



# A TEACHER KNOWS NO BOUNDS

A teacher's guide to identification of disabilities in a classroom



Consortium for  
Inclusive  
Education



Deepak  
Foundation



Every student can learn,  
just not on the same day  
or in the same way.

- George Evans

**CONSORTIUM FOR INCLUSIVE EDUCATION** is our systems based approach designed to enable all institutions to address the needs of children with special needs. The Consortium has a broad mission of supporting regular schools in integrating children with special needs and ensuring that they continue to receive high quality education post-integration. Inclusive education is the first step towards achieving social and economic rehabilitation of people with disabilities and thereby completely integrating them into the society. The Persons with Disabilities Act outlines a comprehensive education scheme to provide transportation facilities, remove architectural barriers, supply free study materials, grant scholarships, restructure curriculum, and modify the examinations system for the benefit of children with special needs. Despite these efforts, the implementation of Inclusive Education remains a challenge.

DISCLAIMER: This is NOT an assessment tool nor is it a complete guide to understanding special needs or developmental delays. The purpose of this booklet is to help educators with referral services.

What is

## AUTISM SPECTRUM DISORDER

It is a complex neurobehavioural condition characterized by poor social skills and impairment in language development. It also is combined with rigid repetitive behaviours.

Because of the range of symptoms, this condition is called Autism Spectrum Disorder.

### Watch out for the early signs

- + No eye contact or avoids eye contact
- + Does not respond to her/his name
- + Repetitive behaviours such as hand flapping
- + Walking on toes
- + Delay in language development, may repeat words/phrases
- + Lack of interest in peers
- + Social clues have little meaning
- + Lack of spontaneous play or make believe play (pretend play)
- + Persistent fixation on an object or a part of an object

### Who can help?

- + **Applied Behaviour Analysis (ABA) Therapist** can help you with managing behaviours and development of social skills and language skills
- + **Occupational therapist** can help with sensory processing challenges
- + **Speech and language therapist** along with a play therapist can help with development of language and social skills

### One thing to keep in mind while working with children on the spectrum

- + **Avoid long string of verbal instructions**

What is

## ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

ADHD is a chronic condition marked by persistent inattention, hyperactivity and sometimes impulsivity. It begins in childhood and often lasts into adulthood. This condition tends to run in the family.

**The three things that characterize ADHD are:**

**a. Inattention:** This includes daydreaming, not paying attention while being spoken to, disorganization and difficulty staying on a task

**b. Impulsivity:** This includes spur of the moment decisions, not thinking of consequences and constantly interrupting

**c. Hyperactivity:** This includes constant movements, fidgeting, excessive talking, squirming and tapping, especially in situations where it is inappropriate

### Watch out for the early signs

- + Child is restless; has high energy level
- + Child is forgetful and tends to lose things
- + Child is easily distracted
- + Avoids long mental tasks; difficulty maintaining focus on the given task
- + Child may distract peers or disrupt their work
- + Poor social skills; may face difficulty building friendships
- + Tends to daydream in the classroom
- + Poor organizational skills
- + Difficulty following instructions
- + Doesn't pay much attention to details; makes careless mistakes
- + Blurts out answers without listening to the entire question
- + Trouble waiting for turn

### Who can help?

- + **A trained psychologist** can help you with the diagnosis. Initially a detailed clinical interview will be carried out followed by neuropsychological testing
- + This is a complex condition and **observations of parents and teachers** are very important for referral and diagnosis
- + **A Cognitive Behaviour Therapist** can help child manage behaviour
- + **Your child's pediatric doctor** might advise medication as part of the management of ADHD

### One thing to keep in mind while working with children with ADHD

- + **Establish clear and simple classroom rules and routines for a child with ADHD. Preferably involve the child in the process of setting up rules and routines.**



What is

## VISUAL IMPAIRMENT (VI)

Visual impairment refers to a condition where there is partial or complete loss of vision and even with corrective devices and/or surgery the vision doesn't improve. Visual impairment can range from no vision or very low vision to not being able to see particular colours. Children can have visual impairment at birth or it can be a result of injury or medical condition.

**Cerebral Visual Impairment is a brain based visual impairment**

### Watch out for the early signs (in cases where the eyes look "normal")

- + Infant has difficulty focusing on an object or a face beyond the age of 4-5 weeks
- + Infant doesn't smile at familiar faces
- + Eyes move quickly from side to side or have random, jerky movements
- + Eyes don't follow familiar adults face or an object
- + Eyes don't react to bright lights
- + Pupils appear white or cloudy
- + Child brings things too close to the face
- + Child complains of eye hurting or rubs eyes too frequently
- + Child comes across as clumsy; bumping in to things, knocking things down
- + Child might complain of blurred or double vision
- + Feeling for objects on the ground instead of looking with eyes
- + Tilting head when using eyes
- + Looking above, below or off to one side of an object instead of directly at it

### Who can help?

- + **Pediatric ophthalmologist** can help with the diagnosis
- + **A special needs teacher** who is qualified in working with children with VI
- + **Pediatric physical therapist** (to help child with mobility and movement)
- + If there are secondary impairments, you may need **support from a speech and language therapist/ occupational therapist**

### Working with children with Visual Impairment

- + **If there is partial or very little vision, all efforts should be made to stimulate this partial vision**

What is

## LEARNING DISABILITY (LD)

Learning disabilities are a neurologically-based processing problems. These processing problems can interfere with learning basic skills such as reading, writing and/or math. They can also interfere with higher level skills such as organisation, time planning, abstract reasoning, long or short term memory and attention.

