

SARVA SHIKSHA ABHIYAN



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DISCOVERING NEW PATHS IN INCLUSION

*A Documentation of Home-Based Education
Practices for CWSN in SSA*

Discovering New Paths in Inclusion



Sarva Shiksha Abhiyan

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FOREWORD

The Government of India has launched Sarva Shiksha Abhiyan for Universalization of Elementary Education. The programme aims at providing useful and relevant elementary education in the age group of 6-14 years by 2010. This goal cannot be accomplished without including Children With Special Needs (CWSN).

SSA has adopted a more pragmatic approach to implementing the programme of inclusive education. SSA framework clearly states that “*SSA will ensure that every child with special needs, irrespective of the kind, category and degree of disability, is provided education in an appropriate environment. SSA will adopt zero rejection policy so that no child is left out of the education system. It will also support a wide range of approaches, options and strategies for education of children with special needs*”

Inclusive Education in SSA is a more expansive concept, wherein the stress is to provide education to CWSN in an environment most appropriate to their learning needs. These options vary from a regular school to EGS Centres, bridge courses to prepare CWSN for schools and home-based education aimed mainly to either prepare CWSN for schools or for life.

This document is an effort to capture and record the initiatives being undertaken by States to impart home-based education to CWSN in SSA, mainly to enhance reach to children with special educational needs. It describes the objectives, processes and the impact of home-based education. States have adopted different ways to provide home-based support to CWSN. States like Himachal-Pradesh and West- Bengal are using NGOs for this purpose, whereas States like Haryana and Kerala have appointed resource teachers who visit the homes of CWSN to provide them basic functional skills. Parental counseling and training is also an important part of the entire home-based instruction programme. Other States like Tamil- Nadu are using special schools as resource centers to provide short-time or part-time help to individual children with special needs and their parents.

I hope that this document will prove to be beneficial to the planners and implementers of Inclusive Education in SSA and would provide some useful guidance to the States in chalking out a strategy for home-based education for CWSN.



(CHAMPAK CHATTERJI)

7th July 2006

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Home-based Education: An Introduction

All children can learn, but not on the same day and in the same way

Any discussion about inclusion generally revolves around several important questions like:

- Do we value all children equally?
- Is inclusion a culturally relevant process?
- Are there some children for whom inclusion into regular schools might be inappropriate?

There are different views as to what inclusion is all about. Some view inclusion as a policy driven by the conviction that all students have a right to be in a regular school. And thus, try to mainstream all children into the inclusion mold, which can be just as coercive and discriminatory as trying to force all Children With Special Needs (CWSN) into the mold of a special education class/special school or any other alternative placement setting. At the other end of the spectrum are those who believe that all students have the right to be in an educational setting where their learning potential is optimized to the fullest.

Inclusion, at this stage, is in a phase, where it could be best determined by the needs of the child. There are children who with minimal support or some support accommodate well in the regular education classrooms, whereas there are others who need some pre-integration skills before they can be mainstreamed in a classroom and there are still others who need intensive specialized support, for which currently the regular schools would still have to prepare for.

Inclusion, as a way of integrating children with special needs into regular schools, gained prominence in India in the 1970s, when the Scheme of Integrated Education of the Disabled Children-IEDC was launched in 1974. The Scheme of IEDC aims to provide educational



Learning Together in an Inclusive Setting

opportunities for the disabled children in common schools, to facilitate their retention in the school system and also to place in common schools such children already placed in special schools after they acquire the communication and daily living skills at the functional level. So far, the Scheme has integrated 2.03 lakh disabled children in nearly 85,000 schools.

The increased awareness and need to educate CWSN has been reflected in the National Policy on Education- NPE (1986) and the subsequent Plan of Action- POA (1992), which clearly advocated the approach of providing integrated education for the mildly handicapped and of special education for the severely handicapped children.

The inclusion of a section on Education of the Disabled in the NPE and POA led to a series of experiments on integrated education in India, some full fledged like *The Project Integrated Education for the Disabled (PIED)* and the others as a part of the flagship programmes aiming to achieve Universalization of Elementary Education like *The District Primary Education Programme and Sarva Shiksha Abhiyan*. All

these programmes have emphasized the need to place CWSN in regular schools, giving due importance to evolve a broad spectrum of educational models for children with different special needs tailor made to their needs.

Initial Experiments on Integrated Education in India

The early attempts to include CWSN in regular schools were through Project Integrated Education for the Disabled (PIED) and District Primary Education Programme (DPEP).

Project Integrated Education for the Disabled (PIED)

The first pilot project on integrated education in India came in the form of Project Integrated Education for the Disabled (PIED). PIED, launched in 1987, was a joint venture of MHRD and UNICEF. This project was implemented in one administrative block each in Madhya Pradesh, Maharashtra, Nagaland, Orissa, Rajasthan, Tamil Nadu, Haryana, Mizoram, Delhi Municipal Corporation and Baroda Municipal Corporation. In these ten blocks, 5800 children with special needs were integrated in regular schools.

District Primary Education Programme (DPEP)

The success of PIED led to the inclusion of the component of Integrated Education of the Disabled (IED) in DPEP, a scheme launched by the Government of India for the development of elementary education. District Primary Education Programme (DPEP), a multi-faceted decentralized programme was launched in 1994 as a centrally sponsored scheme of the Government of India. It started as a holistic programme for primary education development in some of the most backward districts of the country. DPEP provided an ideal setting for promoting integration of CWSN as it provided for the following:

- Phased implementation
- Local specific approach

- An opportunity for school restructuring/ reform
- Community/ school mobilization
- Convergence of all related programmes
- Flexibility for planning.

The approach to implementation of IED varied from State to State depending upon the local circumstances. Some States engaged NGOs for total or partial implementation of IED, retaining with them the role of monitoring and evaluation of the programme. Still others adopted a combined/ convergence approach, where some initiatives in IED were taken up directly by DPEP Societies and for other areas some convergence with NGOs, National Institutes, voluntary organizations and other such agencies was made. Convergence was also made with other government schemes of the Central or the State government.

The principle of convergence was adopted by nearly all the States. Some States established convergence with the IEDC scheme of Department of Secondary Education of MHRD, whereas other States converged with the ADIP scheme of Ministry of Social Justice & Empowerment. National Institutes were utilized for providing material, teacher training, aids and appliances and conducting assessment camps. The role of the Rehabilitation Council of India was mainly confined to training teachers on the classroom management of CWSN.

Similarly, States developed their own models on implementation. The most common models used were:

- Resource teacher/ itinerant teacher model
- Dual teaching
- Alternative schooling
- NGO approach
- Training of master trainers

- Long-term training of teachers
- Sensitization of general teachers.

At its peak, DPEP mainstreamed approximately 6.21 lakh children with special needs in 242 districts of 18 States in regular schools with adequate support services.

DPEP also raised some concerns regarding the education of CWSN. In fact, one of the major lessons learnt from DPEP was to evolve a broad spectrum of educational models for children with different special needs tailor-made to their needs. This meant defining inclusion in a broader context honouring the continuum of placement options, as mentioned in Section 26 (a) of Chapter V of Persons With Disabilities (Equal Opportunities, Full Participation, Protection of Rights) Act, 1995, which deals with Education. It clearly states that:

“The appropriate Governments and the local authorities shall

(a) Ensure that every child with a disability has access to free education in an appropriate environment till he attains the age of eighteen years.”

Thus, the law of the land does also require other appropriate educational alternatives when the regular classroom might not be a very appropriate setting. Thus the need for a continuum of placement options, ranging from the regular classrooms to special schools. The Draft Bill on Free and Compulsory Education also clearly mentions that:

“Every child who has attained the age of 6 years shall have the right to participate in full time elementary education and to complete it, and towards that end shall have the right to:

- *Be admitted to a neighbourhood school, and*
- *Be provided free and compulsory education in such school, in the manner provided in this Act.”*

Provided that a child who, due to his/her severe or profound disability, cannot be provided elementary education in a neighbourhood school, shall have the right to be provided education in an appropriate alternative environment as may be prescribed.”

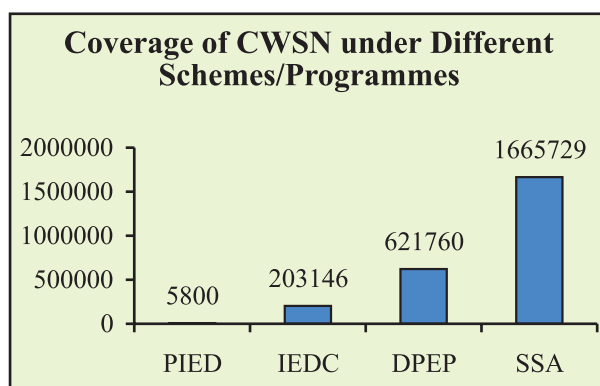
This approach has been adopted by Sarva Shiksha Abhiyan (SSA), a programme to universalize elementary education.

Sarva Shiksha Abhiyan (SSA)

An initiative of the Government of India to Universalize Elementary Education is Sarva Shiksha Abhiyan (SSA). SSA is a response to the demand for quality basic education all over the country. However, UEE cannot be achieved unless children with special needs are also provided access to quality education. Hence, education of CWSN is an essential part of the SSA framework.

Learning from DPEP, SSA has adopted a more pragmatic approach to implementing the programme of inclusive education. SSA framework clearly states that;

“SSA will ensure that every child with special needs, irrespective of the kind, category and degree of disability, is provided education in an appropriate environment. SSA will adopt zero rejection policy so that no child is left out of the education system.” Further “the thrust of SSA will be on providing integrated and inclusive education to all children with special needs in general schools. It will also support a wide range of approaches, options and strategies for education of children with special needs. This includes education through open learning system and open schools, non formal and alternative schooling, distance education and learning, special schools, wherever necessary, home based education, itinerant teacher model,



Box-1: SSA Models of Inclusive Education

- Regular schools
- Resource room in a BRC/CRC
- Alternative and Innovative Education
- EGS Centres
- Home-based Education
- Referral to Special Schools, wherever required.

remedial teaching, part time classes, community based rehabilitations (CBR) and vocational education and cooperative programmes.

So far in SSA, 1.70 million CWSN have been enrolled in regular schools. The States of Andhra Pradesh, Assam, Bihar, Haryana, Jharkhand,

Kerala, Maharashtra, Punjab, Rajasthan, Tamil Nadu, Uttar Pradesh, Uttaranchal, West Bengal and Delhi have also enrolled 49083 CWSN in EGS/AIE. States of Chhattisgarh, Haryana, Himachal Pradesh, Jharkhand, Karnataka, Kerala, Orissa, Tamil Nadu, Uttaranchal and West Bengal have covered 61290 CWSN through home-based programmes (**Table-I**).

No.	Name of the State	CWSN Enrolled in EGS Centres	CWSN provided Home Based Education
1.	Andhra Pradesh	4675	1114
2.	Assam	2253	-
3.	Bihar	7651	11567
4.	Chhattisgarh	-	
5.	Haryana	3082	380
6.	Himachal-Pradesh	-	320
7.	Jharkhand	945	171
8.	Karnataka		5092
9.	Kerala	813	760
10.	Maharashtra	17847	-
11.	Orissa		4655
12.	Punjab	1075	-
13.	Rajasthan	3275	-
14.	Tamil-Nadu	4395	16718
15.	Uttar-Pradesh	690	-
16.	Uttaranchal	1117	513
17.	West Bengal	365	20000
18.	Delhi	900	-
	Total	49083	61290

What is Home-based Education

Generally home-based education is defined as the education of children with severe intellectual/physical disabilities, who can be educated in the combination of home-based and alternate educational settings to enable them to achieve independent living skills. Home-based education aims at school preparedness and preparation for life. Alternate educational settings provide opportunities for learning of social skills, vocational skills and implementation of life skills. A severely intellectually disabled child will be a child who would not be able to perform two or more of the following functions independently, which a non-disabled child of that age group could do:



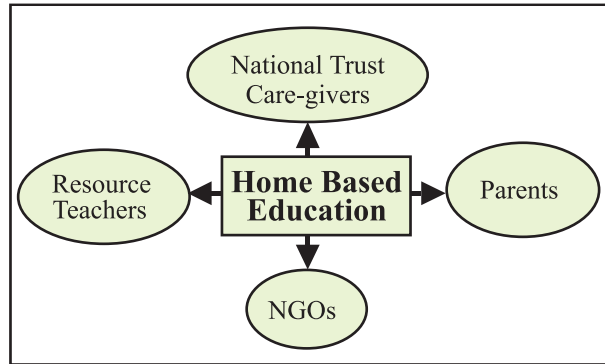
Child being Assessed by a Resource Teacher

- Toileting
- Feeding
- Communication
- Motor Skills
- Basic social skills
- Self grooming

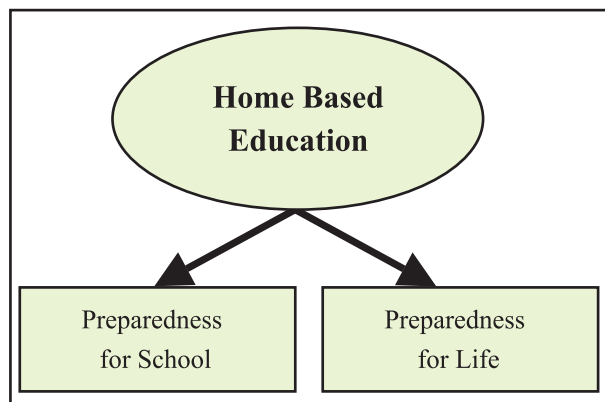
Why Home-based Education?

Recent surveys and studies have also shown that a large proportion of CWSN are out-of-school, owing to the severe nature of their disabilities, which at this point in time might not be

accommodated in a regular classroom setting. There are children who, at some point in their lives, may need a special education programme that is completely outside the purview of the regular classroom. Here are the reasons:



- Some disabled children need highly specialized skills taught by specially trained teachers
- Some disabled children might never respond to the demands of an academic curriculum and will require alternatives
- Some disabled children could participate in an academic curriculum but would require an inordinate amount of time and attention from a regular class teacher, such that it would be inequitable for the other children in the class
- Some disabled children need the support of a peer group that is more like they are, rather than being pushed out into the “mainstream”



- Some disabled children might experience school failure without a special education curriculum tailored to their needs
- Some disabled children have greater opportunities to success in an alternative setting because there is a greater emphasis on parental partnerships, parental cooperation, and active parental participation in the education of the child.
- Some disabled children might not succeed in a regular classroom, as they might not respond to the dictates of a standardized curriculum.
- Home-based early intervention for CWSN improves the quality of life for the whole family
- Follow-up on the progress of CWSN is done on a regular basis.

Some other advantages of home-based education are given in **Box-2**.

This brief document is an effort to capture and record the initiatives being undertaken by the States to provide home-based education to CWSN as a part of the inclusive education programme in SSA. It attempts to capture the processes and implementation strategies that evolved in the States in the pursuit to provide home-based programmes to CWSN.

Advantages of Home-based Programmes

Although, no evaluation/impact assessment studies are available to gauge the efficacy of home-based education programmes, research highlights the following advantages of home-based programmes:

- Parents become effective teachers
- CWSN show progress in their overall development, including cognitive and language domain
- Progress of CWSN can be evaluated through a carefully designed individualized programme
- CWSN improve degree of eye-contact, expressive language and comprehension of instructions and communication skills
- Disruptive behaviours on the part of CWSN are reduced
- Parent - “expert” partnership builds mutual trust and sharing

Box-2: Common Merits of a Home-based Programme for CWSN

- Families are full participants in all aspects of the planning, delivery, and evaluation of services
- Increased emphasis on early identification and intervention services
- Children and families have access to a comprehensive and well-coordinated array of services that address the child and families’ physical, emotional, social, and special needs
- Once a child develops the basic Activities of Daily Living- ADL, services could be extended to the regular schools
- Services should be integrated with all other child-serving programmes, agencies, and systems
- Services are provided keeping in mind the linguistic needs, socio-cultural norms and values of each child and family.

