

UNIT
4

PHYSICAL EDUCATION AND SPORTS FOR CHILDREN WITH SPECIAL NEEDS



Content

Concept of Disability & Disorder

Types of Disability, its causes & nature (intellectual disability, physical disability)

Disability Etiquettes

Aim & Objective of Adaptive Physical Education

Role of various professionals for children with special needs (Counsellor, Occupational Therapist, Physiotherapist, Physical Education Teacher, Speech Therapist & Special Educator)





Learning Outcomes

In this chapter you will learn to

- Describe the concept of Disability and Disorder.
- Outline types of disability and describe its causes and nature.
- Adhere and respect children with special need by following etiquettes.
- Identify possibilities and scope in adaptive physical education
- Relate various types of professional support for children with special needs along with their roles and responsibilities.



Discussion

Several terms and phrases related to special needs may create some amount of confusion, perhaps misunderstanding. Look at the already know, want to know and ultimately learn (KWL) Chart given below. Complete the first two columns. Fill in the last column after completing your research by reading, or watching relevant videos.

Word	What I Know	What I Want to Know	What I Learned
Differently abled			
Disability			
Hidden disability			
Temporary disability			
Impairment			
Disorder			
Integration			
Adaptation			
Inclusion			

Case Study

The Commonwealth Games in Manchester, England in 2002, marked an extremely important change in the way disabled competitors were treated in athletics tournaments. For the first time, medals won by disabled competitors were counted towards their countries' final totals. Disabled competitors joined the procession of national teams, they lived together in the athletes' village, and their events were staged in the same stadiums at peak times alongside star names.

Read the following transcript of a radio interview with Desmond Green, a former athlete on the changes in the Manchester Commonwealth Games.

Presenter: Do you think these changes are a welcome step forward?

Desmond Green: Much, much more than that. They are a revolution in sport. After yesterday we can't go back, though for certain the traditionalists will complain. No, it's a marvellous turning point. Calling someone a 'disabled athlete' will no longer be considered one of those second best, embarrassing expressions: it will stand for status of a sort that will appeal to the public.

Presenter: Surely, what the public want to see is first past the post, the world's fastest - that sort of thing... **Green:** Ah, that's precisely what traditionalists will say! But it isn't like that. These decisions have turned sport upside down because, from now on, we shall acknowledge what individuals can do. Take Natalie du Toit.





Since losing her leg in a road accident, she's trained relentlessly. Now she's in Manchester representing South Africa as a swimmer. What an achievement against the odds! That's the sort of story readers want. They're tired of muscles and speed and running the same old races in the same old ways.

They want real competitors, people who are doing their best under very trying circumstances, just like them. The traditionalists can't handle that. They fear change and want athletics competitions to be the same as always.

Presenter: So you reckon spectators will like this?

Green: Of course. They've seen it in marathon events. You see, they want more than excellence. To see a magnificent performance by someone in a sporting wheelchair is moving and uplifting. You identify strongly with them, which is emotional. You could say that these changes give us a new version of an old sport, something fresh and exciting to talk about. But the real importance is that it inspires the spectators. How many of us who are burdened by unhappiness and depression will see the Games and ask ourselves why we can't overcome our difficulties and go and do something positive ourselves?

Presenter: I suppose you're also saying that these changes in the ways disabled athletes are treated mark a change in our attitudes towards them.

Green: Absolutely. They're taking a real part. No one can patronise them with second-class events that 'someone let us have because we are cripples', tagged on for the sake of political correctness. No patronising, that's the point. They're there in their own right. You know, 'political correctness' is necessary because it protects people - but it's marvellous when you can throw it out of the window and start again.

Presenter: You feel very strongly about disability, don't you, Desmond?

Green: I do. There are many forms, and you and I could easily find ourselves classified in some way. When we talk about a minority, we forget how many real people there are out there and the important part they play in society. These games will help people to turn disability into normality. I've seen blind people skiing, and we both know about the work done by societies for horse-riding for the disabled. We all want to be accepted as normal, and this will help.

Presenter: Will the Games change disabled people's attitudes too?

Green: Anything that gives them the confidence they deserve is important. They will hear interviews with athletes and they'll say, 'Why can't we do something like that?'

Presenter: I can see why you mistrust traditionalists.





Green: They live in ivory towers, in the past. They talk about the pursuit of excellence and how athletes must be ruthless. They deride the participation of the disabled because they say that athletics is not suitable for them. But no organisation can protect itself from change. If it does, it withers away. These changes are important because they show that athletics is alive and that will gain public support and interest.

Presenter: Some disabled athletes argue that not enough has been done.

Green: There's a long way to go, but what has been done is radical. It'll take some time to digest. Then we can all think what we should add. It's not beyond us to invent other ways of celebrating the excellence of personal achievement.

1. Why is the format of the Manchester Commonwealth Games being referred to as revolutionary?
2. What does the term 'political correctness' mean? What is being referred to as political correctness?
3. Based on your reading of the transcript, and the subsequent changes that have taken place in the sports activities related to athletes with special needs, write a paragraph in about 200 words expressing your views on the issue of the equal participation of able-bodied and disabled athletes.

4.1. Concept of Disability and Disorder

Parents of children with special needs are often confronted with a number of terms for describing the child's challenges, and the challenges are either termed as 'disorders' or 'disabilities'. For example, some people seem to talk about Autism, Dyslexia or ADHD as "disorders," while others refer to them as "disabilities." Sometimes it seems as though the terms are used interchangeably. But do they actually mean the same thing? Let's try to understand the two terms in a broader perspective.

4.1.1. Disorder

The term Disorder refers to the disruption or disturbance caused to the normal functions of a body. Disorder is more of a 'characteristic' classified in medical terms according to clinically significant disturbance in an individual's physical, cognitive and emotional regulation or behaviour. Physical disorders like stomach disorders which cause disturbance in normal functioning, but still are retractable, are a common example to understand the concept of disorder. Other than physical, disorders can be mental or cognitive in nature, for example anxiety disorder. Substance abuse disorder, addiction disorder, attention disorder, eating disorder are few more common examples of disorders. The most important aspect for understanding a disorder is





that the individual experiencing a disorder has the possibility for being treated and being restored to the condition of fitness as they were before. That means disorders have chances of being reversed. Due to the flexible nature disorders, they may not always be evident in every single situation. Equally what may affect one individual may not be as troublesome for another individual in the same situation. Therefore, a disorder is a very flexible and individual term.

Looking at disorders in a little more detail, we can describe disorder as characteristics described as per medical conditions associated with painful symptoms or impairment or significantly increased risk of fatality. This concept adds the following features for disorder:

- **Associated:** Disorder can be associated with Physical or Mental functioning disturbance
- **Kinds:** Different kinds of disorder include mental disorders, attention disorder, eating disorder, anxiety disorder, substance abuse, addiction disorder and so forth.
- **Reversal:** Individuals experiencing disorder can be treated to being as they were before.

