



## SAMAGRA SHIKSHA

(A Society under Education Department, Govt. of NCT of Delhi)

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No.F.88/DDE(IEDSS)/Admn.Cell/2016/289-300

Dated: 02/05/2022

### CIRCULAR

Every year, Samagra Shiksha –Delhi conducts exercise of identification of students with disabilities by screening all students studying in Govt. schools of DoE, DoE Aided, & Schools of Local Bodies (MCD, MCD Aided, NDMC, NDMC Aided, and DCB management). Timely identification of disabilities a student will facilitate development and implementation of appropriate educational programme as per provisions of Rights of Persons with Disabilities (RPWD) Act, 2016.

In this regard, a screening tool has been developed by NCERT titled, 'Special Attention to Special Needs: Screening tool for School Students', keeping in mind the entire school spectrum- from primary to senior secondary and is first of its kind tool that facilitates initial level screening of school students for all the 21 conditions of disabilities recognized by RPWD Act 2016. Copy of the tool provided by NCERT is placed as **Annexure-I**.

In the light of the above, HoS of all DoE, DoE Aided, & Local Body schools are directed to follow the detail instructions given in said 'screening tool' for screening and identification from the academic year 2022-23 onwards. Brief guidelines to be followed while conducting screening are given below:

1. Screening of 21 disabilities as given in the *schedule* of the RPWD Act, 2016 to be done.
2. The screening tool must be read thoroughly & carefully by all the stakeholders i.e. HoS, class teachers, subject teachers & Special Education Teachers (SETs)/Resource Person (CWSN) as it is meant for the use of regular teachers, SETs, and head of schools.
3. The said tool is not designed to label and isolate children instead it is to be used for screening at the level of school and thereafter referring for further assessment, identification and certification, and academic support for enhancing learning and encouraging participation of subject/class teachers/head teacher in the screening of CwDs.
4. The screening checklist is only for screening and referral. No child should be diagnosed on the basis of this tool.
5. The tool is developed with the aim to collect initial level data with respect to CwDs studying in the mainstream schools.

6. This screening tool is designed in two parts. In part 1 the subject/class teacher is expected to screen the children by matching their observation with the behavioural symptoms listed in the screening checklist. The part 2 of the screening tool needs input from the SETs or RP (CWSN) and prepares the list of students suspected to have disabilities. This part is to be filled, only after receiving the filled part-1 from subject/class teachers
7. The regular teachers, SETs & RP (CWSN) shall ensure that the observation of students should be made over a prolonged and consistent period of time in varied situations.
8. This screening checklist is prepared in the manner that it is user friendly, is in simple and clear language, assimilates and presents symptoms of the 21 disabilities, mentioned in the Rights of Persons with Disabilities Act 2016, which the teacher may come across in the classroom.
9. District-level training on use of the above-mentioned screening tool shall be imparted to HoS, Class teachers, Subject teachers, Special Education Teachers of Govt. schools of DoE in the 2<sup>nd</sup>/3<sup>rd</sup> week of June 2022.
10. DDE (Districts) shall ensure availability/presence of Class teachers, Subject teachers, Special Education Teachers of Govt. Schools of DoE in 2<sup>nd</sup>/3<sup>rd</sup> week of June 2022.
11. The school-level screening/identification of CwD/CWSN shall be completed latest by 31/07/2022. Only the name of those children with disabilities should be included in the student module, whose valid Disability Certificate issued by Competent Authority is available or whose valid assessment report stating the type of disability prepared by a professional registered with Rehabilitation Council of India or Medical Council of India or concerned State Council is available.
12. **HOS of all managements shall ensure that the details of children screened/identified as CwD/CWSN based on the school-level screening done as per the 'screening tool' of NCERT are also updated in the Student Module of MIS Dept'al website.**

This issues with the prior approval of the Director (Education), GNCTD.

  
(RAMACHANDRA SHINGARE)  
JOINT DIRECTOR OF EDUCATION



Copy to:

1. Chairperson, NDMC, Palika Kendra, Parliament Street, New Delhi with request to issue necessary directions to HOSs for screening of CwDs as per this circular and organising training of Class Teachers, Subject Teachers & Special Education Teachers for the use of screening tool of NCERT under their jurisdiction.
2. Director of Education, South MCD, Dr. S.P.M. Civic Centre, Minto Road, New Delhi – 100 002 with request to issue necessary directions to HOSs for screening of CwDs as per this circular and organising training of Class Teachers, Subject Teachers & Special Education Teachers for the use of screening tool of NCERT under their jurisdiction.
3. Director of Education, East MCD, 419, Udyog Sadan, Patparganj Industrial Area, New Delhi – 110 092 with request to issue necessary directions to HOSs for screening of CwDs as per this circular and organising training of Class Teachers, Subject Teachers & Special Education Teachers for the use of screening tool of NCERT under their jurisdiction.
4. Director of Education, North MCD, 15th Floor, Dr. SPM Civic Centre, Minto Road, New Delhi with request to issue necessary directions to HOSs for screening of CwDs as per this circular and organising training of Class Teachers, Subject Teachers & Special Education Teachers for the use of screening tool of NCERT under their jurisdiction.
5. CEO, Delhi Cantonment Board, Sadar bazaar, Delhi Cantt., Delhi - 10 with request to issue necessary directions to HOSs for screening of CwDs as per this circular and organising training of Class Teachers, Subject Teachers & Special Education Teachers for the use of screening tool of NCERT under their jurisdiction.
6. School management of all Private recognised schools of Delhi to ensure school-level screening/identification of CWSN is completed latest by 31/07/2022 & organising training of HoS, Class Teachers, Subject Teachers & Special Education Teachers for the use of screening tool of NCERT.
7. P.A. to SPD (Samagra Shiksha), Delhi
8. P.S. to Pr. Secretary (Education), GNCTD
9. P.S. to Director (Education), GNCTD
10. P.A. to Addl. DE (IEB), Directorate of Education, GNCTD
11. All DDE (Districts), Directorate of Education, GNCTD
12. All DDE (Zones), Directorate of Education, GNCTD
13. All HoSs, Directorate of Education, GNCTD
14. District Coordinator (Inclusive Education), DoE, with the directions to collaborate with the Heads of Schools to ensure that Class teachers/subject teachers/PGT/TGT-SETs/RP (CWSN) are implementing the directions of screening tool.
15. In-charge (Computer Cell), Directorate of Education with request to upload the circular on the department website.
16. Guard File



(RAMACHANDRA SHINGARE)  
JOINT DIRECTOR OF EDUCATION

# **SPECIAL ATTENTION TO SPECIAL NEEDS**

Screening Checklist for School Students  
(Part 1 and Part 2)



एन सी ई आर टी  
NCERT

Department of Education of Groups with Special Needs  
National Council of Educational Research and Training  
Sri Aurobindo Marg, New Delhi 110016



# **SPECIAL ATTENTION TO SPECIAL NEEDS**

## **SCREENING CHECKLIST FOR SCHOOL STUDENTS**

**(PART 1 AND PART 2)**

**PROJECT COORDINATED**

**BY**

**DR. BHARTI**



**DEPARTMENT OF EDUCATION OF GROUPS WITH SPECIAL NEEDS  
NATIONAL COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING  
SRI AUROBINDO MARG, NEW DELHI 110016**