Home-based Education Programme in Haryana

Under the programme of IE in SSA- Haryana, 31907 CWSN have been identified and 28445 have been enrolled. In line with the Persons With the Disabilities Act (Equal Opportunities, Protection of Rights & Full Participation) 1995, a multi-option model has been adopted for implementation of the programme of IE. The State has started home-based education programme for severely affected CWSN. The home-based education programme in Haryana is being imparted to CWSN through model inclusive schools. These schools are model in the sense that they are equipped with all facilities to support the needs of CWSN. They are inclusive as they are regular schools with a high strength of non-disabled children.

The State of Haryana started with 4 model schools in the districts of Gurgaon, Panchkula, Hissar and Rohtak. These schools were then opened in 7 more districts of Sirsa, Bhiwani, Mahendergarh, Yamunanagar, Fatehabad, Faridabad and Kaithal. In these schools, 1200 CWSN are being provided education. Besides, 380 CWSN are being provided home-based education.

The main purpose of home-based education is to provide individualized support to CWSN and to create awareness in the parents about the needs and potential of these children.

Strategies for Home-based Education

The main strategies adopted for home-based education are as follows:

- Identification of CWSN
- Formal and functional assessment of the CWSN in the catchment area
- Informing parents about the strengths and potential of their children



A Child being Assessed

- Involving parents in ascertaining the functioning level of the child
- Establishing primary learning goals for the child in consultation with the parents
- Providing skill based training to the parents of children with special needs.

Areas Selected for Home-based Education

Home-based education has been started in those areas where there is no school, or where the CWSN are found in scattered and remote habitations. If due to some reason, a child with special needs is not able to access the regular school, his/her needs are met through home-based education. Hence, the home-based education is carried out in areas where:

- Transportation is a problem for CWSN
- The schools and the other organizations present are unable to meet the needs of severe CWSN
- The incidence of overage CWSN with low mental ability is high
- Providing individualized need based support (requiring more time) to CWSN might not be possible in regular schools

- The teaching goals of CWSN are focused more on Activities of Daily Living (ADL) to begin with, rather than the 3 R's.

Process for Home-based Education

Home-based education is being imparted by the teachers of model inclusive schools. An innovation launched by the State has been to open model inclusive schools in all the blocks of the State. The project aims at covering all the districts. CWSN are given education along with normal children in these schools. Initially four districts namely Panchkula, Hisar, Rohtak and Gurgaon have been taken up. Schools with spacious accommodation and approachability have been identified at the district headquarters. Now Model IE schools are functioning in 10 districts, which cover nearly 2200 children. Selected teachers have been imparted eight days special training on concepts, objectives, goals and implementation strategies of the programme. Camps for CWSN and their parents were organized in all the four districts for medical check up and counselling. Special material and equipments was provided to these special schools. The following facilities have been made available in the schools:

- Transport facilities to the children to enable them to attend schools
- Special equipments and learning material
- Specially trained staff
- Special monitoring and supervision of the school activities
- Incentives like books, uniforms, textbooks with the help of NGO, special furniture, dining tables and utensils
- Aids and appliances.

Besides, these model schools also provide for the following:

- Special educators for each category of disability.



Providing Speech Therapy to a HI Child

- Part time staff for developing inherent talent of CWSN.
- Starting of hobby classes, computer education etc.
- Full time attendant for the severely and profoundly CWSN, based on the medical assessment report.
- Facilities for various sports and games.

Six more model IE schools have been set up in the districts of Sirsa, Fatehabad, Jind, Kaithal, Bhiwani and Mahendergarh. The goal is to establish IE Model schools in each block so that the children do not have to cover long distances and requisite facilities are available at the door of the CWSN.

HBE has begun only in the 4 districts of Gurgaon, Rohtak, Panchkula and Hissar. The teachers of the model inclusive schools visit the homes of CWSN once in 15 days to provide the requisite remedial support.

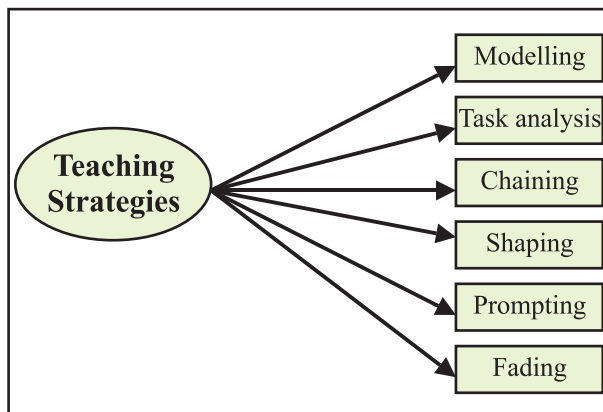
No formal parental training has been organized by the State on home-based education. However, when the teachers visit the homes, they conduct intensive counselling sessions with the parents regarding the problems and the progress of their child. The parents are provided relevant information relating to the

needs of their child. These sessions also comprised apprising the parents on the activities of daily living (eating, dressing, toilet training, cleanliness and hygiene), behaviour management and self-help skills. Besides, the parents are also guided on how to evaluate their child on various activities at regular intervals of time based on a checklist (provided at **Annex-I**).

While teaching ADL and self-help skills to CWSN, the teachers adopt the effective principles of teaching such as teaching from simple to complex, from known to unknown and from whole to the parts. The main objective here is to start with those activities that are simpler and which the child would be able to perform without much difficulty. Once the child achieves success in the simple activities, s/he is encouraged to perform complex activities. A child's current level of functioning is considered to be the most important indicator before starting any teaching process. Therefore, before teaching any skill to the child, the child's level of understanding of that particular concept/ skill is taken to be the starting point from where to impart further training to the child.

Teaching Strategies

The following strategies are used by the teachers to impart any particular skill to the child:



Modelling

In modelling, students learn appropriate behaviours by observing and imitating others. When they observe one of their peers being rewarded for desirable behaviour, they tend to follow the example of the model. Thus, they learn behaviours that have positive consequences. Likewise, unacceptable behaviour might be discouraged when students watch others receive punishment for such behaviour. In addition, the teacher can call attention to behaviour that should be emulated.

In using modelling to influence a specific behaviour, the following steps are helpful:

- Select the behaviour
- Select the model
- Give the model and the observer directions concerning their roles
- Reinforce the model for exhibiting the behaviour
- Reinforce the observer for imitating the behaviour.

Children are naturally inclined to learn by imitation. Modelling involves imitation and therefore is an effective behaviour modification technique.

Task Analysis

The teacher can choose a learning task appropriate for the child to master and the terminal objective should be stated in behavioural terms. The terminal goal is broken down into incremental steps, arranged in order of complexity, with each item being a pre-requisite for the subsequent one until the terminal goal is reached.

Shaping

Shaping is a technique of gradually building a desired behaviour by reinforcing each small step toward the target behaviour. To use the

shaping technique, the teacher must first break the target behaviour down into a sequence of small steps. The child receives a reinforcer for a behaviour he or she can already do, then reinforcers are provided for each step closer to the target behaviour. This procedure is sometimes called successive approximations. For example, if the target behaviour is for Anita to sit in her seat and work for 15 minutes, at first Anita is reinforced for being near her seat. Later, she is reinforced for kneeling at her desk, then for sitting in her seat for 1 minute. The time she must spend in her seat before receiving a reinforcer is gradually increased until she sits in her seat, doing her work for 15 minutes.

Chaining

The steps that are obtained through task analysis are taught separately. These steps can then be linked sequentially together till the whole behaviour is learnt. This process is called chaining. Chaining can be done in two ways:

- Forward chaining – proceeding from the first step to last step
- Backward chaining – here the last step is taught first and steps are taught sequentially till the first step is reached.

Prompting

Just as all children require guidance and assistance while learning new activities, children with severe learning difficulties also require help. The procedure of providing active assistance to help children to learn a specific target behaviour is called prompting.

There are three types of prompts- physical prompts, verbal prompts and clueing.

- **Physical prompt:** Here the child requires manual assistance like holding his or her hand and drawing.



Helping a Child through Physical Prompts

- Physical prompts are usually needed when teaching a new behaviour. This should be combined with verbal prompts.
- **Verbal prompts:** Some children may need only verbal statements describing every step of the behaviour to be performed. For example, when teaching the child to sharpen a pencil the teacher may have to say “pick up sharpener and pencil put end of pencil in sharpener” and so on.
- **Clueing:** Some children may need only verbal hints. For example, when showing picture of a banana, the teacher may say “Baa” as a hint for the child to name it correctly.

Fading

This is process of gradual decrease in the active assistance given by the teacher to the child, as the child slowly learns and masters the skill being taught. This helps the child perform more independently.

These techniques along with the close coordination of parents and resource teachers have borne fruitful results.

Impact of Home-based Education

The following have been the key outcomes of home-based education:

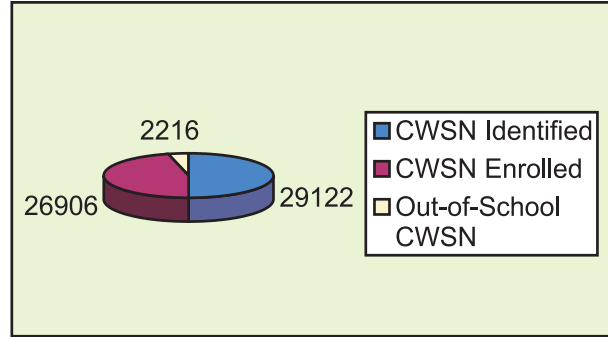
- Parents have become aware of the needs and potential of their children
- Since parents are closely involved in the learning of their children, the entire teaching learning process becomes easier and sustainable
- Parents and children are provided one-on-one training/instruction, which is more real as it appears in natural situation/ environment
- Providing education and self-help skills to the child becomes a shared responsibility, rather than a burden for one person
- Above all, the parents and the siblings are closely involved in the entire process of home-based support to CWSN.

Bridging the Gap through Home-based Education in Himachal Pradesh

SSA is being implemented in the State in 115 education blocks of twelve districts of the State. The literacy rate of the State 77.13%. The State has a network of 14330 educational institutions at elementary level, which cater to the educational needs of 1064435 children. The State also plans to provide education to out-of-school children through 138 Education Guarantee Scheme (EGS) centres and 13 mobile schools. The State has also opened 2906 Early Child Care and Education (ECCE) centres in convergence with Integrated Child Development Scheme (ICDS).

SSA also aims to bridge all gender and social gaps. It lays special emphasis on the disadvantaged group, which include CWSN. The key focus is on inclusion and participation of CWSN. It encourages every child to be included in formal school. With the mandate of providing education to every CWSN irrespective of the kind, category and degree of disability, in an appropriate environment, the intervention of inclusive education was taken up.

The total number of CWSN identified under SSA is 29,122, which is 2.87% of total school going

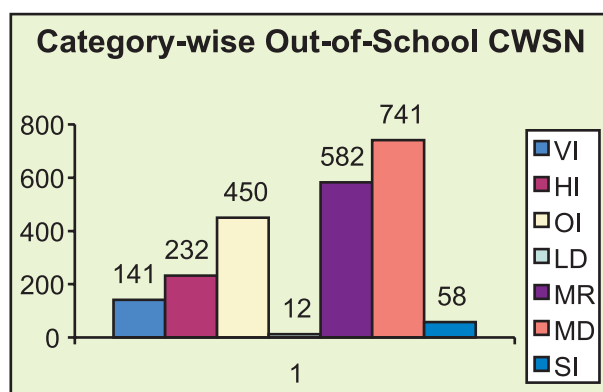


children at elementary level. At present, 26,906 CWSN have been integrated in formal schools and 2216 are out-of-school (**Table – II**). Different strategies have been adopted to bring the out-of-school CWSN in to the educational system. A district wise number of out-of-school CWSN is shown below: Besides, the IEDC Scheme of the Department of Higher & Secondary Education is also strengthening the inclusive education initiative in the State.

Home-based programme is the major activity under the inclusive education programme of SSA. Universalization of Elementary Education (UEE) necessitates that children with disabilities must get an equal opportunity to receive education in a supportive environment.

Table II: Category-wise Number of CWSN Identified

Category	Enrolled CWSN	Out-of-School CWSN	Total
VI	7416	141	7557
HI	3454	232	3686
OI	3668	450	4118
LD	2912	12	2924
MR	3703	582	4285
MD	3421	741	4162
SI	2332	58	2390
	26906	2216	29122



There are 10 NGOs in the seven districts (**Table-III**) of Himachal Pradesh working in the home-based education programme for CWSN. This task has been entrusted to the NGOs because of their reach to the poor community in the remote areas. Each NGO has adopted 20 CWSN (as shown below) under home-based programme. Three day care centres have been established in the districts of Shimla, Mandi and Kangra under SSA. Moreover, the NGOs are also flexible in adapting and responding to local situations and needs.

Out of the 2216 CWSN, 200 have been adopted by the NGOs in the various districts

and the remaining have been covered through day care centres, respite care centres and special schools.

20 CWSN have been allocated to each NGO, identified in different districts. Medical assessment camps are organized by the NGOs to assess the needs of CWSN. After assessment, aids and appliances are provided to the needy CWSN.

Appointments of RCI trained teachers are made by NGOs, as per the TOR provided by the SPO (given at **Annex-II**). The pupil teacher ratio is 1:10. Each CWSN is visited by the teacher once in 15 days. These visits are monitored by the parents of CWSN. IEPs and ITPs are prepared by the teacher in consultation with parents of the CWSN. The role of the resource teachers/ special educators is given below.

Role of Special Educators in Home-based Education

1. Planning and organizing medical assessment camps to assess the severity of disabilities of CWSN

Table III: NGO Involvement in IE

No.	District	Name of the NGO	Name of the Block	Area of Assistance	Monitoring undertaking by
1.	Shimla Abhi Disha	Udaan	Kotkhai and Rohru Kasumpti & Shimla Mashobra	MR & OH MR MR & OH	DIETs/ State Project Office
2.	Mandi	Sahyog	Mandi & Sundernagar	MR	
3.	Bilaspur	Chetna	Bilaspur Sadar & Khumarvi	MR & OH	
4.	Hamirpur	Deepshikha	Hmr & Nadaun edu. Block	MR & OH	
5.	Una	Prem Ashram	Una	MR	
6.	Sirmour	Sidhi Astha	Dadahu Surla & Naha	MR & OH MR & HI	
7.	Solan	Indian Association of Muscular Dystrophy	Solan	Muscular Dystrophy	



A Special Educator helping a HI Child

2. Coordinating the provision of aids and appliances in convergence with already schemes sponsored by the State Central Government
3. Preparation and updating of IEPs in consultation with parents
4. Imparting training to the parents of out-of-school CWSN on mobility training, speech training, auditory training and ADL (activities of daily living skills) etc. at home
5. Periodic home visits
6. Providing vocational education to out-of-school CWSN. Preferably community based localized vocations have to be identified and eligible out-of-school CWSN, rehabilitated
7. Development of need-based TLM
8. Organizing recreational activities for CWSN, i.e. picnics, excursions, outings etc.

Special therapies like occupational therapy and physiotherapy are provided to each CWSN as per their need and they visit the home of the child at least twice a month. Various training like mobility training, and activities for daily living skills have been imparted to the parents of CWSN through guidance and counselling. Various efforts have been made for eligible

CWSN to rehabilitate them in community based localized vocations. TLM, special books, stationery, toys, charts, colours etc. have been provided by the NGO to the CWSN.

Co-curricular activities undertaken for CWSN are outings/picnics, bal melas at district level, sports etc.

Release of Funds

Grants to the Voluntary Agencies for running home based programme are released in installments. Before the release of first installment, representatives of the District SSA Society visit the NGOs to assess their organizational ability and to verify their claims in the education/ training of CWSN.