In disability sports, participant athletes are those having disorders for a long period of time which have led to functional disability or limitation in doing basic living tasks. This legally termed and classified functional disability is referred as Disability. Further in this chapter, let's try to understand the terms 'Disability' as a legal term used in disability sports perspective for various functional limitations.

4.1.2 Concept of Disability

Disability is an integral part of human life. Almost every one of us has faced temporary or permanent impairment at some point in life that may have led us to experience difficulties in functioning. Also, in addition to needs in common with other children, some children may have needs that are special needs. From early times, humanity has faced the moral and political issue of how best to include and support people with disabilities.

The term Disability is a very vast one and encompasses all kinds of physical impairments, activity limitations, and participation restrictions. Disability is a condition that produces a long-term impairment that affects activities of daily living, such as eating, walking, and maintaining personal hygiene. Around 15% of the global population - over a billion people - lives with some form of disability, of whom 2-4% experience significant difficulties in functioning as a result. This number is expected to double to 2 billion by 2050. Many of these people require assistive technologies such as low-vision devices, wheelchairs or hearing aids.





Disability may be

- congenital, or present from birth,
- occurring during a person's life time,
- invisible disability (not noticeable easily) and
- temporary disability (recovery is possible).
- These conditions, or impairments, may be cognitive, developmental, intellectual, mental, physical, sensory, or a combination of multiple factors.

The **Convention on the Rights of Persons with Disabilities** and its **Optional Protocol** was adopted on 13 December 2006 at the United Nations Headquarters in New York. The Convention follows decades of work by the United Nations to change attitudes and approaches towards persons with disabilities. The Convention is intended as a human rights instrument with an explicit, social development dimension. It adopts a broad categorization of persons with disabilities and reaffirms that **all persons with all types of disabilities must enjoy all human rights and fundamental freedoms**. To give effect to the United Nations Convention on the Rights of Persons with Disabilities an act named the **Rights of Persons with Disabilities Act 2016** (RPWD Act 2016) was passed by Indian Parliament on 27th December 2016.

Do you know

Barriers include communicational, cultural, economic, environmental, institutional, political, social, attitudinal or structural factors which hamper the full and effective participation of persons with disabilities in society. For instance, 'stereotyping' might be an attitudinal barrier, wherein people assume that the quality of life of a person with disability is poor or that they are unhealthy because of their impairments, and so such a person must live a dull life without seeking happiness. Lack of availability of books/ materials in Braille for a visually impaired person can be a communicational barrier. Social barriers are related to the conditions in which people are born, grow, live, learn, work and age - or social determinants of health - that can contribute to decreased functioning among people with disabilities. For instance, persons with disabilities are more likely to be unemployed than others.

Institutional barriers include many laws, policies, strategies or practices that discriminate against people with disabilities. This may not be intentional but there are practices which do not accommodate persons with disabilities denying them equal rights in many circumstances.





4.1 Concept of disability and Disorder

I. Tick the correct option

1. A Disability present at the time of birth is also known as
 - i. invisible disability
 - ii. cognitive disability
 - iii. congenital Disability
 - iv. temporary Disability
2. Which one is Congenital disability?
 - i. Down syndrome
 - ii. Cerebral palsy
 - iii. Polio
 - iv. Both A and B
3. Name the category of disability which can be difficult for others to recognize/ acknowledge.
 - i. Physical Disabilities
 - ii. Hidden Disabilities
 - iii. Cognitive Disabilities
 - iv. Intellectual Disabilities
4. Which is Hidden disability?
 - i. Dyslexia
 - ii. Autism Spectrum Disorder
 - iii. ADHD
 - iv. Down Syndrome

I. Answer the following questions briefly.

1. Write in detail about Disability.
2. How are the terms Disability and Disorder associated with each other?
3. Define Impairment and Disability.

II. Answer the following question in 150–200 words.

1. Discuss the need of sports for children with special needs.

4.2 Definition of Disability

Do you know?

Impairments are problems in body function or alterations in body structure - for example, paralysis or blindness.

Activity limitations are difficulties in executing activities - for example, walking or eating.

Participation restrictions are problems with involvement in any area of life - for example, facing discrimination in employment or transportation

The International Classification of Functioning, Disability, and Health (ICF) lists nine broad domains of functioning which can be affected:

- Learning and applying knowledge
- General tasks and demands
- Communication
- Basic physical mobility, Domestic life, and Self-care (for example, activities of daily living)
- Interpersonal interactions and relationships
- Community, social and civic life, including employment
- Other major life areas

The ICF states that a variety of conceptual models have been proposed to understand and explain disability and functioning, which it seeks to integrate. Major conceptual models of disability have been proposed by ICF.

The medical model views disability as a feature of the person, directly caused by disease, trauma or any other health condition, which requires medical care provided in the form of individual treatment by professionals. Disability, on this model, calls for medical or other treatment or intervention, to 'correct' the problem with the individual.

The social model of disability sees disability as a socially created problem and not at all an attribute of an individual. On the social model, disability demands a political response, since the problem is created by an unaccommodating physical environment brought about by attitudes and other features of the social environment.

Biopsychosocial model is one that synthesizes what is true in the medical and social models, without making the mistake each makes in reducing the whole, complex notion of disability to one of its aspects. ICF is based on this model, an integration





of medical and social. ICF provides, by this synthesis, a coherent view of different perspectives of health: biological, individual and social.

In simple terms, disability is understood as a condition that produces a long-term impairment that affects activities of daily living, such as eating, walking, and maintaining personal hygiene. As discussed already, disability may be

- congenital, or present from birth,
- occurring during a person's life time,
- invisible disability (not noticeable easily) and temporary disability (recovery is possible). These conditions, or impairments, may be cognitive, developmental, intellectual, mental, physical, sensory, or a combination of multiple factors.

As there are many disabilities which are congenital (present during birth) or occur before the individual attains adulthood, the understanding of the concept of Children With Special Needs (CWSN) is essential to help them lead a life with dignity. CWSN are children who have some difficulties which may in some way impede their ability to function adequately in the family, community or school. Because of these difficulties they find it challenging to attain their full potential. The difficulties they experience may be physical, cognitive, linguistic, social, emotional or psychological. They may, therefore, require special and extra inputs to overcome their challenges.

Do you know

3rd December is celebrated as World Disability Day.

Do you know

DISORDER: is a about the CHARACTERISTIC or type of impairment. It may be a medical condition that may give rise to a physical or an intellectual disorder.

DISABILITY: refers to FUNCTIONAL inability or limitations to perform certain activities (activity limitation) and interact with the world around them (participation restrictions).

According to Rights for Persons with Disability Act 2016 : Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Do you know

Emotional and Behavioural Disorders (EBD) is a broad category which is used commonly in educational settings, to group a range of more specific perceived difficulties of children and adolescents.



