A Review on Special Education in India

Kenjir Ringu¹, Dr. Akash Ranjan²

¹Ph.D. Scholar, Department of Education, Rajiv Gandhi University (A Central University), Arunachal Pradesh.
²Assistant Professor, Department of Education, Tezpur University, Assam

1Email ID: kenjir.ringu@rgu.ac.in
2Email ID: laranjanmedmphil@gmail.com

ABSTRACT

As per Article 21A, which mandates free and compulsory for all children from the age group of six to fourteen years, education is considered a fundamental right in India (RTE, 2009). The significance of education for Children with Special Needs (CWSN) has equal significance to that of normal counterpart. Even so, CWSN are substantially far prone miss school than Scheduled Castes or Scheduled Tribes children (Singal, 2009). In addition, even in cases where disabled children attend school, they never advance above the primary level, which leads to a reduced likelihood of finding a job and prolonged financial hardship (World Bank, 2007). The journey from Viklang (non-functional body parts) to Divyangjan (divine body parts) and segregation to inclusion was ambiguous, challenging, and full of obstacles. Various programs and policies have been implemented and enacted since post-independence; these programs act in the interest of CWSN. The researcher has collected data from a pool of sources, including but not limited to journal articles, government websites, newspapers, reports and documents, national education plans, etc. This paper analyses and highlights the idea, evolution, guiding principles, application, advantages, challenges, tactics for putting into practice, current laws, and prospects for special education in India. The Indian government endeavored to support CWSN welfare by offering social, educational, and rehabilitation services.

Keywords: Children with Special Needs, Programme and Policies, Right to Education, Special Education.

Introduction

The term “Special education” refers to individualized educational interventions designed to meet the particular requirements of children who don’t fit in the standard in terms of their interaction, mental health, or physical attributes (Alkahtani, 2016). These pupils need the overall educational structure and curriculum to be modified, adapted, and promoted. A wide range of problems are served by special education, such as giftedness, emotional, behavioral or cognitive difficulties, intellectual disabilities, speech, hearing, or vision impairments, speech impediments, learning disabilities, and neurological or orthopedic impairments. In this contemporary world, special education is a significant part of general education. Hence, it is imparted in the
regular classroom, the special classroom, or a combination of both (Reddy, 2007). Special education services are not only limited to classroom-based learning; it is a lifelong process, and activities are developed and oriented in such a way that it helps a child to be self-reliant and independent. Most of these activities are family-oriented as Children with Special Needs spend their time mostly at home.

**Meaning and Definition of Special Education**

**Kirk and Gallagher (1986):** “When youngsters in the same classroom are remarkably different, it is difficult for the teacher to help them reach their educational potential without some kind of assistance. The help that the schools’ devices for children who differ significantly from the norm are called special education”

**Ysseldyke and Algozzine (1990):** “Special education is the instruction designed for the student's special learning needs. Some of these students have difficulty learning in regular classrooms; they need special education to function in school. Others generally do well in regular classrooms; they need special education to help them master additional skills to reach their full potential in short. Special education is evidence of society’s willingness to recognize and respond to the individual needs of students and the limits of regular school programs to accommodate these needs”

**Hallahan and Kauffman (1991):** “Special education means specially designed instruction that meets the unusual needs of an exceptional child. Special materials, teaching techniques, or equipment and facilities may be required. For example, children with visual impairment may require reading materials in large print of Braille; students with hearing impairment may require hearing aids and instructions in sign language, those with physical disabilities may need special equipment; with emotional disturbances may need smaller and more highly structured classes; and children with special gifts or talents may require access to working professionals. Related services- special transportation, psychological assessment, physical and occupational therapy, medical treatment, and counselling may be necessary if special education is to be effective. The single most important goal of special education is finding and capitalizing on exceptional children’s abilities.”

**Heward (2000)** “Special education is a profession with its history, cultural practices, tools, and research base, focused on the learning needs of exceptional children and adults. But at the level, where exceptional children most meaningfully and frequently contact it, special education is an individually planned, specialized, intensive, goal-directed instruction. When practised most effectively and ethically, special education is also characterized by the use of research-based teaching methods, the application of which is guided by direct and frequent measures of student performance.”