After approval of a project and receipt of intimation from the NGO regarding commencement of the project, every month the NGO has to submit the utilization certificate of expenditure incurred towards admissible items along with the progress (on prescribed format) made during the month to the District Project Officer (SSA) before 7th of the succeeding month. DPO scrutinizes the entire report and payment is made before 15th of the same month. It is ensured that the NGO provides the calendar of activities in the beginning of month. NGOs may also be asked to furnish quarterly expenditure statements. Annual Utilization Certificate must be countersigned by a Chartered Accountant.

For release of first grant in initial and subsequent years, the Voluntary Agency/NGO has to provide the following documents:

- Audited accounts which should consist of (i) utilization certificate (ii) balance sheet (iii) receipt and payment (iv) income and expenditure as well as auditor report
- Annual Progress Report
- Details of all income and expenditure should be mentioned in the income and

expenditure statement on accrual basis and receipt and payment statement on actual basis

- Expenditure incurred on assets should be indicated in the receipt and payment statement.

Monitoring Mechanism

Beside the NGO implementing agency, the SSA officials at the State, district and block level monitor the implementation of the programme. NGO implementing agency submit their monthly progress report on the prescribed format to the district by 7th or every month. The implementation of home-based programmes are

reviewed periodically by the State Project Office, which suggests suitable modification for the successful implementation of the programme from time to time. Besides regular monitoring of the programme by the State and district officials, team selected by the SRG may be formed to assess the achievement levels/progress of the disabled children periodically. The report of the team is placed in SRG meeting for review and follow up action.

The home-based education strategy adopted by the State is an example showing the active involvement of NGOs in taking education to the doorstep of those CWSN for whom education in any form was earlier a distant dream.

A Beginning of Home-based Education in Jharkhand

Providing home-based education to children with severe disabilities is a relatively new concept. The programme is being implemented in Khunti, Murhu and Namkom blocks of Ranchi district with the help of Theodori Rural Development Project, a local NGO.

Home-based education was initiated to impart social and functional skills to severely disabled children. The aim was to provide an educational programme, tailored to the needs of these children, mainly comprising activities beyond the purview of a regular classroom. As most of the CWSN require referral and subsequent rehabilitation programmes, this intervention was taken up. The ultimate objective of this programme is to prepare CWSN for their subsequent inclusion into regular schools. The strategy adopted to provide home-based education included identification, pre-integration training, provision of assistive devices and an Individualized Educational Programme.

The Process

Identification of children with disability was carried out by involving community and local people. Village level list of CWSN was prepared through home visits by the resource teachers provided by the NGO. Screening of the identified children was done at cluster level. Those surveyors, who were willing to take up home-based education programme for CWSN, were trained for integration and education of children with disabilities. Assessment of the children was carried out by a team of doctors and experienced resource persons on various disability categories. In these camps, decision regarding the education placement of CWSN was made according to the age group, ability/disability and family condition.

Children with visual impairment, hearing impairment, mental retardation and multiple



Mobility Training

disabilities are given home based interventions in play groups to develop their physical, social and cognitive abilities. They were provided training in Pre-integration Learning Centres (PLICs) for school preparedness, wherever feasible. Other children who could not come to PLICs because of access related problems, received interventions at their home. These children followed an individual educational programme aimed mainly at ensuring self care development, socialization, pre writing skills, learning pre math concept and other interventions, according to the particular needs arising from the disability - e.g. lip reading, speech therapy for children with hearing impairment.



Mobility Training Using a Parallel Bar

Once the basic skills necessary for mainstreaming were developed, arrangements were made for their admission in schools. For the children who had severe disabilities and mobility problems, home level interventions continued so as to develop their skills and abilities in the best possible way.

Parental and Community Support

One of the key factors behind the success of the home based programme was the direct involvement of the community and parents right from its inception. Parents' involvement is felt essential for the success of the programme.



Community & Parental Training

The following activities were carried out to effectively involve parents:

- Home level interaction with parents and family members
- Monthly review of CWSN in the presence of their parents at cluster level
- Preparation of IEPs with the help of parents according to the identified needs and
- Assigning specific task to the parents of CWSN
- Individual counselling to parents regarding their child's problems, care and management and progress.

Parental involvement was also ensured through home visits by the resource persons. These visits were carried out to follow up on the use and maintenance of aids and appliances, ensuring the sustenance of specialized support and updation of IEPs.

The interventions at the community level mainly included interactions with village leaders, women's groups, Anganwari workers on regular basis to create positive attitudes towards the parent's efforts and to provide encouragement to the children.

Support for CWSN

To ensure continued support to CWSN, a one-day sensitization programme was held for teachers and peers. This was done to prepare teachers and students to enroll these children into their classrooms. Integration activities with children/parents were conducted. Learning support was provided to children through resource teachers.



Father Teaching his Daughter

Follow Up

Constant follow up was ensured at the field level through:

- Interaction with parents and children
- Monitoring

- Training of teaching staff
- Follow up of CWSN who were mainstreamed
- Review of the children's progress in school after being mainstreamed.

A very important part of this entire process was a constant follow up on the medical intervention provided to CWSN through corrective surgery.

Constraints

For the State, home-based education programme is still in the infancy stage. So far, the State has covered 71 physically disabled, 45 mentally retarded and 80 children with speech and hearing problems. The progress on home-based education programme is also impeded due to the following constraints in the State:

- Lack of local rehabilitation professionals
- Lack of specialized doctors/professionals e.g. ophthalmologists, ENT specialists and clinical psychologists in villages
- Lack of specific curriculum for CWSN in mainstreamed schools.

However, in spite of these constraints, the overall impact of home-based education programme has been positive.

Impact of the Home-based Education

The most significant impact of this intervention has been on the behaviour of CWSN. The marked improvement on the behavioural aspects is mainly perceived in areas of personal grooming, socialization, academic learning and occupational independence. Some CWSN have also shown reduction in their disruptive behaviour after this form of support.

Conclusion

The State has made a modest beginning by covering 196 CWSN so far through home-based education. Specialized skills are being taught to these children by specially trained teachers. The success of this programme lies in active parental partnership, cooperation and participation. Another related factor is the availability of the continuum of services, which has to be preserved for these children if their wide range of needs is to be met.

Providing Home-based Education through IERTs in Karnataka

In the context of UEE to bring all the children in the age group of 6-14 to school, different programmes are planned and implemented in Karnataka. The experiences of different States reveal that inclusion cannot be achieved without providing adequate resource support to CWSN. Most of the States are endeavouring to provide this support at the block level. In this direction, the Department of Public Instruction in Karnataka, for the first time, planned to create a permanent structure at the block level by deploying 3 regular teachers who had undergone training of 90-days/42-days special training on IE. These teachers were deployed as Inclusive Education Resource Teachers (IERT) from the Department itself.

The activities initiated and implemented under IE are:

- Deployment of IERTs- 3 teachers in each block, who have undergone 90 days/42 days training or any specific course in the field have been identified
- Each IERT has been assigned a specific number of schools



Special Educator demonstrating Physio-therapy to Mother of a CWSN

- To establish one resource centre in all BRC's
- Empowerment programmes like workshops, field visits, trainings to build the capacities of IERT's

Home-based education for those CWSN who cannot attend the school due to severe disability.

Details on coverage by IERTS is shown below.

Coverage by IERT's

S. No.	Districts	No. of Blocks	No. of IERTs	No. of Homes assigned to Each IERTs
1	Bangalore (U)	9	27	6
2	Bangalore (R)	8	24	12
3	Belgaum	14	42	33
4	Bagalkot	6	18	10
5	Bijapur	7	21	6
6	Gulbarga	11	33	10
7	Bidar	5	15	7
8	Raichur	5	15	11
9	Koppal	4	12	10

10	Gadag	6	18	6
11	Dharwad	6	18	14
12	Haveri	7	21	6
13	U.Kannada	11	33	2
14	Bellary	8	24	6
15	Chitradurga	6	18	9
16	Davenagere	7	21	8
17	Shimoga	7	21	14
18	D. Kannada	7	21	10
19	Kodagu	3	9	16
20	Mysore	9	27	13
21	C. Nagar	5	15	5
22	Hassan	8	24	8
23	C. Magalore	8	24	2
24	Udupiti	5	15	12
25	Mandya	8	24	13
26	Kolar	12	36	9
27	Tumkur	10	30	9
	Total	202	606	267

The activity of home-based education for CWSN was initially taken up under the intervention 'out-of-school children'. But it has now been planned to continue the programme under the component of IE. The core principle of providing equal opportunity to all the children including CWSN is the base for initiating the activity of home-based education.

The objectives of this programme are to provide school access to those CWSN who cannot attend school for specific reasons like severe mental retardation, cerebral-palsy and multiple disabilities. Universal coverage is thereby achieved either by enrolling all CWSN in nearby schools or by providing education to them at home.

The key objectives of the home-based education are to provide:

- Access
- Equal opportunity
- Universal coverage.

Universal retention of CWSN in the educational process would require providing need-based education to each child with a special need as per his/her requirement. It is also envisaged that home-based education would create awareness in the peer group/parents/ school/ community on the importance of equity, equality and enrollment of all children in schools. Further it is felt that the community will become aware of the causes of disabilities and train them to take remedial actions. The guidelines for curriculum designed by the State for home-based education are given at **Annex-III**.

Process

Home-based education is carried out by IERT/ volunteers (the job chart of IERT & volunteers provided in **Box-3&4**). The State first identifies volunteers from the NGOs or local educated youth to provide remedial support to CWSN. These volunteers are selected by the IERTs or block level officers. In case trained volunteers are

not available, interested youth are selected for this purpose. Preference is given to trained youth. In the absence of trained youth, interested educated youth are given preference to carry out the activities of HBE. The identification of volunteers is done from NGO's or local educated youth to provide required support to the children as per IEP. After identification, IERTs/ volunteers/ local youths jointly conduct a case study of a child with special needs. Based on the



IERT and Volunteer discussing Case Study of a CWSN

Box-3: IERTs role in HBE (Job Chart)

- Preparation of block level action plan
- Identify the children for home-based education
- Interact with the family members regarding the supporting activities like life skills, social skills, educational activities, physiotherapy etc.
- Visit the school and interact with the teacher and headmaster regarding the child
- Recording the progress of a CWSN in the school
- Developing inclusive activities for the CWSN being provided HBE
- Identify the NGOs working in the area of IE and prepare an action plan for HBE by utilizing the services of NGOs
- Identify the volunteers with the help of NGOs
- Preparing the child profile, case study and IEP with the help of parents, volunteers and NGOs
- Providing training to teachers, volunteers and parents
- Interacting with teachers, parents and SDMCs
- Planning for medical camps and awareness programmes
- Creating IE friendly atmosphere in home, school and community
- Act as an ambassador of IE.

medical reports and interactions with parents and families, an Individual Education Plan of each child is developed. These IEPs record the support provided to a child in the form of physiotherapy, speech therapy, medical rehabilitation, remedial teaching etc. Visits made by the IERT/volunteers are also recorded. Format for IEP is given at **Annex-III (a)**.

Box-4 : Role of Volunteers

- Conduct the activity as per the IEP, records the progress of the child
- Visit the house two days in a week and provide educational activities to the children.
- Skill-based training to the parents
- Meet the teachers of the schools and share the progress of these children and record in the IEP and child profile
- Conduct periodic health camps for these children and plan for medical rehabilitation of these children.

The IERT or volunteer spends a minimum of 4 hours during the visit to the child, which includes educational activity, interaction with parents and community and required therapy. The progress and suggestions of the parents, teachers and volunteers are recorded in the child's profile.

The children identified are enrolled in the near-by schools and the IEP is being maintained by parents, IERTs/ volunteers. The State also plans to conduct monthly sharing meetings of IERT's and volunteers at block level. Evaluation of achievement levels of CWSN is also planned as is in practice for the non-disabled children.

Monthly Sharing Meetings

In the monthly sharing meetings of teachers, a time slot is reserved for IERTs to share the experiences. The IERTs recount their experiences of school and home visits in connection with the inclusive education. The teachers are also given opportunities to narrate their experiences in this regard. The BRP and other resource persons also have discussions on how to make inclusive education more effective. The volunteers also participate in these meetings. It is proposed to have district level sharing meetings of these IERTs every month to make inclusive education more effective and meaningful.

So far the State has covered 6255 CWSN with the help of NGOs as shown in **Table-IV**.

The Way Ahead

The State plans to conduct intensive awareness programmes. The process of preparation of handbook (guide) and tips to home-based education at the State level is under progress. Depending on the case study and the IEP, stating

the specific goal of each child, it is proposed to prepare supportive charts pertaining to the child and display these in the child's home. This will guide the parents on the needs of the child and what exactly needs to be done. The IEP of the child will also be kept at home. This will provide some information to the supervisory staff and the BRC/CRC when they visit the homes of the CWSN.

The State of Karnataka is planning many novel initiatives to be taken up under the home-based education programme. Some examples of these initiatives are: setting up of a resource room in all BRCs, development of guidebooks/supporting charts to guide parents and teachers, district level sharing meetings etc. These, no doubt, will go a long way in improving the quality of services being provided to CWSN.



Training of Parents at the Cluster Level

Table IV: Coverage of CWSN through Home-based Education

S. No.	Districts	Children covered under HBE	NGOs involved in HBE
1	Bangalore (U)	152	Ramana Maharshi Academy for the Blind, Seva in Action
2	Bangalore (R)	281	Grameena Abhyudhay Seva Samsthe, D.B. Pura, Seva in Action
3	Belgaum	1389	Local NGOs
4	Bagalkot	174	
5	Bijapur	119	
6	Gulbarga	315	
7	Bidar	101	
8	Raichur	158	
9	Koppal	118	
10	Gadag	113	
11	Dharwad	255	
12	Haveri	119	
13	U.Kannada	73	
14	Bellary	141	
15	Chitradurga	168	
16	Davenagere	165	
17	Shimoga	300	
18	D. Kannada	204	
19	Kodagu	146	
20	Mysore	341	
21	C. Nagar	79	
22	Hassan	191	
23	C. Magalore	49	
24	Udupiti	183	
25	Mandya	320	Ramana Maharshi Academy for the Blind
26	Kolar	324	Skanda Education & Medical Seva Trust, Gajaanam Edn. Trust, Antaragange Vidya Samste, Kolar
27	Tumkur	277	Skanda Education & Medical Seva Trust
	Total	6255	

Piloting Home-based Education for CWSN in Kerala

Being a DPEP State, the State of Kerala has undertaken many activities for CWSN to bring them into the fold of mainstream education. Some of these initiatives include behaviour modification programme, learner achievement programme and Sayantana Vedi Camps for CWSN. The same have also been extended to SSA.

Every year, SSA conducts annual surveys to identify the CWSN with the help of special educators, resource teachers, class teachers, Anganwadi Workers, Gram Panchayat members etc. Medical camps at BRC are conducted to ascertain the type, nature and degree of disability of each identified child. Teachers are given training in methodology of dealing with CWSN in general classrooms. Parents are also given guidance and counselling by the special educators and doctors in a resource room at every BRC. Remedial teaching programmes are also held. All these activities are steps to provide suitable education to this group of children.

Although such activities are being undertaken by SSA, a small percentage of CWSN are still not enrolled in the classrooms because of their disability. Hence, to rehabilitate and educate these children, the school reaches their homes through the home-based education programme.

While recognizing the need for increasing access, enrollment and retention of all children, SSA also lays stress on improving the quality of elementary education for all, including CWSN. It proposes a holistic and comprehensive approach to the issue of quality by encouraging decentralization and giving an active role to the community in the school management and implementation of interventions. It is accepted that planning of interventions and their implementation, focusing on improvement of quality in elementary education, go hand in hand with a simultaneous effort to increase enrollment and retention of CWSN.

SSA framework clearly states that “CWSN, irrespective of the kind, category and degree of disability, are provided quality education in an appropriate environment”.

