

INTRODUCTON TO INCLUSIVE EDUCATION

Inclusion, as an idea, is a feature of the documents regulating curricula and education systems of many countries, though the meaning that it is given differs from country to country and within different elements of the education systems. Broadly it may be said that inclusion is about consciously putting into action values based on equity, entitlement, community, participation and respect for diversity. Increasing inclusion is always linked with reducing exclusion. It is concerned with the reduction of inequality, both economic and social, both in starting positions and in opportunities. While commonly inclusion is identified with a concern with disabled students or those categorized as having special educational needs, in reality it is about reducing barriers to learning and participation for all learners. It is about reducing discrimination on the basis of gender, class, disability, sexual orientation, ethnicity and family background. If we focus on only one aspect of the identity of learners we cannot include them in education as whole people.

Inclusion does not just involve a focus on the barriers experienced by learners but is about the development of the detail of the cultures, policies and practices in education systems and educational institutions so that they are responsive to the diversity of learners and value them equally. It is about curricula and ways of organizing learning. It is concerned with developing schools with emphasis on the conditions for learning as well as the outcomes of learning, and for reintegrating special needs education into mainstream education thinking. It views participation as involving active learner involvement and collaboration and acceptance of each student for himself or herself. This is a transformative view of inclusion. It is to be contrasted with an assimilationist or 'melting pot' view in which learners, irrespective of their backgrounds, interests, identities, gender, attainments or disabilities are meant to fit into a mono-cultural education system, with fixed curricula and approaches to teaching and learning.

Inclusion is about the prevention of barriers to learning and participation for all children, young people and adults. As part of this process, diversity is assumed, welcomed and viewed as a rich resource rather than seen as a problem. Most broadly, inclusion is related to a fundamental aim of education as contributing to the development of sustainable ways of life in sustainable communities and environments. It is about schools and communities acting in a mutually supportive relationship.

Difference between Mainstreaming and Inclusive Education

There is a fundamental difference between mainstreaming and inclusion. Mainstreaming is the practice of integrating students with disabilities into a general education setting, moving them from a special education setting. Mainstreamed students “earn” their way into the general education class by demonstrating academic and behavior levels considered to be within the accepted range of the general education classroom. Mainstreaming puts the onus on the student to make the grade, so to speak, in order to be included in the general education setting. In addition to academic mainstreaming, social mainstreaming is also done in nonacademic classes so that students with special needs in segregated settings can interact with typically achieving peers. Traditionally, students from special education classes are mainstreamed for periods such as lunch, recess, and art. Inclusion, on the other hand, assumes that the general education setting is the most appropriate setting for most, if not all, students. Students do not have to earn their way into the general education classroom, and supports are put into place to ensure their needs are met. These supports take on a variety of forms (as outlined in the IEP) and may include co-teachers, paraprofessionals, curriculum adaptations, accommodations, test modifications, specifically designed materials, and technology and supportive services from counselors, social workers, and psychologists. While special education is considered a service and not a place, under the reauthorization of the Individuals with Disabilities Education Improvement Act (IDEIA, 2004), there is a presumption of inclusion in the general education setting for students with disabilities. In other words, school districts are required to ensure that students classified as having disabilities and in need of special education services are given every opportunity to be educated with their typically achieving peer group. Understanding the differences between mainstreaming and inclusion helps to set the tone of the learning environment. The emphasis on inclusion demands that tasks and professional supports create environments that provide for optimal learning.

CONCEPT AND HISTORY OF INTEGRATED EDUCATION, INCLUSIVE EDUCATION AND SPECIAL EDUCATION AND THEIR RELATION

Integrated Education:

Integrated Education refers to steps taken to provide educational resources within the regular education system for those children who need them. The principal aim of integrated education is to avoid or lessen the restrictions on any aspect of a child’s development, which

might grow from segregated education, i.e., education provided in special school settings. The role and coordinated efforts of both regular teachers and resource teachers are considered to be of paramount importance. For example, in the case of the education of a visually impaired child in integrated educational settings, the regular teacher would take the responsibility of the general programme while the resource teacher would take the responsibility of the special skills needed for coping with blindness, that is, the “plus curriculum”. Integrated education, thus, aims at providing equal educational opportunities.

According to **Kristansen (1989)** integration means transferring from a segregated situation/setting to an ordinary environment, with the rights and obligations that are linked to it. Again, according to **Namgayel (1985)** integrated education refers to meaningful involvement of children with special needs into regular educational programs to the extent feasible and beneficial in a given instance, with the ultimate goal being optimal academic, social and personal learning of each child.

The history of the evolution of Integrated Education may be traced to the Centrally Sponsored Scheme of Integrated Education for the Disabled Children (IEDC) that advocated provision of educational opportunities for the disabled children in special schools and measures to facilitate their retention. In the West the need for integrated education was increasingly felt with the realization that the children with special needs received educational support in special schools but were getting isolated from the society. As a result, almost more than one hundred and thirty years ago, an organized system of integrated education was introduced in Scotland and was followed in other parts of UK, though the efforts died down gradually due to lack of interest of the public. This has been pointed out as the very first attempt at integrated education by many scholars. In the last decade of the nineteenth century, Dr. R.B. Irwin of USA made the first successful attempt at the integration of the visually impaired and sighted children in the schools of Cleveland, Ohio. The scheme was adopted in the 1930s in Maryland and later in Kentucky. Integration or Integrated education found huge public support after World War II.

In India, both the initiatives taken by the social workers and the pressure of parents of children with special needs led to the development of integrated education. The parents mostly failed to send the children with special needs to special schools with segregated settings that were far away. This reluctance, coupled with the practical aspect of cheapness of

educating children with special needs in regular school settings, collectively contributed to the development of integrated education in our nation. **Dadar School** in present Mumbai started the first experiment of this nature in 1940 in co-operation with Hume High School, Bombay. Two special needs students were given elementary education in a special school and then sent to a regular school, where they performed brilliantly. According to Chauhan (1989) the very first attempt in integrated education was made jointly by the **Ministry of Education and the Royal Commonwealth Society for the blind**. Mrs. Rehmat Fazelbhoj is considered to be a pioneer of integrated education in India and she launched this scheme in 1958 by admitting two children with special needs in the **New Activity School** in erstwhile Bombay. Again we get instances of partial integration in 1963 in form of the **Palampur Experiment**, in which visually impaired boys were integrated into regular schools. The **Education Commission Report (1964-66)** too is found to have recommended integration of children with special needs into regular schools. The **Visnagar Project** used the Itinerant model of integrated education in 1981 and in 1990 it was popularized in Gujrat. It is found to have spread considerably in the following decade. The Ministry of Social Justice and Empowerment launched the **Central Scheme of Integrated Education for the Disabled** in 1974 and in 1982 the scheme was transferred to the Ministry of Education. It was revised in the light of the recommendations of the National Policy of Education, 1986 and later the scheme was transferred to the Ministry of Human Resource Development. Many state soon adopted the scheme with consequent establishment of Administrative Cells for monitoring the scheme. In 1988, the **Ramakrishna Mission Vidyalaya, Coimbatore** launched an elaborate program for integrated education. Again, in Karnataka, the **Divine Light Trust** started training teachers for integration with more than nine hundred children already admitted in regular school in Karnataka. The **National Council for Education, Research and Training [NCERT]** officially launched the integrated education program in seventy four schools. In 1978, the **Christoffel Blunden Mission [CBM]** convened a Seminar of Pioneers in 1978 at Bensheim, West Germany. In this ground breaking meeting, representatives were invited various innovative programs on education and rehabilitation from Africa and Asia, and after a week-long deliberations the following conclusion was reached. It is a very significant statement in the history of integrated education:

“We express our disappointment and frustration that in spite of all the knowledge available on the subject of training, rehabilitation and integration [...] very little has been achieved, particularly in the developing countries.”