The education of Children with Special Needs (CWSN), consist of specialized and organized instruction given in a unique manner to all kinds of special needs children, regardless of the degree of their unique requirements, in accordance with their well diagnosed special needs in order to encourage them in realizing their maximum potential and making best changes and development throughout life.
Result and Discussion:

An Individual in Need of Special Education:

The norms that establish normalcy and deviance serve as its foundation. Educators have concluded that while some children need more time to learn the material, others need less instruction compared to their typical counterparts. At times, Children with special needs (CWSN) could need a distinct set of instructions than normal children. Some instructions differ from those found in classrooms because they take into account life skills and an ever-changing environment.

i) Visual Impairment:

The National Program for Control of Blindness (NPCB), and the Rights of Persons with Disabilities (RPWD Act, 2016) stated that an individual who is blind or visually impaired includes anyone who

i) blindness-
   a) Total absence of sight
   b) The better eye’s visual acuity. Even with a correction lens, should not be greater than 3/60 or 10/200 (Snellen).
   c) A field of vision restriction that extends to an angle of 10(degrees), or worse.

ii) Low vision-
   a) Even with corrective glasses, the better eye's visual clarity shouldn't be better than 3/60 or 10/200 (Snellen), nor should it rise over 6/18 or drop below 20/60.
   b) Restrictions to the field of vision, which range from 40 to 10 degrees.

ii) Hearing and Speech Impairment

The RPWD Act 2016 defines hearing impairment as follows:

a) Deaf- Deaf which means loss of seventy decibels (70 DB) in both ears for speech frequencies.
   b) Hearing impairment, specifically categorized as "hard of hearing," denotes a reduction of 60 to 70 decibels in the range of speech frequencies.

According to UNESCO, a child is classified as deaf if their significant hearing impairment has resulted in highly slowed or absent spontaneous speech and language development.

iii) Orthopaedic Impairment or Locomotor Disability

Orthopaedic impairment includes those means impairment caused by congenital conditions like clubfoot, diseases like poliomyelitis or bone tuberculosis, and other conditions including cerebral palsy, amputation, and fractures or burns that result in contracture (Individuals with Disabilities Education Act, IDEA). An orthopaedic impairment is an impairment connected to the bones, joints, or muscles that is as severe as to limit a child’s capacity to learn. Orthopaedic impairment can arise from a range of conditions, including cerebral palsy, diseases similar to it, and genetic abnormalities including those that result in an arm or leg missing.
iv) Intellectual Disability

A condition that an individual experiences wherein their intellectual development either stagnant or stops developing. It is characterized by a diminishing of skills that typically manifest during the developmental phase and which are important for determining one’s total intelligence, such as language, motor, social abilities, and, cognitive skills. “Retardation can occur with or without the presence of another mental or physical illness” (World Health Organization, 1992). It is characterized by a decline in skills that are typically developed during the developmental period, including cognitive, language, motor, and social abilities. According to the World Health Organization (1992), mental retardation refers to significant limitations in current functioning, encompassing below-average intellectual functioning and related limitations in adaptive skills such as communication, self-care, social skills, and more. The manifestation of mental retardation occurs before the age of 18, as defined by the American Association on Mental Retardation (AAMR 1992). Furthermore, intellectual disability, as described by the RPWD Act 2016, is a condition marked by both significant limitations in intellectual functioning and adaptive behavior, covering various every day, social, and practical skills.”

v) Learning Disability

“When an individual has a learning disability, it means that they are not suffering from mental retardation, sensory deprivation, or cultural, or instructional. Instead, it means that they are experiencing retardation, disorder, or delayed development in one, or more of the areas of speech, language, reading, spelling, writing, or arithmetic calculation, resulting from possible cerebral dysfunction and emotional, or behavioral disturbances (Kirk, 1962).” Disorders marked by a lack of language processing ability, either verbal or written, can cause problems with comprehension, speaking, reading, writing, spelling, and math computation. These diseases comprise perceptual difficulties such as dyslexia, dysgraphia, dyscalculia, dyspraxia, and developmental aphasia, as stated in the RPWD Act 2016.