SSA supports a wide range of approaches, options and strategies for education of children with special needs, including early identification, formal and surgical intervention, provision of assistive aids, home-based education, support of resource teachers, remedial teaching, part-time classes, therapeutic services, community based rehabilitation, vocational education etc.

Although the enrollment of children in the State is high, a marginalized section is unable to attend regular schools, due to several reasons. Those CWSN with severe handicaps, especially those with locomotor problems, mental retardation, spasticity, autism, etc and those with multiple problems constitute this group. Inclusive education is still in the process of addressing the needs of these CWSN who do not/cannot attend schools. Universalization of education is possible if equal educational opportunities are provided to these children too.

Home-based Education: A Pilot Project in Kerala

SSA Kerala has been implementing a systematic home-based education programme on a pilot basis in 152 blocks for 800 CWSN, who are unable to attend general classrooms, special schools, MGLC etc., due to the severity of the disability. The home-based education programme was started in October 2005 in the State . Based on the preliminary survey, SSA identified 2000 CWSN who were not provided education in any form. These severe-profound CWSN with mental retardation, spasticity, orthopedically problems etc. below the age 14 years were being denied education due to mobility related problems, low intelligence etc.



Child being taught by a RT in Resource Centre

Considering the inability of the present education system to address these children's educational needs, SSA plans to provide support to these CWSN and their families. As a pilot project, 800 CWSN are given training through home-based education programme by the special educators, who are working as resource teachers in BRC. The resource teachers in the State have been entrusted the responsibility of attending to these CWSN by visiting their homes.

Each resource teacher has to visit the homes of two children in a week. They visit the homes of the CWSN and give training to them in academic subjects with the help of family members (parents or siblings). During the visit they teach pre-skills to each child. S/he convinces the parents on the need of educating the child and offers all possible help and assistance. The initial task of the resource teacher is to recognize his/her role towards CWSN and their parents. This is the most crucial step, as if s/he fails to convince the parents, their involvement might not be possible in this entire process. In achieving this, the resource teachers has to be very patient, positive and empathetic in their approach.

Development of Individualized Education Programme (IEP) for Each Child

Development of Individualized Educational Programme (IEP) for each CWSN is important if appropriate education and training is to be

provided. This depends on the need of the particular child. It is necessary to formulate specific individualized objectives. This is done by assessing the child's current level of performance. The major component of IEP are:

- General background information about the child
- Current level of performance, in specific areas
- Short-term goals and objectives
- Procedure, teaching method and materials required to achieve the objective
- Duration of services
- Personnel involved
- Evaluation to assess progress on the objective.

An IEP is planned with the help of specialists/ teachers who also provide the required services to the child. For example, the IEP of a child with cerebral palsy must contain programmes in physiotherapy, speech therapy, use of a communication board and behaviour management. Hence, a good IEP is evolved with the effort of a team of specialists, with the resource teacher coordinating the programme.

The majority of the children selected for home-based education are either children with cerebral palsy or mental retardation. Most of these children are not able to follow the usual curriculum. Thus, the activities planned for these children include:

- Activities of daily living skills
- Orientation and mobility
- Physiotherapy
- Occupational therapy
- Curriculum focusing on functional academics
- Speech therapy etc.

Behaviour modification and teaching daily living skills are the two major areas addressed through task analysis, modelling, shaping, chaining, prompting and fading. These are methods used to bring about behaviour modification. Some of these are described in **Box-5**.

Box-5: Strategies for Behaviour Modification

Task Analysis

Instead of teaching a behavioural objective in one big step, the resource teachers splits it into several small steps. Each step is taught one at a time until the child reaches the specified behavioural objective as a whole. Task analysis is the procedure of teaching a behavioural objective in small and simple steps to the child, and is useful in simplifying teaching of daily living activities like brushing, bathing, toileting, eating, drinking, dressing grooming etc. The child with intellectual impairment need to be taught all these activities. An example of task analysis is provided below.

Step I: Identify the target behaviour

Step II: Break up the behavioural object into simple small steps or units

Step III: Arrange the identified steps in sequential orders (but simple steps before difficult ones).

For example if a child requires intensive toilet training, the steps are taught one by one, to make it easy for the child to teach her/him to use the toilet. The resource teacher notes the frequency of bowel and bladder movements of the child and notes it down on a chart. The resource teacher also instructs the parent to note down the number of times, their child wets or defecates.

Step I

Observe the child at least for a week or ten days to get an idea of the number of times s/he needs to urinate and or pass stools.

Step II

If the child passes urine in every one hour, take him/her to the toilet seat every hour.

Other steps like pouring water, cleaning hands and dressing, etc are also to be broken into small tasks.

- **Shaping:** Shaping is a process of rewarding the child at every step that takes the child closer to the target behaviour.
- **Chaining;** Chaining is the process of teaching steps in a sequence required to attain behavioural objective. Each step should be linked to the prior one.
- **Prompting:** Prompting is the method of giving clue to the child to help attain the desired behaviour. Physical prompts include actually providing physical assistance to the child while teaching the target behaviour. Verbal prompting means giving verbal directions to the child at every step.
- **Fading:** This is a process of gradual decrease of assistance to the child in order to make him/her independent. Initially, the teacher is more involved while performing the task, but gradually, with practice, the child takes over.

The resource teacher plans and demonstrates these techniques to the parents/ siblings/ neighbours etc. of the child and assigns them tasks, considering the level of the child. S/he then monitors the child's progress every week or in a fortnight, depending upon the need of the child and then plans or re-designs the strategy, if

required. Progress on each and every step is carefully monitored by the resource teacher. Problems at any step are discussed with the parents. If the parents are not able to understand any step, the resource teacher helps them. Thus, in this way, the child is taught all the other skills using task analysis.

The resource teacher involves the parents the other members of the family of the CWSN in the home management. They are involved in setting and achieving goals, preparation of IEP and behaviour management. The resource teacher assigns various other tasks to them. In this process, the neighbours, teachers from neighbouring schools, social workers, etc are also involved in the process.

The home-based education cum training programme is of immense relevance to those CWSN who otherwise might not be given any opportunity for education. However, further refinement of the programme would require more resource teachers, availability of adapted furniture,



Techniques being Demonstrated by a RT to the Parent of a CWSN

more tools and TLM. But above all, a multi-disciplinary team needs to be in place to monitor the progress of these children at regular intervals.

Expanding the Reach through Home-based Practices for CWSN in Tamil Nadu

The State of Tamil Nadu has been implementing the IE programme through NGOs. 30 NGOs are involved in all the districts of the State. The State has adopted a very comprehensive model of IE, providing education to CWSN through various modes viz. viz. regular schools, AIE centres, ECCE centres, home-based education and special schools. The number of CWSN being covered in the State through various interventions is given below:

S. No.	Intervention	No. of CWSN
1	Regular schools	77368
2	Special schools	11582
3	ECCE centres	5941
4	Home based training	16718
5	AIE Centres	1400

This chapter will focus on the home-based model developed by the State for CWSN. There are basically two models of home-based education in the State: rural and urban. Both these models are being implemented through the NGOs. The support services provided to CWSN in both the



Teaching Appropriate Positioning to a Child with Cerebral Palsy

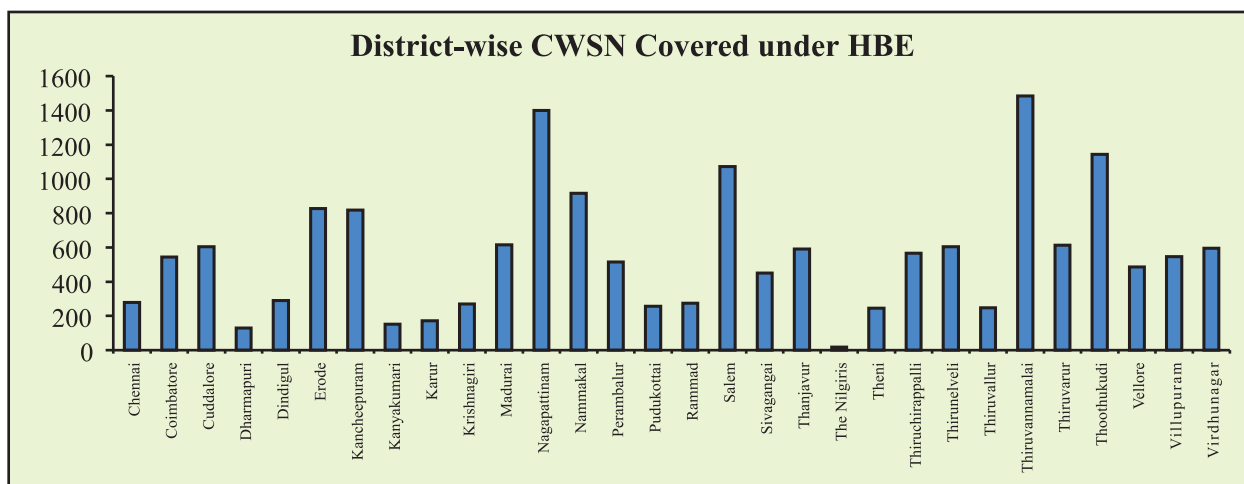
Table V: District-wise Coverage of CWSN under Home-based Education

S. No.	Name of the District	No. of CWSN Covered under HBE
1	Chennai	279
2	Coimbatore	543
3	Cuddalore	605
4	Dharmapuri	129
5	Dindigul	289
6	Erode	827
7	Kancheepuram	818
8	Kanyakumari	151
9	Karur	171
10	Krishnagiri	270
11	Madurai	615
12	Nagapattinam	1399
13	Nammakal	916
14	Perambalur	515
15	Pudukottai	256
16	Ramnad	275
17	Salem	1072
18	Sivagangai	450
19	Thanjavur	591
20	The Nilgiris	18
21	Theni	246
22	Thiruchirappalli	566
23	Thirunelveli	603
24	Thiruvallur	248
25	Thiruvannamalai	1485
26	Thiruvarur	612
27	Thoothukudi	1144
28	Vellore	485
29	Villupuram	546
30	Virdhunagar	594
	Total	16718

models are the same, including the components and techniques used for home-based education. However, in the rural home-based education model, the resource teachers from the NGOs visit the homes of the CWSN and carry out the programme, whereas in the urban model, the special school/NGO becomes the nodal point for all support and services to be provided to the

CWSN. This model is being implemented in the State through NGOs such as SPASTN, Vidya Sagar, and Little Flower Convent School for the Deaf & Blind etc.

So far, the State has covered 16718 CWSN through home-based education programmes. The district-wise coverage of CWSN is given in **Table-V** below.



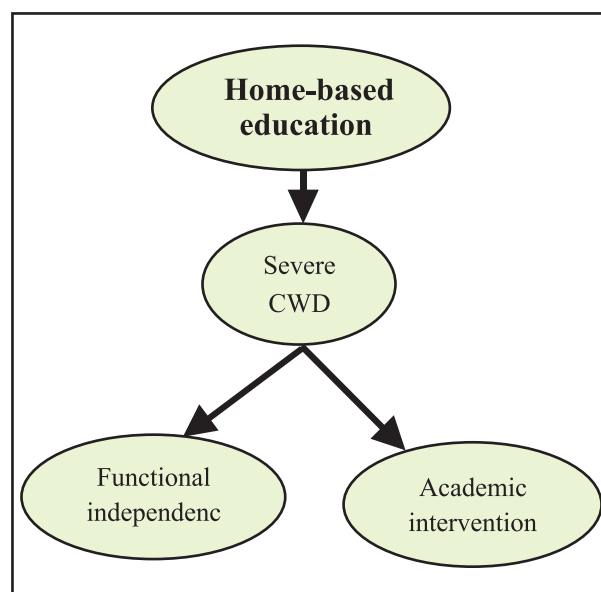
Details about both the models are provided in the text that follows.

The Rural Model

Inclusion is when all children, with or without disabilities, learn together in general schools and community educational settings with appropriate support services. The thrust of the Government’s policy on Inclusive Education implies that children with disabilities need to be enrolled into mainstream institutions and not depend solely on specialist institutions. This calls for changes and enhancement not only in physical infrastructure and in the availability of resources, but also in mind set and attitudes.

Many children with disabilities are still denied any form of education. There are others who are enrolled in schools but are deprived of appropriate education along with their age mates in regular schools. The need and the value of inclusion of children with severe and multiple disabilities is yet to be fully recognized.

Home-based education is one of the options for educating children with severe disabilities. This is carried out in two ways. One is to train the children with severe mental retardation and cerebral palsy for their day-to-day communication and functional independence. The



other is to prepare a child with severe orthopaedic condition, but with good cognitive skills for academic intervention. There are some children with severe mental retardation and cerebral palsy, who cannot even express their basic needs. Parents and other family members do not even realize that such children have a need to communicate. The Sarva Shiksha Abhiyan provides an opportunity to teach and train these children through home-based training.

Objectives of Home-based Education

The key objectives of home-based education are as follows:

- To train parents in appropriate adaptations for proper positioning and mobility
- To train parents on appropriate therapeutical interventions
- To enhance communication skills of the child
- To provide the child with the skills necessary for functional academics
- To emphasize importance of play activities
- To prepare the child with a disability to develop necessary prerequisite skills for mainstreaming
- To promote rights through concessions/schemes.

Need for Home-based Education

The need for home-based education was felt due to the immobility of severely disabled children and ignorance of parents. These children were unable to attend regular schools and so needed home-based education. Hence, it was this group of children that had to be prepared for independent living by giving the required therapy and exercises. These children are generally overage and do not have the requisite school readiness skills. Moreover, these children also do not have any access to a special schools or any other alternative setting.



Provision of a Special Seat to a CWSN

The scope of home-based rehabilitation education programme includes:

- Children with multiple disabilities such as cerebral palsy with mental retardation, sensory problems, severe orthopaedic conditions, such as arthrogyrosis (brittle bones) or children with severe mental retardation
- Severely disabled children for whom access to resources and facilities in their villages are limited (transport, hospitals, rehabilitation services etc).

Box 6: Essential Ingredients of Home-based Education

- Home visits by resource teachers
- Interviewing and counselling of the parents/caretakers and neighbours
- Observation and screening exercises
- Assessment to decide the specific plan of action for Physiotherapy, communication therapy, sensory integration therapy, assistive devices, functional academics and other academic input
- Involving family members – grand parents, parents, siblings and also the community members.

For home-based education, a common venue in the community is identified which is accessible and disabled-friendly e.g., community places, ICDS centre or individual homes.

Strategy for Home-based Education

This comprises the following four basic elements:

- Visits by the resource teachers
- Provision of aids and appliances
- Development of low cost/no cost TLM
- Parental training.

The essential ingredients of home-based education are given in **Box-6**.

Visits by the Resource Teachers

Home-based education includes not only children with severe mental handicap and cerebral palsy, but also children with total blindness and profound hearing loss. The aim is to prepare them for school. In places where there are no special schools to admit children with total visual and hearing disabilities, the resource teachers train them under home-based programme, before mainstreaming them into regular schools.

For a child with total vision loss, the resource teacher trains the child on orientation and mobility, identification of objects (using multi-sensory approach) and activities of daily living. These activities are also taught to the parents. Further, the parents also practice with the child the activities demonstrated by the resource teacher, to make him/her independent in communication and mobility. This preparatory stage takes at least six months to equip the child with basic needs to bring them to school. The resource teacher provides home-based education to all kinds of children with special needs.

Likewise, for a child with profound hearing loss, the aim is to develop language skills mainly to enable the child to interact with others.

The resource teachers visit the homes of the such children who are not attending school. The first and the foremost step is to establish rapport with the family members and the child. As the child and the family gradually become familiar with the resource teacher, a thorough assessment is done of the child's interests and needs. Interaction with the family members also helps in identifying the level of comprehension or the functional level of the child.