The deliberations identified the nature of most existing integrative programs as –

- a. economically unviable
- b. socially isolating
- c. psychologically stunting

The Pioneers emphasized the importance of community participation for effective integrated education. Open employment and training for the purpose was also stressed. A New Service model was proposed that advocated the integration of children with Special needs into the community life and enhancement of their acceptability.

Stein (1995), cited by the Manual on Inclusive and Integrated Education published by the Rehabilitation Council of India identified the importance of three groups in the history of integrated education. They are- the challenged individuals themselves, the progressive teachers and the parents of the challenged individuals.

Objectives of Integrated Education

Integrated education has the following objectives:

- i. To provide educational opportunities and experiences to challenged students in a way equal to the regular students
- ii. To allow challenged children to interact with their neighbours and regular peers socially in normal or at least. Least restrictive settings
- iii. To change stereotyped responses to challenged people
- iv. To develop the personalities of the challenged students so as to provide a natural basis for adult life experiences in a manner that they can perceive themselves as contributing members of the socio-economic development of the society

Integrated education emerged as the cost effective approach and the general education system then started accepting special needs children in general schools. The Centrally Sponsored Schemes in India have been implemented in various states since 1974, but there is still a long way to go in realizing the objectives of integrated education for children with special needs.

Models of Integrated Education

Among, many models of integrated education, three main models, depending upon socio-economic conditions, geo-political environment and general educational system are most prominent in developing countries like India. These are –

- i. Resource Model
- ii. Itinerant Model
- iii. Dual Teacher Model

The other important models of integrated education are –

- i. Cooperative Model
- ii. Combined Model
- iii. Cluster Model

Resource Model – In this setup a special educator is available for the challenged child along with the regular teacher. The special educator is responsible for skill development using special techniques and the regular teacher remains in charge of the general education programme. The special educator appointed is known as the Resource Teacher. Normal life and necessary education are gained by the special needs children with the help of regular teachers, peer groups and the Resource Teachers.

Itinerant Model – in this model children with special needs are enrolled in a regular school in the vicinity of his own community and their needs are met with the combined efforts of a regular teacher and that of a visiting specialist teacher who is qualified to offer special services like the preparation of special educational material, skill training and the use of special equipment. One itinerant teacher caters to the needs of children studying in different schools and thus travels from one school to another as per the predetermined schedule, the number of such visits depending upon the needs of the children. The teacher student ratio in this model as approved under the Scheme of Integrated Education of Disabled Children is 1:8.

Dual Teacher Model – In this model the regular teacher assumes the responsibilities of the classroom teacher as well as the resource teacher. The regular teacher needs to be trained accordingly to take up the dual responsibility.

Cooperative Model – In this educational plan the challenged students are entrusted with a special educator in a special room from which they are sent to the regular classrooms for only a part of the day. The special educator is responsible for the programme which he/she executes in cooperation with regular classroom teachers.

Combined Model – This model has been identified as the ‘resource cum itinerant model’. Thus is an educational plan combining several programme arrangements among teachers or within one teacher’s activities. A district may have a combination in which three schools have the resource model and four other schools function on itinerant basis. Alternatively one teacher may serve a group of challenged children in a resource room setting in one school on a daily basis during the first half of the day and serve challenged children in another school following the itinerant model daily during the second half of the day.

Cluster Model – The cluster model envisages satellite centres in different regions with decentralized service delivery system. While the regional resource centres are responsible for the administration, the cluster centre can provide overall supervision. Qualified leadership personnel are appointed in the regional resource centres, who provide professional assistance to the various programmes and the teachers under their jurisdiction. He leadership personnel periodically meet at the main centre to assess the work and suggest development measures. The Material Production Centre can be located at the main centre which can prepare and disseminate materials to the regional centres as per requirement. This approach has been tried out in the UNICEF assisted project Integrated Education for the Disabled (NCERT, 1987).

Understanding Integration

Integration is a deceptive and slippery concept. On the face of it, nothing could be simpler than the idea that children should be placed in mainstream (regular) schools rather than in special schools. It is, at least superficially, a process which can be managed through national legislation and supported through the deployment of central resources. In other words, it is an ideal arena for centralized reform. We wish to suggest, however, that integration, properly understood, is far from simple; that the relationship between the inclusion of children with special needs in mainstream schools and the process of central legislation and reform is complex and tenuous; and that sophisticated Integration is not about the relocation of pupils from special to mainstream schools, nor is it about finding ways of replicating special forms of provision within the mainstream. Rather, it is about reforming mainstream schools in ways which make them more responsive to the individual differences of the children within them. And the successful achievement of this reform depends on paradigmatic shifts, not simply at the level of policy and structure, but also at the level of the constructions of special needs

undertaken by particular teachers in particular schools. Forms of change-management are necessary if integration that is meaningful is to result.

Scholars like Lise Vislie (1995) distinguishes between two fundamentally different ways in which Western countries have approached the issue of integration over the past two decades. On the one hand, Vislie argues, there are countries which have seen integration essentially as a reform of their special education system. The aim of reform has been to find ways of extending special education programmes and services into mainstream (regular) schools. This approach, Vislie suggests, is characteristic of countries such as Germany, England and Belgium. On the other hand, there are countries which have understood the movement towards integration as a reform of mainstream education; that is, they have sought ways of making mainstream schools more responsive to the particular characteristics of children with special educational needs. Such countries would include Denmark, Sweden, Norway and the United States.

Vislie argues that outcomes from the former group of countries have been somewhat disappointing; a great deal of activity and apparent change has not in fact substantially increased the proportion of children placed in genuinely integrated settings. It is the latter group of countries—those which have focused on the reform of mainstream schools—that have been the more successful in promoting forms of integration that are more than merely nominal.

The key concepts in the field of special education—‘disability’, ‘handicap’, ‘special educational needs’, ‘learning difficulty’, and so on—are by no means unproblematic. It is becoming increasingly obvious that, far from being self-evident descriptions of children’s ‘objective’ characteristics, they are constructions which emerge in particular times and places, and which may be seen to serve certain social interests (Barton and Oliver 1992; Fulcher 1989a; Oliver 1990; Slee 1993a; Tomlinson 1982). These constructions in turn are founded upon paradigmatic ways of viewing the differences between people in general and children in particular.