Types of Learning Disabilities are-

a) **Dyslexia**: Difficulties in reading.

b) **Dyscalculia**: Difficulties in doing Arithmetic or calculation.

c) **Dysgraphia**: Difficulties in spelling and written languages.

d) **Strephosymbolia**: Difficulties in reversing words or letters while writing or reading such as On for No, God for Dog, etc.

vi) Gifted Children

A child that possesses exceptional ability in academics, leadership, the visual and performing arts, creative, or productive thinking, and psychomotor functioning and high IQ scores (130 or 140 or higher) is considered gifted (Terman and Oden). “Gifted and talented” refers to students and children or young people who demonstrate high achievement potential in intellectual, imaginative, artistic, or leadership capacities, as well as in particular academic fields. To fully develop these capabilities, they require services or extracurricular activities that the school typically cannot provide (National Association for Gifted Children, NAGC).
Historical development of special education in the context of the world/west

The majority of societies in the world never consider Persons with Disabilities (PWDs) as members of the general population; instead, they either consider them as taboo, cursed, untouchables, idiots, or possessed by evil spirits. In the prehistoric era of human society, a disabled or physically deformed infant was born; or a mother died during childbirth, and if those infants were born, the elders or leaders of the respective tribes were ordered to kill that crippled or physically disfigured infant.

Holding the dead child for three days and nights was the punishment for infanticide in ancient Egyptian culture (Hewett & Forness, 1984). The defective or deformed infants especially girls, were disowned and discarded from the cliff of Mount Taygete by the parents and left to die on the jagged rock during the Roman and Greek periods. All the authority over life and death, abandonment, and selling a child into slavery, rests with the child’s father. Occasionally these children were collected by professional beggars and deliberately impaired or disfigured to get alms from passersby.

The situations in the royal and noble house-holds were paradoxical and exceptional regard to the deformities and malformations, as King Tutankhamun, Egypt’s boy pharaoh had a cleft palate, a crooked spine, Clubfoot and suffered from numerous ailments that led him to death at the age of 19 years (Hamilton, 2010). Roman rulers such as Nero, Commodus, Elagabalus, and Caligula are considered mentally ill (Wallin, 1955). Caligula was considered one of the cruellest emperors after he got ill (Alderete, 2019). The law that states, “As to exposure and rearing of children, let there be a law that no deformed child shall live”, was first proposed by Aristotle and put into effect. Following that proclamation, the Spartans, Athenians, and Romans executed a large number of deaf children. During social gatherings in Rome, individuals with physical and mental disabilities were held by affluent individuals, who later referred to them as ‘natural fools’ (Hewett & Forness, 1984).

People with disabilities experienced fear, carelessness, and indifference during the Middle Ages due to the fall of the Roman Empire and its authority. The development of hospitals, orphanages, and homes for the old and blind was made possible in large part by Christian missionaries. Datheus, the Milanese archbishop, established the first institution for orphaned infants in 787 A.D. The town residents used to find amusement in the “idiot cages,” which were renowned at that time for keeping disabled individuals out of trouble. Members of the family who were deemed to be a burden- their dependents and unproductive members were sent to far-off places. The sailor was hired to remove these individuals. This practice is called “Ships of Fools”, It sails from port to port before being abandoned and leaving the passengers on their own. In 1215 Belgium, the shrine at Gheel was chiefly to treat mentally ill people in foster care and family settings. However, it was religiously motivated to treat and take care of these people, while the family members got rewards.

People with Disabilities were first educated in the eighteenth century. Although it is also known as the period of Enlightenment; hence Special Education was established. Jean Jacques Rousseau (1712-1778) published a book titled “Emile” about the education of children; he analyzes the teaching of young people. According to Rousseau education should follow a child’s cognitive development and involve with minimal
outer stimuli from society, which is known for praising social roles and wealth. With this idea, teaching children at their own pace started to influence many educators. In 1760, Charles Michel L’Epee founded the first public school for persons with disabilities in France. He was one of the pioneers in the 18th century for the education of the disabled. In which deaf and blind students were taught language and phonetics in different ways as tools of education. In 1784, Valentin Haüy founded the “Institution Nationale des Jeunes Aveugles,” which is considered the first school for blind people in the world. Jean Marc Gaspard Itard was also concerned with different methods for educating disabled children. He tried to educate a boy named Victor for about five years, who was found in the wilds of France. However, mere development and improvement have been gained; hence, Itard gave up on his attempt and released the boy in the wild. Furthermore, his studies and work greatly influence special educators worldwide.

