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Unique Needs of A Special Child

Neetu deshwal*1, Jaspreet kaur*2, Harpreet kaur*3

*1 Corresponding author: Neetu Deshwal

Assistant Professor in Pharmacy

Punjab group of technical education PCTE, Ludhiana, Punjab.

*2 Jaspreet kaur:

Assistant professor, State institute for rehabilitation training and research (SIRTAR)

*3 Harpreet kaur:

Special education teacher , Model school, Rohtak

ABSTRACT:

Federal laws in the United States have ruled that public schools must provide free, appropriate public education (FAPE) has been mandated, since the All Handicapped Children Act (PL 94-142), which eventually evolved into the Individuals with Disabilities Education Act (1990), No Child Left Behind, and most recently the IDEA Improvement Act (2004). If a person's age falls between 3 and 21, they have the right to a full, multidisciplinary evaluation, and if they are found to be eligible, a customised learning plan and ongoing monitoring proving appropriate progress.

Keywords: disabilities, inequity, Remediation

Introduction

By addressing their peculiarities and integrating them as much as possible in the regular educational environment, special education seeks to meet the educational demands of kids with special needs. If kids with special needs do not receive this additional support, they may not be able to achieve success in terms of self-sufficiency, academic accomplishment, and future contributions to the community. A kid with special educational needs is entitled by law in the United States and many other countries in order to obtain

services and adjustments that will help them function at their best and achieve their academic potential. [1]
[2]

This includes learning difficulties, speech and language impairments and autism spectrum disorders, as well as physical disabilities such as cerebral palsy and muscular dystrophies as well as any condition that interfere with an individual's ability to learn. These pupils should be able to learn alongside their peers whenever feasible. In the event that progress is not being made in the mainstream classroom, a separate classroom setting can be used. It is possible that this new classroom will have a smaller student to teacher ratio, more teachers, or more support. Gradually transitioning a youngster out of a traditional classroom and into a more organised one is key. The emphasis should be on achieving a balance between meeting the educational needs of pupils and doing it in an environment that is as unrestrictive as possible. [3]

For a long time, students with disabilities have faced educational disparities. For the first time, people with disabilities have the right to go to school with the help of the Education for All Handicapped Children Act of 1975 [4, 5]. Many people with disabilities were able to transition from institutions to regular classrooms as a result of this watershed moment. Activists, families, and people with disabilities thought their efforts for educational equality had finally come to fruition. EAHCA was included to the Individuals with Disabilities Education Act (IDEA) in 1990, which provided greater educational options for kids with disabilities [6]. Although the IDEA was seen as a just law, we soon learned that segregation and inequity in the educational system would be maintained through special education.

At no cost to parents, special education under the Individuals with Disabilities Education Act (IDEA) aims to meet "the unique needs of a child with a disability" (section 300.39) in the least restrictive environment, "to the maximum extent appropriate," children with disabilities are educated alongside non-disabled students in public or private institutions and other care facilities (section 300.114) (The Individuals with Disabilities Education Act of 2004 is codified at 20 U.S.C.) There is a wide range of special education places because of Least Restrictive Environment laws (LRE). The LRE Act does not define inclusion or inclusive education, thus instructors are left to interpret it, resulting in the ongoing segregation of kids with disabilities (SWD).

The medical model framework of special education [7] emphasises the diagnosis and remediation of the requirements of the kid with a disability, which further emphasises the attention of handicapped from able-bodied individuals. In response to the medical model framework that continues to confine, label, separate, and oppress persons, disability scholars, advocates, and people with disabilities have worked together since IDEA's establishment to evaluate and adapt to the least restrictive environment. Disabilities in education were pathologized in the 1990s by the social model of disability, which criticised the deficit-driven approach [8]. Adopting a social model of disability necessitates us to shift our focus from deficits inside children to the (in)capability of the educational system to facilitate a spectrum of learning differences," [9].

DSE (Disability Studies in Education) advocates for (a) contextualising disability in political and social context; (b) valuing the interests and agendas of people labelled with disability; (c) promoting social justice, equitable and inclusive educational opportunities, as well as full and meaningful access to all aspects of society for people with disabilities/disabled people; and (d) ensuring that people with disabilities/disabled people have access to all aspects of society.

Healthcare Provider Role

The role of the doctor in assisting their patients' education is one that is both indirect and crucial. There are many aspects of this job, including identifying students who are having difficulties in school early and assisting them through the process of seeking help from the school, including providing medical documentation when necessary and becoming involved in advocacy efforts on an individual and community level.