## Forword

Disability is an integral part of society. Rights of Persons with Disabilities (RPWD) Act, 2016 recognizes 21 Disability Conditions and various provisions for Persons with Disability. It encourages equity based inclusion in society and inclusion of Children With Special Needs (CWSN) in regular schools while taking care of their special needs. It implies that all children with disability should be properly identified and certified as soon as possible to address their special needs and support them. All disability conditions are not visibly identifiable, therefore the present booklet will help regular teachers and special educators to screen children at preliminary level and send them for further identification at assessment camps. Teachers get the maximum opportunities to observe children for a significant period of time, in various settings like playground, library, classroom and other settings which will help them in identifying symptoms related to various disability conditions. The objective of this booklet is to screen and tentatively categorize the students into 21 disability conditions recognized by RPWD Act, 2016 to facilitate further identification and certification. It would help call attention of regular teachers' towards children who need special attention and would prevent unnecessary labelling and misdiagnosis of children at the initial level of identification. This screening booklet was developed and finalised with the help of national experts and teachers through workshop, survey and field try-outs. Teachers and special educators should be careful while using this checklist and always remember that this is merely a preliminary screening tool and is not to be used as a diagnostic tool to label any child as having a disability.

Prof. Hrushikesh Senapaty  
*Director*

National Council of Educational Research and Training

New Delhi  
October 2020

## PREFACE

Persons with Disabilities (PwD) Act, 1995 was replaced by Rights of Persons with Disabilities (RPWD) Act, 2016 which recognises 21 disability conditions. The numerous newly added disability conditions like Specific Learning Disability, Mental Illness, Intellectual Disability, Autism are less known amongst the general population and hence often remain unidentified and sometimes misdiagnosed. Early identification and certification of CWSN is vital before seeking facilities and utilising provisions provided by government.

The development of this screening checklist is an initiative by Department of Education of Groups with Special Needs (DEGSN), NCERT to facilitate regular teachers and Special Educators to screen and tentatively categorize children into 21 disability conditions at the school level, so that they can be referred for further assessment during special camps. This checklist has been divided into 2 parts.

Part 1 is for the use of regular teachers for first level preliminary screening of students in their respective classes.

Part 2 is for the use of special educators for the purpose of second level screening of children identified by regular teacher or any other student if missed, to tentatively categorize them into 21 disability conditions as per RPWD Act, 2016. After school level screening and compilation of necessary information the students will be further referred to assessments camps for identification and certification of disabilities.

The process of development of this booklet/checklist began with reviewing the literature available about each of the 21 disability conditions and conducting a survey related to procedure of identification of the disability conditions followed in various States and Union Territories of India.

A draft screening checklist was prepared in-house for 21 disability conditions. This draft screening checklist was finalised in a 3-day workshop wherein experts of disabilities, inclusive education coordinators working in the states and UTs, special educators and regular teachers, actively brainstormed and finalised the checklist.

Trial of this finalised checklist was conducted in Regional Institute of Education (RIE) adopted blocks of following states: Karnataka, Meghalaya and Odisha. The screening checklist was also field tried in select schools of Delhi.

This booklet is the successful outcome of the collective efforts and dedication of several persons involved in its development.

This booklet is meant for the use of regular teachers, special educators, resource persons and principals or school heads. It is hoped that this booklet will facilitate timely and appropriate screening of children suspected to have disability and consequently enhance the quality of education in inclusive settings.

Bharti  
Associate Professor  
Department of Education of Groups with Special Needs



## ACKNOWLEDGEMENT

Successful completion of every task lies in hard work, dedication and support of many individuals and organizations. A lot of time and relentless effort has been expended into the development of this booklet. Department of Education of Groups with Special Needs (DEGSN) would like to extend heartfelt gratitude to everyone involved in the making and completion of this booklet.

To begin with DEGSN would like to thank Director, NCERT and the Joint Director, NCERT for providing the opportunity to initiate and complete this project. The process of development began with collecting information from various states and Union Territories (UTs) of India. The focus was to understand the on-going practices related to identification of disabilities. The significant contribution of Inclusive Education Coordinators of States and UTs in providing information is highly appreciated and acknowledged. The cooperation and support of Mr. Rajneesh Sharma, Inclusive Education Coordinator, Haryana, deserves a special thanks for field testing and reviewing the first version of draft checklist, prior to finalisation workshop, in his state.

Subsequent phases included a 3-day workshop at NCERT in August, 2019 for finalization of the draft checklist. The department would like to appreciate the efforts of the workshop team comprising of Disability Experts, IED Coordinators, Special Educators and Regular Teachers, whose kind ideas, suggestions and knowledge helped us in the finalization of the booklet. The team members included, Dr Swati Sanyal, Course Director, Durga Bai Deshmukh College, Delhi University; Dr Merry Barua, Founder Director, Action for Autism; Dr Jayanthi Narayan, Ex. Deputy Director, NIMH, Hyderabad; Dr Roma Kumar, Clinical Psychologist, Sir Ganga Ram Hospital; Dr Asha, Speech Pathologist Audiologist, Asha Speech Hearing Clinic and Consultant, Sir Ganga Ram Hospital; Mr Manoj, Teacher Educator & Faculty, SCERT, Delhi; Mr Rajneesh Sharma, State IED Co-ordinator, Haryana; Dr Ravinder Jangral, State IED Co-ordinator, Jammu and Kashmir; Mr P.N. Pradhan, State IED Co-ordinator, Sikkim; Ms Indu Chetry Das, State IED Co-ordinator, Assam; Mr Sandeep Tambe, RCI, Delhi; Dr Priti Nanda, CEO, Mediskool Health Services; Ms Mona, Special Educator, Inclusive Education, Haryana; Dr Ravi, Inclusive Education Branch, Directorate of Education, Delhi; Mrs Sushma Rani, Regular Teacher, Directorate of Delhi; Mrs Geetesh, Regular Teacher, Directorate of Delhi; Mr Shiv Ram Meena, Regular Teacher, Directorate of Delhi; Ms Pooja Negi, Special Teacher, Directorate of Delhi; Ms. Prity Singh, Special Teacher, Directorate of Delhi.

The department would also like to thank Dr Vandana Gambhir Chopra, Assistant Professor, Keshav Mahavidyalaya, Delhi University and Mr R N Singh, IED Coordinator, Uttar Pradesh for their time and efforts in reviewing and providing valuable feedback on this booklet.

Further, the checklist booklet was tried out in the states - Karnataka, Meghalaya, Delhi and Odisha. The RIE coordinators, Regular teachers, Special Educators and School heads deserve special thanks for their cooperation in the try-out of this booklet.

Ms. Akshita Saxena, Junior Project Fellow (JPF), deserve special mention for her dedicated efforts, timely completion of task assigned and enthusiastic participation in all aspects of this project.

We express our appreciation and gratitude towards our colleagues for their kind cooperation and encouragement which helped in completion of this project. The Joint Director CIET, Prof. Amerendra Behera, Head, DEGSN, Professor S.C. Chauhan and Head, MPD, Professor Rajendra Pal deserves special thanks without whose active support and encouragement this booklet may not have seen the light of day.

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# WHY THIS BOOKLET?

