

PRASHAST

A Disability Screening Checklist for Schools

(Part-1 and Part-2)



Department of School Education and Literacy
Ministry of Education
Government of India



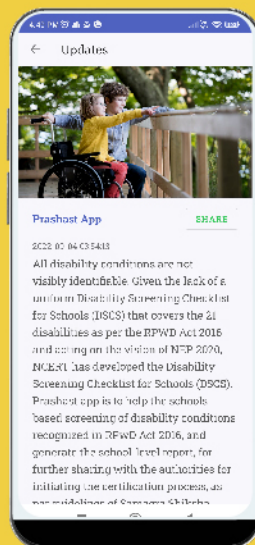
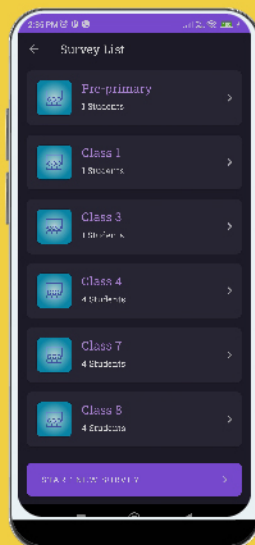
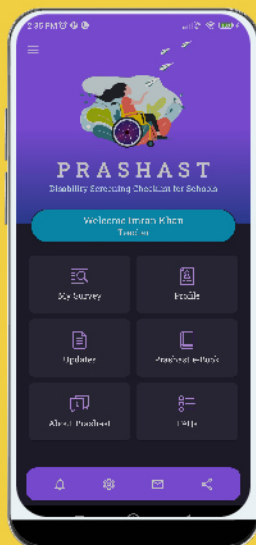
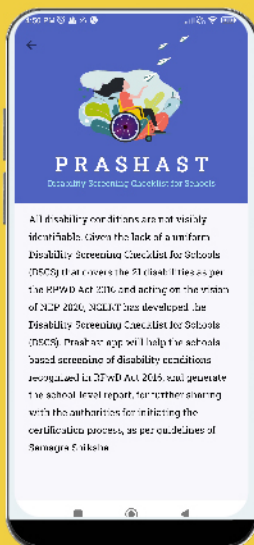
Department of School Education and Literacy
Ministry of Education, Government of India

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Central Institute of Educational Technology
National Council of Educational Research and Training
New Delhi- 110016

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Foreword

Rights of Persons with Disabilities (RPwD) Act, 2016 recognizes 21 Disability Conditions and recommends various provisions for Persons with Disability. It encourages equity-based inclusion in our 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 at the earliest to address their special needs and support them. All disability conditions are not visibly identifiable; therefore, PRASHAST a Disability Screening Checklist for Schools will help regular teachers and special educators to screen children at preliminary levels and refer them for further identification at assessment camps. Teachers get the maximum opportunities to engage with and observe children for a significant period of time, in various settings like the playground, library, classroom and other settings. Teachers are therefore uniquely positioned to identify behaviours related to various disability conditions. The objective of PRASHAST is to screen and tentatively categorize existing disability conditions into the disabilities recognized by RPwD Act, 2016 to facilitate further identification and certification. Early recognition of disability conditions helps direct the attention of regular teachers towards children with special needs and prevent unnecessary unscientific labelling of children. PRASHAST was developed and finalised with the help of national experts and teachers through data gathered during workshops, from status survey, and field try-outs. Teachers and special educators should be careful while using this checklist and always remember that PRASHAST is an effective preliminary screening tool and is not to be used as a diagnostic tool to arrive at needless labels to describe a child as having a disability.

New Delhi
September 2022

Director
National Council of Educational
Research and Training

PREFACE

Persons with Disabilities (PwD) Act, 1995 was replaced with Rights of Persons with Disabilities (RPwD) Act, 2016 which recognises 21 disability conditions. The newly added disability conditions like Specific Learning Disability, Mental Illness, Intellectual Disability, and Autism are less known amongst the general population and hence often remain unidentified and neglected. Early identification and certification of CWSN is vital before availing Government facilities.

The development of this PRASHAST was germinated in the Department of Education of Groups with Special Needs (DEGSN), NCERT to facilitate regular teachers and Special Educators to screen and tentatively categorize the 21 disability conditions at the school level, so that they can be referred for further assessment during assessment and certification camps. The task was continued at CIET-NCERT to bring the document to its final shape.

PRASHAST has been divided into 2 parts. PRASHAST Part-1 is for the use of regular teachers for first level preliminary screening of all the students class wise.

PRASHAST Part-2 is for the use by special educators for validating the observations of PRASHAST Part-I. After school level screening, and compilation of necessary information the students will be further referred to assessment camps for identification and certification of disabilities.

The process of development of PRASHAST began with reviewing the available literature related to each of the 21 disability conditions and conducting a survey to become familiar with the procedure of identification of the disability conditions followed in various States and Union Territories (UTs) of India.