Based on the assessment details, the resource teacher sets a goal and develops a teaching procedure for the child through a series of visits. Initially the resource teachers visit the home more frequently i.e. 2 to 3 times in a week. S/he prepares the parents or sibling and explains to them the importance of proper positioning, seating and providing opportunity to the child to interact with others. S/he demonstrates some activities to enhance the communication skills of the child and let the parents observe those activities. The child may be communicating with varied vocalization or eye movement, body language or facial movement. Whichever way the child tends to communicate, s/he helps the parents to transform the movements into meaningful expressive skills. To elicit this kind of communication, s/he uses locally available materials.

The resource teachers are also trained at periodic intervals by the NGOs that implement the home-based education programme in the State. The NGOs also monitor the work of the special teachers at block level by conducting visits to the intervention sites. These visits are undertaken twice a month.

Provision of Aids and Appliances

With the cooperation and coordination of the Health and Rehabilitation Department, medical assessment camps are being conducted. The NGOs have made arrangements to provide assistive devices through convergence with the

Table VI: Examples of Low Cost/ No Cost Material being used for HBE

Name of the Appliance	Materials Used
Prone Wedge	Bricks, Mud, Water
Bolster	Straw, Gunny bags, waste cloth
Standing Frame	Bricks, Mud, Water, Bamboos
Corner Chair / Modified Chair	Bricks, Water, Mud
Posterior Splint	APT
Parallel Bar	Bamboo Sticks, Trees
Balance Board	Tyres and Wood
Swings	Tyres, Rope
Tactile Materials	Home mats, coir, cotton, silk wool, jute, feather
Communication Board	Cardboard, plywood with pictures, flash cards
Wooden Ramp	Wooden Pegs, boards and stones
ADL	Built up handles, shirt button, soap holders, for dressing etc.

Government as well as various other schemes of Government of India and public donations.

Development of Low Cost/ No Cost Aids and Appliances

Assistive technology is used to support the process of rehabilitation, to assist CWSN to achieve greater independence, using materials and skills that are available in their particular situations/ environment.

Box 7: Uses of Low-Cost Technology

- Materials available locally
- Prevents deformities
- Facilitates independent mobility/speech therapy/ ADL
- Acts as teaching aids in education/ mobility aids
- Provides alternative modes for communication.

Based on the need of the child, different kinds of material are developed for CWSN using low cost/no cost material. The low cost material include waste paper, mud, bricks, wood used tyres etc. From this, are developed TLM's,

corner chairs standing frames, wedges etc. More examples are provided in **Table- VI**. Coloured beads, clay stones, blocks, spoon are used to develop eye- hand coordination. Parallel bars made of bamboo or PVC pipe, which act as a support for the disabled children, help them walk and maintain body balance. The use of low cost technologies is given as **Box-7**.

Parental Training

To create awareness, training workshops are conducted for the parents. Parents, in turn, share ideas and views among themselves in these workshops. This training is of great help to them, while handling their children. During the visit, the resource teacher demonstrates some activities according to the need of the child. The resource teacher, after 4-5 visits, asks the parents to do the activities on their own. The resource teacher trains the children and the parents in the following areas:

- Activities of daily living (with minimal help and with appropriate adaptation)
- Day-to-day communication using alternative augmentative communication

- Functional literacy and numeracy (to read their name as well as their family members, to identify the coins and currencies using flash cards etc).

The parents are also trained on the hygiene issues and how to maintain a clean and a safe environment at home. They are also advised to treat their special children at par with their non-disabled children.

The neighbourhood and the peers are also sensitized about the child’s need and the ways to help. The children in the neighbourhood also visit the child’s home and play and interact with the child.

The Urban Model of Home-based Education



Parental Counselling in Progress in a Referral Clinic

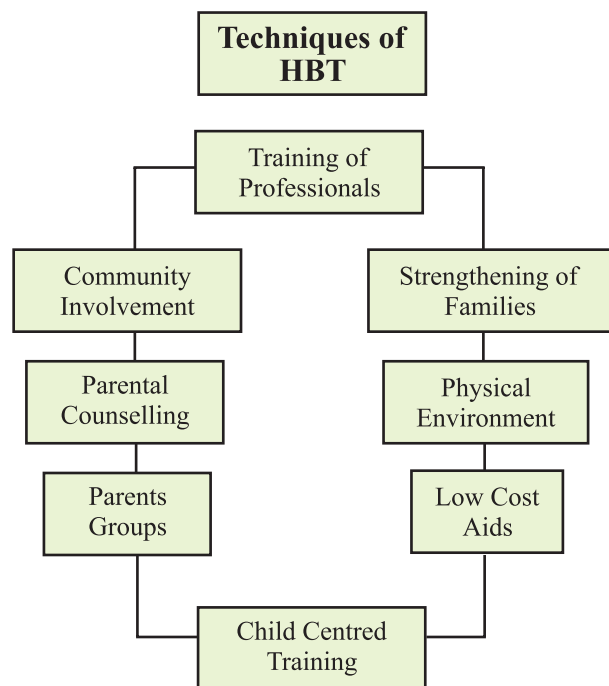
In the urban model of home-based education, a special school is the nodal agency/point to provide family based rehabilitation programme. In other words, since there are a number of special schools in an urban city/town, the child and his/her family member are provided training on home-based education in the special school itself. In Tamil Nadu, the urban home -based education programme under SSA is being delivered by SPASTN and Vidya Sagar.

The Urban Family based Rehabilitation programme aims at empowering the family to

understand the child and help include him/her in the mainstream. This is done through specific individualized training programmes covering all the needs of the child education, physiotherapy, communication, occupational therapy, play, etc.

Students who access this programme come from different age groups, across disabilities and from different economic backgrounds. This programme does not cater only for the profoundly disabled child, but is also for students who attend a mainstream school and need periodical specialized inputs.

In the urban model, children and their families access the programme by visiting the NGO/ special school at regular intervals, varying from once-a-week to once-a-month or even longer, depending on the needs of the family and the child. The resource teachers do a detailed assessment of the child. This includes collecting information on the child’s background, medical details, diet, daily routine, strengths and needs in areas like learning, physical/ motor, play, communication, social- emotional skills etc.



The resource teachers then develop an intervention programme with the family. This programme is carried out at home by the parents, until the next review visit. Most children also receive, at least, one home visit during the term by the resource teacher. The purpose of this visit is to survey the home environment to get some idea about the routine of family and child and suggest required aids and adaptations. The resource teacher also surveys suitable mainstream schools near the child's house for admission.

Low Cost or No Cost Aids and Appliances

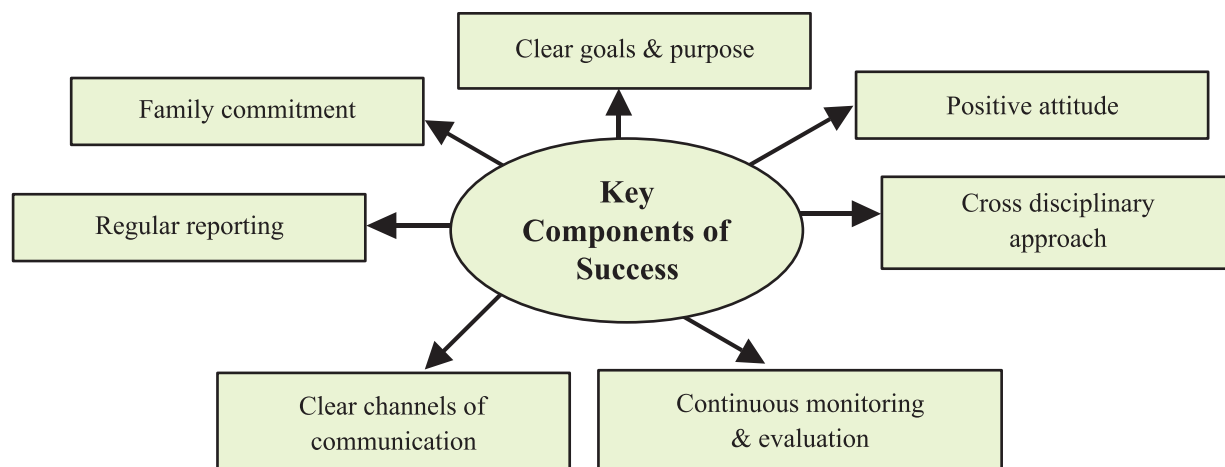
The aids and adaptations are designed according to the socio economic background of the family and the available resources. Some examples are:

- The corner of the room being used for seating a child who has poor sitting balance instead of a corner chair
- Using window bars for supported standing
- Using bucket filled with water as support while child squats in the toilet
- Using a wooden scale or plantain stem section as arm bands and knee gaiters. Making neck collars out of cloth filled with thermocol balls

- Using a rolled up towel/ blanket/ mat/ mother's leg instead of a bolster for positioning a young infant
- Making auditory /visual toys out of kitchen equipment and balloons and streamers
- Using household objects for teaching concepts like big/ small, colours, numbers, shapes etc.
- Making adapted spoons and cups with handles made of cycle bar handles, wood, ropes, plastic etc.
- For facilitating adduction-
 - Single leg of trouser is used to insert both the child's legs;
 - Strip of used cloth is tied in '8 Formation' around the legs.
- Using tree trunk and plank of wood as a standing aid.

Many more such low cost/no cost aids are developed using available materials.

Many parents have been trained through the Family Based Rehabilitation Programmes. In fact, some mothers have been so motivated that they have undergone training in the Special Education programme, to become teachers of



CWSN. A number of workshops are conducted for the parents on a regular basis.

The main objectives of the urban home-based education model is to work on strategies, which will enable parents of children with neurological impairments to be empowered to include their children within their homes and to support their inclusion in the community.

The goal of the Family Based Rehabilitation Programme is to empower the families of CWSN to understand their child and to integrate them into society.

The programme enables parents to understand the child holistically. Although the child attends the special school only once a week, the programme is continued at home during the rest of the week, thus giving the child all the required inputs. A part of this programme also gets integrated into the family routine, increasing the child's participation as a member of the family aiming at his/her independence. In the Family Based Rehabilitation Programme, a number of

parents meet and interact with each other during sessions. They form their own support groups, which help them to share their feelings and ideas. These have further evolved as self help groups.

It is generally seen that after the training and visits by the resource teachers, parents gain self-confidence. They become hopeful of their children's progress as the severely disabled children show progress (although gradual in a few cases) after frequent visits by physiotherapists and resource teachers. Home-based education has made a prominent impact on the children with special needs.

There is no formula or blueprint for starting a home-based rehabilitation programme. If rehabilitation is to reach the severely disabled, it must take place in the home, with the family members as the primary rehabilitation workers. Success will depend on various factors: the number of CWSN, severity of disabilities encountered, the interests and commitment of parents, family members, community and the resources available.

Reaching the Un-reached through Home-based Education in Uttarakhand

The Inclusive Education programme in Uttarakhand started in 2002 with DPEP, wherein the State undertook several initiatives for mainstreaming CWSN in regular schools. These initiatives included training of all BRCC's/CRCC's through the 90-day foundation course, conducting community mobilization camps for awareness on IE, training of ECCE workers on early detection of CWSN, developing a profile for each child with a disability and a training package for teachers. In each DIET, a disability management and counselling Unit has been established with the purpose of providing parental counselling. This Unit acts as a resource centre providing information on the facilities and resource available for CWSN. Besides, the State has also developed learning corners and activity bank in schools where CWSN are enrolled. These initiatives are briefly described below.

Resource Support through DIETs

To provide resource support to the programme of IE, the State has strengthened its DIETs by establishing a Disability Management and Counselling Unit to offer technical support. The support comes in the form of development of suitable training modules for different target groups, preparation of IEPs, training to master trainers and a continued support to BRCCs/CRCCs on IE. Two lecturers from each DIET have also been imparted a Diploma Course in Special Education.

Learning Corners

Learning corners are those sites in the general classroom where materials are organized to support the development of curriculum. It is a designated area where instructional materials in major curriculum areas are located and

organized. Learning corners have materials of many levels and activities that accommodate a variety of individual needs. Learning centres offer follow-up to the teacher's instruction and provide an opportunity to practice specific skills; thus these centres may be very helpful to students with learning problems. The State is providing such a learning corner in the schools where CWSN are enrolled.

Learning corners are being equipped with material relating to all-round development of CWSN. The materials are real and concrete stuff, educational toys and games low cost teaching aids, (like objects made of paper), material prepared by the students, themselves printed material and manufactured material (maps & globes). In these sites, students also carry out some activities using these materials. This gives them the experience required to learn by themselves. These learning corners also act as interest centres. 1940 schools in the State have been provided with learning corners.

Activity Oriented Camps

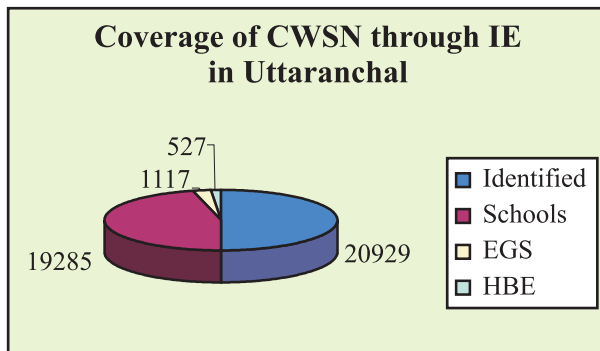
Realizing the importance of using need based TLM for CWSN, the State has organized TLM workshops in each district with the twin objective of assessing the extent of use of TLM by CWSN and to refine it further to enhance learning for all children. Through these workshops, hard spots in different subjects were identified with the help of experts. Various activities were grouped and modified, keeping in mind the pace of learning of each child. The main outcome of these workshops are activity oriented camps held in every district to improve the achievement level of CWSN through remedial practices. These camps are residential in nature and along with CWSN,

the non-disabled peers and their parents also take part in these camps.

These camps are basically organized to conduct various activities aiming to foster cognitive, social emotional and language development and gross motor and fine motor skills. Teaching tools are designed by DIET faculty and there is an active use of techniques such as peer tutoring, cooperative learning and multi-sensory approach. So far, the State has organized 45 such camps.

Painting and Poster Competitions

To provide opportunity for CWSN to participate in extra curricular activities, poster and painting competitions have been organized in every district. This helps the teacher to identify the special skills that a child with a special need might be endowed with. Integrated sports and cultural meet are organized at the sub-district level. A poster competition was organized at the State level with the theme “What can we do for the prevention of disability?” The best poster has been printed and disseminated.



Under SSA, the State so far has enrolled 19285 CWSN in schools, out of the 20929 CWSN identified. 1117 children with disabilities are also being covered through EGS and 527 through home-based education.

Need for Home-based Education

The number of CWSN out-of-school in the State is less than a thousand. However,

providing equitable educational opportunity to these CWSN was a big challenge. Unlike most of other States, where children with severe/profound disabilities are being reached out through home-based education, in the State of Uttaranchal even children with mobility problems are also being covered through home-based education. The hilly terrain of the State prevents such children to reach the school, even if appropriate assistive devices are provided. A few examples given in **Box-8**. will make this point clear.

Area Selected for Home-based Education

In Uttaranchal, every district has an IE coordinator in place who is accorded the duty of identifying such CWSN who are out-of-school. The children are identified by collecting information through household survey results. Besides, district/block coordinator also make visits to the villages/schools to get an estimate of the number of CWSN who would require support through home based interventions.

Through visits and interactions with parents and Nyaya Panchayats, the district and block level

Box 8: Cases of CWSN being provided Home-Based Education

Shail Bala, a 9 year old girl of Rudra Prayag district of Jakhani block is a severely disabled girl without any legs. Because of her disability, she could not go to school as she could move only on her knees. Her mobility is limited only to her home as it was impossible for her father to carry her to school on his shoulders everyday. Wheelchair in her case was of limited use because of the uneven terrain. Thus, the solution for her education came in the form of home-based education, wherein a trained volunteer is helping her read, write and also learn art and craft.