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Disability is a complex and multifaceted concept. The concept and meaning of disability differ across territories along with its legal, political and social constructs. It is generally viewed as a physical or mental condition(s), or both, that limit(s) an individual's movements, sense perceptions or activities. Persons with disabilities are forced to face a lot of discrimination due to pre-existing prejudices and biases in society. The most vulnerable area that falls prey to discrimination is "EDUCATION". Disabilities are incurable but early identification and intervention may facilitate optimum management and also prevent the consequent conditions from worsening.

In India, Rights of Persons with Disabilities (RPWD) Act, 2016 recognises 21 disability conditions. It has replaced Persons with Disabilities (PwD) Act, 1995 which recognised only 7 disability conditions. It is in harmony with the United Nations Conventions on the Rights of Persons with Disabilities (UNCRPD). Further it provides

a legal framework, generates awareness about rights of persons with disabilities, and also promotes equity based inclusion.

The Right to Education (RTE) Act 2009 entitles Free and Compulsory education to all children, including Children with Special Needs (CWSN). In the context of school, provisions of RPWD Act 2016 and RTE Act 2009, implies that all children with disabilities should be identified as early as possible, their special needs arising due to disabilities should be appropriately addressed and they should be supported to realize their full potential. Identification process of children with disabilities should begin ideally, at the moment of birth.

The field realities in the country however, provide ample number of cases, where children with disabilities remain unidentified, even after getting admission in school, due to lack of awareness among school functionaries and the general population. This primarily occurs in cases of disability conditions where symptoms completely lack, or have minimum, visual manifestations that can be easily identified by parents or teachers. Disability conditions recognised by RPWD Act 2016, such as physical challenges, acid attacks, or dwarfism are easy to identify but disabilities like mental illness, specific learning disabilities or autism are comparably difficult to identify without appropriate training.

Needless to say that the early and appropriate identification of condition of disability facilitates implementation of required educational intervention. This in turn can bring a huge difference in the lives of children with disabilities. Need based interventions given as early as possible help them to grow with confidence and self-respect like any other children without disability. As a result, children with disabilities may become productive, respected and accepted members of society.

A survey was conducted to understand and gain information about the view of States and Union Territories of India on disability conditions and what problems they are facing.

The survey revealed the following facts.

52.9% of states were observed to face difficulty or confusion in understanding characteristics and/or symptoms of some disabilities. Majority of states claimed to face confusion in following disabilities: Mental Illness, Speech and Language Disability, Learning Disabilities, Parkinson's disease, Haemophilia and Thalassemia. It was also revealed from the responses that those states that were not facing any confusion in disability conditions, had involved special educators or medical experts in the process of identification of CWSN. Approximately 76.4% of states had involved both Regular Teachers and Special Educators in the process of identification of Children with Special Needs. Lack of awareness and knowledge about various disability conditions emerged as the major reason for not involving regular teachers in the identification process.

8 states have either finalized or are in the process of finalizing their own checklists for identification of CWSN i.e. Sikkim, Tamil Nadu, Kerala, Assam, Chhattisgarh, Puducherry, Delhi and Uttar Pradesh while the state of Uttarakhand and the Union Territory of Jammu & Kashmir are in the process of developing checklists for the identification of CWSN. This shows lack of uniform identification and screening tools for appropriate and timely identification of the CWSN.

To support teachers in the initial screening of children with disabilities, a checklist has been developed by the Department of Education of Groups with Special Needs (DEGSN), NCERT. This exercise for screening of children who may have a disability for referral for further diagnosis is a preliminary step in ensuring access to appropriate education for children with disabilities. Early identification opens the scope for referral for certification and planning for effective intervention.

This in turn leads to better understanding of the child's condition and learning needs, thus leading to suitable educational planning and instruction.

## **Why Teachers?**

This screening tool is designed to be used by regular school teacher as they spend maximum time with students. In addition, they are in a position to see all children who are developing and functioning typically. Any child not developing typically is easily identified by the teachers and can be referred for diagnosis. Further the teacher can observe a child in different situations consistently over a period of time ranging from classroom, playground, co-curricular activities such as music, art and craft. The teachers are a contact point to the parents for eliciting more information if and when necessary.

## **What is this screening tool?**

This booklet contains checklists for the preliminary screening of students in school for further referral to assessment camps for disability certification with the help of regular teachers/ special educators/counsellors/school heads/ school management committee. This tool has been divided into two parts

- Part I is for the use of regular teachers. It contains objective type items that need





to be tick marked, and the data of such students to be handed over to school head/ special teachers for second level screening, using part 2 of this tool.

- Part II is for the use of special educators/counsellors/school heads for second level screening and tentative categorization of students under the 21 categories of disability conditions recognized by RPWD Act 2016 to facilitate further identification and certification of disabilities.

***This is not to be used as a diagnostic tool to label a child as having a disability.***

If some children in the class seem to display lack of interest, low attention, appear distracted, not learning like other children, and seem to be sleepy and fatigued, exhibit challenging behaviours, these can all be due to either environmental or disability conditions. Generally, the teacher tends to label such children negatively as lazy, and mischievous, and so on.

Physically, some of these children may not seem to be like other children in the class. This does not necessarily mean that they have a disability. When the teacher uses this checklist, it will prevent them from jumping to inaccurate conclusions. Usage of this tool may facilitate clarity about the child's condition.

Remember when the child is not able to learn it is not 'disobedience' as often perceived. The reason for not learning has to be investigated.

### **Points to remember while using this screening checklist**

1. The observation should be made over a prolonged and consistent period of time in varied situations.
2. While using this screening checklist consider whether the language used by the child at home is different from the medium of instruction used at school.
3. This screening checklist is only for screening and referral. Do not label or diagnose on the basis of this tool.
4. This screening checklist is prepared in the manner that it is user friendly, is in simple and clear language, assimilates and presents symptoms of the 21 disabilities, mentioned in the Rights of Persons with Disabilities Act 2016, which the teacher may come across in the classroom.

**“ PART I ”**  
**To be filled by content/class  
teachers**



# PART I

## How to use this screening tool

### Guidelines for School Heads

1. School Heads should ensure that the general teacher is properly oriented by Special Educator/Resource Teachers/IE Coordinators/SCERT/DIET/ Counsellors, in the use of this checklist/booklet for initial screening of students. For this one day, or half day orientation meeting/workshop/discussion can be organized in the school.
2. Each regular teacher is to be given at least three photocopies of part I of the checklist. More may be provided as per the requirement.
3. The School Head should collect all the checklists filled by the regular/general teachers.
4. The School Head should refer all the filled checklists to Special Educator/Resource Teachers/counsellors for further assessment, and tentative listing under the appropriate disability category for further diagnosis as mentioned in part 2 of the screening booklet.
5. In case there are no Special Educators/Resource teachers/ counsellors in the schools, School Head should do the second level screening with the help of parents/guardian/ SMCs of nearby Primary Health Centers (PHC) for further assessment.