Two such paradigms have been identified (Ainscow 1994; Halliwell and Williams 1993) as being in competition within the field of special education:

i. The 'psycho-medical' paradigm (Clark et al 1995a) or the 'individual gaze' (Fulcher 1989a). This paradigm understands special needs (or disability, or whatever term is in use) as intelligible entirely or largely in terms of the characteristics of the 'disabled' individual. It is these characteristics which are seen to account for the inability of certain children to flourish within the provision made in mainstream education. It follows that the appropriate educational response to these characteristics is either to change them through some form of remedial intervention, or to make alternative provision for the child in the form of an adapted (often reduced) curriculum, delivered in the context of special forms of support and teaching, and very possibly within a 'special' setting. It is this paradigm, of course, which informs the whole apparatus of special education as it has developed in contemporary Western education systems. The 'interactive' or 'organizational' (Clark et al. 1995a) paradigm acknowledges differences between individual children as both real and significant. However, it does not view these differences alone as adequately accounting for the failure of children within mainstream schools. Rather, it is the failure of those schools to respond with sufficient insight and flexibility to children's characteristics that results in educational failure. Since this 'paradigm sets particularly high store by the values of social integration, non-segregation and participation in a common curriculum seen as an entitlement for all children, it follows that the appropriate response to educational failure is to interrogate and reform the characteristics of schools rather than the characteristics of children (Ainscow 1994; Dyson 1990b; Skrtic 1991a). These paradigms are not 'merely theoretical'. On the contrary, each has its distinctive implications for practice at three levels, if not more: school organization, teacher expertise, and underpinning values. To take each of these in turn:

- i. School organization The psycho-medical paradigm, on the one hand, requires forms of school organization in which remedial and adapted-curriculum-type activities can take place. That is, it requires settings that are more or less segregated, ranging from separate special schools at one end of the continuum to apparently 'integrated' classrooms at the other end, in which, none the less, pupils are effectively placed on separate tracks and offered alternative curricula (Hart 1992; Thompson and Barton 1992). The interactive paradigm, on the other hand, requires restructured mainstream schools in which separate forms of provision give way to a more flexible and responsive approach in regular classrooms.
- ii. Teacher expertise The psycho-medical paradigm calls for special educators with a clearly-defined expertise which is different from that offered by mainstream educators. This expertise will allow them to address directly and effectively those

aspects of their pupils' learning which make them 'special'. The interactive paradigm tackles the same issue by calling not for specialist expertise, but for an extended and enhanced form of 'general' teaching expertise, placing emphasis on the need for regular teachers to develop their skills to the point where they can routinely respond to a wide range of individual differences (Ainscow 1994).

- iii. Underpinning values Working from assumptions about the deficits and disabilities which children with special needs 'suffer', the psycho-medical paradigm places particularly high value on actions which, where possible, cure or ameliorate those deficits and, at least, protect and care for their vulnerable victims. The special school, therefore, is seen as a caring environment; the adapted curriculum is seen as a means of protecting children from unmanageable demands; and the remedial group is seen as a curative intervention which takes precedence over whatever is going on in the mainstream classroom. The interactive paradigm, on the other hand, allocates the highest value to notions of participation, access and equality. It sees special forms of provision as forms of institutionalized discrimination and 'remediation' as a subtle and pernicious means of exclusion. For this paradigm, participation in the social world of the regular classroom is more important than (and not incompatible with) protection, and access to a common curriculum is an entitlement that takes precedence over illusory forms of remediation and cure (Ballard 1995).

It is not difficult to see the connection between the paradigms we have thus characterized and the two national approaches to integration identified by Lise Vislie. The attempt to integrate by reforming and extending special education into mainstream schools would appear to be based on the psycho-medical paradigm with its assumptions about the necessity of special provision, even in a mainstream setting. The view of integration as essentially about the reform of mainstream schools is equally clearly informed by the interactive paradigm, with its assumptions about enhanced and flexible mainstream classrooms as the starting-point for meaningful responses to individual differences.

INCLUSIVE EDUCATION:

In their study of full inclusion models in five US states, Baker and Zigmond (1995) found that while the term 'inclusion' had different meanings for different people, what was common

was the view of inclusion as a 'place' - a seat in an age appropriate mainstream classroom, where a child could have access to and participate fully in the curriculum. It also meant bringing the special needs teacher or assistant into that place to help make it work. In a national study conducted in 1995, the US National Centre on Educational Restructuring and Inclusion defined inclusion as:

The provision of services to students with disabilities, including those with severe impairments, in the neighbourhood school in age-appropriate general education classes, with the necessary support services and supplementary aids (for the child and the teacher) both to ensure the child's success - academic, behavioural and social - and to prepare the child to participate as a full and contributing member of the society. (Lipsky & Gartner 1996: 763)

Sebb& Sachdev (1997) offer a working definition which is prescriptive in suggesting what is needed rather than being descriptive of current practice:

Inclusive education describes the process by which a school attempts to respond to all pupils as individuals by reconsidering and restructuring its curricular organization and provision and allocating resources to enhance equality of opportunity. Through this process the school builds its capacity to accept all pupils from the local community who wish to attend and, in so doing, reduces the need to exclude pupils. The Index for Inclusion, which has been distributed to British schools, also emphasizes a process view of inclusion:

Inclusion is a set of never ending processes. It involves the specification of the direction of change. It is relevant to any school however inclusive or exclusive its current cultures, policies and practices. It requires schools to engage in a critical examination of what can be done to increase the learning and participation of the diversity of students within the school and its locality.(Booth et al. 2000: 12)

The basic perception behind exclusion and inclusion is based upon a set of beliefs and practices that tend to see the student with special needs as deviant or deficient as opposed to inclusive praxis that perceives the system as the problem and respects the uniqueness of every individual. The framework behind educational exclusion and inclusion is presented below:

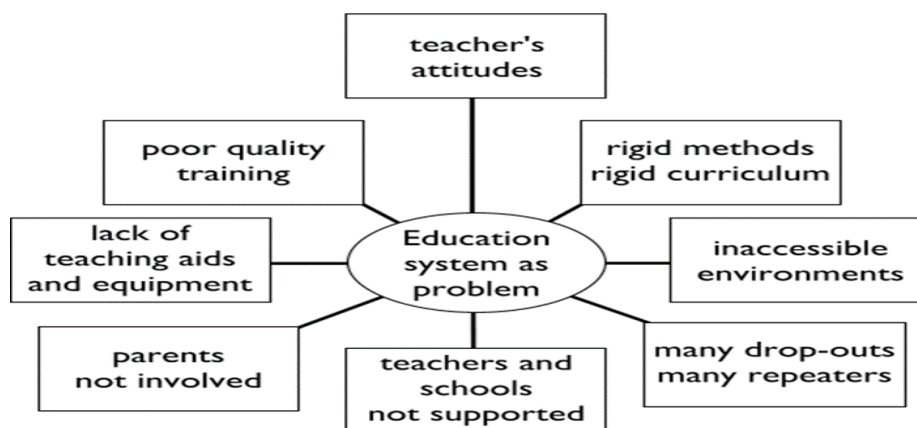
<i>Dimension</i>	<i>Discourse of deviance</i>	<i>Discourse of inclusion</i>
Educability of students	There is a hierarchy of cognitive ability on which students can	Every student has an open ended potential for learning

	be placed	
Explanation of educational failure	The source of difficulties in learning lies in deficits of ability which are attributes of the student	The source of difficulties in learning lies in insufficiently responsive presentation of the curriculum
School response	Support for learning should seek to remediate the weaknesses of individual students	Support for learning should seek to reform curriculum and develop pedagogy across the school
Theory of teaching expertise	Expertise in teaching centres in the possession of specialist subject knowledge	Expertise in teaching centres in engendering the active participation of all students in the learning process
Curriculum model	An alternative curriculum should be provided for the less able	A common curriculum should be provided for all students

David Skidmore

As mentioned earlier, inclusive education looks upon the system as the problem and not the child. The following diagram shows the basic problems with the existing education system that fails to accommodate a child with special needs properly:

Inclusive Education



Inclusion Versus Least Restrictive Environment (LRE)

Julian U Stein, in her article titled “Total Inclusion or Least Restrictive Environment?” published in *JOPERD--The Journal of Physical Education, Recreation & Dance* [Volume: 65. Issue: 9] distinguished between total inclusion and a least restrictive environment.