A draft PRASHAST was prepared in-house for the 21 disability conditions. This draft PRASHAST 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 PRASHAST was conducted in selected blocks of the following states: Karnataka, Meghalaya and Odisha adopted by the respective Regional Institutes of Education (RIEs). The PRASHAST was also field tested in select schools of Delhi.

PRASHAST is the fruit of the collective efforts and dedication of several persons and public institutions with different and holistic expertise.

PRASHAST is meant for the use of regular teachers, special educators, resource persons and principals or school heads. PRASHAST will facilitate timely and appropriate screening of children whose learning might be hampered by the presence of some kind of disability and will consequently enhance the quality of inclusive education.

Dr. Bharti
Associate Professor, DICT & TD
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National Council of Educational Research and Training

ACKNOWLEDGEMENTS

A lot of time and relentless effort has been expended into the development of PRASHAST. CIET-NCERT extends heartfelt gratitude to everyone involved in the conceptualisation and creation of PRASHAST.

Our hearty thanks to the Director, NCERT and the Joint Director, NCERT for providing the opportunity to initiate and complete this project.

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 PRASHAST. Ms. Nidhi Goyal, Project Manager, Inclusive Education, Chandigarh also deserves special mention for her tireless support during finalization of PRASHAST.

Subsequent phases included finalization of the draft checklist. The institute appreciates the kind ideas, suggestions and knowledge of the team during the 3-day workshop at NCERT in August, 2019, comprising of Disability Experts, IED Coordinators, Special Educators and Regular Teachers, who provided valuable inputs and helped us in the finalization of the PRASHAST. 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 Coordinator, Haryana; Dr Ravinder Jangral, *State IED Coordinator*, Jammu and Kashmir; Mr P.N. Pradhan, *State IED Coordinator*, Sikkim; Ms Indu Chetry Das, *State IED Coordinator*, 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 thanks 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 PRASHAST.

Further, the PRASHAST was tested in the states - Karnataka, Meghalaya, Odisha, and Chandigarh. The RIE coordinators, Regular Teachers, Special Educators and School Heads deserve special thanks for their cooperation in the try-out of PRASHAST in their schools.

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

The contribution of Dr Alka Singh, *Sr Academic Consultant, CIET-NCERT*; Dr Anthony Joseph, *Academic Consultant, CIET-NCERT*; Ms Samantha Narula, *JPF, CIET-NCERT*; Ms Divya Shokeen, *JPF, CIET-NCERT*; Mr Manish Prakash, *Technical Consultant, DIKSHA PMU*; Ms Kajal Satish Gupta, *Business Consultant, DIKSHA PMU*; Dr Rashmi Anand, *Technology Consultant, DIKSHA PMU* and Mr Sanjay Yadav, *Graphic Designer, CIET-NCERT* towards finalization of the document is gratefully acknowledged.

The expert review of the PRASHAST was done by Dr Pramila Manoharan, *Education Specialist, UNICEF, India*; Prof, Richard Rose, *Prof. Emeritus in Inclusive Education, University of Northampton, UK*; Prof. Rashmi Kumar, *Associate Director, Office of Learning Resources, University of Pennsylvania, Philadelphia, USA*; Prof. Umesh Sharma, *Course Coordinator for PG & UG courses in Inclusive Education, Monash University, Australia*; and Prof. Veera Gupta, *NIEPA, New Delhi, India*. Each expert deserves special mention for their timely review and feedback.

The suggestions of the Expert Review Committee set up by the Joint Director, NCERT, namely Prof. Amarendra Behera, *Joint Director, CIET-NCERT*; Prof B.K. Tripathi, *Dean Research*; Prof Anupam Ahuja, *Head IRD*; Prof Ranjana Arora, *Head DCS & D*; Prof S.C. Chauhan, *Head DEGSN*; and Prof Vinay Kumar Singh *DEGSN*, is gratefully acknowledged.

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WHY PRASHAST?

Disability is a complex and multifaceted concept. The concept and meaning of disability differs across territories along numerous associated 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, activities and sense perceptions. Persons with disabilities are forced to face a lot of discrimination due to prejudices and biases in society. The most vulnerable area that falls prey to the discrimination is "EDUCATION". Disabilities are often incurable, however early identification and intervention may facilitate optimum management and also prevent exacerbating the consequent conditions.

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 promotes equity-based inclusion.

The Right to Education (RTE) Act 2009 ensures Free and Compulsory education to all children, including Children With Special Needs (CWSN). In the context of schools, provisions of the 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 within the society. The identification process of children with disabilities should begin ideally at the moment of birth.

The field realities across the country, however, provide ample instances, 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, hearing impairments or autism are comparatively difficult and complex to identify without appropriate training.

Needless to say, the early and appropriate identification of condition/s of disability facilitates special attention for implementation of required educational intervention. This in turn can bring a meaningful difference in the lives of children with disabilities. Need based interventions that are implemented in inclusive educational settings, as early as possible helps children to grow with confidence and self-respect. As a result, children with disabilities can purposefully engage with society.