In Indian Context

In India, the commencement of missionaries and non-governmental organizations corresponds with the start of education for Children with Special Needs (CWSN). These charitable organizations focus on helping the visually and hearing impaired as well as the mentally impaired. After its independence in 1947, the Indian government focused on providing social, health, and educational services. Hence, several policies and programs have been passed and enacted.

Educational Provisions:

1. The Indian Education Commission (1964-66):

The idea that the education of CWSN should be structured on utility, as well as compassion, was first brought up by the Kothari Commission. The recommendation states that at educational facilities instructions should be directed toward these four target groups: the blind, deaf, mentally retarded, and orthopaedic disabilities.

The recommendations are:

i) To encourage universal primary education

ii) Education of CWSN can be possible through two programs that are special and integrated. In special programs, CWSNs are isolated from normal children in special institutions. In the Integrated program, CWSN can enrolled in the regular school curriculum.

iii) To foster empathy between children without disabilities


It was the centrally financed scheme, to achieve the goal education for all and the training of disabled children initiated. Under the program, the scheme educational facilities, financial support, and rehabilitation are guaranteed to CWSN following an evaluation by the concern authority. The program inculcated Preschool training for disabled children, counselling for parents, and surveys for the identification and assessment of disabled children have been emphasized. Books & stationery, uniforms, transportation, aids and equipment expenses, escort and readers allowance, lodging, and boarding facilities in hostels should be given in the event the that State or any other agency are unable to (Panda, 1997).
The objective of this policy is to integrate physically and mentally disabled children with normal children to develop courage and confidence while growing together. The policy defines regarding training of disabled and non-disabled children.

i) When possible, the education of individuals with locomotor disabilities and other disabilities equivalent to that of the general population.

ii) Children with severe disabilities would, to the extent feasible, have special schools with hostels available at district headquarters.

iii) Sufficient infrastructure and supervision need to be provided for the CWSN’s vocational training.

iv) Reorienting teacher training programs would be necessary to address the unique challenges faced by CWSN, especially for those teaching in primary school.

v) This policy further calls for the universalization of primary education by 1995 for CWSN as well as for all others.

vi) Every feasible means would be employed to promote voluntary efforts for the education of disabled children.

4. **Project on Integrated Education for the Disabled (PIED) (1987):**
The UNICEF-backed (PIED), which was launched in 1987, strengthened the IEDC. This programme intended to make all schools integrated learning environments by preparing educators to meet the specifications of special needs and handicapped students in the classroom.

5. **The Programme of Action(1992):**
A committee was established to supervise NPE 1986, and a plan known as Programme of Action (POA) was developed. The committee suggested significant measures for 12.59 million CWSN.

The Suggestions of POA, 1992 are as follows:

i) In General School: By the time the ninth Five Year Plan concludes, all students must be registered, and the curriculum and methods of instruction must be modified to address the basic learning requirements for (CWSN), providing educational equity.

ii) In Special School: By By the time the ninth Five Year Plan concludes, all students must be enrolled, and ensuring that before entering general school, CWSN should acquire skills relevant to their potential such as living & communication skills and fundamental academic knowledge.

iii) Dropout rates reduced to levels comparable to other children.

iv) In addition to providing CWSN with access to high-quality secondary and senior secondary education along with resource support and special provisions for vocational training for these children –especially those with intellectual disabilities (1992) aims to achieve equalization of educational opportunities.

v) Adapting teacher education courses, including pre-service and in-service, to more effectively adapt to the individual requirements within teaching and learning contexts.
vi) It is crucial to change adult and non-formal education programmes in order to better meet the needs of individuals with disabilities in terms of education and career training.

In 1992, the Rehabilitation Council of India Act was established as a regulatory body with a mandate to standardize and regulate the training, including research in the fields of rehabilitation and special education. In 1986, the National Policy on Education, 1986 suggested the establishment of the Rehabilitation Council of India, which was to be supervised by the then Ministry of Welfare. Salient features of the RCI Act are:

i) Minimum educational qualification criteria must be met by educators and professionals who work in the field that assists individuals who have disabilities.

ii) This Act guarantees that all CWSNs have the right to receive instruction from certified teachers.

iii) The act requires that all special educators register with the council.

iv) The law also specifies penalties for teachers who work with children with impairments without the required certification.