Terms and Abbreviations in Special Education

1. *General education*: Standard curriculum without any special arrangements or modifications
2. *Mainstreaming*: The environment in which students typically receive their education; the same as general education. Teachers accommodate the curriculum for group instruction.
3. *Response To Intervention (RTI)*: Initial interventions used by general education teachers in a regular classroom to help struggling students, those who are falling behind. This process is put in place and monitored to see how much the student benefits from it before more formal evaluations that may lead to an Individual Education Plan (IEP).
4. *Individualized Education Program (IEP)*: Legally binding document by which the public school system, after an interprofessional evaluation, identifies the educational needs of a student the intervention that will help achieve this goal and the method for monitoring of progress.
5. *Individuals with Disabilities Education Act (IDEA)*: Federal law that requires public schools to provide special education services for children ages 3 to 21 who meet specific eligibility criteria
6. *Free Appropriate Public Education (FAPE)*: The educational right of students with disabilities to be educated at public expense, and make adequate progress.
7. *Remediation*: Interventions given to help the student who has fallen behind academically for whatever reason, to catch up. The student may or may not have special needs, or their special needs may not have been identified.
8. *Accommodations*: Include all the adaptations that will improve the student's academic success, like extra time for assignments or exams, use of technology, or adaptive equipment.

9. *504 modifications/accommodations*: Adaptations, modifications, or accommodations to the curriculum based on a medical diagnosis. It is usually used when the student doesn't qualify for an IEP. It will provide many similar interventions and support.
10. *Related services*: Interventions that are not strictly educational but will help the student benefit from the overall educational support that he/she is receiving. May include counseling, occupational therapy, physical therapy, speech and language therapy, transportation, among others.
11. *EIP (Early Intervention Program)*: Educational services provided to children from birth to 3 years old who either have a significant developmental delay or who are at risk for a delay.
12. *CPSE (Committee for Preschool Special Education)*: Educational services provided to children 3 to 5 years old with educational needs.
13. *CSE (Committee for Special Education)*: Educational services for children 5 to 18 or 21 who have academic needs.

Enhancing Healthcare Team Outcomes

Students with medical issues that necessitate special schooling must receive the best possible health care. The educational outcomes of such pupils will be improved if they receive the best medical care possible. Health care and education both rely heavily on routine assessment and long-term treatment planning. For students with special needs, technology has become increasingly crucial to their health care and education. An array of equipment has been available to help people with disabilities including deafness and other sensory and motor impairments communicate more effectively. With the help of technological advancements, education has made significant strides forward. Higher education took on a new meaning and set new standards with the advent of cutting-edge audio-visual learning aids and instructional materials, as well as lightning-fast communication methods and routes.

Conclusion

For those who have disabilities, the Education for All Handicapped Children Act (EAHCA) was a source of hope and an opportunity for equal educational opportunities. After 45 years, the United States remains in a deficit-driven, medical model educational system that continues to segregate kids based on their handicap, despite the fact that many of these disparities have been addressed. For students with impairments, a disability studies in education framework provides a practical means to examine complicated aspects of teaching and programming. It is possible to dismantle the present narrative by examining special education procedures via a social model of disability that emphasises capacity and access. Educators are forced to rethink their methods of teaching and programming when impairment is perceived as a difference, rather than a deficit. Furthermore, it allows teachers to focus more on curriculum access and less on students' abilities to overcome their impairment.

Reference

1. Mintz K, Wasserman D, Caring for People with Disabilities: An Ethics of Respect. The Hastings Center report. 2020 Jan;
2. Is Dyslexia a Brain Disorder?, Protopapas A, Parrila R., Brain sciences, 2018 Apr 5
3. Pinto C, Baines E, Bakopoulou I, The peer relations of pupils with special educational needs in mainstream primary schools: The importance of meaningful contact and interaction with peers. The British journal of educational psychology. 2018 Dec 23;
4. Education for All Handicapped Children Act and Pub. L. No. 94-142, U.S. Department of Education (1975).
5. Yell, M. L., Rogers, D., and Rogers, E. L. (1998). The legal history of special education: what a long strange trip it's been. Remedial Spec. Educ. 19, 219–228. doi: 10.1177/074193259801900405
6. Ashby, C., and Cosier, M. (2016). "The work and history of special education," in Enacting Change from within: Disability Studies Meets Teaching and Teacher Education, eds M. Cosier and C. Ashby (New York, NY: Peter Lang Publishing), 61–81.
7. Valle, J. W., and Connor, D. J. (2011). Rethinking Disability: A Disability Studies Approach to Inclusive Practices. (New York, NY: McGraw-Hill).
8. Gabel, S. L. (2009). Disability Studies in Education: Readings in Theory and Method. New York, NY: Peter Lang.
9. Naraian, S., and Schelssinger, S. (2017). When theory meets the "reality of reality" Reviewing the sufficiency of the social model of disability as a foundation for teacher preparation for inclusive education. Teach. Educ. Q. 44, 81–100.