A child exhibiting one or more of the following characteristics to a marked degree for a long duration of time that adversely affects their education:

2. Difficulty to learn that cannot be explained by intellectual, sensory, or health factors.
3. Difficulty to build or maintain satisfactory interpersonal relationships with peers and teachers.
4. Inappropriate types of behaviour or feelings under normal circumstances.
5. A general pervasive mood of unhappiness or depression.
6. A tendency to develop physical symptoms or fears associated with personal or school problems.

Sporting Activities according to Rights for Person with Disability Act 2016

1. The appropriate Government shall take measures to ensure effective participation in sporting activities of the persons with disabilities.
2. The sports authorities shall accord due recognition to the right of persons with disabilities to participate in sports and shall make due provisions for the inclusion of persons with disabilities in their schemes and programmes for the promotion and development of sporting talents.
3. Without prejudice to the provisions contained in sub-sections (1) and (2), the appropriate Government and the sports authorities shall take measures to,—
 - (a) restructure courses and programmes to ensure access, inclusion and participation of persons with disabilities in all sporting activities;
 - (b) redesign and support infrastructure facilities of all sporting activities for persons with disabilities;
 - (c) develop technology to enhance potential, talent, capacity and ability in sporting activities of all persons with disabilities;
 - (d) provide multi-sensory essentials and features in all sporting activities to ensure effective participation of all persons with disabilities;
 - (e) allocate funds for development of state of art sport facilities for training of persons with disabilities;
 - (f) promote and organise disability specific sporting events for persons with disabilities and also facilitate awards to the winners and other participants of such sporting events.

4.2.1 Types of Disability

Prior to 1995, we were familiar with only four types of disabilities; Orthopaedic Handicap, Visual Handicap, Hearing Handicap and Mental Handicap. In 1995, Persons with Disability Act came into force and term handicap was replaced with terms





disability and impairment. This act recognized three more disabilities; Low Vision, Leprosy Cured and Mental Illness. In the year 2016, a new Act was enforced -Right of Persons with Disability Act (RPwD Act). This act recognizes 21 disabilities.

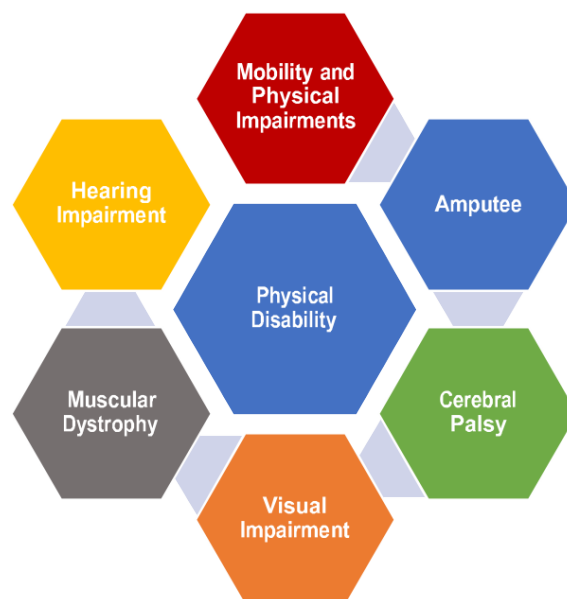
Nature of Disabilities

Students with disabilities face various difficulties in aspects related to personal, academic and sports domains. Broadly these may be described into three major domains. These difficulties may be caused by:

1. Physical Disabilities
2. Intellectual Disabilities
3. Learning Disabilities

4.2.2 Physical Disability

A physical disability is the long-term loss or impairment of part of an individual's body function, resulting in a limitation of physical functioning, mobility, dexterity or stamina. Due to the functional loss, the individual experiences inability to perform normal movements of the body, such as walking and mobility, sitting and standing, use of hands and arms, muscle control, etc. As there are different types of Physical Disabilities, Paralympics Committee divides athletes in groups by the degree of activity limitation related to the impairment and/or specific to the tasks in the sport.



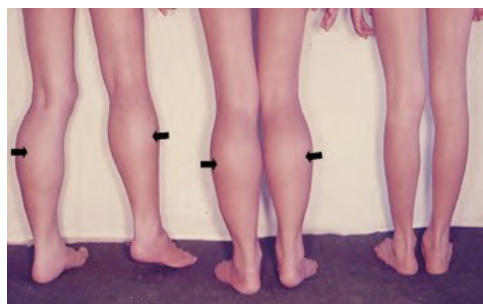
- A. **Mobility and Physical Impairment or Locomotor Disabilities** - A person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both including.



- B. Amputation** - It is the removal of a limb by trauma, medical illness, or surgery. As a surgical measure, it is used to control pain or a disease process in the affected limb, such as malignancy or gangrene. The person whose limb has been amputated is called an amputee.
- C. Cerebral Palsy** - The word cerebral means having to do with the brain. The word palsy means weakness or problems with body movement. Cerebral Palsy (CP) is caused by damage to the parts of the brain that control movement, balance, and posture. Therefore, it refers to a group of non-progressive neurological conditions affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth.



- D. Dwarfism** means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimetres) or less.
- E. Muscular Dystrophy** means a group of hereditary genetic muscle diseases that weaken the muscles that move the human body. Persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterised by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue.



- F. Visual impairment** Visual impairment is often defined as a best corrected visual acuity of worse than either 20/40 or 20/60. The term blindness is used for complete or nearly complete vision loss. Visual impairment may cause





difficulties with normal daily activities such as driving, reading, socializing, and walking. A significant limitation of visual capability resulting from either disease, trauma or congenital or degenerative condition that cannot be corrected by conventional means such as refractive correction, medication, or surgery.

Blindness means a condition where a person has any of the following conditions, after best correction

- i. total absence of sight; or
- ii. visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or
- iii. limitation of the field of vision subtending an angle of less than 10 degree.

Low-vision means a condition where a person has any of the following conditions, namely:

- i. Visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 or upto 10/200 (Snellen) in the better eye with best possible corrections; or
- ii. limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

G. Hearing Impairment - Hearing impairment is the inability of an individual to hear sounds adequately. This may be due to improper development, damage or disease to any part of the hearing mechanism. Hearing is a prerequisite for the development of normal speech and language. A child learns to speak by hearing the speech of others in the family and in his/her surroundings.

- (a) Deaf- means persons having 70 DB hearing loss in speech frequencies in both ears;
- (b) Hard of hearing - means person having 60 DB to 70 DB hearing loss in speech frequencies in both ears;

H. Speech and language disability means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

I. Leprosy cured person means a person who has been cured of leprosy but is suffering from:

- i. loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye- lid but with no manifest deformity;

- ii. manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;
- iii. extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression “leprosy cured” shall be construed accordingly.

4.2.3 Intellectual Disability

Intellectual disability is a condition of significantly subaverage general intellectual functioning that impacts adaptive behaviours. Different domains of adaptive behaviour may be affected in this condition. These domains determine how well an individual copes with everyday tasks.