A survey was conducted in the year 2019, by the project team, to understand and gain

information about the action taken by the States and Union Territories of India regarding the screening and identification of disability conditions and related challenges. 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. A majority of the states claimed to face confusion with the 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 for the process of identification of Children with Special Needs. Lack of awareness and knowledge about the various disability conditions among regular teachers emerged as the major reason for not involving them in the identification process.

A Total of 8 states have either finalized or are in the process of finalizing their own checklists for the identification of CWSN namely, Sikkim, Tamil Nadu, Kerala, Assam, Chhattisgarh, Puducherry, Delhi and Uttar Pradesh. In addition, Uttarakhand and Jammu & Kashmir are in the process of developing checklists for the identification of CWSN. The lack of identification and screening tools hinders appropriate and timely identification of the CWSN.

To support teachers in the initial screening of children with disabilities, PRASHAST has been developed by CIET-NCERT. Part-1 of PRASHAST is for screening of all school children in order to recognise children who may have a disability. The results of Part-1 and Part-2 of the PRASHAST is a preliminary step and facilitates **referral for further diagnosis**. Early screening ensures access to appropriate educational intervention for children with disabilities.

Teachers and PRASHAST

The PRASHAST is designed for use by the regular school teacher as they spend maximum time with students. Teachers are uniquely positioned to engage with the growth and development of children. Over a period of time, teachers can observe a child in different situations, such as classroom, playground, co-curricular activities like music, art and craft. Any child not developing typically (as per accepted norms) is easily identified by the teachers and can be referred for further diagnosis. Additionally the teachers serve as reliable contact points with parents for eliciting relevant information.

What is PRASHAST?

PRASHAST is divided into two parts, Part-1 and Part-2 for the preliminary screening of students in schools to facilitate further referral to assessment camps for disability certification.

- PRASHAST Part-1 is for the use by regular teachers for first level screening. It



contains objective type items that need to be tick marked, and the resulting data of all the students is to be handed over to the school head.

- PRASHAST Part-2 is for the use by special educators/counsellors/school heads for second level screening and tentative listing of disabilities in accordance with the 21 categories of disability conditions recognized by RPwD Act 2016. The results of the second level screening is to facilitate further identification and certification of disabilities.

PRASHAST is prepared in a manner that is user friendly, written in simple and clear language, assimilates and presents the behavioural manifestations of the 21 disabilities, mentioned in the Rights of Persons with Disabilities Act (RPwD) 2016.

The PRASHAST enjoins the involvement of regular teachers and special educators/ counsellors/school heads/ school management committee in the screening process. The PRASHAST is a safeguard against **unscientific diagnosis and needless labelling of children.**

If some children in the class seem to display lack of interest, low attention, appear distracted, not participating in learning activities like other children, and seem to be sleepy and fatigued, exhibit challenging behaviours, these can all be due to either environmental or disability conditions. 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. With the help of PRASHAST teachers have a safeguard against jumping to inaccurate and unscientific conclusions. Usage of PRASHAST is designed to facilitate clarity about the child's condition.

It is good to bear in mind - a child's lack of participation in learning activities is not often not due to the 'lack of compliance' as often perceived.

Points to remember while using the PRASHAST:

1. The language used by the child at home, if different from the medium of instruction used at school, it ought to be considered.
2. PRASHAST is only for screening and referral. **Do not label or diagnose on the basis of this tool.**

DEVELOPMENT OF PRASHAST

PRASHAST aims at enhancing the participation of regular teachers in the systematic screening of students, studying in regular schools for possible disability conditions, assuming school as the smallest unit of data collection.

Procedural steps adopted for the development of PRASHAST are mentioned below:

1. **Status Study Survey.** The process of development started with the Survey in the month of June 2019. 34 states and UT's, out of 36, responded. The purpose of the survey was to become familiar with the procedure/s adopted by States and UT's for screening and identifying school students with disabilities. The Survey revealed, only 8 states (23.5%) namely-- Sikkim, Tamil Nadu, Kerala, Assam, Chhattisgarh, Pondicherry, Delhi and Uttar Pradesh have initiated the development of checklists for identification of disabilities but not covering all the 21 disabilities as listed in RPwD Act 2016.
2. **In house development** of draft PRASHAST was done during July-August 2019
3. **Vetting and Finalization Workshop** - The PRASHAST Draft version, developed in-house was shared with experts during three days vetting and finalization workshop (21 August to 23 August 2019). The expert group included, Medical Doctor from Mediaskool Health Services Pvt. Ltd., Director Bone Marrow Transplant, BLK Super Specialty Hospital, clinical psychologist, state inclusive education (IE) coordinators (Haryana, Sikkim, Jammu & Kashmir, and Assam), representative RCI, Special educators, disability experts from National Institutes and content/regular teachers.
4. **Field Tryout**-The PRASHAST was field tested in 29 schools across three states. The participating schools included 11 schools from Hunsur Block, Karnataka (26 to 27 November 2019), 14 schools from Chillika Block, Odisha (30 to 31 January 2020), and 4 schools from Bhoiryimbhong Block, Meghalaya (18 to 19 February 2020). The feedback collected from the field testing team, comprising of cluster resource persons; block resource persons, special teachers, content teachers, head teachers, experts from the vetting workshop and adopted block team from respective Regional Institutes of Education (NCERT) indicated, no difficulty in use of draft PRASHAST, irrespective of background in disability studies.
5. **Psychometric Properties of PRASHAST**

- a. **Validity**

The items of PRASHAST were finalised in a 3-day workshop with experts across the country and then tested in the field. A few items were modified and deleted based on the field experience and feedback obtained from the teachers and special educators, and disability experts.