(<https://ldaamerica.org/types-of-learning-disabilities/>)

Learning disability is an umbrella term describing a number of other specific learning disabilities such as dyscalculia, dysgraphia, dyslexia, visual-perceptual motor deficit, to list few.

### Watch out for the early signs

- + Delay in speech, difficulty pronouncing words
- + Difficulty remembering things
- + Difficulty paying attention
- + Difficulty following directions/routines
- + Clumsiness and poor coordination
- + Difficulty staying organised
- + Difficulty with letters (exam. can find p and q confusing)
- + Difficulty with numbers (exam. can find 6 and 9 confusing)
- + A child with LD sometimes is impulsive
- + May face difficulty organising and expressing thoughts

### Who can help?

- + **Learning Disability Specialist Teacher**
- + **Educational therapist/Behaviour therapist** to help manage associated behavioural problems
- + **Occupational therapist** can help with writing skills and other daily tasks

### Working with children with learning disability (LD)

- + **Early identification of LD is very important. However, many toddlers and young children have some of the signs mentioned above and will grow out of them as they grow older. Diagnosis of LD should not be rushed into.**

What is

## HEARING AND SPEECH IMPAIRMENT

Hearing impairment describes a difficulty with hearing. Hearing loss can range from mild to profound. Speech impairment describes difficulty with sounds/talking. Speech impairment could be related to articulation or hearing and processing sounds.

It is possible that a child who has hearing loss will most likely have some speech impairment too.

### Watch out for the early signs

- + No reaction to loud sounds
- + Baby doesn't respond a parent's sound by smiling or cooing
- + Baby doesn't calm down upon hearing a familiar voice
- + Delay in making early speech sounds such as babbling
- + Doesn't notice toys that make sounds
- + Doesn't repeat simple sounds
- + Is not interested in rhymes and nursery songs
- + Doesn't attempt common first words such as mama, papa etc.
- + Difficulty following simple instructions
- + Older child may say words which are difficult for others to understand
- + Eliminates certain sounds while talking

### Who can help?

- + You could approach a **pediatric audiologist** for a diagnosis
- + **Speech and language therapist** can assist with speech difficulties
- + **A teacher who is trained in working with children with hearing and speech impairment**

### One thing to keep in mind while working with children with Hearing & Speech Impairment

- + **The child's seating arrangement is crucial. A child with hearing and speech impairment should have a seat that is close to the teacher and placed in a way that child can 'see' what the teacher is saying.**



What is

## LOCOMOTORS IMPAIRMENT

Locomotor impairment means restriction in the movements of limbs.

Strictly speaking locomotor impairment means difficulty in moving from one place to another – i.e. legs are affected. But the broader definition of locomotor impairment includes challenges in movement and coordination due to impairment related to bones, joints and muscles. This impairment can be developmental for example cerebral palsy or acquired for example amputee limb due to illness/accident.

### Congenital locomotor impairments:

- a. Cerebral palsy
- b. Muscular dystrophy

### A. CEREBRAL PALSY

Cerebral palsy is a disorder that affects muscle tone, movement and motor skills. The ability to move in a coordinated and purposeful way is impaired. It is a congenital condition i.e. brain damage happens either before or during birth.

#### Watch out for the early signs

- + Baby appears “floppy” when picked up
- + Unable to hold up head when lying on stomach
- + Baby appears “stiff”
- + Delay in motor milestones i.e. delay in rolling over, crawling, sitting, standing, walking etc.
- + Difficulty with feeding/swallowing
- + Delay in speech development

#### Who can help?

- + **Your child’s pediatric doctor** should be able to help you with the diagnosis of the condition
- + **Pediatric physiotherapist, occupational therapist and speech and language therapist** are some of the other professionals whom you may consult for therapeutic intervention

### One thing to keep in mind while working with children with Cerebral Palsy (CP)

- + **Never let a child with CP sit in “w” sitting i.e. the hips are twisted inwards and the knees are twisted outwards to an extreme degree, creating a “w” with their legs.**

### B. MUSCULAR DYSTROPHY

It is a genetic disorder of the muscles. This condition causes the muscles in the body to become weak. The muscles breakdown and are replaced with fatty deposits over time. This condition is usually diagnosed between the ages of three to six years.

#### Watch out for the early signs

- + Initially the shoulder and pelvic muscles are affected. This makes it difficult for a child to rise from a sitting or lying position
- + Delay in walking, frequent falling
- + Clumsy movement
- + Leg pain
- + Unable to jump and difficulty climbing stairs
- + Weakness in shoulders and arms

#### Who can help?

- + **Pediatric doctor** will carry out a detail medical examination including a blood test for diagnoses. There is also a possibility that the doctor suggests a surgery
- + **Physical therapist** - the aim of therapy is to prevent deformities
- + **Nutritionist** - will help with the diet and supplements
- + In case of a secondary impairment you may need help of a **special needs teacher**

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Consortium for Inclusive Education is a joint initiative of Deepak Foundation and Gujarat CSR Authority (GCSRA).

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