Total Inclusion: Advocates of full inclusion want each child with a disability to be an active and integrated part of all school activities, including every regular classroom and physical education class. It matters not whether a child can do the academic work of the class, learn concepts, master basics, perform skills, or keep up with nondisabled classmates. The fact that an individual is a street child, has a severe behavioral disorder, or disrupts the learning of other students means little. Whether or not a child is toilet trained, is able to communicate, or is ambulatory (e.g., in an electric wheelchair or on a gurney) apparently makes no difference--his or her place is in all regular educational settings with nondisabled students. To some advocates of full inclusion, it appears that the only concern is to provide students with disabilities opportunities to be with and interact with nondisabled peers, primarily to foster social skills, to stimulate linguistic development, and to build self-esteem and self-image. The importance of children with disabilities interacting with nondisabled classmates cannot be disputed. Problems can arise when a child with a disability interacts only with other individuals with disabilities; such homogeneity can limit and restrict growth and development. However, physical proximity and actual acceptance and true integration of children with disabilities into classes and activities are not synonymous.

Advocates of full inclusion question how individuals with disabilities can be prepared for community living and society at large if they know nothing but special programs and segregation. The fact that a continuum of alternative placements (least restrictive environment principles) has been required since enactment in 1973 of Section 504 of the Rehabilitation Act and in 1975 of the Education for All Handicapped Children Act--PL 94-142 (now Individuals with Disabilities Education Act--IDEA)--apparently means little to advocates of total inclusion. LRE to them is not in and of itself a bad practice; it just does not go far enough.

Principles of Full Inclusion

Among the principles emphasized as part of full inclusion are the rights of students with disabilities to attend their home schools, regardless of their disabilities or special services needed. Advocates stress age-appropriate regular classes (including physical education), not special education or adapted physical education per se. Schools must provide supplementary aids and services, individualized programming, support personnel within the school, heterogeneous groupings, peer tutoring, multi-age classes, special instruction with appropriate adaptations, and adapted equipment and materials. Electronic aids such as

computers, speech synthesizers, and FM amplification systems make it possible for each child with a disability to function in regular class settings, including physical education programs. Special services should be taken to children in the regular class setting, rather than taking children to the special services. No more than one or two students with disabilities should be placed in any one regular classroom or physical education class. Another position is, "all things being equal, inclusion is better than segregation" (Block, 1994).

Areas such as special education and adapted physical education were introduced out of need. Children with disabilities were not being served in regular education classrooms and physical education programs. Total inclusion returns the pendulum to its position of some 40 years ago when special education and adapted physical education were introduced to meet specific needs and special considerations required for students with disabilities not being fulfilled in regular classrooms and physical education classes. It makes no more sense to place every child with a disability in a regular classroom or physical education class than it did to keep every child with a disability in a special, segregated program.

Legal Provisions:

Many of the demands made by advocates of full inclusion are already required under IDEA, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA). IDEA requires appropriate support services for students with disabilities, whether in regular or special classes, and ongoing comprehensive plans of personnel development (i.e., CPPD provisions) for all school personnel--regular and special educators, and regular and adapted physical educators. Resource roles, rather than direct service functions, for special education and adapted physical education personnel have been effective and efficient ways by which regular educators and specialists have worked together to provide highest quality services to students with disabilities in regular classes and programs. "Most normal setting possible" and "most integrated setting feasible" are terms used in Section 504 of the Rehabilitation Act of 1973. Comments in Section 504 leave no doubt that these terms are to be interpreted and applied in exactly the same ways as least restrictive environment in PL 94-142. The **Americans with Disabilities Act (ADA)** uses the term, "an integrated setting." In addition, Section 504 (Rehabilitation Act, 1973) stipulates that:

A recipient [of federal assistance] shall place a handicapped person in the regular educational environment operated by the recipient unless it is demonstrated by the recipient that the

education of the person in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily [emphasis added].

And **IDEA** requires that:

To the maximum extent appropriate handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped, and that special classes, separate schooling, or other removal of handicapped children from regular education environments occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. A recent Department of Education directive stated, "Any setting, including a regular classroom, that prevents a child from receiving an appropriate education that meets his/her needs, is not the least restrictive environment for that child" (Federal Register, 1992).

The **Council for Exceptional Children Policy on Inclusive Schools and Community Settings (1993)** states that the concept of inclusion is a meaningful goal to be pursued in schools and communities, and it endorses a continuum of services. The existence of options is particularly vital to the education of children with disabilities, and full inclusion is not appropriate for every student. The policy emphasizes that all children, youth, and young adults with disabilities are entitled to a free and appropriate education and/or services; have available for them a continuum of services; and should be served whenever possible in general education classrooms in inclusive neighborhood schools and community settings strengthened and supported by an infusion of specially trained personnel and other appropriate supportive practices according to individual needs.

Placement decisions are determined as an integral part of the individualized education program (IEP) process. Rules and regulations related to individualized education programs directly affect placements in physical education. Because physical education is a defined part of special education--a primary service--a child's physical and motor performances must be assessed and evaluated as bases for both program and placement decisions. If a child, regardless of type and severity of disability, has the same basic physical and motor needs as nondisabled classmates, he or she belongs in a regular physical education class, which should be noted on the IEP. In many cases, a student requires some type of accommodation (i.e., adaptive device, a partner, different organizational pattern for activities) to be able to

participate in the regular physical education class. Recommendations concerning specific accommodations should be delineated in the IEP. Students with special physical and motor needs (goals and objectives of the regular class are not appropriate) require an IEP for physical education, including placement information (no more, no less than basic IEP requirements for special education itself). All individuals with IEPs for physical education do not have to be placed in special and segregated settings; often, some special needs can be met within the regular physical education class. Regardless, these IEP regulations speak to and require a continuum of alternative placements (LRE) for physical education. Reauthorization of IDEA will occur during 1995. Advocates of total inclusion are already lobbying to get least restrictive environment alternatives replaced by total inclusion.

Principles of Least Restrictive Environment [LRE]

One of the strengths of LRE principles has been that placement and curricular decisions are based on individual needs and abilities, not categorical generalizations that dominated special programs prior to passage of Section 504 and PL 94142 (1975). In addition to mandating a continuum of alternative educational placements, both Section 504 and PL 94-142 in many ways reversed conventional thinking and approaches of the past for serving students with disabilities.

Prior to enactment of these laws, children were placed in special classes (including adapted physical education) based predominantly on traditional categories (e.g., mental retardation, learning disabilities, emotional disturbances, visual impairments, auditory conditions, physical disabilities). Often the curriculum was unnecessarily different from that in regular classrooms and physical education programs, and students found it virtually impossible to get out of the special program and into regular classrooms and physical education activities.