### Guideline for class/subject teachers

1. Before using this checklist, attend the orientation meeting/workshop and read the document carefully.
2. This screening checklist (part 1) is to be used for students who appear not to be learning or participating or appear to be facing difficulties in academic, social, behavioral, mobility and orientation.
3. Checklist (part 1) should be used by concerned class teachers with the help of subject teachers if required.
4. One checklist (part 1) should be used for one student only.
5. This checklist (part 1) should be used only for tentative screening and further referral assessment purposes.
6. This is not the diagnostic checklist therefore teachers should not label the students as disabled.
7. Teacher should tick ( )/ "YES" to the questions given in checklist according to their observation of the students.
8. Teacher should inform the parents/guardian of screened students with the help of School Heads for sharing their observations regarding their child and further referral assessment purposes.
9. Teacher should screen the students by thorough observation of students' academic, social, behavioral, mobility and orientation activities in different contexts for at least a month.
10. The teachers should keep the information of screened students confidential and only share with concerned parents/guardian and authority.

### **Guidelines for Special Educators/Resource Teachers/Counsellors**

1. Orient the general/regular teachers for using the screening checklist (part 1).
2. Assess those students, who are initially screened by general teachers, and place them in tentatively appropriate category of disability for further referral and assessment.
3. Tentatively categorize initially screened students by the general teacher for further referral.
4. To provide counseling and guidance to the teachers and parents/guardian of the screened students.





## PART I: FORM

(to be filled by class/subject teachers)

NAME of STUDENT: \_\_\_\_\_ CLASS: \_\_\_\_\_ AGE: \_\_\_\_\_

GENDER: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_ NAME OF MOTHER: \_\_\_\_\_

### Instruction

Kindly place (✓) against the items applicable

S.NO.	ITEMS	(✓)
1.1	Does this student has difficulty in walking or needs support to walk/ climb stairs?	
1.2	Does this student have difficulty in moving/using any part of the body or hands (for writing/self-feeding)?	
1.3	Does this student have observable deformity /missing any body parts such as neck/hands/finger/waist/legs/spine/back?	
2.1	Is this child leprosy cured? Kindly provide (attach) brief history of treatment.	
3.1	Does this child have stiffness/floppiness in limbs and/or jerky movement in limbs/ jerky walking pattern/ involuntary (uncontrolled) movements?	
3.2	Does this student have problems in self-help skills/ toileting, washing/ eating /holding and placing objects/ cutting, pasting?	
3.3	Does this student have slurred (unclear) speech or drooling?	
4.1	Is this child significantly shorter for his/her age?	
4.2	Does this student have a disproportionately large head/ bowed legs/ short fingers/ neck?	
5.1	Does this student fall frequently and has difficulty getting up from a lying or sitting position?	
5.2	Does this student walk on his/her toes?	
6.1	Is this child an acid attack survivor? Briefly describe the incident and treatment.	
7.1	Is this child unable to see anything using both eyes?	
8.1	Does this student have difficulty in seeing in situations of low lights or moves towards source of light?	
8.2	Does this student blink/rub his/her eyes frequently or complain about burning sensation or itchiness in or around the eyes/frequent headache?	
8.3	Does this student hold a book too far or too close while reading?	
8.4	Does this student face difficulties while reading (misplaces the line or skips lines in between, omits words, add words, moves head along the text)?	



8.5	Does this student avoid engaging in activities requiring visual focus such as reading or colouring or writing/copying from blackboard or prefer to copy from peers?	
8.6	Does this student close or cover one eye while reading or focusing on close objects?	
8.7	Does this student have misaligned eyes (asymmetrical or squint) or have abnormal eyes?	
9.1	Does this student turn head to position ear in the direction of the speaker or purposefully watch faces of the speaker during a conversation?	
9.2	Does this student not respond when addressed or called out?	
9.3	Does this student use unusually loud voice while speaking or often mispronounce words?	
9.4	Does this student frequently ask for repetition during dictation or verbal instruction?	
9.5	Does this student have problems in hearing environmental sounds such as school bell, people calling or is not startled / surprised by loud noises?	
10.1	Does this student repeat words or parts of words or speak in short, fragmented phrases?	
10.2	Does this student stammer while speaking or speak unclearly?	
11.1	Does this student have difficulty in communicating or socializing with others?	
11.2	Is this student unable to do everyday tasks like finishing homework/ following instruction/directions of the teacher or even using the washroom without help?	
11.3	Does this student behave in a way he/she likes irrespective of the context (playground/classroom/home) for example, frequently walks out of the class without permission, speaks out of turn and keeps interrupting?	
11.4	Does this student have difficulty in applying what is learned successfully in one situation/context to another? For example, she/he is able to do addition sums in paper but unable to answer when asked 'if there are 5 bananas and 3 mangoes, how many fruits are there in total'?	
12.1	Does this student read or write slower than the average/expected speed?	
12.2	Does this student have poor handwriting that lacks clarity even after sufficient practice and exercises?	
12.3	Does this student have continuous difficulties in understanding the meaning of what is read?	
12.4	Does this student exhibit difficulty in recalling the spellings of learnt words/ grammar/ punctuation/ organization, even after teaching multiple times?	



12.5	Does this student have comparatively short attention span or is unable to concentrate on a task?	
12.6	Does this student have difficulty in organizing himself/herself to complete a task on time?	
12.7	Does this student lack sense of direction (left-right/ up-down/front-back)?	
12.8	Does this student reverse letters or symbols or words or numbers while writing, for example, writing "q" instead "p" or b/d, u/v, w/m, च/ज, प/त, frequently?	
12.9	Do the errors committed by this student have a particular pattern or consistency?	
12.10	Does this student have difficulty in understanding mathematical symbols such as +, -, x, /?	
13.1	Does this student have difficulty in making eye contact or looking at the speaker?	
13.2	Does this student echo or repeat words? For example, on being asked 'what is your name?' will repeat 'what is your name?' instead of telling his/her name?	
13.3	Does this student have difficulty in interacting/making friends/playing with peer group/classmates?	
13.4	Does this student find it difficult to deal with sudden changes in routine for example, change in class teacher/change in classroom/timetable/ seating arrangement?	
13.5	Does these student exhibit repetitive mannerisms like hand flapping, nodding head, finger movement, and rocking body, vocal repetitions (sounds/words/phrases)?	
13.6	Is this student able to count (for example 1-100) but is not able to give two pencils/three pens when asked?	
13.7	Does this student have difficulties in following group instructions and require specific individual instructions by name, for example while instructing the whole class 'open your mathematics books', this child may require 'Rohit, open your mathematics book' ?	
13.8	During story telling session, does this student appear not interested while all others are listening keenly?	
13.9	Does this child reverse pronoun or avoid using pronoun for example, when teacher ask 'have you brought your homework' the child responds 'you brought your homework/ Rani brought your homework'?	
13.10	Is this student able to read fluently and repeat verbatim but not able to narrate (orally/write) in his/her own words?	
14.1	Does this student often appear sad or seems withdrawn or has severe mood swings or have trouble in focusing or staying in her/his own seat?	
14.2	Does this student have an unexplained weight loss or weight gain?	