One of the noteworthy programmes in the history of special education in India is the PWD Act 1995. It is a significant act that ensures equal opportunities for persons with a disability where all aspects of education and employment, rehabilitation of the disabled, vocational training, research, manpower development, etc. are taken into account. The recommendations are:

i) Every child with a disability has access to free education in an appropriate environment till he attains the age of 18 years.

ii) It is recommended to make changes in assessment and curriculum and remove architectural barriers for disabled-friendly environments, to emphasize inclusion.

iii) It also recommends providing free books and uniforms to children with disabilities.

8. The District Primary Education (DPEP) 1995:
In 1994, the Ministry of Human Resource Development introduced the District Primary Education program, which was a centrally sponsored initiative that was implemented in 42 districts throughout seven of India. It is a program that worked on the goal of ‘universalization of education’ and was based on the hypothesis that universalization of education is possible only when it includes children with disability. It emerged as a paradigm of inclusion that focuses not only on difficulties faced by CWSN while learning but also School system.

The objectives of DPEP:

i) To address the issue of dropouts at primary schools of less than 10 percent.

ii) Supporting early disability detection and community mobilization issue.

iii) To solve the issues of out-of-school children and early marriages, it is essential to implement elementary education in every village.
iv) Provide modern-service teacher training.

v) Flexible curricula and alternate schooling would be encouraged for children with mild to moderate disabilities, with rigorous evaluation and flexible timing.

vi) Persons provisions for educational aids and appliances.

vii) Establishing guidelines for the removal of architectural barriers.

9. The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental retardation, and Multiple Disabilities Act (NTA) 1999:

The focus of this Act is to protect and promote the rights of autism, cerebral palsy, mental retardation and multiple disabilities at the national level.

10. **Sarva Shiksha Abhiyan** (SSA) 2000:

In 2000, the Ministry of Education launched SSA an effort to reach and promote primary education across the nation. By 2010, the goal is to provide Universal Elementary Education (UEE) to all children up to the age of 14 years. The ‘Zero rejection Policy’ states that Inclusive education should be offered to everyone, including Children with Special Needs (CWSN) in regular classroom settings. The SSA establishes regulations about the types, degrees, and conditions of disabilities that allow CWSNs to get an education that is appropriate for them.

The salient features of SSA for inclusion:

a. Early detection and identification

b. Placement assessment

c. Educational Placement

d. Support and appliances

e. Support services

f. Teacher training

g. Resource support

h. Individual educational plan

i. Parental training and community mobilization

j. Planning and management

k. Strengthening of special schools

l. Removal of architectural barriers

m. Research

n. Monitoring and evaluation

11. **Right to Education** (RTE) Act 2009:

The Indian government enacted a new article 21 A in the 86th amendment of the Indian Constitution 2002. The Right to Education Act represents a huge turning point in the nation’s educational history. The RTE Act, 2009 guarantees that “the state shall provide free and compulsory education to all children of the age of 6 to 14 years (Covering children with disabilities) in such a manner as the state may, by law, determine.”
Various provisions of the Act are:
i) A child with a disability is entitled to free government primary education at a local school up to the age of eighteen.
ii) Children must complete primary education up to fourteen years.
iii) It is illegal to detain or expulsion of child.
iv) Developing Guidelines and policies for school administration committees.
v) No child is turned away for lack of age identification.
vi) Teacher qualifications, terms and conditions of employment.
vii) Teacher vacancies and their filling protocols.
viii) Preschool education.
ix) Duties of parents, and teachers and redress grievance.
x) Maintaining teacher-to-student ratio as specified.
xi) Curriculum development and assessment protocols.
xii) Prohibition of capitation fees and screening protocols.

12. Rights of Persons with Disability (RPWD) Act 2016:
To comply with the United Nations Convention on the Rights of Persons with Disability Act, 1995 (PWD Act, 1995) and replace it with the RPWD Act, 2016 by the Government of India. The new act was fine-tuned considering the socio-cultural and local needs of the society, and the available resources.
i) The Act significantly aims to uphold the dignity of every Person with disability (PwD) in the society and prevent any form of discrimination
ii) Additionally, the law ensures the full participation and integration of people with disabilities into society and encourages their acceptance.