- i. **Conceptual-** Language, Reading, Writing, Math, Reasoning, Knowledge, Memory
- ii. **Social-** Empathy, Social judgement, Interpersonal communication skill, Make and retain friendships
- iii. **Practical-** Self-management, Personal care, Job responsibilities, Money management, Recreation, Organizing school and work tasks

On the basis of IQ, children with intellectual disabilities can be classified as mild, moderate, severe and profound. Study the following summary of the common attributes.

CATEGORY	IQ	COMMON ATTRIBUTES
Mild	50-55 to 70-75	Constitutes the largest proportion (about 85%) of persons with intellectual disabilities. They typically develop communication and social skills from ages 0-5 years, have minimal impairment in sensorimotor areas, and often are not distinguishable from children without intellectual disabilities until a later age.
Moderate	35-40 to 50-55	Constitutes about 10% of those with intellectual disabilities. These individuals typically acquire communication skills during early childhood. They benefit from vocational training and, with proper supervision, can attend to personal care. They also benefit from training in social and occupational skills, but struggle to progress beyond a second-grade level in academic tasks. During adolescence, their difficulties in recognizing social norms may interfere with peer relationships.
Severe	20-25 to 35-40	Constitutes 3% to 4% of those with intellectual disabilities. These individuals typically acquire little or no communicative speech during early childhood but during their school-age years may learn to talk and acquire basic self-care skills. They benefit to a limited extent from instruction in basic content such as the alphabet. In adulthood, they may be able to perform simple tasks if closely supervised.
Profound	below 20-25	Constitutes 1% to 2% of those with intellectual disabilities. These individuals exhibit considerable impairments in sensorimotor functioning during early childhood. Optimal development requires highly structured environments with constant individualized support and supervision. Their motor skills, self-care, and communication skills may improve if proper training is provided. They may learn to perform simple tasks under close supervision.

An individual with intellectual disability has limitations in two areas.

Intellectual functioning, which refers to a person’s ability to learn, reason, make decisions, and solve problems.





Adaptive behaviours, or skills necessary for day-to-day life, such as being able to communicate effectively, interact with others, and take care of oneself.

- A. **Down Syndrome** - Down Syndrome is a condition which is considered as subtype of intellectual disability. Also known as trisomy 21, it is a genetic disorder caused by the presence of all or part of a third copy of chromosome 21. It is usually associated with physical growth delays, mild to moderate intellectual disability, and characteristic facial features. The average IQ of a young adult with Down syndrome is 50, equivalent to the mental ability of an 8- or 9-year-old child, but this can vary widely. At birth, babies with Down Syndrome usually have certain characteristic signs, including:



Picture Source

- flat facial features,
- small head and ears
- short neck
- bulging tongue
- eyes that slant upward
- atypically shaped ears
- poor muscle tone

People with Down syndrome usually have some degree of developmental disability, but it's often mild to moderate. Mental and social development delays may mean that the child could have:

- impulsive behaviour
- poor judgment
- short attention span
- slow learning capabilities





- B. Autism Spectrum disorder** - Autism spectrum disorder (ASD) is an umbrella term for a group of developmental disorders that are neurological in origin and cause social, communication and behavioural challenges. ASD is mainly characterized by impaired social interaction and communication and the presence of repetitive behaviours or restricted interests. Children with ASD may also have their sensory sensitivity affected i.e, they may be under or over sensitive to certain senses (For example, loud noises, certain fabrics etc).

Symptoms are typically recognized between one and two years of age. Long-term problems may include difficulties in performing daily tasks, creating and keeping relationships, and maintaining a job.

Symptoms of ASD include

Developmental Delay in Initial Years

- i. failure to show interest, not responding to name
- ii. delayed imaginative play
- iii. regression in variety of domains such as communication, social cognitive and self - help skills.

Problems with Social Interaction

- i. largely prefer not to play or interact with others
- ii. display lack of awareness or understanding of other people's thoughts or feelings
- iii. display attention seeking behaviour
- iv. maintain poor eye contact: a child with autism may fail to make eye contact when called by name.
- v. inability to read facial expressions: they often don't know how to recognize emotions from others' facial expressions, or they may not respond with the appropriate facial expressions
- vi. display unusual speech pattern; at least half of children with autism speak in a flat, monotone or they may not recognize the need to control the volume of their voice in different social settings. For example, they may speak loudly in libraries or movie theatres.





Difficulty in Communication

- i. repetitive or rigid language, and restricted interests in conversation. (For example, a child might repeat words or insist on always talking about the same subject.)
 - ii. impairments in pragmatic communication skills, such as difficulty initiating a conversation or failure to consider the interests of the listener to sustain a conversation.
 - iii. language impairment. (Children may develop language skills at an uneven pace acquiring some aspects of communication, while never fully developing others, or may remain completely nonverbal throughout their lives.)
 - iv. Behaviour Problems
 - v. stereotyped behaviours such as rocking, hand flapping, finger flicking, head banging, or repeating phrases or sounds, especially when the child gets stressed, anxious or upset.
 - vi. resistance to change, and preference for routines and rituals that they must follow, like eating certain foods in a specific order, or taking the same path to school every day. The child may have a meltdown if there is any change or disruption to his routine.
 - vii. restricted interests and excessive interest in a thing or topic while ignoring everything else. (For example, children might try to learn everything about a single topic, such as the weather or sports, and talk about it constantly.)
 - viii. oversensitivity to loud sounds, bright lights, strong smells, or being touched.
- C. **Mental illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub-normality of intelligence.

4.2.4 Learning Disabilities

Learning Disabilities or person with cognitive disabilities has trouble remembering, learning new things, concentrating, or making decisions that affect her/his everyday life. Cognitive disability ranges from mild to severe. A person with a mild cognitive disability people may be able to do her/his everyday activities. Severe levels

of disability can lead to her/his losing the ability to understand the meaning or importance of something and the ability to talk or write, resulting in the inability to live independently. Some of the main categories of functional cognitive disabilities include the following deficits or difficulties.



- A. **Memory-** Memory refers to the ability of a user to recall what they have learned over time. A common model for explaining memory involves the concepts of working (i.e., immediate) memory, short-term memory, and long-term memory. Some individuals with cognitive disabilities have difficulties with one, two, or all three of these memory types.
- B. **Problem Solving-** Some individuals with cognitive disabilities have a difficult time solving problems as they arise. In many instances, their resilience can be low, and the resulting frustration is such that they choose to give up and not persist in solving the problem.
- C. **Attention-** There are many individuals who have difficulty with focusing their attention to the task at hand. Distractions such as any specific sound, colour, design frequently shift the attention.