Under Section 504 and PL 94-142/IDEA, children have the right to be in a regular classroom, or as close to it as possible. Conversely, educators have the responsibility to justify why a child placed in other than a regular setting cannot be appropriately served in a LRE (i.e., closer to the regular classroom or physical education class). LRE principles require a continuum of alternative placements, from total integration in the regular classroom or physical education class at one extreme, to total isolation of the institution or residential facility at the other extreme, and with sufficient opportunities for necessary and appropriate placements between the two extremes. PL 94-142/IDEA also stipulates that a child who is

disruptive to the extent that this adversely affects learning opportunities for other children is not in an appropriate setting, and needs a more restrictive environment. Children who create health or safety problems for themselves, as well as for other students, are not in the appropriate environment, and need a more restrictive setting. Attempts to accommodate individuals with disabilities in regular physical education classes cannot be allowed to destroy the integrity of activities for nondisabled students.

Concept of Mainstreaming

The term "mainstreaming" has complicated accurate interpretations and applications of least restrictive environment requirements (DePaepe, 1984; Grosse, 1991; Lavay & DePaepe, 1987; Peck & Semmel, 1982; Taylor, 1988). The term "mainstreaming" is not found in any law or legal document (it was actually introduced in the early 1960s by Maynard Reynolds, a special educator from University of Minnesota). Undoubtedly the term came from desires to get individuals with disabilities into the mainstream of society--certainly, a major objective for most individuals with disabilities.

Mainstreaming is a popular term used in many different ways, some appropriate, many inappropriate. Some interpret and use mainstreaming and least restrictive environment as synonyms (inappropriate) (Aufsesser, 1991; Grosse, 1991). Still others interpret and use mainstreaming as part of the least restrictive environment continuum--that portion of the continuum in which students with disabilities are integrated into regular classrooms and physical education classes (appropriate) (Dunn & Craft, 1985; Grosse, 1991). Undoubtedly, others are going to interpret mainstreaming and total inclusion as synonyms (inappropriate).

Far too many people inaccurately believe the concept of least restrictive environment and appropriate integration of students with disabilities in regular programs was introduced with Section 504 and PL 94-142 in the mid-1970s. A few school systems and individual schools were integrating students with disabilities into regular programs as far back as the late 1950s. In some cases no special name was given to the process (e.g., physical education classes at Wakefield High School in Arlington, Virginia). In other situations school systems coined their own names (e.g., progressive inclusion in the Tacoma, Washington, public schools).

Even in these farsighted and progressive school systems and programs, philosophical underpinning was 180 degrees different from LRE as contained in PL 94-142/IDEA. Students

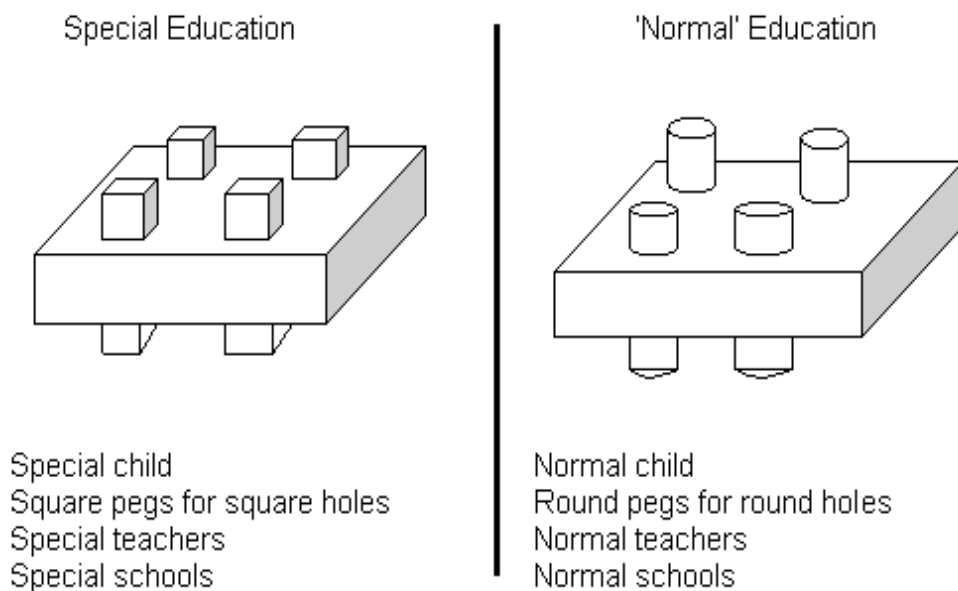
started in restrictive environments, and had to demonstrate they had the skills to function in a less restrictive setting. However, in general, these decisions were based on individual performances, not categorical generalizations.

LRE principles should be implemented in terms of each individual's needs and abilities. Total inclusion places everyone in regular classes and programs, whether or not they are appropriate, and regardless of effects such placements have on learning of the individual with a disability and/or that of other students. Do we want to turn the clock back 40 or 50 years, when today existing principles and procedures provide the foundation for meeting needs and abilities of each student with a disability--regardless of type or severity--in the most appropriate ways and best setting for the individual? Individual students who are successful in total inclusion settings are the individuals for whom integrated settings are the appropriate LREs. Individuals who are not successful in total inclusion settings are the individuals for whom integrated settings are not appropriate, and for whom more restrictive environments are not only necessary, but mandated by law.

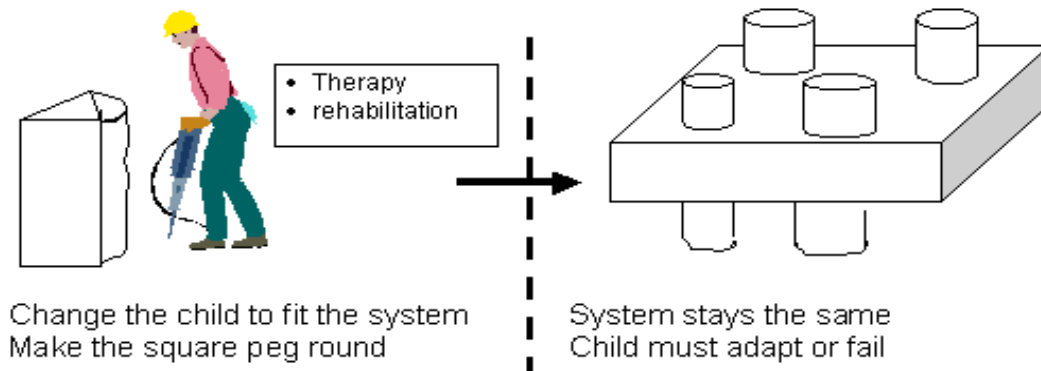
The following diagrams show the differences between normal/traditional education, special education, integration and inclusive education. Disabled people of all ages and/or those learners with 'Special Educational Needs' labels were placed in any form of segregated education setting like special schools or special education institutions. They were thus separated from society and compelled to lead a secluded life. They got no normal peer or any scope of interacting with mainstream society. If these children with special needs are considered as square pegs instead of normal round pegs, then it may be said that the education designed for them was designed accordingly with square holes as opposed to normal round holes in traditional education system. Square holes signifies school, settings, method, teachers and all allied areas that can cater to only SEN children with absolutely no provision for and relation to education given to normal children in the society. Normal education, on the other hand, accommodates only round pegs in round holes. If a square peg comes to this system, it has to be rejected summarily since there is no room for accommodating such a child in any way. The third picture shows integrated education in which the square pegs or the children with special needs are admitted to normal schools but conscious efforts are made to overlook and even suppress their individuality, uniqueness or identity in order to make them fit into the straitjacket of the traditional system. Integration in education is thus commonly described as a process where disabled people of all ages and/or

those learners with 'Special Educational Needs' labels are placed in mainstream education settings with some adaptations and resources, but on condition that the disabled person and/or the learner with 'Special Educational Needs' labels can fit in with pre-existing structures, attitudes and an unaltered environment. It is almost like cutting the square holes with a saw to make them fit into existing round holes, as shown in the picture.