PRASHAST was administered in 100 schools in Chandigarh. Usage of PRASHAST Part-1 resulted in the listing of 3482 students. PRASHAST Part-2 was administered and 637 students were referred to assessment and certification camps. The



suspected disability data based on PRASHAST was then compared to certified disability data, obtained from the assessment and identification camps. The suspected disability data based on PRASHAST and disability certification data obtained from assessment and certification camps was found to be 95.76% similar.

b. Reliability of PRASHAST

The PRASHAST comprises 63 items pertaining to 21 disabilities. The internal consistency of PRASHAST using Cronbach Alpha is 0.801. As, $\alpha = 0.801$ falls into an acceptable range, the PRASHAST possesses good internal consistency.

6. **Language editing** - The language editing of the field tested PRASHAST, was done by the Publication Division (PD), NCERT, approved and empanelled language editor.
7. **External Vetting by National & International Experts** – In November 2021, national and international experts were contacted with a request to vet the PRASHAST. The experts were from UNICEF India, University of Northampton, UK; University of Pennsylvania, USA; Monash University, Australia; and NIEPA, India. The consolidated observations of the these experts are given below:
 - a. The production of a checklist that is accessible to both specialist and non-specialist teachers is an important initiative undertaken by the National Council of Educational Research and Training (NCERT) and is timely in its response to contemporary Indian legislation (specifically).
 - b. The PRASHAST serves as a preliminary screening tool and not to be used for formal diagnosis, leading to the needless labelling of a child as having a disability. This message is reinforced on page 7 of the booklet. The significance of the message is related to the PRASHAST, designed for teachers whose range of experiences, qualifications and abilities are likely to be disparate.
 - c. It is also essential to recognize that those professionals who are qualified to provide formal diagnosis, including for example psychologists and speech and language therapists, have access to well-established diagnostic procedures and have received focused training in their implementation. In this context the guidelines for usage on page 10 are helpful and important.
 - d. The division of the PRASHAST into two sections, intended for use by specialist teachers and one for those with possibly less experience and expertise is an interesting and sensible approach.
 - e. The purpose of the PRASHAST is carefully articulated and provides an opportunity to begin a process of identification and support that leads to further professional intervention.

PRASHAST PART-1 INSTRUCTIONS

How to use PRASHAST Part-1

Guidelines for School Heads

1. School Heads to ensure that the general teacher is properly oriented by Special Educator/Resource Teachers/IE Coordinators/SCERT/DIET/ Counsellors, in the use of PRASHAST for initial screening of students. For this one day, or half a day orientation meeting/workshop/discussion can be organized in the school.
2. Each regular teacher is to be provided one copy of Part-1 of PRASHAST per student. The School Head should collect all the PRASHAST Part-1 filled by the regular teachers.
3. The School Head is to refer all the filled PRASHAST Part-1 to Special Educator/Resource Teachers/Counsellors for further screening using Part-2 of PRASHAST. In case there are no Special Educators/Resource Teachers/Counsellors in the schools, the School Head should do the screening using PRASHAST Part-2 with the help of nearby Primary Health Centres (PHC).

Guidelines for Regular Teachers

1. Before using PRASHAST, attend the orientation meeting/workshop and read the document carefully.
2. PRASHAST Part-1 is to be used for screening all the students in a class. PRASHAST Part-1 to be administered by the class teachers with the help of subject teachers where required. Teacher should tick (✓)/ "YES" according to the behaviour of the student described in the PRASHAST Part-1.
3. Teachers with the help of School Heads to share their observations with parents / guardians of the screened students based on the PRASHAST Part-1.
4. Before using PRASHAST Part-1, teachers should observe the student for 2 weeks or more in different contexts, for example, academic, social, behavioural, mobility and orientation.
5. Information related to the screened students is confidential and is to be shared with concerned parents/guardians and authorized personnel only.

Guidelines for Special Educators/Resource Teachers/Counsellors

1. Orient the general teachers for using PRASHAST Part-1.
2. Collect the completed PRASHAST Part-1 from school heads and then use PRASHAST Part-2 to validate the findings of PRASHAST Part-1.
3. To provide counselling and guidance to the teachers and parents/guardians of the screened students.

IN A NUTSHELL

1. PRASHAST is a screening tool.
2. PRASHAST does not promote unscientific labelling of any kind.
3. PRASHAST Part-1 is to be administered for all students in the class.



PRASHAST PART-1

NAME OF STUDENT: _____ CLASS: _____ AGE: _____
 GENDER: _____ SCHOOL: _____ SCHOOL ID: _____
 CITY: _____ STATE: _____ NAME OF FATHER: _____
 NAME OF MOTHER: _____ HEIGHT: _____ WEIGHT: _____

Instruction

Kindly place (✓) against the items applicable.

