

Identification and Assessment of Children with Special Needs

TIMELY IDENTIFICATION

A timely identification of impairments can reduce the impact of impairment on the functional level of the individual and also in checking the impairment from becoming a disabling condition. Initially they need to be identified as soon as possible at home by the parents and outside (in the anganwadi/schools/centres and camps). Then they need to be assessed through a team of specialists to plan necessary interventions.

I. IDENTIFICATION AT HOME

Parents can observe and identify the children with disabilities by using the following check list for early identification of disabilities.

Hearing Impairment

Screening a new born—

- Birth weight below 1500 gms.
- Child had delayed cry after birth
- Child has jaundice during the first 10 days of birth
- Child has cleft in the lip or palate or a malformed pinna.
- Also check whether anyone in the family has deafness since childhood.
- Did the mother take an abortifacient drug or any other medicine in large doses during the first three months of pregnancy.

Screening a child between 6 months to 2 years—

- Observe the child's movement towards the source of sound which is located either at the back or towards one side of the body.
- Any discharge from the ear.

Screening a child above 2 years—

- See whether the child turns when called from behind
- Uses gestures excessively
- Child does not speak or has defective speech
- Child is unable to understand spoken language
- Child has ear discharge

Visual impairment—

- The child does not follow an object moving before his eyes by one month of age.
- Child does not reach out for toys and things held in front of him by 3 months of age.
- Both the eye movements are different from one another, may be a squint.
- Eyes have either red or yellow discharge or there is watering from the eyes.
- The child has the tendency to bring pictures or books very near the eyes.

Mental retardation—

- Child gives a response to name/voice by the fourth month.
- Child responds by smile to others by the sixth month.
- Child is able to hold the head steadily by sixth month.
- Child is able to sit without support by twelfth month.
- Is able to stand without support by the eighteenth month.
- Able to walk by twentieth-month.
- Able to talk 2-3 word sentences by third year.
- Child is able to eat/drink by himself by fourth year.
- Able to tell his name by fourth year.
- Avoids simple hazards.
- Does he gets fits ?

Locomotor disability—

- Child is not able to lift both the arms fully
- Not able to grasp objects without any difficulty
- Child does not have any part of the limb.
- Child has difficulty in walking.

II. IDENTIFICATION OUTSIDE THE HOME

Both in the urban and the rural areas/tribal areas, early identification is done through door to door surveys, screening children at the anganwadis, schools, health centres and sub-health centres, rehabilitation centres or through camps usually organized by the voluntary workers.

Anganwadi centre

Since 1975, the department of Women and Child Development under the Ministry of Human Resource Development has been implementing the programme of Integrated Child Development Scheme (ICDS). An Anganwadi Centre under the programme is located in each village and is run by an Anganwadi Worker.

Some of the important objects of the scheme include—

- Improvement of the nutritional status of the children in the age group of 0-6 years.
- Provide nutrition and health education for every women in the age of 15-44 years and
- Improving the capability of the mothers to look after the normal health and nutritional needs of the children.

An anganwadi worker is required to do **early detection of the disabilities** in children present at their anganwadi centres.

Primary health centres

There is a well established network of Primary Health Centres in India, each catering to a population of 30-40,000 persons. At the field level is the sub-health centres. Each sub health centre caters to a population of around 3000 persons and is managed by one female healthworker. Under the programme of Mother & Child Health (MCH) the worker takes care of the children by providing immunization, supplementation of vitamins to children below six years of age. She also identifies the health problems which may lead to disability and also takes further prevention measures.

School

All the teachers of the primary, upper primary and secondary government schools have the responsibility to identify children with disabilities.

The following checklist should be used by the teachers (and even the parent) for the identification of children with special needs.

Visual—

- Watering of eyes
- Recurrent redness
- Continued irritation
- Regular blinking

- Squint
- Inappropriately stumbling over objects or bump into other people
- Telling the head or closure of the eye
- Having headache doing fine work
- Have difficulty in counting fingers of a stretched hand at a distance of one metre
- Moving head side to side while reading
- Difficulty in recognizing distant objects
- Hold books too close or too far from the eyes
- Have difficulty in reading the blackboard
- Hitting against the objects on the side.

A cautious note that if any of the four responses are yes, then the child should be properly examined by a qualified ophthalmologist. Try to ascertain if these conditions can be rectified by some medical treatment or by using spectacles.

Hearing—

- Discharge from the ear
- Pain in the ear
- Irritation in the ear
- Try to listen from a closer distance
- Ask for the instructions to be repeated
- Try to listen from the echo reflection rather than from the speaker
- Problem in paying attention in the class
- Prefer one ear for listening purpose
- Having problem when anyone speaks from behind
- Child speaks too loudly or too slowly
- Has voice problem and mispronunciation
- Listen to audio visuals in a loud volume
- Child understands only after few repetitions.

