not very serious. They have visual acuity between 6/24 to 6/60. They can do each and everything if proper help is given to them.

4. **Mildly impaired:** This visual problem does not disturb the person in any way in doing any visual task. People usually after the age of 45 suffer from this problem.

- **Hearing impaired:** Hearing impairment is of two types.

1. **Deaf:** This occurs when a person cannot understand speech through hearing even when sound is amplified.

2. **Hard of hearing:** This is a reduced ability to hear sounds in the same way as other people does.

**Some other types of children with special needs are as follows-**

- Autism
- Deaf-blindness
- Emotional disturbance
- Intellectual disability
- Multiple disabilities
- Orthopaedic impairment
- Specific learning disability
- Speech or language impairment
- Traumatic brain injury

## CHARACTERISTICS OF CHILDREN WITH SPECIAL NEEDS

Some important characteristics of special needs child are given below—

1. **Patience:-** Working with student who have diverse physical, emotional and mental challenges requires a teacher to have patience for each child's behavioral and learning abilities. A calm and encouraging nature is necessary for diffusing the frequent frustrations that came with mastering ordinary simple task.

2. **Empathetic:-** Children with special needs often have difficulty recognizing and expressing their emotions and realizing that other people in the classroom have feelings too. In addition to being awkward communicators, common etiquette is a concept that is hard for them to grasp.

**Resourceful:-** Creativity is an essential character trait for special education teachers. The job requires resourcefulness in adapting general lesson plans to meet the needs of non-traditional students. Basic skills and difficult concepts need to be simplified and delivered using engaging methods that every student can grasp.

**Collaborative communicator:-** Educators in special needs programs working close-knit teams to help student master skills, cope with emotional issues and build relationship with other.

Collaboration between teachers, teacher assistants, psychologist and social worker is common, making student oral and written communication skills a vital part of the job.

**Service oriented:-** people who have a predisposition for being helpful, considerate, attentive and cooperative are already prepared for the demands presented in special education classrooms. An innate concern for others and a passion for helping sustain a special needs teacher through the stressful moments of the position. The most successful educators are able to offer encouragement when students feel defeated and celebrate small achievement as major victories.

## CONCLUSION

Right to Education Act 2009 ensures education to all children irrespective of their caste, religion, ability, and so on. It is essential to build an inclusive society through an inclusive approach. In doing so, we have challenged commonly held beliefs and developed a new set of core assumptions. Inclusion is more than a method of educating students with disabilities. It stresses that each child, regardless of the intensity and severity of his or her disabilities, is a valued member of society and is capable of participating in that society.

Students with special needs in mainstream schools are helped if learning disabilities are mild or enrolled in a special school if there have been identified problems in several areas. Children with special needs require a greater degree of care and attention than normal children. Although special needs children are different and every family is unique, there are some common concerns that link parents. This includes getting appropriate care and promoting acceptance in the extended family, school, and community. A standardized and a more organized approach to health for this group of children are needed to ensure a more accessible, equitable and technologically appropriate provision of care in accordance with National Health Policy.

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