S.No.	ITEMS	Tick (✓) (if behaviour applies)
1.1	This student has difficulty in walking or needs support to walk/ climb stairs.	
1.2	This student has difficulty in moving/using any part of the body (for example hands for writing, eating, etc.).	
1.3	This student has observable deformity such as missing any body parts, say for example hand/finger/ leg.	
2.1	This student experiences numbness (feels nothing/lack of sensation) in hand/feet/leg/arm.	
3.1	This student has stiffness/floppiness in limbs and/or jerky movement in limbs/ jerky walking pattern/ involuntary (uncontrolled) movements.	
3.2	This student has problems in self-help skills/defecating/ washing/ eating /holding and placing objects/ cutting/pasting.	
3.3	This student has slurred (unclear) speech or drooling.	
4.1	This student is significantly shorter for his/her age.	
4.2	This student has a disproportionately large head/ bowed legs/ short fingers/ neck.	
5.1	This student falls frequently and has difficulty getting up from a lying or sitting position.	
5.2	This student always walks on his/her toes.	
6.1	This student is an acid attack survivor.	
7.1	This student is unable to see anything using both eyes.	
8.1	This student has difficulty in seeing in low lighting or feels the need to move towards the source of light.	
8.2	This student blinks/rubs his/her eyes frequently or complains about burning sensation or itchiness in or around the eyes/ frequent headache.	
8.3	This student holds a book too far or too close while reading.	
8.4	This student faces difficulties while reading such as misplaces the line or skips lines in between, omits words, adds words, moves head along the text.	

8.5	This student avoids engaging in activities requiring visual focus such as reading or colouring or writing/copying from blackboard or prefers to copy from peers.	
8.6	This student closes or covers one eye while reading or focusing on close objects.	
8.7	This student has misaligned eyes (asymmetrical or squint).	
9.1	This student turns head to position ear in the direction of the speaker or purposefully watches the face of the speaker during a conversation.	
9.2	This student does not respond when addressed or called out.	
9.3	This student uses an unusually loud voice while speaking or often mispronounces words.	
9.4	This student frequently asks for repetition during dictation or verbal instruction.	
9.5	This student has problems in hearing environmental sounds such as the school bell, people calling or is not startled / surprised by loud noises.	
10.1	This student repeats words or parts of words or speaks in short, fragmented phrases.	
10.2	This student stammers while speaking or speaks incoherently.	
11.1	This student has difficulty in communicating or socializing with others.	
11.2	This student is unable to do everyday tasks like finishing homework/following instructions/directions of the teacher or even using the washroom without help.	
11.3	This student's behaviour doesn't conform to the context (playground/classroom/home) or accepted social norms for example, frequently walks out of the class without permission, speaks out of turn and keeps interrupting.	
11.4	This student has difficulty in applying what is learnt successfully in one situation/context to another. For example, she/he can solve questions related to addition with pen/pencil and paper but is unable to answer when asked 'if there are 5 bananas and 3 mangoes, how many fruits are there in total?'	
12.1	This student reads or writes slower than the average/expected speed.	
12.2	This student has bad handwriting that lacks clarity even after sufficient practice and exercises.	
12.3	This student has continuous difficulties in understanding the meaning of what is read	



12.4	This student exhibits difficulty in recalling the spellings of learnt words/ grammar/ punctuation/ organization, even after teaching multiple times.	
12.5	This student has a comparatively short attention span or is unable to concentrate on a task.	
12.6	This student has difficulty in organizing himself/herself to complete a task on time.	
12.7	This student lacks a sense of direction (left-right/ up-down/front-back).	
12.8	This student reverses 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	The errors committed by this student have a particular pattern or consistency.	
12.10	This student has difficulty in understanding mathematical symbols such as +, -, x, ÷.	
13.1	This student has difficulty in making eye contact or looking at the speaker.	
13.2	This student echoes or repeats words. For example, on being asked ‘What is your name?’ will repeat ‘What is your name?’ instead of telling his/her name.	
13.3	This student has difficulty in interacting/making friends/playing with peer group/classmates.	
13.4	This student finds it difficult to deal with sudden changes in routine for example, change in class teacher/change in classroom/timetable/seating arrangement.	
13.5	This student exhibits repetitive mannerisms like hand flapping, nodding head, finger movement, rocking body, and vocal repetitions (sounds/words/phrases).	
13.6	This student can count (for example 1-100) but is not able to give two pencils/three pens when asked.	
13.7	This student has difficulties in following group instructions and requires 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 sessions, this student always appears not to be interested while all others are listening keenly.	
13.9	This student reverses pronouns or avoids using pronouns. For example, when the teacher asks ‘Have you brought your homework?’ the child responds ‘You brought your homework/ Rani brought your homework’.	