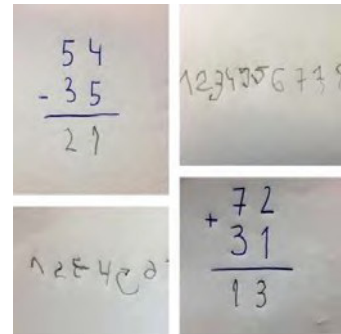
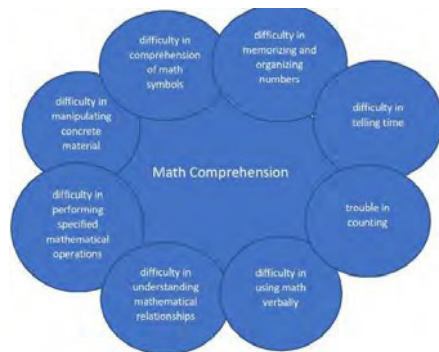
On a positive note, some people with attention deficits are highly creative and very productive in short bursts, with an abundance of energy and enthusiasm. On a less positive note, it can be difficult for people with ADHD to stick to a task for a long period of time.

- D. **Reading, Linguistic, Verbal and Writing Comprehension-** Difficulties related to reading, speaking, understanding and writing are another challenge.





Reading disorder, also known as Dyslexia, is characterized by trouble with reading despite normal intelligence. These difficulties may be mild or severe. Problems may include difficulties in spelling words, reading quickly, writing words, “sounding out” words in the head, pronouncing words when reading aloud and understanding what one reads. In fact, many of the brightest minds of recent generations such as Albert Einstein, Thomas Edison and Henry Ford have suffered from some sort of language or text comprehension difficulty.



4.2.5. Causes of Disabilities and Disorder

Causes of disabilities can be broadly classified into three categories; pre-natal causes, perinatal causes and post-natal causes.

- Pre-natal causes involve events, accidents, illness, infection to mother during pregnancy that affect the baby. Conditions like high blood pressure or diabetes of the mother during pregnancy can cause disability in the child.
- Perinatal causes are the conditions occurring during the delivery of the child that affect the new-born. Delayed labour pain, low birth weight or neonatal infections may cause a disability.
- Post-natal causes include post birth conditions like, illness, infection, poor environment, accidents, psychological factors etc.

The causes may be further sub-divided as

1. **Biological Causes** - Some disabilities are due to the disorder of genes, infectious disease disturbance in glands functioning, illness. Down syndrome, Muscular dystrophy, polio, Developmental disorders are example of various biological issues.
2. **Psychological Causes** - Mental health problems such as depression, bipolar disorder may lead to a spectrum of mental disorders or conditions that influence our emotions, cognitions, and/or behaviours. As a matter of fact, the causes of mental health problems are very difficult to diagnose. They tend to be some of the most misunderstood disabilities.





3. **Delay in Early Screening and Poor management of Disability** - How a child plays, learns, speaks, moves, and behaves all offer important clues about a child's development. A delay in any of these developmental milestones could be a sign of developmental challenges. Early intervention services, like those services that help a child learn to speak, walk, or interact with others, can really make a difference and enhance a child's learning and development. Early screening and identification are critically important steps towards giving young children with disabilities a strong start in life.
4. **Lifestyle** - The mother's lifestyle during pregnancy has a vital effect on the child's growth and development. If a mother smokes during pregnancy, it has an adverse effect on fetal growth and development. Intake of alcohol and indulgence in substance abuse during pregnancy are the most common causes of developmental disabilities, including cognitive disability, learning disabilities, ADHD and behavioural challenges. Once the child is diagnosed with a learning disorder, she/he must be kept meaningfully occupied. The child's eating, sleeping, and exercise habits are very important. In addition to healthy physical habits, children may be frustrated by the challenges presented by their learning disability and, so, should be encouraged to have healthy emotional habits too.
5. **Accidents and War** - One can be the victim of an accident at the workplace, road accident, chemical accident, nuclear accident, or get exposed to radiation etc. This may lead to disability. Dangerous working environment and poor safety precautions are the conditions where one may get disabilities in the long run. Exposure to biological warfare, nuclear radiation, and suffering physical or psychological trauma of a bomb explosion are other reasons of wartime disabilities.
6. **Poor Approach to Healthcare** - Many disabilities can be prevented easily if there is proper access to healthcare facilities during difficult labour and birth. Proper immunization also helps in preventing many disabilities. In remote areas people do not get proper health facilities and it sometimes results in disabilities and disorders in the child.
7. **Lack of Education and Awareness** - Lack of awareness about certain precautions during or post pregnancy may lead to disability. Awareness about nutrition and exercise helps to prevent disabilities or disorders. Due to lack of awareness people start believing in many kind of superstitions and get misguided.
8. **Exposure to Chemicals** - Pesticides and insecticides and other harmful chemicals if mixed in edible items and may give rise to disabilities in people and birth defects in babies. These substances may cause disorder in the functioning of the human body system and may lead to disabilities.





9. **Illness** - Illnesses like cancer, diabetes, heart disease cause a number of long term disabilities such as arthritis, musculoskeletal disorder etc are a significant cause of disability.
-

I. **Tick the correct option**

1. A Disability present at the time of birth is also known as
 - a. invisible disability
 - b. cognitive disability
 - c. congenital disability
 - d. temporary disability
2. Which one is Congenital disability?
 - a. Down syndrome
 - b. Cerebral palsy
 - c. Polio
 - d. Both A and B
3. Name the category of disability which can be difficult for others to recognize/acknowledge.
 - a. Physical Disabilities
 - b. Hidden Disabilities
 - c. Cognitive Disabilities
 - d. Intellectual Disabilities
4. Which is Hidden disability?
 - a. Dyslexia
 - b. Autism Spectrum Disorder
 - c. ADHD
 - d. Down Syndrome
5. In which category would you place a person with intellectual disability if he has a IQlevel between 50-55?
 - a. Mild
 - b. Moderate
 - c. Severe
 - d. Profound





6. A genetic disorder is found in an intellectual disability which is known as?
 - a. Autism
 - b. Cerebral palsy
 - c. Down-syndrome
 - d. None
7. World Disability Day is celebrated on
 - a. 2nd April
 - b. 21st June
 - c. 29th August
 - d. 3rd December
8. What type of disorder is ADHD?
 - a. Mental Disorder
 - b. Emotional Disorder
 - c. Behavioural Disorder
 - d. Genetic Disorder

II. Answer the following questions briefly

1. How are the terms Disability and Disorder associated with each other?
2. Define Impairment and Disability.
3. Write a short note on cognitive disabilities
4. What are the characteristics of cerebral palsy?
5. What are the difficulties faced by person with visual impairment?

III. Answer the following question in 150–200 words

1. Write in detail about Disability.
2. Discuss the need of sports for children with special needs.
3. What are the causes of intellectual disability?

Extension Activity

Nicknamed “Water Baby” for being a natural in water, Yash Singh became the first and youngest Indian to win a medal at the Special Olympics World Summer Games 2015 in Los Angeles. He won a Bronze in the 25-metre backstroke swimming event.

Born on November 14, 2001, Yash Singh embarked on his sporting journey as a





9-year-old boy, participating in school-level competitions. At 11 years, he won a Bronze medal at SO Bharat Delhi Aquatics State Championship in 2013 and thoroughly impressed the judges by his speed. It was a turning point in his life. Being a differently abled athlete did not deter his passion for swimming. He trained and practiced with great zeal and enthusiasm, and followed a strict regime of diet and training, putting in more hours than his peers.