13. National Educational Policy (NEP) 2020:
On 29th July 2020, the Ministry of Human Resource and Development launched the National Educational Policy (NEP) 2020, which aims to provide universal access to education from primary to secondary levels by 2030. It guarantees the establishment of an educational system in which children with disabilities and normal children can study in the same classroom, free from barriers, with curriculum and assessment modifications, among other things.
The NEP 2020 provisions for CWSN are as follows:
i) Establishing PARAKH, the National Assessment Centre
ii) NIOS will create outstanding modules in Indian Sign Language (ISL) to educate sign language and other fundamental subjects
iii) Provide instruction in all teacher education programs on how to instruct students with specific disabilities.

iv) To facilitate accessibility, it guarantees the availability of sufficient resources for CWSN every 5-10 radius kilometres.

v) NEP 2020 offers teachers the flexibility to teach CWSN with a variety of instruments and methods, depending on the situation.

**Objectives of Special Education:**

a) Early identification and evaluation of the special needs of children with disabilities is essential.

b) Early intervention aims to stop a condition before it gets worse and poses a major risk to one’s ability to operate.

c) Psycho-education of caregivers on the avoidance and correction of mistakes, daily living care and teaching for children with disabilities, self-help, pre-academics, and communication skills.

d) Support special children’s overall development through need-based education, career, and personal counselling.

e) Raising awareness of the issues about special education and community mobilization.

f) Fully actualize the strengths and capacities of these children.

g) Rehabilitating Children with exceptional needs.

h) Promote effective living by helping people build a sensible sense of who they are and a sense of independence and self-reliance.

**The Fundamentals of Special Education**

The following are the guiding concepts of special education:

a) **Individual Difference:** Each person is distinct in their manner; for example, every child is different from one another because of their requirements, challenges, and abilities.

b) **Zero rejection:** Free, appropriate education must be given to every CWSN without exception.

c) **Non-discrimination evaluation:** Before placement in a resource room or special education program, each CWSN should conduct a thorough, personalized screening.

d) **Individualized Education Programme (IEP):** Students with special needs must participate in an individualized education program for duration in a day which can be carried out in a resource room as well as separate classroom in the regular school.

e) **Barrier-free environment:** Barrier-free and disabled-friendly environments should be encouraged to instruct and train CWSN along with the other students in the regular classroom.

f) **Participation of Parents:** The efficacy of the special education process can be improved by parents’ active involvement in the educational programme created for exceptional children.

**The Scope of Special Education:**

Since emerging findings from around the world are published, the special education limitations are always shifting and expanding. It is a vocation that uses methods and resources to cater to the unique requirements of children with disabilities. To help CWSN succeed in both the current and future situations,
the teaching is systematically examined, methodically executed, and specifically tailored for each individual (NCERT). The scope covers the following identifying children accordingly:

i) There are three types of Intellectual Disabilities (ID): Mentally retarded children, Gifted children, and Creative Children.

ii) Sensory Impairments include hearing loss and vision impairment.

iii) Speech impairment and Orthopaedic impairment are types of motor Impairments.

iv) Personality/ Behavioural deviations include Neuropsychological Deviations such as Attention Deficit Hyperactive Disorder (ADHD) and Learning Disabilities (Dyslexia, Dysgraphia, and dyscalculia).

v) Both youngsters who fall behind in their schooling and those who are mentally exceptional are considered educational deviants.

vi) Juvenile offenders, maladjusted kids, and those going through hardships are all part of social deviance.

vii) Conditions that involve the coexistence of much aberrant behaviour are referred to as multiple disabilities. For example, people with ADHD may also be deaf and dumb.

**Conclusion:**

Throughout human history, people with disabilities have frequently been treated inhumanely. Services for providing care were exclusively provided as a charitable endeavor for the blind, deaf, and mentally retarded. Pioneers in the Western countries in the subject of special education, including Rousseau, Itard, Louis Braille, etc. gave remarkable contributions. Gradually education of Children with Special Needs shifted charities to an institutionalized, educational system that evolved from segregation towards inclusion. In this contemporary world, to inculcate the education of CWSN, programs, and policies are created and adapted based on the different types and levels of disabilities such as mild, moderate, and profound education of CWSN. A variety of programs, including full-time placement in a residential school, a special day school, or a regular classroom, are available to provide education for CWSN.

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