13.10	This student can read fluently and repeat verbatim but is not able to narrate (orally/write) in his/her own words.	
14.1	This student often appears sad or seems withdrawn or has severe mood swings or has trouble focusing or staying in her/his own seat.	
14.2	This student has an unexplained weight loss or weight gain.	
14.3	This student complains frequently about aches such as headaches and stomach-aches.	
14.4	This student often has suicidal thoughts or talk about attempting suicide or indulge in self-harm activities such as making cut marks or burning.	
14.5	This student appears to be involved in drugs or alcohol use.	
14.6	This student appears to be detached from reality and lives in an imaginary world, for example, talking to imaginary friends (that is not make-believe play).	
14.7	This student appears to have intense feelings of fear without any specific reason.	
14.8	This student exhibits drastic changes in behaviour or personality, for example, fighting frequently, using weapons, and expressing a desire to seriously hurt others.	
15.1	This student gets tremors (rhythmic contraction and relaxation of muscle).	
15.2	In comparison to other students, this student gets easily tired or fatigued.	
16.1	This student has unexplained and excessive bleeding from cuts or injuries or has many large or deep bruises or has frequent/unusual nosebleeds without a known cause.	
17.1	This student has swelling in abdomen/hands/feet or has frequent fever.	



PRASHAST PART-2 INSTRUCTIONS

Becoming Familiar with PRASHAST Part-2

Guidelines for Special Educators/Resource Teachers/Counsellors

1. PRASHAST Part-2 contains checklists of 21 disabilities, as per the classification in RPwD Act, 2016.
2. A separate list of characteristics based on the prominent (easily recognizable) symptoms for each disability condition with minimum or no use of medical or technical terminology is provided.
3. PRASHAST Part-1 is to be decoded with the help of the table given below.
4. PRASHAST Part-2 provides definitions of disability conditions according to the RPwD Act, 2016.
5. Each question needs to be answered as 'YES' or (✓) based on the detailed behavioral observations.
6. PRASHAST Part-2 also presents a table for consolidating the class wise and school wise data for 21 categories of disability conditions.

HOW TO USE PRASHAST PART-2

PRASHAST Part-2 is to validate, the findings of PRASHAST Part-1 from the regular / class teachers

1. PRASHAST Part-2 is for use by special teachers and /or experts identified by the Principal/ Head Master/Head Mistress.
2. Before using PRASHAST Part-2 read the document carefully.
3. Use PRASHAST Part-2 to validate the screening of the students already screened by regular teachers using PRASHAST Part-1.
4. The special educator/counsellor/principal of the school is required to check the items ticked by regular teachers in **PRASHAST Part-1** and decode the same using Table 1 below, for each student separately.
5. Fill the PRASHAST Part-2, by considering the disability categories decoded in PRASHAST Part-1 and after observing the child for a considerable time period (minimum 15 days), in different situations (inside/outside classroom, playground, canteen, mealtime, assembly, etc.).
6. School wise data sheet along with the filled checklists for all 21 disabilities (where applicable), provided in PRASHAST Part-2 to be submitted as one single booklet per school.

DECODING PRASHAST PART-1

Table 1: PRASHAST Part-1 Decoding Table

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 is 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.	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

Steps for Decoding:

1. Kindly write the name and details of students screened using PRASHAST Part-1 in the table 2 titled "Suspected Disabilities Based on PRASHAST Part-1 and Part-2".
2. Assign a serial number to every student mentioned in Step-1, for instance Student-1 will be S1, Student-2 will be S2 and so on.
3. Mention the suspected disability conditions in Table 2, under column, "Suspected Disabilities in Part-1". You may list more than 1 disability under this column against each student based on the items ticked by the teacher in PRASHAST Part-1.
4. Refer to the Specific Disability Checklists (**Table 3 to 20**) provided in PRASHAST Part-2. There are empty columns against each disability condition Item. They need to be filled as per the uniquely assigned serial number in step-2 for each student. For example,



if there are 4 disability conditions namely, Locomotor, Cerebral Palsy, Hearing Impairment and Muscular Dystrophy, decoded for S1 as identified in “Suspected Disabilities in Part-1” and then mark S1 in one of the empty columns and tick the behavioural conditions that apply.

5. Observe the child to arrive at **maximum 2 possible** disability conditions and mention these disabilities in Table 2 under the column “Suspect Disability conditions based on Part-2”.
6. In case any starred items (*), are ticked then immediate action has to be taken, in consultation with Principals/School Heads and also mention it in Table 21 as given on Page 41.
7. After filling PRASHAST Part-2 obtain Parent’s consent for further referral.
8. Fill the class-wise and school-wise data tables.
9. Submit the finalized school-wise data, class-wise data, Parent’s consent form and filled PRASHAST Part-2 to the School Head for further sharing with concerned authorities such as cluster resource coordinators and the block resource coordinators.
10. The records of filled Part-1 PRASHAST forms should be maintained in the school.