14.3	Does this student complain frequently about aches such as headaches and stomach-aches?	
14.4	Does this student often have suicidal thoughts or talk about attempting suicide or indulge in self-harm activities such as making cut marks or burning?	
14.5	Does this student appear to be involved in drugs or alcohol use?	
14.6	Does this student appear to be detached from reality and live in an imaginary world, for example, talking to imaginary friends (that is not make-believe play)	
14.7	Does this student appear to have intense feelings of fear without any specific reason?	
14.8	Does this student exhibit drastic changes in behaviour or personality, for example, fighting frequently, using weapons and expressing a desire to seriously hurt others?	
15.1	Does this student get tremors (rhythmic contraction and relaxation of muscle)?	
15.2	In comparison to other students, does this student get easily tired or fatigued?	
16.1	Does this student have unexplained and excessive bleeding from cuts or injuries or have many large or deep bruises or have frequent/unusual nosebleeds without a known cause?	
17.1	Does this student have swelling in abdomen/hands/feet or have frequent fever?	
18.1	Is the child affected by two or more diseases or disorders such as intellectual disability, brain injury, orthopaedic complications, hearing loss, cognitive and genetic problems or medical conditions?	

I \_\_\_\_\_, teacher of class \_\_\_\_\_ would refer \_\_\_\_\_  
 \_\_\_\_\_, student of my class for further referral as I observed the following  
 behavioral and physical symptoms apart from the above listed symptoms in this child  
 that seem to be different from other students.

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(Parent's/Guardian's Signature)

(Class Teacher's Name and Signature)





**“ PART II ”**  
**To be filled by special teachers**

## PART II

### Becoming Familiar with Part II, Screening Booklet

1. Part II, Screening Booklet contains checklists of various disabilities, as per the classification in RPWD Act, 2016.
2. Separate list of characteristics based on the prominent (easily recognizable) symptoms for each disability condition in very simple language with minimum or no use of medical or technical terminology is provided.
3. It is for the use of special educator/counsellor/principal of the school.
4. It is the second step for screening of children, already screened by subject/class teachers, or any other child that needs to undergo second level screening by special educator/counsellor/principal of school, before referral to the identification camp.
5. The booklet consists of checklists for detailed screening of various disability conditions that have been primarily and briefly screened by subject/class teachers with part 1 which was coded for confidentiality and to avoid unnecessary labelling of children.
6. Special Attention to Special Needs - Part 1 could be decoded with the help of the table given on next page.
7. Screening Booklet, Part II, provides definitions of disability conditions according to RPWD Act, 2016.
8. Each question needs to be answered as 'YES' or (✓) based on the observations.
9. Last page of Part II, Screening Booklet presents a table for consolidating the class wise data for 21 categories of disability conditions.

### HOW TO USE Part II, Screening Booklet

***This part is to be filled, only after receiving the filled part-1 from subject/class teachers***

1. Part II, Screening Booklet is to be filled by the special teachers and /or experts identified by the Principal/ Head Master/Head Mistress.
2. Part II, Screening Booklet **should** be filled for the children identified by subject/class teacher. In case some child is left unlisted by regular teacher and you as special educator feels he/she needs to be screened at preliminary stage you may include the child and fill this booklet for him/her as well.
3. Before actual use of this booklet, it is requested to become familiar with the booklet.
4. The special educator/counsellor/principal of the school is required to check the items ticked by subject/class teachers in **Special Attention to Special Needs - Part 1** and decode it according to the table given below for each student.
5. Special educator will then fill the checklists of the disability categories suspected in Part 1, after observing the child for considerable time period (say for example 15 days), in different situations (inside/outside classroom, playground, canteen, meal time, assembly etc).



6. Kindly write the name and details of the students in the table on next page (for whom checklists are to be filled and remember to fill the checklist in same order or according to the serial number assigned in this table and in case of more than 5 students, kindly get relevant pages photocopied and attach with this booklet)

**Table for Decoding Part 1**

S.NO	ITEM No. of PART 1	DISABILITY CONDITIONS
1.	1.1-1.3	Locomotor disability
2.	2.1 Leprosy cured person	
3.	3.1-3.3	Cerebral palsy
4.	4.1-4.2	Dwarfism
5.	5.1-5.2	Muscular dystrophy
6.	6.1	Acid attack victims
7.	7.1	Blindness
8.	8.1-8.7	Low Vision
9.	9.1-9.5	Hearing impairment
10.	10.1-10.2	Speech and language disability
11.	11.1-11.4	Intellectual disability
12.	12.1-12.10	Specific learning disabilities
13.	13.1-13.10	Autism spectrum
14.	14.1-14.8	Mental illness
15.	15.1-15.2	Multiple sclerosis
16.	no question was included as it very rare in children	Parkinson's disease
17.	16.1	Haemophilia
18.	17.1	Thalassemia
19.	17.1 (Sickle cell disease and thalassemia were combined in one question)	Sickle cell disease
20.	18.1 (If the symptoms lies in more than one of the above categories)	Multiple Disabilities
21.	As per the state and central government additional notification, if any	Any other category as may be notified by the Central Government

### POINT TO REMEMBER

- In case symptoms of any 2 or more items and/or starred (\*) items are observed, then this student should be recommended for further assessment
- If starred (\*) items/ behaviours are observed in the student then the special educator is requested to take immediate action. The professionals i.e. doctors, psychologists, counsellors, other authorities and the parents should be contacted without wasting time.



NAME OF THE SCHOOL: \_\_\_\_\_

SPECIAL EDUCATOR'S/ RESOURCE PERSON'S NAME: \_\_\_\_\_

Kindly write the name and details of children for whom part 2 is being filled in the table below. In column titled "Suspected Disabilities highlighted in Part 1" mention the name of disability conditions that has been decoded on the basis of part 1 according to above given table under "Becoming Familiar with Part II, Screening Booklet" and in the column "Suspected Disability condition based on Part 2" mention the name of suspected disability condition based on Part 2

Sl. No.	Name of the Student	Class	Age	Gender	Suspected Disabilities in Part1	Suspected Disability Condition based on Part 2 (to be written after filling Part 2)
Student 1. (S1)						
Student 2. (S2)						
Student 3. (S3)						
Student 4. (S4)						
Student 5. (S5)						





## PHYSICAL DISABILITY

Physical disability refers to disability caused due to physical deformities or amputations and is a limitation to person's physical functioning, mobility, stamina or ability to perform physical actions.

### 1. LOCOMOTOR DISABILITY

Loco-motor disability means an inability of the bones, joint or muscles leading to substantial restriction of the movement of the limbs. (RPWD, 2016)

S. No.	ITEMS					
		S1	S2	S3	S4	S5
1.	Does this student has difficulty in walking or need support to walk?					
2.	Does this student have difficulty in using/moving any part of the body?					
3.*	Does this student have amputated (e.g. removal of a limb by surgical operation) body part?					
4.	Does this student walk with sudden involuntary twitches or jerks?					
5.*	Does this student use stick/aids/appliances/wheelchair to walk or move around?					
6.*	Does this student have observable deformity in neck/hands/finger/waist/legs/any other body part?					

### 2. LEPROSY CURED PERSONS

Leprosy cured person means a person who has been cured of leprosy but is suffering from - (i) loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity; (ii) manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity; (iii) extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation and the expression "leprosy cured" shall construed accordingly. (RPWD, 2016)

S. No.	ITEMS					
		S1	S2	S3	S4	S5
1.	Does this student have patches of discoloured areas on the skin or any body part?					
2.	Does this student have muscle weakness or regularly complains about pain in muscles/joints?					