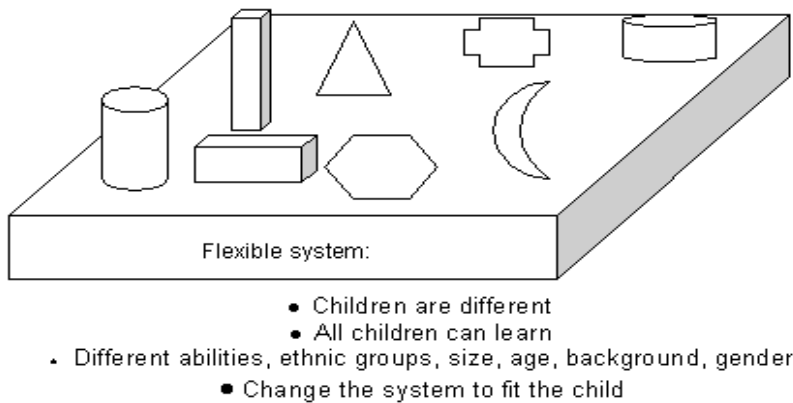
Inclusion is a process that identifies, acknowledges and respects diversity and the uniqueness of each and every child. It makes no attempt at behavioral modification of the children with special needs to make them fit into the existing traditional educational scenario. The system is perceived as the problem and not the child. The system is made conducive to accommodation of every child with his/her special need and the environment is modified accordingly to suit his/her needs. The last diagram shows this. Inclusive education is thus synonymous with the policy of education for all. It is a process in which disabled people of all ages and/or those learners with 'Special Educational Needs' labels are educated in mainstream education settings alongside their nondisabled peers, where there is a commitment to removing all barriers to the full participation of everyone as equally valued and unique individuals



Integrated Education



Inclusive Education



Section 504 of the Rehabilitation Act of 1973, adopted in 1977 officially prohibited discrimination against people with disabilities:

No otherwise qualified handicapped individual shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in any programme or activity receiving federal financial assistance.

It also provided for architectural; accessibility with the removal of steps and other barriers that restrict the participation of people with disabilities. The law demanded equal access to programmes and services and emphasized that auxiliary aids must be provided to individuals with impaired speaking, manual or sensory skins.

Education for All Handicapped Children Act, signed by President Gerald R. Ford on November 29, 1975, mandated a free, appropriate public education for students with disabilities between the ages 3 and 21. The major objectives of this act, significant in the history of special education are –

- i. To assure that all children with disabilities are provided with a free and appropriate public education
- ii. To assure that the rights of children with disabilities and their parents are protected
- iii. To assist states and localities to provide for the education of children with disabilities
- iv. To assess and assure the effectiveness of efforts to educate children with disabilities.

It has been argued by scholars that the lawmakers increasingly believed that special education can make a significant difference in enabling the disabled children to achieve their full potential. Special education, thus was now promoted for national interest. Some of the key features of the **Education for All Handicapped Children Act 1975** are as follows

- i. Students with disabilities had the right to a free appropriate public education
- ii. Schools must have individualized educational programmes for each student with disability
- iii. Parents have the right to inspect school records of their children and when changes are met in a students' educational placement or programme, the parents must be informed.
- iv. Parents of special needs children have the right to challenge what is in the records or any change in placement.
- v. Students with disabilities have the right to be educated in the least restrictive educational environment.
- vi. Students with disabilities must be assessed in ways that are considered fair and nondiscriminatory
- vii. Students with special needs must have specific protections

The 1986 Amendments to the Education for All Handicapped Children Act 1975 made the following provisions –

- i. All the rights of the Education for All Handicapped Children Act 1975 were extended to all preschoolers with disabilities.
- ii. Each school district must conduct a multidisciplinary assessment and develop for each pre-school child with a disability, an individualized family service plan (IFSP). The IFSP must include –
 - A statement of the child's present level of cognitive, social, speech and language, and self-help development
 - A statement of the family's strengths and needs related to enhancing the child's development
 - A statement of the major outcomes expected for the child and the family
 - Criteria, Procedures and timeline for measuring progress
 - A statement of the specific early intervention services necessary to meet the unique needs of the child and family including methods, frequency and intensity of service
 - Projected dates for initiation and expected duration of services
 - The name of the person who will manage the case
 - Procedures for transition from early intervention to a preschool programme

Individualized Education Programme (IEP), a central concept of the **Education for All Handicapped Children Act 1975**, found a place of great importance in the history of special and inclusive education. Such programmes were described to be designed on the basis of the following –

- i. The students' present level of functioning
- ii. Annual goals and the short term objectives of the programme
- iii. The services to be provided and the extent of regular programming
- iv. The starting date and the expected duration of the service
- v. Evaluation procedure and the criteria for monitoring progress

The law also made provisions for **Protection in Evaluation Procedures (PEP)** with the following regulations –

- i. A full and individual evaluation of a student's needs must be made before a student is placed in a special education programme
- ii. Testing should be unbiased and free from racial or cultural bias
- iii. Tests must be administered in the child's native language or other suitable means of communication
- iv. Students must be assessed in all areas related to their suspected disability including general health, vision, hearing, behavior, general intelligence, motor abilities, language proficiency etc.
- v. Tests must be administered by trained professionals
- vi. Tests must be valid for the specific purposes for which they are administered.
- vii. Results of tests administered to pupils who have impaired sensory, manual or speaking skills must reflect aptitude or achievement, and not the impairment
- viii. Evaluations for special education placement must be made by multidisciplinary teams including at least one specialist with knowledge or expertise in the area of suspected disability
- ix. More than one test must determine the suitable placement and special education placement must never be done on the basis of a single test

Individuals with Disabilities Education Act (IDEA)

Perhaps the most significant step in the history of special education was the enactment of the **Individuals with Disabilities Education Act (IDEA) in 1990**. It was a reauthorization of the Education for All Handicapped Children Act, with the Congress replacing the term "handicapped children" with the new term "children with disabilities". Two new disability categories of autism and traumatic brain injury are identified and a more comprehensive definition of transition services is added. Transition service is now clearly defined as the service to ensure hassle free and facile transition from school to post-school activities. The Act also had provisions for making **Assistive Technology** more accessible to all. Purchase or lease of such technological devices, access to associated services, relevant training in use of such technology and services were rendered more accessible to persons with special needs and service providers. IDEA further mandated that decisions about the specific technological needs of a special needs student would be made by an expert team that develops the IEP or the Individualized Education Program.