If any of the four questions elicit a positive response indicates auditory problem. The child should be examined by a qualified ENT, an audiologist, a speech therapist for a complete evaluation. In case the child is below 4-5 years, a psychologist should also be consulted to identify any associated psychological problems which may not be overtly evident.

Speech—

- Inappropriate sound in speech
- Stammering
- Baby speech
- Inability to learn correct sound
- Incomprehensible speech

Physical disabilities—

- Deformity in the neck, hand, finger, waist and legs
- Difficulty in sitting, standing, walking
- Difficulty in lifting, holding, keeping things on the floor
- Difficulty in moving or using any part of the body
- Difficulty in holding pen
- Use a stick to walk
- Experience jerk in walking
- Lack of body coordination
- Epileptic behaviour/have a feel of trembling
- Joint pain
- Any body part is amputated.

Attention is required if any of the above statement is positive. The child should be carefully examined by a qualified orthopaedic surgeon. Can also be referred to a physiotherapist and/or prosthetic/orthotic technician as required.

Mental retardation—

- The child is unable to sit independently even after 12-15 months
- Starts to walk after $2\frac{1}{2}$ year
- Hardly talks even after $2\frac{1}{2}$ years
- Child has problem doing the following even after 6 years of age
 - Eating
 - Dressing
 - Proper toilet training
 - Problem in holding pencil/scissors
 - Frequent tantrums, while playing with the peers
 - Usually not attentive to the spoken words/instruction
 - Requires regular reminder to remember things
 - Not able to tell the names of 5 fruits, vegetables or plants
 - Unable to name the days of the week
 - Unable to express their needs clearly unlike their peers
 - Have very short span of attention
 - Inappropriate oral response
 - Difficulty in performing daily routine work
 - Hard to learn new things
 - Difficulty in conceptualization
 - Do not get along with children of the same age group
 - Extra efforts needed to learn and practice as compared to peers
 - Require extraordinarily more time to accomplish the work

- Show an undue dependency on visual clues or material for learning.

If any of the four responses of the above are positive as compared to average school going peers then the child should be properly assessed by a qualified psychologist or a teacher who is trained for diagnosing mentally challenged children.

Learning disabilities—

- Difficulty in counting
- Lack of concentration/easily distracted by the surrounding—either at home or school
- Difficulty in sitting quietly in the classroom
- Unable to write down the spoken words correctly
- Always confused between right and left
- Unreasonable difficulty in remembering verbal instructions
- General difficulty in memorization
- Extreme restlessness, that hinders in the timely completion of the various tasks
- Reverse letters or symbols too frequently while reading e.g., b as d, saw as was etc.
- Reverse numbers too frequently while reading or writing e.g., 31 as 13, 6 as 9, etc.
- Excessive errors in reading e.g., repeat/insert/substitute/omit words.
- Poor mathematical calculations
- Problem in accurate copying from the common sources like the book or a blackboard even though the vision is normal
- Write letters too close or too far (problem of spacing)
- Child appears to comprehend satisfactorily but is unable to answer the questions

It is to be taken note of that if the child is having any 3-5 given statements as positive, the child should be carefully examined by a qualified psychologist/paediatrician/a special educator for initial screening and further consultations.

Categories of locomotor disabilities—

- Permanent physical impairment of upper limb
- Permanent physical impairment of lower limb
- Permanent physical impairment of trunk (spine)
- Permanent physical impairment in case like dwarfism/short stature
- Permanent physical impairment in amputees
- Longitudinal deficiencies

- Permanent physical impairment due to cardiopulmonary disease
- Permanent physical in neurological conditions
- The estimate of impairment depends upon the measurement of functional impairment.

Impairment—Impairment is any loss or abnormality of psychological, physiological or anatomical structure or function in a human being.

Functional limitations—Impairment may cause functional limitations which can be partial or total inability to perform these activities necessary for motor, sensory or mental function within the range or in a manner which a human being is normally capable.

A child with locomotor disability should contact the orthopaedic surgeon or specialist in physical medicine and rehabilitation. They are available at the block, district or state hospital for the required assessment.

Organizations to provide aids and appliances—Various organizations from where the aids and appliances could be procured are—

- Field : Sub-health centre, primary health center, gram panachayat; rehabilitation centre if available; N.G.O.s working in the field of disability.
- Block : Block welfare officer
- District : District welfare officer
- Students : in schools