3.*	Does this student have facial disfigurement?					
4.	Does this student have numbness (feels nothing / lack of sensation) in hands, feet, legs and arms?					
5.*	Does this student have missing fingers/toes?					

**Or**

Is this child leprosy cured? If yes, kindly provide brief history of treatment.

### 3. CEREBRAL PALSY

Cerebral palsy (CP) means a group of non-progressive neurological condition affecting body movements and muscle coordination caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth. (RPWD, 2016)

S. No.	ITEMS					
		S1	S2	S3	S4	S5
1.	Does this student have stiff or floppy muscles and need to put in more effort to get their muscles moving while doing an activity?					
2.	Does this student have poor coordination and balance?					
3.*	Does this student have tremors or involuntary movements which are hindering him/her from doing any activity?					
4.	Does this student favour using one side of the body, such as reaching with one hand or dragging a leg while crawling?					
5.	Does this student have a limited range of movement?					
6.	Does this student get easily startled (distressed) with loud or unexpected sounds and sudden environmental changes?					
7.*	Does this student have difficulty in any of the following domains? (a) sitting on an ordinary chair (b) walking (c) jumping (d) climbing (e) bending without support					
8.	Does this student have difficulty in any of the following domains? (a) holding pencil/crayon (b) placing objects (c) cutting (d) pasting					



9.	Does this student have difficulty in any of the following self-help skills? (a) using toilet (b) washing (c) eating (d) using spoon					
10.*	Does this student have problems in swallowing / speaking / breathing ? Or is there excessive drooling?					

#### 4. DWARFISM

Dwarfism means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimetres). (RPWD, 2016)

S. No.	ITEMS					
		S1	S2	S3	S4	S5
1.*	Does this student have a disproportionately large head?					
2.	Does this student have a flattened bridge of the nose?					
3.	Does this student have bowed legs?					
4.	Does this student have a prominent forehead?					
5.	Does this student have hip deformities that resulted in thighbones turning inward?					
6.	Does this student have broad, rounded chest?					
7.	Does this student have short fingers, often with a wide separation between the middle and ring fingers?					
8.	Does this student have delayed or no sexual development during the teen years?					
9.	Does this student have short neck?					
10.	Does this student have curved spine near the shoulders, resulting in hunching?					

#### 5. MUSCULAR DYSTROPHY

Muscular dystrophy means a group of hereditary genetic muscle disease that weakens the muscles that move the human body. and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterised by progressive skeletal

muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue. (RPWD, 2016)

S. No.	ITEMS					
		S1	S2	S3	S4	S5
1.	Does this student fall frequently?					
2.	Does this student have difficulty getting up from a lying or sitting position?					
3.	Does this student have trouble in running and jumping?					
4.*	Does this student swing the body / takes short steps and moves from side to side when walking?					
5.	Does this student walk on the toes?					
6.	Does this student have large calf muscles?					
7.	Does this student complain about muscle pain and stiffness?					
8.	Does this student have other disabilities conditions such as developing speech later than usual?					

## 6. ACID ATTACK VICTIMS

Acid attack victims means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance. (RPWD, 2016)

Acid is a substance that could be dangerous for its eroding chemical properties but also has several useful applications. It has turned into an untamed weapon used by asocial people across the globe. It would be appropriate to call the victims of acid attack as survivors for obvious reasons such as taboos, social stigma, lower self-esteem, and permanent scars that they have to live with post the incident.

Around 200 to 300 cases are reported every year in India alone but still quite a number of incidents remain unreported. The victims suffer emotionally, mentally, physically, socially as a result and require lot of support to come out of the intense distress experienced. They can be easily identified by their distinct appearance like discolouration, severe burns, and deformities in the physique. With the help of strong legal mechanism and its strict enforcement along with active community participation, the prevention and coping of such brutal crimes can be handled effectively.

The attack leaves a severe imprint on the person's public life and personal life making her/his livelihood and employment prospects challenging. To address this issue, the Government of India has included Acid Attack Victims or Survivors under the RPWD (Amendment) Act, 2016 for ensuring their well-being and welfare.

*Acid attack victims can easily be identified by their appearance. They have marks of severe burns on various body parts and may also suffer physical deformities.*



## VISUAL IMPAIRMENT

Visual Impairment refers to decreased ability to see to the extent that causes problems in daily functioning.

### 7. BLINDNESS

Blindness means a condition where a person has any of the following conditions, after best correction—(i) total absence of sight or (ii) visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction or (iii) limitation of the field of vision subtending an angle of less than 10 degree. (RPWD, 2016)

S. No.	ITEMS					
		S1	S2	S3	S4	S5
1.*	Is this student completely blind i.e. unable to see anything using both eyes?					
2.	Does this student have misaligned eyes/squint (asymmetrical or twisted) i.e. both the position of eyeballs appear to be different?					
3.	Is this student not able to differentiate between shades of green and blue or shades of red and green?					
4.	Does this student take comparatively long time to see in a darkened room after being in the light (wanting a few minutes to recognise things)?					
5.*	Does this student bump into objects or other students very frequently?					

### 8. LOW VISION

Low vision means a condition where a person has any of the following conditions, namely :—(i) visual acuity not exceeding 6/18 or less than 20/60 up to 3/60 or up to 10/200 (Snellen) in the better eye with best possible corrections; or  
ii) limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.(RPWD, 2016)

S. No.	ITEMS					
		S1	S2	S3	S4	S5
1.	Does this student complain of burning sensation or itchiness in or around the eyes?					
2.	Does this student flicker his/her eyes frequently?					
3.	Does this student write irregularly i.e. words are twisted, poorly spaced, or words are not between the ruled lines?					

4.	Does this student have low attention span while doing visual activity?					
5.	Does this student complain of frequent headaches?					
6.	Does this student hold a book too far or too close while reading?					
7.	Does this student face difficulties while reading (misplaces the line or skips lines in between, omits words, add words, moves head along the text)?					
8.	Does this student avoid engaging in activities requiring visual focus such as reading or colouring/ writing?					
9.*	Does this student constantly or frequently rub his or her eyes, approximately 3-4 times in 10 minutes?					
10.*	Does this student complain of seeing rainbows or halos around the light?					
11.	Does this student make excessive errors in copying from chalkboard to paper on desk?					
12.	Does this student complain of blurred, cloudy or double vision?					
13.*	Does this student close or cover one eye while reading/focusing on close objects/writing?					

## HEARING IMPAIRMENT

Hearing impairment refers to decreased ability to listen to the extent that it creates problems in day-to-day functioning.

### 9. HEARING IMPAIRMENT

Hearing impairment is defined as (a) “deaf” means persons having 70 DB hearing loss in speech frequencies in both ears;(b) “hard of hearing” means person having 60 DB to 70 DB hearing loss in speech frequencies in both ears.(RPWD, 2016)

S. No.	ITEMS					
		S1	S2	S3	S4	S5
1.	Does this student turn head to position ear in the direction of the speaker?					
2.	Does this student not respond when addressed or called out?					
3.	Does this student use unusually loud voice when speaking?					
4.	Does this student often mispronounce words?					
5.	Does this student seem distracted and/or confused during verbal communication/explanations/ instructions or needs repetition frequently?					