Americans with Disabilities Act (ADA)

Americans with Disabilities Act, 1992 granted civil rights to the persons with disabilities, on similar lines as those extended by the Civil Rights Act, 1964 to members of all race, color, gender, religion and so on. Discrimination on the basis of disability is restricted by ADA and this prohibition is extended to the areas of employment, services rendered by the local and state governments, places of public accommodation, transportation, telecommunication services etc. ADA grants equal rights of salary, training privileges and perks to disabled individuals at par with their regular counterparts.

Slee (1998) provides an excellent summary of the different perspectives from which disability and special education have been viewed. Turning his analysis around notions of disability and basing it on earlier work by Fulcher (1989) and Riddell (1996), he suggests that these perspectives comprise the following:

1. *Essentialist perspectives* – which locate children's differences and disabilities unproblematically in their individual pathology. This has sometimes been called a deficit or medical approach.
2. *Social constructionist perspectives* – which interpret and present disability as a socially contrived construct 'deployed against minorities enforcing social marginalisation' (Slee 1998: 128).
3. *Materialist perspectives* – which see disability as a form of exclusion created and maintained by the economic system. It is worth noting here that Abberley (1987), an exponent of this view, has said that 'the main and consistent beneficiary [of exclusion] must be identified as the present social order, or more accurately, capitalism'.
4. *Postmodern perspectives* – which reject the theoretical explanations offered by materialist accounts, seeing the experiences of excluded children and adults as discontinuous and ungroupable. Although Slee does not give examples, it is worth noting that Young (1990) suggests that the mere existence of excluded groups forces us to categorize – and the categories encourage a particular mindset about a group, while in reality the 'groups' in question are 'cross-cutting, fluid and shifting' (Young 1990: 45). Meekosha and Jacobowicz (1996) make a similar point: there is no discrete class of people who are disabled.

5. *Disability movement perspectives* – which, Slee says, 'devote less attention to the production of a coherent theoretical explication of disability in their eclectic quest for social change' (Slee 1998: 129).

Others have taken different angles on the conceptualization surrounding disability and special education. Söder's (1989) stance is interesting since it is critical of some of the received wisdom of critics themselves. He outlines four distinct approaches:

1. The medical/clinical perspective.
2. The epidemiological approach – which sees disability as an abnormality but seeks to account for this abnormality with a range of social and other explanations.
3. The adaptability approach – wherein disability arises out of some maladaptation of the individual to the environment, due perhaps to the expectations imposed by people in that environment.
4. The social constructionist approach – in which disabilities are constructed on the basis of interpretations made because of social values and beliefs.

It is from this perspective that analysis has taken into account what Tomlinson (1987) has called the 'social, economic and political structures of a society'. She locates her own critique of special education specifically in critical theory, which she finds useful 'in interpreting events and explanations in the expanding area of special educational needs' (Tomlinson 1987: 33). It is worth quoting her at some length since she summarizes her position and the position of many critics of special education with great clarity:

Critical theorists have suggested that the answers to questions about 'why children fail' might lie as much in the social, economic and political structures of a society as in anything intrinsic to children or 'lacking' in a child. From a critical theorist's viewpoint, it becomes easier to question the deficit model of children, which assumes that negative properties intrinsic to children – low IQ, disability, inability – are wholly responsible for his or her educational failure. It becomes easier to examine the social processes by which 'achievement' is defined. Who, for example, decides what achievement is in a society where the highest achievers are almost always white, upper- or middle-class males? Why does being a poor

reader and working class seem to have much more serious and long-term social consequences than being a poor reader and upper or middle class?

(Tomlinson 1987: 34)

India gained independence from Britain in the 1947, and inclusive education is written into India's constitution as a fundamental right for all citizens. It is important to differentiate between constitutional rights and state policies and their legal implications. Rights are listed in the constitution; they are absolute and completely enforceable. State policies are completely subjective on a state by state basis. Part IX, Article 45 of the Constitution states, The state shall endeavor to provide, within a period of ten years from the commencement of this constitution, for free and compulsory education for all children until they complete the age of fourteen years. The significance of Article 45 was reaffirmed in 1993 with the supreme court's Unnikrishnan judgment, also known as the case "Unnikrishnan vs. the state of Andhra Pradesh." In this case, the court ruled that Article 45 must be read in conjunction with Article 21 of the constitution, which states that "No person shall be deprived of his life or personal liberty except according to procedure established by law." By requiring these two articles to be read in conjunction, elementary education is now considered imperative for life and personal liberty in India. A clause was added to India's constitution to this affect; however, it was not added until December 2002. The 86th amendment to the constitution, section 21A reads, "The State shall provide free and compulsory education to all children of the age of six to fourteen years in such manner as the State may, by law, determine." Although many viewed this amendment as positive, others criticized the age restrictions. In addition, many thought that the type of education (inclusive, segregated, or other) should be specified within the law. The 1960s marked an important change in how special education was organized and funded in India. The Ministry of Education split, and a new branch called the Ministry of Social Welfare was created. The Ministry of Social Welfare was given the responsibility for the "weak and vulnerable" sections of society. They largely focused on rehabilitation, and not as much on education. Instead of supporting the current education system, the Ministry of Social Welfare began giving out grants to non-profits that provided education for children with disabilities, inadvertently preventing inclusion of these children within the public or mainstream sector. The split of these two ministries has never been reversed, and is still this way at present.

The Kothari Commission

The Government of India created the Kothari Commission in 1964, named after its chairman,

P.S. Kothari. This commission was created because the Government of India wanted to create a plan of action to improve the education system. The plan of action created by the Kothari Commission included people with disabilities, but unfortunately, the Government of India never implemented it. It reads, “We now turn to the education of handicapped children. Their education has to be organized not merely on humanitarian grounds of utility. Proper education generally enables a handicapped child to overcome largely his or her handicap and make him into a useful citizen. Social justice also demands it...on an overall view of the problem, however, we feel that experimentation with integrated programmes is urgently required and every attempt should be made to bring in as many children in integrated programs.”

The Integrated Child Development Scheme (ICDS) of 1974 created by the Ministry of Human Resource Development reaches out to “vulnerable populations” of the population to provide services such as pre-5 year old schooling and early intervention, including health care, nutrition and pre-school facilities. ICDS does not include people with disabilities under that category. Since nothing was specified regarding the need of Anganwadi workers, the social workers who implement this scheme on the ground, to specifically reach out and children with disabilities, children with disabilities were not included in early intervention efforts, which would have then funnelled them into mainstream schooling. The Ministry of Welfare created the Integrated Education of Disabled Children Scheme (IEDC) that provided children with disabilities “financial support for books, school uniforms, transportation, special equipment and aids,” with the intention of using these aids to include children in mainstream classrooms. However, the government of India realized that providing structural changes to the classroom, such as adapted equipment, would not be enough to integrate children with disabilities into the classroom. Although it was encouraged and partly funded by UNICEF, fifty percent of the funding was supposed to go through the state governments. The responsibility was transferred to the Department of Education in 1992. Despite the fact that this scheme was supposed to be nation-wide, it was implemented in only 10 out of 29 of the states in India. This program stressed that students with mild to moderate disabilities needed to be integrated, but not moderate to severe. Therefore, it was not fully inclusive, and created tensions between mainstream and segregated special education schools.