Mohan, a 7 year old child is polio stricken and cannot sit and stand on his own. The child was entirely bedridden till such time that a volunteer identified his case and counseled his parents. Today Mohan can move on his own and is gradually becoming independent in doing all his daily routine work.

coordinators compiled a list of such CWSN. The home-based education programme was undertaken with the help of volunteers who were trained as care givers. The State undertook the first pilot experimentation of home-based education in the district of Bagheshwar. This was then replicated in the districts of Haridwar, Nainital, Uttarkashi, Dehradun and Udham Singh Nagar.

An attempt has been made to make the entire process of home-based education fully child centred and family focused. A very systematic approach was followed for this. The initial step was to identify the CWSN. Some of these children had already been identified in the composite identification camps organized in the State. This was followed by selection of volunteers by the district IE coordinators. Only those volunteers who were ready to educate at least five such children were selected. The selected personnel also had to visit the home of the identified CWSN thrice a week.

There was no specific curriculum that was followed, as the needs of every child were very different and so were their abilities and strengths. The volunteers drew up an individual plan for every child. Through personal interactions with the children and their parents, the volunteer tried to understand the developmental needs and characteristics of these children.

The volunteers are trained for 10 days through organizations recognized by the National Trust. In the State, two organizations have this recognition. These are Raphael Riders, Cheshire Home and UNICESS Society. The volunteers are exposed to the following through this training package:

- Identification of CWSN
- Strengths and educational needs
- Role of parents in assisting their CWSN to achieve the identified goals

- Assessment of children's disabilities
- Daily living skills development
- Inculcating a positive attitude towards CWSN.



A Father teaching his Daughter the Use of an Assistive Device

Besides teaching CWSN ADL, those activities that lead to their cognitive development and promotes their independence are also used. Vocational education is an important part of the home-based education imparted to CWSN.

Another aspect of home-based education is the parental training. The training is mainly done to counsel parents to understand that their child also has strengths and the special need of their child should be taken up as a challenge. CWSN also need an opportunity to grow and learn. For this, they have to be empowered to be self-reliant.

Parents were provided orientation for 2-days. To begin with, they were not equipped to handle the child's emotional, intellectual and physical needs. The volunteers sensitized the parents in this direction. They were also told about the services that are available for their CWSN.

Although the parents are trained for two days, the counselling is a continuing process. Parents are encouraged to ask questions so that they gain confidence in handling their CWSN. The parents

are asked to make a specific mention of their child's needs and the volunteers play the facilitators' role and enhance the parents' understanding of their child's needs by providing constructive suggestions.

Impact of home-based Education

The impact of home-based education has been three fold:

- The parents have realized the value and worth of CWSN and are playing a key role in empowering their CWSN
- The volunteers, already trained, are gradually emerging as master trainers and

orient the new volunteers/ parents/ community on the need, importance and purpose of home-based education

- Finally, the most important beneficiaries are CWSN, who are gradually moving towards self-reliance. There is a marked improvement in the self-esteem of these children. For them, learning is beyond the 3R's and more related to life skills.

Although the challenges faced by the State are many in imparting home-based education to CWSN, yet it is un-flinched in its determination to provide meaningful education to all CWSN, to achieve the goal of UEE.



A CWSN taking part in a Painting Competition



Teaching Vocational Skills to Girls

Opening New Doors for CWSN through HBE in West Bengal

The State of West Bengal has identified 144176 CWSN through assessment and screening camps. Out of this, a total of 95411 CWSN have been enrolled in formal schools. 48765 CWSN are still out of school. With in this, out-of-school CWSN population there are a good number of CWSN with severe disabilities. To address the zero rejection policy of SSA as well as to address the special needs of these severe CWSN, home-based education is being implemented.

The need of home-based education programme has been felt by the State to provide the required support services to the following categories of children with severe disabilities:

- Enrolled CWSN, who need remedial teaching and
- CWSN requiring early intervention as school readiness support towards formal schooling.

Goal

The main goal of this initiative is to create opportunities for all CWSN to participate and learn educational and social skills, to maximize their potential within environment most suited to their needs.

Objectives of home-based Education

- To train parents in proper positioning and mobility of CWSN
- To train parents on giving physiotherapy/speech therapy intervention
- To make education more affordable and flexible
- To promote remedial teaching for those enrolled CWSN with poor performance



Special Educator of a DLRO Visiting Home of a CWSN

level as well as to help them to learn Braille properly and proper use of provided aids and appliances

- To provide appropriate services for hearing aid repair
- To provide all referral services
- To promote community participation in planning, implementation and monitoring.

The home-based education programme is being implemented in the State entirely through the NGOs. These NGOs are working as District Level Resource Organizations. Trained special educators from these NGOs visit the homes of CWSN requiring home based intervention, based on a tour programme/schedule, drawn up at the district level. The schedule is approved by the Circle Project Co-ordinator and the District IE Co-ordinator.

Strategies Employed

The strategies used for home-based education are given in **Box-9**.

Box 9: Strategies for Home-based Education

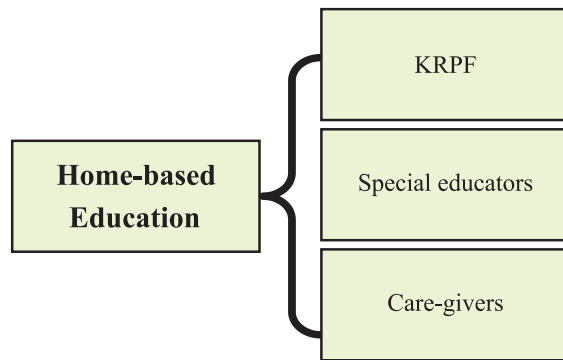
- Counselling of family members to remove misconceptions
- Training of KRPF (Key Resource Person from the Family) members, caregivers and special educators in required skills
- Individualized goal setting for the child and role to be played by parents/ family
- Assessing and modifying skills of caregivers, KRPF members and special educators
- Regular home visits
- Reporting and documentation of home visits.
- Counselling of new mothers including information on breast feeding, proper immunization, nutrition and appropriate referrals.
- Demonstration of ‘story telling pictures’ and to ensure their proper use by the parents to improve speech of CWSN.

Counselling of Family Members to Remove Misconceptions

Initially at Gram Panchayet level, one-day sensitization programme is organized on several issues related to inclusive education. Special Educators (those working under DLROs) visit the home of the concerned child and initiate a dialogue with the parents and maintain the continuity. Interactions/dialogues with CWSN and their parents are facilitated through regular home visits by the special educators. Through these visits and interactions, the special educators collect basic information based on a checklist provided as **Annex-IV**.

Training of KRPF (Key Resource Person from the Family) Members, Caregivers and Special Educators in required Skills

This is another strategy being employed by the State for home-based education. Under this, a family member of a child with special needs is identified and provided orientation on how to handle CWSN at home. The KRPFs are trained on needs of CWSN, rights of CWSN, disability specific care and management,



educational interventions and role of family and community. A training package (contents of the package given in **Box-10**) has also been developed for KRPF. 2541 KRPFs have been oriented so far.

Individualized Goal setting for the Child and Role to be played by Parents/Family

Depending upon the specific requirements of the children with special needs, specific goals are targeted to be achieved within a specialized time period. The specific role and responsibilities of the parent towards that goal are explained by the Special Educators or other rehabilitation professionals till the next home visit.

Box 10: Components for KRPF Training Module

1. Concept and emotional aspects
 - Understanding disabilities and realistic expectations emerging from various SEN
 - Basic course in first aid and prevention of disability
 - Understanding parental needs with regard to the disabled child
 - Understanding the parental adaptation cycle
 - Understanding the right of the disabled children
 - Developing enhanced acceptability and leadership
 - Developing teamwork skills
2. Assessment and remedial measures
 - Primary assessment and community observation
 - Disability specific basic management and educational intervention
3. Assessment of acceptance with regard to
 - The family
 - The community
 - Support group
 - Parent of non-disabled children
 - VEC members
 - Teachers/ school staffs
4. Strategies of improving acceptance
5. Assigning responsibility to the family and community
6. Benefits and concessions from various agencies.

Assessing and modifying Skills of Caregivers, KRPF Members and Special Educators

Rehabilitation professionals who are extending their rehabilitation service to the CWSN in their homes inform their day to day activities to the District IE coordinator through the concerned DLROs. At district level, monthly review meeting is organized by DPO, DIEDC, responsible DRG members and all special educators to evaluate the on going programme. Depending upon the report of the day-to-day activities of the special

educators, District Project Office is informed about the lacunae in the programme so that further initiatives could be undertaken accordingly.

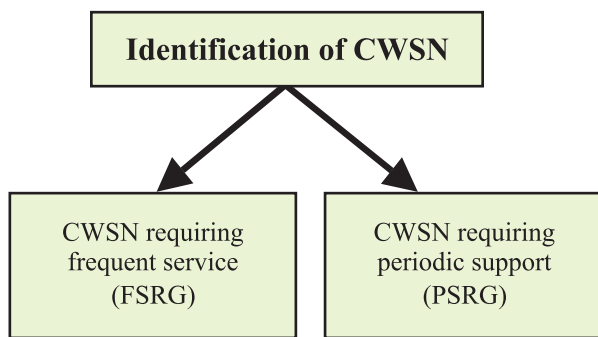
Counselling of New Mothers

During their home visit special educators also make the mothers aware on the prevention of disability and referral services available. They are also apprised on the need for proper immunization/nutrition etc.

School Readiness Programme

In collaboration with National Institute of Hearing Handicapped (NIHH), and WEBEL, few story-telling pictures have been developed. These pictures and associated story narration have been developed as per the mental maturity of the child. The sentences vary from simple to complex depending on the level of comprehension of the child. The special educators use these story-telling pictures during their home visit to provide speech therapy to the children. Demonstrations and their use are also shown to the parents so that they are a part of this process. Copies of these story telling pictures are also provided to the parents.

All identified CWSN who require support service by the rehabilitation professionals/ special educators have been categorized into two groups, namely **Frequent Service requiring Group (FSRG)** and **Periodic Service Requiring Group (PSRG)**.



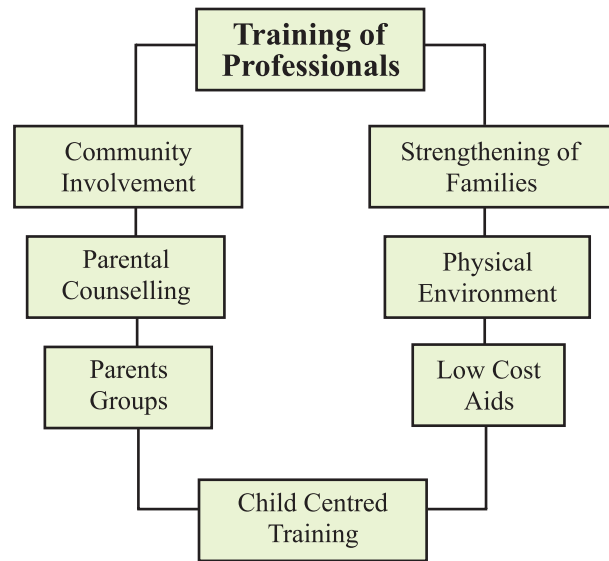
Special educators follow the approved tentative periodic timetable for the home and school visits. This plan is chalked out by the special educators on the basis of the number of CWSN in each of the categories found in the catchment area assigned to them. This pattern helps to provide more need-based support to more severe CWSN and referral services to less severe CWSN.

Trainings

Different target groups are trained under home-based education with different objectives. Trainings are arranged for parents, KRPF, special educators, CWSN, caregivers, community and ICDS workers, as shown below in **Table-VII**.

Table-VII : Trainings for Various Target Groups on HBE

Target Group	Contents of Training
Parent training	Home training on specific modifications and proper use of assisted devices.
Training of CWSN.	
Family members	
Community members	Academic and functional follow up and minor repairing of assistive devices and therapeutic aspect.
Training of caregivers	
Training of special educators	One day sensitization on several category of disabilities
ICDS worker	



Special educators provide resource support to CWSN in schools as well as at homes. Each special educator visits two primary schools (located nearby, as per the approved tentative tour programme) and two homes every day.

Coverage

Around 20000 CWSN are being covered through home-based education/interventions being provided through DLROs (detailed provided in **Table-VIII**). 8143 CWSN, with severe disabilities, are being provided home-based education due to their inability to attend school regularly. 12000 CWSN are being provided remedial teaching through home-based support, to help them achieve a learning level at par with the non-disabled children of their age and grade.



Teaching Braille to a VI Child

Impact of Home-based Education on CWSN

Home-based education programme has been very effective in providing need based support to the CWSN with severe level of disability, as well as for those CWSN, who require specialized attention in the area of functional academics, communication, play/ co-curricular activities, Braille training, lip reading, speech therapy etc.

Requisites for Successful HBE

For home-based education to be effective, parents need to be given appropriate information, encouragement and assistance. Also need-based support of rehabilitation and medical services are also essential. The success of the home-based programme rests on engaging more rehabilitation professionals and special educators. Wider coverage can only be possible if more trained manpower is made available to reach out to the large number of CWSN actually requiring this kind of support.

Table-VIII: Coverage by DLROs for HBE

Sl. No.	Name of District	Name of DLROs	Number of Blocks covered
1	Birbhum	● Bangia Saksharata Prosar Samity	19
		● Joyprokash Institute for Social Change	
		● Rampurhat Spastic and Handicapped Society	
		● Organization for Protection for Environment and Consumers (O.P.E.C)	
		● Vivekananda Adibasi Kalyan Samity	
2	Bankura	● Dr. Sailen Mukherjee Muk o Bodhir Vidyalaya.	22
		● Bikash Society, Kenduadihi	
		● Barjora Ashar Alo	
		● Bivekananda Adibasi Kalyan Samity	
3	N-24 Parganas	● Karunamayee Parents Organization	22
		● Nava Barakpur Siksha Samaj	

Sl. No.	Name of District	Name of DLROs	Number of Blocks covered
		<ul style="list-style-type: none"> ● Barakpur Ramkrishna Vivekananda Mission ● North 24 Parganas Disabled Persons Association ● Basirhat Relief Handicapped Welfare Society 	
4	Purba Midnapur	<ul style="list-style-type: none"> ● Pratibondhi Sahayak Samity 	4
5	S-24 Parganas	<ul style="list-style-type: none"> ● Paschimbanga Rajya Protibondhi Sambilani ● Sanchar ● Sarishapally Unnayan Samity ● Durbachati Sundarbone Rural Development Society. 	29
6	Hooghly	<ul style="list-style-type: none"> ● Shelter ● Paschimbanga Rajya Protibondhi Sambilani ● Grahambel Centre for the Deaf. ● Bikash Bharati Welfare Society 	6
7	Kolkata	<ul style="list-style-type: none"> ● Bangia Saksharata Prosar Samity ● Care and Counselling Centre ● Bikash Bharati Welfare Society ● Behala Bodhayan 	1
8	Murshidabad	<ul style="list-style-type: none"> ● Chatra Physically Handicapped and Social Welfare Institute ● Y.M.C. Vocational Training Centre ● Institute of Social Welfare Education and Rehabilitation ● Berahampur Nabadisha ● Alokendu Bodh Niketan 	26
9	Coochbehar	<ul style="list-style-type: none"> ● Spastic Society of Coochbihar ● Akrahat Dishari Welfare Organisation ● Vekrapul Netaji Club ● Jnan deep School and Training Centre 	12
10	Howrah	<ul style="list-style-type: none"> ● Anand Bhavan Deaf and Blind School ● Anandabhavan Education cum Training Centre ● Howrah South Point 	5
11	Uttar Dinajpur	<ul style="list-style-type: none"> ● Sent Johns Ambulance ● Raiganj Debinagar Welfare Education Centre ● Islampur Ramkrishnapally Rural Welfare Society ● Ramendra Mahilam Samity ● Raiganj Chittaranjan Suchetana Society ● Uday Nagar Chetana 	9
12	Dakshin Dinajpur	<ul style="list-style-type: none"> ● Suchetana Abasik Protibondhi Vidyapith ● Indian Red Cross Society 	7

Sl. No.	Name of District	Name of DLROs	Number of Blocks covered
		<ul style="list-style-type: none"> ● Dr. B.R. Ambedkar Special ● Gurullya Pratibondhi Kalyan Samity 	
13	Burdwan	<ul style="list-style-type: none"> ● Swayambhar ● Burdwan Blind Academy ● Sreema Protibondhi Kalyan Kendra ● Baidyapur Bikash Bharati pratibondhi Bikash Kendra ● Indian Redcross Society ● Aniket 	13
14	Jalpaiguri	<ul style="list-style-type: none"> ● Jalpaiguri Welfare Organisation ● Latagury Social Welfare Organization ● Torsa Kaljani Social Welfare Society ● Paschimbanga Rajya Protibondhi Sambilani ● Mal Social Welfare Organisation ● Alipurduar Welfare Organisation 	13
15	Purulia	<ul style="list-style-type: none"> ● Majhihira National Basic Educational Institution ● Pialsole Sabyasachi ● Purulia Protibondhi Kalyan Samity 	6
16	Malda	<ul style="list-style-type: none"> ● Nari Kalyan Samity ● Malda Dishari Mission ● Malda Sahayogita Samity ● R. P.Roy Memorial Blind school ● Malda Physically Handicapped Management Society ● Milky Kutir Shilpa Unnayan Samity 	11
17	Siligury	<ul style="list-style-type: none"> ● North Bengal Handicapped Rehabilitation Society ● North Bengal Council for the Disabled 	3
18	Darjeeling	<ul style="list-style-type: none"> ● Darjeeling Hope Brahmosamaj BLDG. ● Darjeeling Sparsh Shamrock 	1
19	Paschim Midnapur	<ul style="list-style-type: none"> ● Bhagabati Devi Nari Kalyan Samiti ● Nimbark Math Seva Samity Trust ● MRCC 	8
20	Nadia	<ul style="list-style-type: none"> ● Jatiya Bayaska Siksha Prasar Samity ● Karimpur Social Welfare Society ● Ranaghat Cultural Unit ● Snehanir ● Helen Keller Institute for the Blind, Krishnanagar ● Aranghata Protibondhi Manabik Mulyan Samity 	6
		Total	223

A Final Word....