6.	Does this student face difficulty in following verbal directions or instructions?					
7.*	Does this student purposefully watch faces while listening during a conversation?					
8.*	Does this student not gets startled or surprised by loud noises or has problems in hearing environmental sounds (i.e., school bell, people calling and/or talking to the student in social situations)?					
9.	Does this student prefer to be alone rather than with a group, or frequently withdraws from social situations?					
10.	Does this student make lots of errors in writing during dictations only?					
11.	Does this student appear to be inattentive, restless, tired or daydreaming?					

## SPEECH AND LANGUAGE DISABILITY

Speech and language disability refers to problems in communication involving hearing, speech, language, and fluency.

### 10. SPEECH AND LANGUAGE DISABILITIES

Speech and language disabilities means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.(RPWD, 2016)

S. No.	ITEMS					
		S1	S2	S3	S4	S5
1.	Does this student repeat words or parts of words? For example, when asked 'Do you want to drink water' the child will reply "You want to drink water"					
2.	Does this student speak in short, fragmented phrases?					
3.	Does this student say words in the wrong order, for example saying "blue sky is" instead of 'sky is blue'?					
4.	Does this student struggle in the use of words, for example repeating words again and again in a sentence or unable to use appropriate words?					
5.*	Does this student have difficulty in imitating speech sounds, for example a child is asked to repeat the word "boat" but he fails to repeat in the desired manner?					
6.*	Does this student speak unclearly so that the sounds run into one another?					

7.	Does this student make a lot of repeated syntax (grammatical) or semantics (structural) mistakes? For example, repeatedly writing 'he push him' instead of 'he pushes/pushed him'.					
8.	Does this student use limited vocabulary/speech?					

## INTELLECTUAL DISABILITY

Intellectual disability refers to significant impairment in cognitive and adaptive functioning. It causes difficulties in problem solving, reasoning and learning.

### 11. INTELLECTUAL DISABILITY

Intellectual disability is a condition characterised by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of every day, social and practical skills. (RPWD, 2016)

S. No.	ITEMS					
		S1	S2	S3	S4	S5
1.	Does this student seem to be developing more slowly than other children of same age?					
2.	Does this student have difficulty in communicating or socialising with others?					
3.	Does this student have problems in remembering things?					
4.*	In comparison to other students, does this student have inability to connect actions with consequences? For example, no understanding of meaning of silent gestures (Shh...) or keeping the finger on the mouth to stop talking.					
5.	Does this student have difficulty with problem-solving or logical thinking? For example, severe discomfort in adding, subtracting, multiplying or dividing numbers or in analysing the questions properly?					
6.	Is this student unable to do everyday tasks like finishing homework, following instruction/directions of the teacher or using the washroom without help?					
7.	Is this student not able to express emotions and needs?					
8.	Do you think this student has improper eye contact?					



9.	Do you notice repetitive gestures like spinning on a certain spot, enjoy a particular lifestyle and way of object arrangements which can otherwise cause anxiety, in this student?					
10.	Does this student react to external changes in unexpected manner? For example, those who are non-chalant (unconcerned/disinterested) towards parents' yelling and unresponsive to stimuli such as stinging, hotness and coldness.					

## 12. SPECIFIC LEARNING DISABILITIES

Specific learning disabilities means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia (related to reading), dysgraphia (related to writing), dyscalculia (related to mathematical calculations), dyspraxia (related to coordination and movements) and developmental aphasia (related to acquisition of language). (RPWD, 2016)

S. No.	ITEMS					
		S1	S2	S3	S4	S5
1.	Is this student comparatively slow in reading or writing?					
2.	Does this student have poor handwriting that lacks clarity even after sufficient practice and exercises?					
3.	Does this student face difficulty and struggle in remembering numbers, figures, i.e. dates, years or statistical facts?					
4.	Does this student continuously have trouble in understanding the meaning of what is read?					
5.	Does this student face difficulty with spellings of simple words?					
6.*	Does this student have difficulty with written expression (e.g., problems with grammar, punctuation or organization) even after being taught several times?					
7.	Does this student have short attention span or unable to concentrate on a task for half or one hour?					
8.	Does this student have difficulty in understanding the meaning of time and fail continually to comprehend the requirements of completing assignments within the asked time frame/difficulty in organizing?					

9.*	Does this child lack sense of direction?					
10.*	Does this student reverse letters or symbols while writing? For example, writing "q" instead "p" or b/d, u/v, w/m, च/ज, फ/प, व/ब, घ/ध, प/त, +/x, ÷/-frequently?					

### 13. AUTISM SPECTRUM DISORDER

Autism spectrum disorder means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviours. (RPWD, 2016)

S. No.	ITEMS					
		S1	S2	S3	S4	S5
1.*	Does this student have difficulty in making eye contact or looking at the speaker?					
2.	Does this student echo or repeat words. For example, on being asked 'what is your name?' will repeat 'what is your name?' instead of telling their name?					
3.	Does this student have difficulty in playing/interacting/ making friends with peer group/classmates?					
4.	Does this student appear to be lost in his/her own world?					
5.*	Does this student find it difficult to cope with sudden changes in his/her routine - for example, changes in timetable due to teacher absence, or other circumstances, or substitute teacher, or moving to another classroom etc. ?					
6.	Does this student exhibit repetitive mannerisms like hand flapping/nodding head/finger movement/ rocking/vocal repetitions?					
7.	Does this student show poor awareness, identification of others and how they are affected by his/her behaviours like not sharing or difficulty in joining games with classmates in appropriate manner or difficulty in waiting for his/her turn?					
8.	Does this student have difficulty in following group instructions and needs specific instructions with name for every task, for example, copying from the blackboard, or opening textbooks/notebooks, or draw a line, or bring specific material for next class?					



9.	Does this student speak with an abnormal tone or rhythm and use a sing song or monotonous voice or robot-like speech?					
10.	Does this student have difficulty in recognizing nonverbal cues, such as interpreting other people's facial expressions, body postures or tone of voice?					
11.*	During story telling session does this student appear not interested while all others are listening keenly?					
12.*	Does this student read fluently and repeat verbatim but is not able to narrate (orally/written) in his/her own words?					
13.	Does this child reverse pronoun or avoid using pronoun for example, when teacher ask 'have you brought your homework' the child responds 'you brought your homework/ Rani brought your homework'?					

## MENTAL BEHAVIOUR

Mental behaviour includes mental illness which refers to disturbances in thoughts and behaviour that becomes obstacles in performing activities of daily living.

### 14. MENTAL ILLNESS

Mental illness means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub-normality of intelligence. (RPWD, 2016)

S. No.	ITEMS					
		S1	S2	S3	S4	S5
1.	Does this student often appear sad, or seems withdrawn, or has severe mood swings that cause problems in relationships at school?					
2.	Does this student have trouble in focusing or sitting still/staying in his/her seat?					
3.	Does this student have an unexplained weight loss or weight gain?					
4.	Does this student look anxious and frequently report symptoms such as headaches and stomach-aches?					
5.*	Does this student indulge in self-harm activities such as making cut marks or burning fingers?					