Yash's journey was not an easy path, but he crossed all hurdles to prove to the world that he is no less than his peers and can even be better. Being a visual learner, he takes time in grasping and learning new skills. He always inspires people around him. Being the only differently abled athlete competing in both mainstream and Special Olympics competitions has boosted his confidence and participating at national and international competitions has presented Yash with myriad social and cultural experiences which have enhanced his holistic development.

Sports taught Yash to be independent, never to give up and empowered him to become self-reliant. He could learn and move forward because of the immense support provided by his school, Step by Step School, his coaches and last but not the least his fellow swimmers.

Since 2016, Yash is in Canada. Being on the High School Swim team and Special Olympics and winning at various competitions at different levels gave him confidence and respect

from his fellow team members. He trains regularly at a Swim club and is guided by National and Olympic level coaches including former world record holder Annamay Pierce, Anna Lydall and few other specialists to improve his technique and performance. He has a rigorous training schedule, which includes 1-2 hours of swimming each day, 3-4 days of dryland training, power yoga and playing basketball for overall fitness. He is on a high protein and low carb diet. His regular day begins at 5:30 am with dryland exercises, followed by school, then swimming and ends at around 11 pm.

Yash also played on his school's Cricket and Bowling Team. In 2017, his school cricket team was awarded the Mayor's School Cricket Excellence Award. He also participated in the Track and Field events.

Sports has played an important role in his healthy growth and overall development. He has grown into a well-rounded young man with strong character, self-discipline and high values. He greatly benefitted from the conducive and inclusive environment provided by his school, here and in India. He now wants to explore avenues to learn new skills. His first step in this direction started with being a Volunteer at a Community library and he has not looked back since then. The dedication and sincerity of his work has earned kudos from his colleagues.





individual slowly and clearly. Give them time to respond. While writing, or talking to or about a person with a disability, use “people first” language. Refer to her/him as a person with disability and not as “the disabled” or “the handicapped.” Avoid referring to people by their disability. For example, do not say, “She is an epileptic.” Instead, say, “She has epilepsy.” Do not say “wheelchair-bound” or “confined to a wheelchair.” Most wheelchair users perceive their wheelchair as liberating, not confining. Do say, “She uses a wheelchair.” Do not use negative, demeaning, and outdated terms such as “cripple,” “deaf and dumb,” or “retarded.” Be aware that many people with disabilities do not wish to be referred to euphemistically. So, avoid using terms such as “physically challenged,” or “differently abled.” Also, avoid referring to an individual with a disability as someone who is “suffering from Cerebral Palsy or Parkinson’s.”

Social Etiquette - Make surroundings disabled-friendly and comfortable for people with special needs. Do not make assumptions about what they can or cannot do. The impact of a specific disability can vary widely from person to person, so help only if it appears to be needed. Just because someone has a disability, don’t assume she needs help. If the setting is accessible, people with disabilities can usually get around fine. Adults with disabilities want to be treated as independent people. Offer assistance only if the person appears to need it. A person with a disability will oftentimes communicate when she needs help. And if she does want help, ask how, before you act. Acknowledge and respect the individual’s ability to make decisions and judgments on their own behalf. Never physically or verbally bully them. Never play with their equipment. Ask them before offering any help. Only ask questions about their disability if you know the person. Develop a culture of inclusion in surroundings.

Physical Etiquette - The height difference between a person in a wheelchair and an able-bodied person can create an unspoken feeling of superiority and inferiority. To be safe, sit or stand at eye-level with the person who has a disability when it is appropriate and possible. Finding a table to sit at is a great option because it can eliminate any visible differences, such as a wheelchair.

Sitting in a chair (with or without a table) is also better than kneeling, which may cause the person in a wheelchair to feel like a child. Make eye contact; never avoid someone with a disability. Some people with disabilities depend on their arms for balance. Grabbing them, even if your intention is to assist, could knock them off balance. Avoid patting a person on the head or touching his wheelchair, or cane. People with disabilities consider their equipment part of their personal space.



I. Tick the correct option

1. You have a new classmate who has a disability and has an interpreter as She/He has just joined your school. She/He speaks to you. You will
 - i. communicate with the interpreter
 - ii. stare between the interpreter and your classmate
 - iii. speak directly to your classmate
 - iv. look at neither your classmate nor the interpreter.

II. Answer the following questions briefly

1. What is the role of positive and energetic attitude in dealing with person with Disability?
2. How can you make a person with disability feel comfortable?
3. Disability etiquettes has a big role to give a sense of acceptance to person with disability. Explain how?

III. Answer the following question in 150–200 words

1. Explain what etiquette should one keep in mind while communicating with a person with special needs?

4.4.1. MEANING OF ADAPTED PHYSICAL EDUCATION

Adapted Physical Education is the art and science of developing, implementing, and monitoring a carefully designed Physical Education instructional programme for a learner with a disability, based on a comprehensive assessment, to give the learner the skills necessary for a lifetime of rich leisure, recreation, and sport experiences to enhance physical fitness and wellness.



Adapted Physical Education (APE) generally refers to school-based Programmes for students aged 3-21 years. It is a structured way to make Physical Education and sports accessible to all with modified instruction, resources, space and environment for CWSN as per their ability.

According to Adapted Physical Education National Standards (APENS) Adapted Physical Education is Physical Education which has been adapted or modified, so that it is as appropriate for the person with a disability as it is for a person without a disability. In other words, Adaptive Physical Education (APE) is Physical





Education which has been adapted or modified to make it as appropriate for a person who is differently-abled as it is for a person without disability. It is basically a Physical Education Programme specially designed for differently-abled students so that physical education activities are safe, achievable, enjoyable and, therefore, a successful experience. APE is safe and beneficial even for infants and toddlers who need early intervention services because of developmental delays in physical, cognitive, communication, social and emotional aspects. Moreover, APE is not only for differently-abled infants and students but also for the people of all ages.

Do you know?

Padma Shri & Arjuna Award winner Deepa Malik became India's first female para-athlete to win a medal at the Paralympics. She won silver medal in the shot put at the 2016 Paralympic Games in Rio. Deepa Malik has successfully proved that physical limitations cannot deter a strong mind. She was diagnosed with a spinal tumour in 1999. Although she underwent three surgeries, she was left paralyzed from the waist down. Deepa did not let her physical impairment deter her and started her sports career at the age of 36. This all-rounder is the first paraplegic Indian woman biker, swimmer, car rallyist, entrepreneur and social activist.



Do you know?



13-year-old autistic swimmer Yash Singh is the first Indian to win a medal at Special Olympics World Summer Games 2015 in Los Angeles. He won the bronze in the 25-metre backstroke swimming event.

Extension Activity

Find out about Indian athletes who have won medals at the Paralympics and the Special Olympics.