NAME OF THE SCHOOL: _____

SPECIAL EDUCATOR’S/RESOURCE PERSON’S NAME: _____

Table 2: Suspected Disabilities Based on PRASHAST Part-1 and Part-2

S.No.	Name of the Student	Class	Age	Gender	Suspected Disabilities in Part-1	Suspected Disability Condition based on Part-2 (to be written after filling Part-2)

Points to Remember:
 All the disability checklists in PRASHAST Part-2 may/may not apply to all the students listed in table “Suspected Disability data”.

PRASHAST PART-2

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, joints or muscles leading to substantial restriction of the movement of the limbs (RPwD, 2016).

Table 3 Specific Checklist: Locomotor Disability

S. No.	ITEMS	Student's Serial No.				
1.	Does this student have difficulty in walking or needs support to walk?					
2.	Does this student have difficulty in using/moving any part of the body?					
3.*	Does this student have an 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 (a) crutches (b) aids (c) appliances (d) wheelchair to walk or move around?					
6.*	Does this student have observable deformity in (a) neck (b) hands (c) finger (d) waist (e) 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 be construed accordingly (RPwD, 2016).



Table 4 Specific Checklist: Leprosy Cured Persons

S. No.	ITEMS	Student's Serial No.				
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 (a) hands? (b) feet? (c) legs? (d) arms?					
5.	Does this student have missing (a) fingers? (b) toes?					

Or

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

3. CEREBRAL PALSY

Cerebral Palsy (CP) means a group of non-progressive neurological conditions 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).

Table 5 Specific Checklist: Cerebral Palsy

S. No.	ITEMS	Student's Serial No.				
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 (a) swallowing? (b) speaking? (c) breathing? (d) Is there noticeable drooling?					

4. DWARFISM

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

Table 6 Specific Checklist: Dwarfism

S. No.	ITEMS	Student's Serial No.				
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 thigh bones turning inward?					
6.	Does this student have a 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 a short neck?					
10.	Does this student have a 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. 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).

Table 7 Specific Checklist: Muscular Dystrophy

S. No.	ITEMS	Student's Serial No.				
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 (a) running? (b) jumping?					
4.*	Does this student (a) swing the body? (b) take short steps? (c) move from side to side when walking?					
5.	Does this student walk on his/her 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 conditions such as developing speech later than usual?					

6. ACID ATTACK VICTIMS

Acid attack victim 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. It has

turned into an untamed weapon used by anti-social 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 a large number of incidents remain unreported. The victims suffer emotionally, mentally, physically, socially as a result and require a 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 mechanisms and its strict enforcement along with active community participation, the prevention and coping of such brutal crimes can be handled effectively.

The attack leaves 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 Act, 2016 for ensuring their well-being and welfare.

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

Table 8 Specific Checklist: Blindness

S. No.	ITEMS	Student’s Serial No.				
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., position/shape of both 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 upto 3/60 or upto 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).

Table 9 Specific Checklist: Low Vision

S. No.	ITEMS	Student's Serial No.				
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 written between the ruled lines?					
4.	Does this student have a 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, adds words, moves head along the text)?					
8.	Does this student avoid engaging in activities requiring visual focus such as reading or colouring or 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 (a) reading? (b) focusing on close objects? (c) 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).

Table 10 Specific Checklist: Hearing Impairment

S. No.	ITEMS	Student’s Serial No.				
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 an unusually loud voice when speaking?					
4.	Does this student often mispronounce words?					
5.	Does this student seem distracted and/or confused during (a) verbal communication? (b) explanations? (c) instructions? (d) 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 get 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).

Table 11 Specific Checklist: Speech and Language Disabilities

S. No.	ITEMS	Student's Serial No.				
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 a limited level of 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 limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of everyday, social and practical skills (RPwD, 2016).

Table 12 Specific Checklist: Intellectual Disability

S. No.	ITEMS	Student's Serial No.				
1.	Does this student seem to be developing more slowly than other children of the 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 an inability to connect actions with consequences? For example, no understanding of the 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 teacher's instructions/directions 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, enjoying 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 an unexpected manner? For example, those who are nonchalant (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).

Table 13 Specific Checklist: Specific Learning Disabilities

S. No.	ITEMS	Student's Serial No.				
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 a 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 display an inability to follow directions?					
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).

Table 14 Specific Checklist: Autism Spectrum Disorder

S. No.	ITEMS	Student's Serial No.				
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 the student 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 details for every task, for example, copying from the blackboard, or opening textbooks/notebooks, or drawing a line, or bringing specific material for the 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 the 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 pronouns or avoid using pronouns for example, when the teacher asks '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).

Table 15 Specific Checklist: Mental Illness

S. No.	ITEMS	Student's Serial No.				
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 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 or expressing a desire to hurt himself/herself 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).

Table 16 Specific Checklist: Multiple Sclerosis

S. No.	ITEMS	Student's Serial No.				
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 exhibit 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 the 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. Juvenile Parkinsonism is difficult to diagnose because 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 times, pain may be the first clinical manifestation.

Following are the early symptoms of Parkinson's disease that could be observed in children, which may be considered as indicative of Parkinson's later in life.

Table 17 Specific Checklist: Parkinson's Disease

S. No.	ITEMS	Student's Serial No.				
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).

Table 18 Specific Checklist: Haemophilia

S. No.	ITEMS	Student's Serial No.				
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 a painful and prolonged headache?					