The National Policy on Education (NPE) was created in 1986. Continuing in the spirit of the 1974 IEDC, the NPE states that children with “mild” disabilities should be included in

mainstream classrooms, whereas children with “moderate to severe” disabilities should be placed in segregated schools. Many were upset that this policy contradicted Article 45 of the constitution, which lists equality in education as a fundamental right for all, and not just those with “mild” disabilities. The policy also included a provision regarding teacher training for all mainstream education teachers, by “including a compulsory special education component in pre-service training of general teachers.” Although this policy was created in 1986, it was not implemented until the Plan of Action was created in 1992. The 1992 Program of Action (POA), created to implement the 1986 NPE, broadened the 1986 definition of who should be included in mainstream schooling, that “a child with a disability who can be educated in the general school should not be in the special school.” It said that once children with disabilities acquire basic living skills, which would be learned in special schools, that they should be mainstreamed.

The year 1992 was also the year of the Rehabilitation Council of India (RCI) Act. The RCI Act provided standards for rehabilitation professionals; one type of rehabilitation professional being special education teachers. This act is important because it establishes consequences for teaching without a license. Teachers without a license could face imprisonment for up to one year, be fined R1000, or both. Possibly one of the most important pieces of legislation to date in India regarding people with disabilities is the 1995 People with Disabilities Act (PDA). The PDA was likened to the United States’ Americans with Disabilities Act (ADA), and covered a wide range of disability related topics, from education to jobs to building design. Despite the wide range of topics covered, the PDA defines disability quite narrowly, listing only a few categories of disability:

- i. blindness,
- ii. low vision,
- iii. leprosy ,
- iv. hearing impairment,
- v. locomotor disability and
- vi. mental illness/retardation

The PDA states that children with disabilities have the right to access education in a “free and appropriate environment” until they are 18 years of age, “promoting integration into normal schools.” The PDA is supposed to provide transport facilities, remove architectural barriers, supply free books and other study materials, grant scholarships, restructure curriculum, and modify the examinations system for the benefit of children with special

needs. The act also addresses teacher training, for special educators and mainstream educators, by requiring adequate teacher training programs to train teachers to work with students with disabilities. Another extremely important part of this act was the clause that requires all parts of the country, urban and rural, to have facilities that accommodate students with disabilities and ensure that they are in school. The People with Disabilities Act functioned as a catalyst for several other development projects around inclusion and disability.

In order to expand educational opportunities for children with disabilities, the Central Government, in its Five-Year Plan (1997-2002), set aside 1,000 million rupees specifically for the provision of integrated education. The government of India started collaborating with the UN and World Bank to put the People with Disabilities Act into action. One major initiative that was born out of the PDA was the District Primary Education Program (DPEP). A joint venture between the Indian Government's Department of Education and the World Bank, the goal of the District Primary Education Program was "education for all" by the year 2000. As many of the initiatives in India regarding education and children with disabilities, the DPEP focused on inclusion of children with mild to moderate disabilities. Following the People with Disabilities Act, important parts of the initiative included Teacher trainings through the District Institutes of Education and Training (DIETS), curriculum modifications, resource room, teacher support and integration or inclusion. The effectiveness of this program is debatable.

In 2002 the 86th amendment to the constitution was made, mandating free and compulsory education to all children ages 6-14). Resulting from this change, the Millennium Development Goals (MDGs), the fairly new People with Disabilities Act, and the past 50 years of attempted legislation and projects, the Government of India, in conjunction with the World Bank, created the Sarva Shiksha Abhiyan (SSA), an initiative which translates to "Education for All." SSA is not a disability-specific program, but rather a disability-inclusive program, with specific aspects that benefit people with disabilities. There are three major parts of this program that benefit people with disabilities. The first is a R1200 allocation per annum per child with a disability towards assistive devices, materials in alternative learning formats, and anything else that would assist children with a disability in being included in a mainstream classroom. However, SSA often provides these devices through collaboration with outside programs, like the ADIP (a program run by the Ministry of Social Justice and

Empowerment). The second part of SSA that is designed to include students with a disability is the policy that each district will formulate its own plan for children with disabilities; and the final part is that key institutions will be encouraged to collaborate to further support these students with disabilities. In addition, SSA has a “no rejection” policy, meaning that children between ages 6-14 cannot be turned away from schools for many reasons, including for having a disability.

In 2005, the Right to Education Act was drafted by the Ministry of Human Resource Development. This bill, framed through a “social justice and collective advocacy perspective” rather than through a framework of individual rights, is not disability-specific, but is inclusive of children with disabilities, with specific sections that address the educational rights of students with disabilities. The act specifically prohibits schools from charging any type of fee that, if not paid, would prevent children from completing their elementary education. Second, if a child turns six and is not in school, the child will be admitted into an age-appropriate classroom, and will not be admitted into a classroom based on their perceived level of education. The exception to this rule is if children have an intellectual disability they may be placed according to their perceived level of education. Third, if there is an area where children live that does not have a school, the government will be responsible for creating a school within that area within three years of the enactment of the Right to Education Act, or alternatively, to provide transportation or residential facilities to an adequate school out of the area. Last, both the state and central governments hold joint responsibility for carrying out the responsibilities outlined in the Right to Education Act. It will be discussed in detail in subsequent sections. The Right to Education Act was passed in 2009 and put into full effect in 2010. The Supreme Court upheld the constitutional validity of the act on April 12, 2012.

In 2005, the Ministry of Human Resource Development also drafted the Action Plan for Inclusion in Education of Children and Youth with Disabilities (IECYD). This action plan envisions that all children with a disability will have access to mainstream education. In order to facilitate this, the government, specifically collaborating between the Rehabilitation Council (RCI) and the National Council for Teacher’s Education(NCTE) , will ensure that there are adequate numbers of teachers trained in inclusive education, as well as the proper physical and ideological infrastructure to facilitate inclusion in schools. The plan specifically looked to move from integration towards inclusion, stating, whereas under the Scheme of

Integrated Education for the Disabled Children (IEDC) children with disabilities are placed in a regular school without making any changes in the school to accommodate and support diverse needs, the revised IECYD would in contrast, modify the existing physical infrastructures and teaching methodologies to meet the needs of all children, including Children with Special Needs, even beyond 14 years of age. Through Integrated Child Development Services (ICDS), anganwadi workers were trained to identify children with disabilities at an early age and provide early intervention services.

In 2008, the government reformed the Scheme of Integrated Education for Disabled Children (IEDC) and created the Inclusive Education of the Disabled at the Secondary Stage (IEDSS). It went into effect on April 1st, 2009. The objective of IEDSS was to enable the disabled children who have completed eight years of elementary education to continue their education at the secondary stage in an inclusive environment in regular schools. IEDSS provided students with disabilities ages 14-18, studying in public or government-funded schools, R3000 per school year from the central government to purchase the necessary materials to use to ensure inclusion of the student in the mainstream school system. This is the first policy that specifically acknowledges the importance of secondary education for persons with disabilities.

The Ministry of Social Justice and Empowerment's National Policy for People with Disabilities was created in 2006, and utilized Sarva Shiksha Abhiyan (in English, Education for All), also created by the Ministry of Social Justice and Empowerment, as their main mode of implementation of the policy. The policy tried to bridge the gap between rural and urban areas by creating more District Disability and Rehabilitation Centers (DDRCs), which disseminated information in terms of availability of aids and appliances, ensured the mandated 3% coverage of persons with disabilities in poverty reduction programs and targeted girls with disabilities.