6.*	Has this student been observed to exhibit suicidal thoughts or talk about attempting suicide?					
7.	Has this student been observed getting involved in drugs or alcohol use?					
8.	Does this student have intense fear of something, which, in reality, has little or no actual danger?					
9.	Has this student been observed to be detached from reality and living in an imaginative world. for example, talking to or hearing voices of imaginary friends (that is not make-believe play)?					
10.*	Does this student have drastic changes in behaviour or personality, for example, fighting frequently, using weapons and expressing a desire to badly hurt him/her or others?					

## CHRONIC NEUROLOGICAL CONDITION

This section includes disabilities caused by chronic neurological conditions. These are caused due to problems in nervous system of the person.

### 15. MULTIPLE SCLEROSIS

Multiple sclerosis means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other. (RPWD, 2016)

S. No.	ITEMS					
		S1	S2	S3	S4	S5
1.	Does this student have numbness or weakness in limbs that typically occurs on one side of the body at a time or the legs and trunk?					
2.	Does this student complain about electric-shock sensations that occur with certain neck movements?					
3.*	Does this student get tremors (rhythmic, muscle contraction and relaxation)?					
4.	Does this student have partial or complete loss of vision, usually in one eye at a time?					
5.	Does this student have blurry and unclear vision?					
6.*	Does this student have slurred speech? (Slurred speech is a symptom characterized by poor pronunciation of words, mumbling, or a change in speed or rhythm during talking)					





7.	Does this student get easily tired or fatigued?					
8.	Does this student complain about pins-and-needles sensation especially in face, arms, legs and fingers?					

## 16. PARKINSON'S DISEASE

Parkinson's disease means a progressive disease of the nervous system marked by tremors, muscular rigidity and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine. (RPWD, 2016)

Parkinson's is most commonly diagnosed in people over the age of 40. Though less common, young-onset Parkinson's is diagnosed in people between the ages of 21-40. Even rarer still, juvenile Parkinson's is diagnosed in those under the age of 21. Parkinson's symptoms can actually appear in children as young as six.

Following are the early symptoms of Parkinson's disease that could be observed in children.

Juvenile Parkinsonism is difficult to diagnose because of the nature of its manifestation in this age group is always with atypical features. Juvenile Parkinsonism usually presents itself as dystonia or rigidity in lower limbs. There is complete absence of resting tremors in most of the cases. There may be jerky movements of legs while walking or during rest but not tremors. Many a times, pain may be the first clinical manifestation.

S. No.	ITEMS	YES				
		S1	S2	S3	S4	S5
1.	Does this student have cramped and smaller handwriting?					
2. *	Does this student have tremors or shaking that usually begins in a limb, often hand or finger?					

## BLOOD DISORDERS

This section includes the disabilities caused by problems in blood or blood disorders.

### 17. HAEMOPHILIA

Haemophilia means an inheritable disease usually affecting only male but transmitted by women to their male child, characterized by loss or impairment of the normal clotting ability of blood so that a minor wound may result in fatal bleeding. (RPWD, 2016)

S. No.	ITEMS					
		S1	S2	S3	S4	S5
1.*	Does this student have unexplained and excessive bleeding from cuts or injuries?					
2.	Does this student have many large or deep bruises?					
3.	Does this student appear to be very lethargic?					
4.	Does this student complain of painful and prolonged headache?					
5.	Does this student have tendency to bleed from the nose, mouth, and gums without a known cause?					
6.*	Does this student have unusual bleeding after vaccinations?					
7.	Does this student have pain, swelling or tightness in joints?					
8.	Does this student vomit repeatedly?					

### 18. THALASSEMIA

Thalassemia means a group of inherited disorders characterised by reduced or absent amounts of haemoglobin. (RPWD, 2016)

S. No.	ITEMS					
		S1	S2	S3	S4	S5
1.	Does this student get easily tired?					
2.	Does this student complain of unusual (out-of- proportion) weakness?					
3.	Does this student have pale or yellowish skin?					
4.	Does this student look anaemic or affected with anaemia?					



5.	Does this student complain of dark colour of the urine?					
6.*	Is this student frequently absent and visit hospital for blood transfusion?					

## 19. SICKLE CELL DISEASE

Sickle cell disease means a haemolytic disorder characterised by chronic anaemia, painful events and various complications due to associated tissue and organ damage; “haemolytic” refers to the destruction of the cell membrane of red blood cells resulting in the release of haemoglobin. (RPWD, 2016)

S. No.	ITEMS					
		S1	S2	S3	S4	S5
1.	Does this student have unexplained episodes of severe pain?					
2.	Does this student have swelling in the hands or feet most of the time?					
3.	Does this student have abdominal swelling most of the time?					
4.	Does this student have fever / infections frequently?					
5.*	Does this student have pale skin or nails?					
6.	Is this student tired or fatigued most of the time?					
7.	Does this student have leg ulcers?					

## 20. MULTIPLE DISABILITIES

Multiple disabilities include deafness, blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems. (RPWD, 2016)

This term is used for a person who has several disabilities at the physical, psychological or sensual (related to senses eyes, ears or any other) levels. Students may have two or more diseases or disorders such as mental retardation, brain injury, orthopaedic complications, seeing-hearing challenges, cognitive and genetic issues or such medical conditions. These students may have significant trouble in acquiring skills/information, registering in the mind and applying it timely when the demand comes up. Several common characteristics of multiple disabilities include hampered speech and communication skills, challenges in mobility, lack of sensation, physical deformities and a need for assistance in performing everyday activities.

## 21. Any other category as may be notified by the Central Government

This is a subject to provision of the Constitution. It will include any other disability whenever notified by the Central Government. (RPWD, 2016)



## CHILDREN suspected to have DISABILITY CONDITIONS

S. NO.	PROBABLE DISABILITY	NAME	CLASS AND SECTION	AGE	GENDER	FATHER'S NAME/ MOTHER'S NAME
1.	Locomotor disability					
2.	Leprosy cured person					
3.	Cerebral palsy					
4.	Dwarfism					
5.	Muscular dystrophy					
6.	Acid attack victims					
7.	Blindness					



8.	Low vision					
9.	Hearing impairment					
10.	Speech and language disability					
11.	Intellectual disability					
12.	Specific learning disabilities					
13.	Autism spectrum					
14.	Mental illness					
15.	Multiple sclerosis					

16.	Parkinson's disease					
17.	Haemophilia					
18.	Thalassemia					
19.	Sickle cell disease					
20.	Multiple disabilities					
21.	Any other category as may be notified by the Central Government					





## SCHOOL WISE DATA

Name of the School \_\_\_\_\_

Name of the Principal/School Head \_\_\_\_\_

District \_\_\_\_\_

State \_\_\_\_\_

CLASS WISE DATA for NO. of CHILDREN SUSPECTED OF HAVING DISABILITY																											
Class- es	Pre Pri- ma- ry		I		II		III		IV		V		VI		VII		VIII		IX		X		XI		XII		
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	
Types of Impair- ment																											
Locomo- tor Disa- bility																											
Leprosy cured person																											
Cerebral palsy																											
Dwarf- ism																											
Muscu- lar dys- trophy																											
Acid attack victims																											
Blind- ness																											
Low Vision																											
Hearing impair- ment																											
Speech and lan- guage disability																											
Intel- lectual disability																											







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National Council of Educational Research and Training  
Sri Aurobindo Marg, New Delhi 110016