5.	Does this student have a 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).

Table 19 Specific Checklist: Thalassemia

S. No.	ITEMS	Student's Serial No.				
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 the dark colour of the urine?					
6.*	Is this student frequently absent and visit the 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).

Table 20 Specific Checklist: Sickle Cell Disease

S. No.	ITEMS	Student's Serial No.				
1.	Does this student exhibit unexplained episodes of severe pain?					
2.	Does this student exhibit swelling in the hands or feet most of the time?					

3.	Does this student exhibit abdominal swelling most of the time?					
4.	Does this student have (a) fever (b) 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 a 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 that are physical, psychological or sensual (related to senses, eyes, tears 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 acquiring skills/information, registering information in their mind, and applying it timely when a need comes up.

Several common characteristics of multiple disabilities include hampered speech and communication skills, challenges in mobility, lack of sensation, physical deformities, and 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).



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Web Resources

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<http://www.iphnewdelhi.in/Home.aspx?ReturnUrl=%2f> (accessed on 13 July 2019)

<http://niepid.nic.in/abtmain.php> (accessed on 13 July 2019)

<http://nivh.gov.in/> (accessed on 14 July 2019)

<http://niepmd.tn.nic.in/aboutus.php> (accessed on 16 July 2019)

<http://www.svnirtar.nic.in/?q=node/1> (accessed on 16 July 2019)

<http://www.thenationaltrust.gov.in/content/innerpage/introduction.php> (accessed on 16 July 2019)

CLASS WISE DATA

Suspected Disability Conditions

S. No.	Probable Disability	Name	Class & 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					



PARENT CONSENT FORM

I _____ parent of _____ (Name of the child) studying in _____ (Class & Section) have understood the behaviour and symptoms as shown by my child might be related to _____ (Name of disability).

(Parent's/Guardian's Signature)

(Class Teacher's Name and Signature)

(Principal /HM Signature)



CONSOLIDATED SCHOOL DATA

Name of the School _____ School ID _____

Name of the Principal/School Head _____

District _____

State _____

CLASS WISE DATA for No. of CHILDREN SUSPECTED OF HAVING DISABILITY																											
Classes	Pre Pri- mary		I		II		III		IV		V		VI		VII		VIII		IX		X		XI		XII		
Types of Impair- ment	B	G	O	B	G	O	B	G	O	B	G	O	B	G	O	B	G	O	B	G	O	B	G	O	B	G	O
Locomotor Disability																											
Leprosy Cured Person																											
Cerebral Palsy																											
Dwarfism																											
Muscular Dystrophy																											
Acid Attack Victims																											
Blindness																											
Low Vision																											
Hearing Impair- ment																											
Speech and Language Disability																											
Intellectual Disability																											
Specific Learning Disabilities																											
Autism Spectrum																											



Guidelines

for the Development of

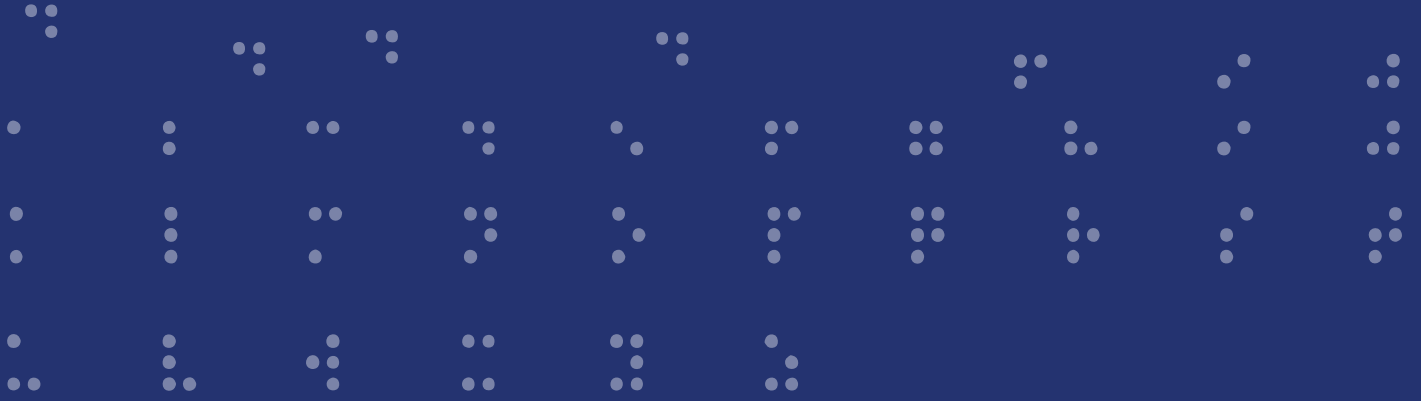
e-Content

for Children with Disabilities



Developed
by
Sub-Committee of Experts
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Government of India
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For more details:
https://ciet.nic.in/upload/CWSN_E-Content_guidelines_2021_new.pdf



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