What disability did they suffer from? In which game did they win the medal?



4.4.2 Aim of Adapted Physical Education

The chief aim of Adapted Physical Education (APE) is to provide every individual an opportunity to participate in Physical Education and sports and to make Physical Education accessible to all as per their need.

4.4.3 Objectives of Adapted Physical Education

The main objectives of Adapted Physical Education include

1. **To build a Programme to meet the needs of CWSN-** Since APE is developed as per the needs of the individual, it is, therefore, more beneficial for the student. For this purpose, the student is assessed on the physical education parameters and an individual education plan is designed. For example, for a student with autism a structured programme with clearly defined timings, day, trainer/coach, start and finish of activity and description of skill with visual cards is helpful for successful partnership.
2. **To build in CWSN the capacity to be functionally active for lifetime -** APE is a planned and structured Programme designed to fit the needs of an individual. For Children With Special Needs, daily life skills become difficult due to restriction in movement, co-ordination challenges, life style issues, behavioural problems and cognitive challenges. APE conditions the brain, muscles and specific movements for different functional tasks, activities or sports/games skills. In this manner, APE stimulates activeness for life time with a regular Programme. e.g., a student with Cerebral Palsy crossing an elementary ladder hurdle where she/he needs physical help to accomplish the task though she/he tries to control her/his reflexes for lifting her/his knee up, judging the space to cross the hurdle and landing her/his foot appropriately to maintain and regain her/his balance to finish the task.
3. **To provide a safe and accessible PE and sports Programme as per the needs of the individual -** During PE Programme, safety must be a primary concern as PE is very dynamic and reactive in movements. For children with special needs, who suffer from different physical and psychological challenges, the safety issues may become magnified. Therefore, during an APE session, environment, instruction and equipment are modified to make PE safe and accessible. Specially designed Physical Education Programme is for those students who are not benefiting from general PE Programme or modified PE Programme. Here, special equipment and support is given to a student to access and enjoy sports and PE sessions. e.g., a guided or supported rope for a person with visual impairment for running or walking, using light equipment for students with





lower action time, using a structured programme or behaviour management for hyper or emotionally challenged students.

4. **To ensure active participation or transition towards the integrated or regular PE Programme (Inclusion)** - APE ensures transition of a student from specially designed PE to integrated PE. APE ensures active and passive participation of a student through a planned programme according to individual needs. This programme can be implemented for maintenance of basic functional fitness, motor movements, skill oriented activities, competitive sports, integration and inclusion. e.g., a person with severe intellectual disability will be involved in physical education activities passively or with physical help to give her/him basic fitness to accomplish daily functional tasks, or a person with mild disability can be given a skill oriented programme where her/his goal is to perform a single sports skill such as dribbling, shooting or floating in water.
5. **Helping to develop self-esteem in CWSN**- APE helps to enhance self-esteem and self-image of CWSN when they are able to access the activity or sports and participate successfully. Ability to perform these tasks and activities easily, and the recognition they derive from this, encourages them to move on to higher goals. Once the goals set are realistic and achievable by working on their motor skills, and students receive recognition, their self-esteem is enhanced and leads to a better self-image. e.g., when a student with cognitive disability achieves success in a physical activity or sport, the resulting recognition leads to enhanced self-image and behavioural change.
6. **To promote regularity and discipline** - Participation in physical activity and sports provides a feeling of wellbeing which in promotes regularity and discipline. It encourages the student to continue the activity/sport and adopt a healthy lifestyle which helps overcome the challenges and achieve greater success. e.g., a child with Attention Deficit Hyperactive Disorder (ADHD) may benefit even in cognitive fields with regular participation in sports as not only is her/his energy channelized gainfully but the increase in physical activity is also therapeutic.
7. **To promote sportsmanship** - The Collins dictionary defines sportsmanship as behaviour and attitudes that show respect for the rules of a game and for the other players. Sports include an element of fun and also discipline, where you try to achieve a target whether individually or as a team. When she/he learns and participates successfully in a particular sport, follows the simple rules such as regularity, waiting for her/his turn, listening to and implementing instructions, appreciating the efforts of others, accepting defeat, celebrating victory, feeling of oneness with the team, respecting authority and maintaining decorum on the field modifies her/his behaviour on as well as off the field.



I. **Tick the correct options**

1. The most important area catered to by Adapted Physical Education is
 - i. Physical health
 - ii. Mental health
 - iii. Social health
 - iv. Emotional health
2. Exclusion from physical activity adds to lifestyle related challenges. The most important of these is
 - i. hyperactivity
 - ii. obesity
 - iii. diabetes
 - iv. postural problems

II. **Answer the following questions.**

1. What is Adaptive Physical Education?
2. How does Adaptive Physical Education provide CWSN the capacity to be functionally active?
3. Why are safety issues important for CWSN during Physical Education?
4. How can safety standards be met for CWSN?
5. How does Adaptive Physical Education build self-esteem in CWSN?

III. **Answer the following questions in 150-200 words.**

1. Write a detailed note on the concept of Adaptive Physical Education.
2. What are the chief objectives of Adaptive Physical Education?

4.5.1. ROLE OF VARIOUS PROFESSIONALS FOR CWSN

Keeping in view the fact that Children with Special Needs form one of the largest groups that are still outside the fold of the general education system, Inclusive Education provides them with an opportunity to enter formal education. This makes it necessary for the school to employ various professionals such as school counsellor, occupational therapist, physiotherapist, etc., for CWSN. These professionals help and support children in achieving their full potential physically as well as academically, improve their motor skills, enhance their communication skills and in promote their mental as well as physical health.





These professionals include

1. **School Counsellor** -The school counsellor is the specialist who works with students with special needs in schools and provides a comprehensive Programme that helps CWSN with their academic goals, their social, personal and career development. School Counsellors involve parents, teachers, other school personnel, and members of the community in assisting students' development into effective members of the community. They work with the various members of the school community to create a positive school climate in which children can learn. It is their duty to assure a coordinated team effort to address the needs of all students and ensure student access to school and community resources.

More specifically, School Counsellors use individual and small-group counselling to help students develop aptitudes such as:

- skills in communicating, cooperating, and resolving conflict
- the ability to engage in behaviours that foster good physical and mental health and to avoid behaviours that detract from good physical and mental health
- skills in planning and making decisions, resulting in higher self-efficacy and a sense of personal responsibility
- an awareness of resources about educational and vocational opportunities and ways to access those resources
- positive attitudes towards one's self, as both a student and a potential worker
- an awareness of and appreciation for both genders and the contributions of cultural diversity in society
- a comprehensive plan for school and work experiences through high school and beyond

2. **Physiotherapist** - A physiotherapist is probably the best known of the therapists who works with CWSN. They use exercises to help their patients gain and keep the best possible use of their bodies. They also try to improve breathing, to prevent the development of deformities and to slow down the deterioration caused by some progressive diseases. The aim of a physiotherapist is to help the children with special needs to their full potential through providing physical intervention, advice and support. A physiotherapist evaluates bodily movement of CWSN with particular attention to physical mobility, balance, posture, fatigue and pain.