This document is an attempt to capture home-based practices being carried out by different States to reach out to CWSN. In line with the 86th Constitutional Amendment and Persons With Disabilities (Full Participation, Equal Opportunities and Protection of Rights) Act, 1995, both of which in their own ways give every child a right to free and compulsory education, home-based education is offered as one of the educational options for children with severe disabilities under SSA.

The home-based programme, being offered under SSA, is a combination of both basic literacy and life skills. It includes aspects of both preparation for school and preparation for life. Another important facet of this intervention is dealing with the behavioural needs/problems of CWSN. This can be clearly inferred from the home-based practices adopted by the States of Jharkhand, Kerala and West Bengal.

The home-based education programme described proved useful both for the parents and CWSN.

To Parents

The programme:

- Offered carefully designed individualized programme
- Empowered them to develop rules and structures that helped their CWSN to better social adjustment
- Targeted mostly in fostering and organizing their own efforts so that they would help their children's development in the best possible ways
- Helped parents play a more active role in their children's educational plan



Parent Training in the Home Management

- Provided opportunities to discuss with the experts all problems and issues regarding their child's progress

Gave access to information concerning the organizations/ agencies, community services etc.

To CWSN

- Improvement in cognitive domain, language development and basic communication skills
- Significant reduction in the disruptive behaviours.

Besides, the programme also created partnerships between the parents and the interventionists. It led to enhance awareness on the part of the parents about their child's school and social inclusion.

Nevertheless, it should be borne in mind that the processes described here mark a beginning to

provide for those groups of CWSN, which till now have been more marginalized as compared to children who have milder forms of special educational needs. The use of home-based education as a service delivery mechanism under SSA is predicated on two things: the needs of the individual child and the probability that the intervention requires a special set of circumstances that are unavailable in regular classroom settings. Thus, the meaning of home-based education in SSA is linked to meeting those needs that are also non-academic in nature.



Peer Group Escorting a CWSN to a School after being provided HBE

The challenge now is to effectively prepare schools for mainstreaming those CWSN into regular schools who have been trained through home-based support. This would mean examining the child's overall educational experience in the mainstreamed environment and balancing the benefits of both regular and specialized instruction for each individual child. Schools would ultimately have to become providers of the continuum of services and be responsive to each child's needs. Till such time this happens, the range of options of support services for CWSN might have to be preserved outside the regular classroom.



Celebrating Inclusion

References

- Responding to Children With Special Needs – A Manual for Planning & Implementation of Inclusive Education in SSA (2006). Ministry of Human Resource Development, Government of India.
- Sarva Shiksha Abhiyan Framework For Implementation (2001). Ministry of Human Resource Development, Government of India.
- Towards Inclusive Schools in DPEP (2003). Ministry of Human Resource Development, Government of India.

ANNEXES

Assessment/ Evaluation Checklist Developed by Haryana for HBE

Part A: Basic Information

			Date: _____
1.	Name	:	
2.	Father's Name	:	
3.	Mother's Name	:	
4.	Date of Birth of the Child	:	
5.	Age	:	
6.	Sex	:	
7.	Date of Admission	:	
8.	I.Q. of the Child	:	
9.	Disability of the Child	:	
10.	Date of Testing/ Visit	:	
11.	Address	:	

Part B: Skill-wise Assessment

1. SELF-HELP SKILLS	Entry Level	Ist Term	2 nd Term	3 rd Term
●Eating				
●Drinking				
●Toileting				
●Brushing				
●Bathing				
●Undressing				
●Dressing				
●Grooming				
●Nasal Hygiene				
●Hand washing/ Nails				
2. MOTOR SKILLS	Entry Level	Ist Term	2 nd Term	3 rd Term
a. Fine motor				
b. Gross motor				
A) Fine motor				
- Catching a ball/ a ring				
- Throwing a ball/ a ring				

- Throw a ball in a bucket/ box				
- Loop on poles				
- Rolling the skipping rope (for another child)				
- Pushing a swing (for another child)				
- Kneading, patting, rolling clay				
- Making pinch pottery or play dough				
- Kneading atta to shape				
- Stamping patterns on paper				
- Finger painting				
- Threading				
- Pulling/pushing toys				
B) Gross motor				
- Walking				
- Climbing up and down steps				
- Climbing up and down slopes				
- Hopping on alternate feet				
- Skipping using both feet				
- Jumping in place/ down from a height				
- Sliding				
- Creeping under				
- Crawling through				
- Kicking a stationary ball				
- Kicking a moving ball				
- Peddling a tricycle				
- Manipulating an obstacle course				
3. PERCEPTION	Entry Level	Ist Term	2nd Term	3rd Term
A. Visual Motor Perception				
B. Auditory Motor Perception				
C. Kinesthetic Perception				
D. Tactile Perception				
A. Visual Motor Perception				
(i) Visual tracking				
- Following a path				
- Tracing				
- Dot to dot joining				
- Colouring within lines				

(ii) Visual motor				
- Paper tearing				
- Making a crease				
- Pasting				
- Folding				
- Working with various scraps of materials				
- Glue, favigol, gum etc.				
(iii) Eye-Hand Coordination				
- Threading				
- Beading				
- Lacing				
- Buttoning				
- Buckling Zips				
- Using Keys				
- Pouring from one container to other				
- Stuffing toys				
- Use paint brush				
- Crayons				
(iv) Visual Discrimination				
- Part of whole				
- What is; Missing				
- Match two halves				
- Same colour, shapes, objects				
- What is same				
- What is different				
- More				
- Less				
- Big				
- Small				
- Long				
- Short				
(B) Auditory Perception				
- Listening to sounds				
- Imitate				
- Differentiate sounds				
- To be able to identify an objects by its sounds				
- Clap one to three times				
- Listen to; rhymes and repeat a song				
- Identify musical instruments by the sounds				

(C) Kinesthetic Perception				
- Body concept and awareness				
- Ground level – walk between two lines pathways, chalks or rope paint				
- Raised level – walking board steps, ramps, skate board				
- Right and left				
- Back ward				
- Forward				
(D) Tactile Perception				
- Textures – rough & smooth				
- Hardness – pressure				
- Temperature – hot/cold/wet/dry				
- Weight – light/heavy				
4. COMMUNICATION	Entry Level	Ist Term	2nd Term	3rd Term
i. Receptive				
ii. Expressive				
i Receptive				
- Obeys commands				
- Listen to 'No'				
- Acts out, give me, etc.				
- Can tell by turning head that his/her name is called				
- Knows the; names of friends and teachers				
ii Expressive				
- Can indicate or name common objects				
- Name common objects				
- Picture reading				
- Bye, Namaste, Sorry etc.				
- Says thank you				
(5) WRITING	Entry Level	Ist Term	2nd Term	3rd Term
- Pincer grasp				
- Rolling papers				
- Cutting with scissor				
- Scribbling with chalk/crayon				
- Circles, dots, lines				
- Own name				

(6) READING	Entry Level	Ist Term	2nd Term	3rd Term
- Right side of the book				
- Looking at the pictures				
- Turning page				
- Left to right				
(7) SELF CONCEPT	Entry Level	Ist Term	2nd Term	3rd Term
- Name				
- Father name				
- Mother name				
- Family members				
- Teacher name				
- Home address				
- School name & address				
- Concept of boy/girl				
- Telephone numbers				
(8) PLAY & SOCIAL BEHAVIOUR	Entry Level	Ist Term	2nd Term	3rd Term
- Play with self				
- Can amuse self for at least 10 minutes				
- Play with toys appropriately				
- Follow rules				
- Takes turns				
- Can share toys/ food				
- Puts away toys after playing				
- Knows objects belonging to self & others				
- Use of property of school/home				
- Knows own classroom				
- Knows own class teacher				
- Knows own school friends				
(9) NUMBER	Entry Level	Ist Term	2nd Term	3rd Term
- One to ten				
- Ten to twenty				
- Twenty to thirty				
- Thirty to fifty				
- Fifty to hundred				

(10) COLOURS	Entry Level	Ist Term	2nd Term	3rd Term
- Red				
- Yellow				
- Green				
- Blue				
- White				
- Black				
- Brown				
- Pink				
- Any other				
(11) TIME	Entry Level	Ist Term	2nd Term	3rd Term
- Day				
- Night				
- Morning (Breakfast, School Time)				
- Afternoon (Lunch)				
- Evening (Dinner)				
(12) FRUITS	Entry Level	Ist Term	2nd Term	3rd Term
(13) VEGETABLES	Entry Level	Ist Term	2nd Term	3rd Term
(14) SHAPES	Entry Level	Ist Term	2nd Term	3rd Term

(15) Money	Entry Level	Ist Term	2nd Term	3rd Term
- 25 Paise				
- 50 Paise				
- 1 Rupees/coins				
- 2 Rupees/coins				
- 5 Rupees/coins				
- 10 Rupees				
- 20 Rupees				
- 50 Rupees				
- 100 Rupees				
- 500 Rupees				
(16) MEASUREMENT	Entry Level	Ist Term	2nd Term	3rd Term
- 50 Grams				
- 100 Grams				
- 200 Grams				
- 250 Grams				
- 500 Grams				
- 1 Kg to 5 Kgs				
(17) DANCE & MUSIC	Entry Level	Ist Term	2nd Term	3rd Term
(18) VOCATIONAL TRAINING	Entry Level	Ist Term	2nd Term	3rd Term
(19) BEHAVIOURAL PROBLEM	Entry Level	Ist Term	2nd Term	3rd Term

(20) ANY OTHER	Entry Level	Ist Term	2 nd Term	3 rd Term

Special Educator

Date: _____

Key: 0 – dependent, 1-sometimes, 2-good, 3-independent

Annex-II

TOR for Convergence with NGOs for CWSN Covered under HBE Programme – Himachal Pradesh

SSA is a programme based on the premise to bridge all gender and social gaps with a firm belief that every human being is socially productive and contributes towards the upliftment of society. Hence SSA lays special thrust on inclusion and participation of children with special needs. It encourages every child to have inclusive education in a formal school unless his/her limitations are hindrances to joining the normal education system. In consonance with the mandate of persons with disabilities of Equal Opportunities, Protection of Rights and Full Participation Act 1995, broad spectrum of educational models has to be provided to children with different needs. As a result, new role of NGO's in IED especially for out of school CWSN has been explored and Himachal Pradesh Primary Education Society for implementation of SSA envisages convergence with them on following TOR:

1. Voluntary Agencies (VAs) which are in existence for at least last 3 years preceeding the year of application, would be eligible under the scheme
2. Voluntary Agencies should have at least two years experience in the area of education/training of CWSN. NGO has been actively engaged in the area of imparting educational or vocational training to CWSN or has the experience of running 'respite care center'.

Or

A new NGO should have at least two of its office bearers as 'Special Educators' and can submit their project proposal.

3. VAs should also enclose their experience proof if they have worked with Government agencies or other reputed

institutions on account of catering the needs of CWSN

4. The eligible VAs are required to submit their application along with the following documents:
 - A. VAs should also enclose their experience proof if they have worked with Government agencies or other reputed institutions on account of catering the needs of children with special needs
 - B. The eligible VAs are required to submit their application along with the following documents:
 - i. Copy of the Registration Number of NGO registered under Society Act
 - ii. Compile profile (on enclosed performa) including constitution along with name and addresses of office bearers
 - iii. Resolution of the NGO for starting home-based education (also mentioning the authorized signatories with their specimen signatures)
 - iv. Copy of last 3 years audited accounts of NGO by chartered accountant
 - v. Submission of detail of out of school CWSN on enclosed performa
 - vi. Request may also accompany the financial proposal for each activity to be carried out for catering the needs of out of school CWSN as per IED intervention under SSA (SSA guideline for IED intervention is being enclosed).

- C. A copy of the Terms of Reference for appointing persons such as special educators etc. (following the guideline of RCI Act as one special educator is to be appointed for 10 CWSN) may also be supplied. Initial contract should be for one year. NGO has to essentially hire the services of physiotherapist.
- D. Information regarding the particulars of Special Educators (photocopy of professional qualification) to be employed has also to be furnished. Similar information is also to be provided regarding a physio-therapist with the submission of project proposal.
- E. With the recommendation of Grant-in-Aid Committee, assignment will be awarded to the NGO in the form of 'Memorandum of Agreement' between District Project Office and concerned NGO. NGOs have also to submit Rs. 10,000/- as surety in the form of FDR pledged in the name of Member Secretary (HPPEs).
- F. In the initial stages, contract with the NGO for carrying out home based programme will be for one year and for the subsequent year, fresh contract will be made considering the previous year's performance.
3. Prepare the new case studies as well as Individual Educational/ training Programmes (in consultation with parents and special educator)
 3. Providing special therapies like occupational therapy, speech therapy from experts in these fields at least twice in months and physio therapy according to the need of CWSN at least once a week
 4. Imparting training to the parents of out of school CWSN such as Mobility Training, Speech Training, Auditory Training, activities for daily living skills for their management at home
 5. NGO should at least take care of ten out of school CWSN and each child should be visited for minimum twenty days in a month
 6. Organizing parents counseling sessions for out of school CWSN
 7. Organising awareness and sensitization camps for the special needs of adopted out of school CWSN
 8. Orientation training of twenty days in a year should be imparted to recruit RCI registered faculty members
 9. For the vocational education of out of school CWSN, community based localized vocations have to be identified and eligible out of school CWSN has to be rehabilitated.

Task Assigned

1. Planning and organizing medical camps to identify and assess the severity of disabilities, making arrangements for the supply and maintenance of aids and appliances in convergence with the already schemes sponsored by State and Centre Government (apart from SSA) or by the allocated fund
2. Regulating the already prepared Individual Educational/ training Programmes and to

Implementation

1. The duration of the contract will be for one year subject to termination or extension depending on the performance of NGO in implementation of IED programme
2. The appointment and training of special teachers in educating/training children with disabilities should be completed immediately

3. The implementing agencies should report every month to the DPC, BRC about the progress in implementation of IED programme
 4. Monthly reports should be furnished on time about the progress in the achievement of disabled children
 5. NGO implementing agency should procure necessary stationary and other material required for the programme by them
 6. The State Project Office (SPO) will instruct the District Project Officer (DPO), Block Resource Coordinator to render necessary assistance as required by the NGO. Implementing agency for executing the IED programmes
 7. For aids and appliances, the agency should maintain a close link with the District Rehabilitation Centre for Disability and other agencies for assistance and supply
 8. The cooperation of the Health Department may be secured for the medical examination of disabled children
 9. The survey details of out of the school CWSN should be furnished to DPOs for enrolling them in formal schools.
- Either on visit basis or to group of CWSN at one place by therapist including transportation charges (hiring the services of speech therapist is essential)
 - Providing teaching learning material
 - Development of TLM by special educator
 - Orientation of special educator
 - Printing of material
 - Case study, Individual Education Programme/ Individual Training Programme
 - Meeting of parents of CWSN
 - Organizing recreational activities for CWSN
 - Local TA/DA to special educator
 - Any other (only admission as per SSA guidelines for IED intervention)

Release of Funds

Grants to the Voluntary Agencies for running 'Home based Programme' should be released in installments. Before the release of first installment, representative of the society can visit the NGOs to assess their organizational ability to verify their claims in the education/ training of CWSN.

After approval of a project and receipt of intimation from the NGO regarding commencement of the project, every month NGO has to submit the utilization certificate of expenditure incurred towards admissible items along with the progress (on prescribed format) made during the month to the district Project Officer (SSA) before 7th of the succeeding month. DPO will scrutinize the entire report and payment will be made before 15th of the same month. It should be ensured that NGO should also provide the calendar of activities in the beginning of month should adhere to it. NGOs may also be asked to furnish quarterly expenditure statement. Annual

Financial Implications

The budget sanctioned under SSA for 6-18 years of CWSN is Rs. 1200/- per child per annum but keeping in view the severity of disability of out of school CWSN, it will be Rs. 1500 per child per month. The tentative items of expenditure should include those components, which are permissible for IED intervention under SSA guideline.

Tentative Components are as under

- Appointment of special educator
- Medical assessment camp
- Aids and appliances
- Speech therapy

Utilisation Certificate must be countersigned by a chartered accountant.

For release of first grant in initial and subsequent years, Voluntary Agency has to provide the following documents:

1. Audited accounts which should consist of (i) Utilisation Certificate (ii) Balance sheet (iii) receipt and payment (iv) income and expenditure as well as auditor report.
2. Annual Progress Report
3. Detail of all income and expenditure should be mentioned in the income and expenditure statement on accrual basis and receipt and payment statement on actual basis
4. Expenditure incurred on assets should be indicated in the Receipt and Payment Statement, as also mention of the assets created should be made in the balance sheet.

On receipt of a sanction and before actual release of grants, the agency should give an undertaking that they will abide by the terms and conditions of the sanction of the grant and should pass a resolution authorizing either the Secretary or the

President of the agency to act as authorized signatory on behalf of the agency.

Monitoring Mechanism

1. Beside the NGO implementing agency, the SSA officials at the State, district and block level will monitor the implementation of the programme
2. NGO implementing agency will submit their monthly progress report on the prescribed format to the district by 7th of every month
3. The implementation of home-based programmes will be reviewed periodically by the State Project Office and will suggest suitable modification for the successful implementation of the programme from time to time
4. Besides regular monitoring of the programme by the State and district officials, team selected by the SRG may be formed to assess the achievement levels progress of the disabled children periodically. The report of the team shall be placed in SRG meeting for review and follow up action.

Certificate of District Project Officer (SSA)

Reference to the request dated _____ received from the NGO _____ of block of habitation/Panchayat in _____ block of _____ district for assistance to start home based programme. Sh./Smt. _____ IED coordinator/ Lecturer from DIET visited the habitation/village on _____ and found that the fact mentioned in the representation are correct/incorrect. I propose acceptance/rejection of the request for the following reasons:

Visiting Officer's Signature:

Name:

Designation:

Signature:

Name:

District Project Officer (SSA):



(On Ten Rupee Stamp Paper)

Where as the proposal of Name of the NGO, a non-governmental organization regarding starting 'Home Based Programme' for children with special needs under SSA in blocks of _____ of district _____ has been approved by the State sub-committee for education/training of out of school children with special needs of State Project Office, H.P. Primary Society and Grant in Aid Committee of Himachal Pradesh Government.

Where as Name of the NGO, the above named NGO has authorized _____ to act as Authorized signatory on behalf of _____ vide their Resolution No. _____ dated _____ and where as _____, the above named NGO will be given @ Rs. _____ per child per month by the central govt. through HP Primary Education Society (total amount to Rs. _____ for _____ children for year _____), in return there to for year Name of the NGO agrees to abide by the terms and condition for above mentioned sanction as conveyed to it vide letter No. _____ dated _____ issued from the State Project Office of H.P. Primary Education Society. The (Name of the NGO) also undertake to submit all monthly returns and utilization certificates regarding above mentioned home based programme for _____ children as per guidelines issued to it. In case of any breach of condition of the said 'Terms of Reference' Name of the NGO which will include their executors, administrator or representatives, undertake to bear all the losses and return of the sum sanctioned to it by HP Primary Education Society. All codal formalities shall be observed by Name of the NGO as per the guideline referred above. In token acceptance all the conditions, Name of the NGO along with the bond of Rs. 10,000/- as surety through its authorized signatory has appended their signatures in the presence of two sureties.

Surely No. 1 _____

(Full name & address)

Signature of Authorised

Signature with seal

Surely No. 2 _____

(Full name & address)

Witness:



Proforma for Selection of NGOs

1.	Name of the NGO	:	
2.	Year of Establishment/ & Registration No.	:	
3.	Expertise in category of disability	:	
4.	Trained faculty for handling CWSN (No.)	:	
5.	Registration of Faculty members with		
	Rehabilitation Council of India (No.)	:	
6.	Educational/training facility available	:	
	a. Day Care Centre		
	b. Residential Facility		
	c. Total Number of CWSN already adopted	:	
7.	Area of operation	:	
8.	Existence of trained Community Based		
	Rehabilitation Workers (CBRW) and their No.	:	
9.	Detail of infrastructure facility available		
	Private/Hired/Govt./Community/Any other	:	
10.	Address for correspondence	:	
11.	Contact No.	:	
12.	e-mail address	:	
13.	Any other information	:	

Signature

Monthly Progress Proforma

Name of the NGO

Month:

S. No.	Name of the child	Date of birth	Father's name	Mother's name	Address with phone no.	Category of disability	Fl. of child in the beginning of month	Identified area for improvement	Activities done with the child for improvement	No. of visit by special educators	Special therapy				Involvement of parents in planning and executing IPE/ITP
											Name of the therapy	Name of the therapist	Date of providing therapy	Signature of therapist	

Other Support for Assistance

Fl of the child at the end of the month	Medical assessment	Aid and appliances	Special teaching learning material	Any other requirement of the child

* Fl: Functional level

* IEP/ITP: Individual Education Programme/Individual Training Programme

(Detail should kept in IEP/ITP)

Declaration: It is certified that above information is correct.

Signature & Seal of Authorised Signatory

Remarks:

Signature of District (IED)/BRCC (IED)/Master Trainers of IED deputed in that area

(Submitted by the 7th of every month)



Annex-III (a)

Guidelines for Curriculum for HBE – Karnataka

Aim

To provide education to all CWSN

activities and curriculum for severely disabled.

Objectives

- Identification of children eligible for Home-based Education
 - To understand the responsibilities of Education Department, NGOs, community, parents, peer Group in bringing severely disabled children into educational process.
 - To provide training to parents/ teachers/ school children/ community to prepare the
- To create awareness at all levels:
 - **Home level:** Parents, guardians and family members
 - **Village level:** Gram Panchayat, local leaders, local bodies, NGOs, local educated youth and employees
 - **School Level:** Head Master, teacher, Anganwadi worker, school children
 - **Other Departments:** Health, Revenue, Women and Child Development

Curriculum Design

Mentally Retarded Children:	<ul style="list-style-type: none"> ▪ Meaning ▪ Classification ▪ Reasons ▪ Remedial Skills ▪ Care at home ▪ Teaching children with MR ▪ Educational options for severely and profoundly MR children ▪ Needs of severely and profoundly MR children
Autism	<ul style="list-style-type: none"> ▪ Meaning ▪ Characteristics ▪ Facts about autism ▪ Needs of an autistic child ▪ Remedial Measures ▪ Tips for care-takers ▪ Role of parents
Multiple Disabilities	<ul style="list-style-type: none"> ▪ Defining multiple disability ▪ Symptoms of multiple disabilities ▪ Support required by children with multiple disabilities ▪ Kinds of multiple disabilities ▪ Brief description of different kind of multiple disabilities

	<ul style="list-style-type: none"> ▪ Educational options for children with multiple disabilities ▪ Needs of multiple disabilities ▪ Commonly asked questions on multiple disabilities
Cerebral Palsy	<ul style="list-style-type: none"> ▪ Defining CP ▪ Symptoms of CP ▪ Causes of CP ▪ Aids and appliances ▪ ADIP scheme ▪ Aids and appliances ▪ Teaching children with CP ▪ Care at home ▪ Needs of a CP child ▪ Educational options of a CP child

- Maintaining an IEP
- Monitoring through
 - Volunteers Dairy
 - Parents Reactions
 - Progress of the child
 - Suggestions

Annex-III (b)

Individual Educational Plan Format for HBE**Part I: Individual Information**

Name of the child	:	
Age	:	
Male/ Female	:	
Class	:	
Mother tongue	:	
Family background	:	
Disability/ problem	:	
Level of disability	:	
Subject/ topic to be taught	:	
Date of commencement	:	
Date of completion	:	
Name of the teacher	:	

Part- II: Individual Education Plan as per the Competency

Teaching points and analysis of activities	Teaching method	Teaching and learning materials	Evaluation	Achievements of the child	Remarks

Signature of the Resource Teacher/Volunteer

Format for Basic information on CWSN - West Bengal

S. No.	Related to	Service	Required	Support (Yes/No)	Date of Offered Support	Remarks providing
1.	Child	Behaviour therapy				
		Mobility Training				
		Physiotherapy				
		Speech Therapy				
		Remedial Education				
		Any other				
2.	Family	Parents' Involvement				
		Motivation of Parents				
3.	School	Teachers' acceptability				
		Peers' help				
		Promotion of barrier free environment				
4.	Community	As a member of VEC/WEC Participation of the parent of special child in VEC/WEC meeting				
		Interest of the VEC/WEC members in IED related activities				
		Acceptability of the parents of CWSN in society				

GLOSSARY

ADIP	☞	Scheme of Assistance to Disabled Persons for Purchase/fitting of Aids & Appliances
ADL	☞	Activities of Daily Living
AIE	☞	Alternative and Innovation Education
ALIMCO	☞	Artificial Limb Manufacturing Corporation
BRC	☞	Block Resource Centre
BRCC	☞	Block Resource Centre Coordinator
CBR	☞	Community Based Rehabilitation
CRC	☞	Cluster Resource Centre
CRC	☞	Composite Resource Centre
CRCC	☞	Cluster Resource Centre Coordinator
CWSN	☞	Children With Special Needs
DBCS	☞	District Blindness Control Society
DDRC	☞	District Disability Rehabilitation Centre
DLRO	☞	District Level Resource Organization
DIEDC	☞	District Integrated Education for the Disabled Coordinator
DIET	☞	District Institute of Education and Training
DPEP	☞	District Primary Education Programme
DPO	☞	District Project Office
DRC	☞	District Rehabilitation Centre
DRDA	☞	District Rural Development Agencies
DRG	☞	District Resource Group
ECCE	☞	Early Childhood Care and Education
Ed.CIL	☞	Educational Consultants India Limited
EFA	☞	Education for All
EGS	☞	Education Guarantee Scheme
ESCAP	☞	Economic and Social Council for Asia Pacific

HBE	☞	Home Based Education
HBT	☞	Home Based Training
HI	☞	Hearing Impairment
ICDS	☞	Integrated Child Development Scheme
IE	☞	Inclusive Education
IERT	☞	Inclusive Education Resource Teacher
IED	☞	Integrated Education for the Disabled
IEDC	☞	Integrated Education for Disabled Children
IEP	☞	Individualized Educational Plan
KRPF	☞	Key Resource Person of the family
MGLC	☞	Multi-Grade Learning Centre
MHRD	☞	Ministry of Human Resource Development
MoSJ&E	☞	Ministry of Social Justice and Empowerment
MR	☞	Mental Retardation
MTA	☞	Mother Teacher Association
NGO	☞	Non-Governmental Organization
NPE	☞	National Policy on Education
NIOS	☞	National Institute of Open Schooling
OI	☞	Orthopaedic Impairment
OT	☞	Occupational Therapy
PIED	☞	Project Integrated Education for the Disabled
PLIC	☞	Pre-Integration Learning Centre
POA	☞	Plan of Action
PT	☞	Physiotherapy
PTA	☞	Parent Teacher Association
RCI	☞	Rehabilitation Council of India
RRTC	☞	Regional Rehabilitation Training Centre
RT	☞	Resource Teacher

SC	☞	Scheduled Caste
SMC	☞	School Management Committee
SPD	☞	State Project Director
SPO	☞	State Project Office
SRG	☞	State Resource Group
SSA	☞	Sarva Shiksha Abhiyan
ST	☞	Schedule Tribe
TLM	☞	Teaching Learning Material
TSG	☞	Technical Support Group
UEE	☞	Universalisation of Elementary Education
UN	☞	United Nations
UNICEF	☞	United Nations International Children's Emergency fund
UNESCO	☞	United Nations Educational Scientific and Cultural Organization
VEC	☞	Village Education Committee
VI	☞	Visual Impairment

Home-Based Education- An Educator's Perspective

"It was a sunny afternoon as I passed through the streets of Betuli village of Banpur. Suddenly, my legs stopped moving as I saw a mother frantically explaining something to her child and the child was not responding. I could not stop myself, as I turned towards the mother to ask her the reality.

My doubt came out to be true; the little boy was unable to hear and hence had no idea what his mother was expecting him to do. On asking, the mother explained that the family was disturbed with her son's disability and thought that her child is beyond any remedies. They felt that nothing could be done to help her son as he was totally dependent to perform all his daily skills, such as eating, dressing - undressing, brushing, bathing and toileting etc. He also had poor mobility and hence was confined to one corner of the house. And on top of this, there were no schools or centres in the vicinity of about 200 kms. Hence, the child was left at the mercy of God!

I introduced myself and told her about an organization that worked for similar children to bring about a change in their lives. She was convinced and Umakanta was enrolled in the home based programmes of Nehru Sewa Sangh. As an educator, I was confident that Umakanta was bright and a lot of changes could be expected in him. Proper care and continuous follow up of activities were very necessary for the progress of Umakanta. However, I knew that I would not be able to do this all by myself and would require the family's support.

I was not disappointed and with all that support and backup, Umakanta started expressing and using signs and gestures for communicating. He started showing interest in songs and chose to play with audible toys and objects. Now, he walks independently in familiar as well as in unfamiliar environment. With little assistance, he does all his daily activities by himself.

Working with Umakanta has been a learning for me too and if you ask me, I would say - Disability is not a full stop in life, but it is a new beginning to see life with different perspective".

Contributed by SENSE International, a NGO working for Deaf Blind Children.



सत्यमेव जयते

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