- The role of a physiotherapist includes
- assessment of the mechanics of the body
- improvement the mobility in terms of joint movement, gross motor
- movement and fine motor movement
- management of children and young persons with movement disorders
- and disability.
- maintenance and conditioning of bones, joints and muscles to prevent degeneration
- rehabilitation through different therapies including massage manipulation, exercise and movement, electrotherapy, cryotherapy and hydro therapy

3. **Occupational Therapist** - An occupational therapist trains CWSN in performing assisted daily-life skills and self-care skills and activities related to fine motor skills and hand-eye coordination. An occupational therapist also helps children in participating and interacting with others in play.

The role of an Occupational Therapist includes

- training for activities of daily living skills like toilet training, eating, dressing, bathing and grooming
- training for fine motor skills like buttoning shirts, tying shoelaces, handwriting, movement of fingers.
- helping children in writing and other classroom activities like grasping and releasing toys and other objects
- sensory intervention and sensory integration to help the child in coping with challenges caused by her/his sensory disorder e.g., using different techniques to minimise self-harm actions, sensory diet to fulfil her/his visual and vestibular needs
- improve skills such as hitting a ball or copying from black board.

4. **Physical Education Teacher** - The Physical Education teachers need to determine the abilities of students with special needs. They also need to determine measures to support their participation in sports, games and fitness activities through general, modified and specially designed PE Programme.

Their role of a physical education teacher is

- improving general movement, movement skills and movement patterns
- improving hand-eye coordination, flexibility, muscular strength, endurance





- developing different sports-specific skills such as in basketball, soccer, swimming etc.
- improving social skills such as listening, understanding, implementing, playing in small to large groups, taking responsibilities, leadership etc.
- providing psychological support by channelizing energy to reduce anxiety, hyperactivity, tension and depression, developing self-esteem, reducing feelings of isolation

5. **Speech Therapist** - A speech therapist in school provides treatment, support and care for students with special needs who have difficulties in communication. Speech therapists help students with special needs to gain ability to communicate through speech and language. They help and provide training for students who face difficulty in producing sounds or syllables or saying words incorrectly. They also help such students who have fluency disorders like stoppages, repetitions and prolonging sounds in words. They modify the ways of making two-way communication with different tools and strategies.

6- **Special Educator** - A special educator plays a critical role in weaving all together all the stakeholders in school and at home. The Special Educator is responsible for assessing the level of the child, observing her/his performance or behaviour to bring improvement in different subject areas of special needs education. The role of a special educator includes

- assessment of the child's abilities
- curriculum development as per abilities and suitability
- setting individual education plan (IEP)
- setting weekly, monthly, annual goals
- parent conferences or meetings
- pre- and post-performance observation
- reporting
- integration
- inclusion
- transition





I. Tick the correct option

1. The professional who works along with CWSN, parents, teachers, other school personnel, and members of the community in helping them become effective members of the community is
 - i. the Counsellor
 - ii. the Physiotherapist
 - iii. Occupational Therapist
 - iv. Physical Education Teacher

II. Answer the following questions.

1. What is the role of the School Counsellor in inclusive education?
2. Discuss the role of physiotherapist in integrated education.
3. What is the role of Educational Counsellor in inclusive education?
4. Discuss the role of Speech Therapist in inclusive education.

III. Answer the following questions in 150-200 words.

1. Describe the role of Special Educator in inclusive education.
2. In what ways does the Physical Education Teacher help CWSN get integrated in mainstream schooling?

IV. Complete the following diagram listing the differences between Disorder and Disability.

	Disorder	Disability
Definition		
Common Types		

V. Case Study

1. Physical Education and Sports for CWSN





Children with special needs face different challenges in undertaking certain activities. So, in addition to the regular programmes of physical education the school must provide APE programmes for children. While introducing this chapter to the students, the Physical Education teacher explains the different types of disabilities and the objectives of APE.

On the basis of this chapter answer the following questions.

- a. List down any four types of physical disabilities.
- b. What is Down syndrome?
- c. What is APE?
- d. List any four aims of APE.

VI. Art Inclusion

Working in groups, design a booklet for your school library on Disability Etiquette.

1. Think of the etiquettes you feel need to be included.
2. Draw Graphics to accompany the etiquettes.
3. Laminate the pages and get your book spiral-bound.

References

THE RIGHTS OF PERSONS WITH DISABILITIES ACT, 2016. (n.d.). Retrieved 11 25, 2020, from MINISTRY

OF LAW AND JUSTICE: <http://legislative.gov.in/actsofparliamentfromtheyear/rights-persons-disabilities-act-2016>

International Classification of Functioning, Disability and Health (ICF). (n.d.). Retrieved 11 25, 2020, from World Health Organization: <https://www.who.int/>



standards/classifications/international- classification-of-functioning-disability-and-health

FACTS ABOUT DOWN’S SYNDROME. (2020, January). Retrieved 11 25, 2020, from <https://www.magzter.com/article/Business/UNIQUE-TIMES/FACTS-ABOUT-DOWNS-SYNDROME>

PAREEK, S. (2014, 08 11). The Man Who Beat Polio To Grab A Silver Medal At The Commonwealth Games 2014. Retrieved 11 25, 2020, from <https://www.thebetterindia.com/13206/rahelu/>

Astejada, M. (2007). Muscular Dystrophy. Retrieved 11 25, 2020, from <https://www.sciencedirect.com/topics/neuroscience/muscular-dystrophy>

Disability Etiquette. (2020, 10 6). Retrieved 11 25, 2020, from Ohio university: <https://u.osu.edu/tops/2020/10/06/disability-etiquette/>

Suggested Reading

(n.d.). Retrieved 11 25, 2020, from Adapted Physical Education National Standards: <https://apens.org/>


WORLD REPORT ON DISABILITY. (2011). Retrieved 11 25, 2020, from https://www.who.int/disabilities/world_report/2011/report.pdf

American Association Intellectual and Developmental Disabilities. (n.d.). Retrieved 11 25, 2020, from <https://www.aaidd.org/intellectual-disability>

Auxter, D. (2010). Principles and methods of Adapted Physical Education and Recreation. New York: McGraw-Hill.

Kranowitz, C., & Miller, L. J. (2006). The Out-of-Sync Child: Recognizing and Coping with Sensory Processing Disorder. USA: Penguin.

Weblinks

Topic	Weblinks	QR Code
People with Disability Act 2016	https://legislative.gov.in/sites/default/files/A2016-49_1.pdf	





Paralympics classification	https://www.paralympic.org/classification	
Intellectual Disability as per Special Olympics	https://www.specialolympics.org/about/intellectual-disabilities/what-is-intellectual-disability	
How to speak with people with intellectual disabilities	https://www.specialolympics.org/about/intellectual-disabilities/how-to-speak	

