



Legislation and the current provisions for Specific Learning Disability (SLD) in India- Some Observations

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ABSTRACT

Research and advocacy in Learning Disability is still at its nascent stage in India. The census 2011 also does not enlist learning disability as a separately category of disability. So, the authentic data on the population with a learning disability is not available. As per the newspaper Tribune report¹ about fifteen percent of the school-going population is having dyslexia in India. However, there are no uniform provisions for the whole country to address this issue. This paper looks at some of the difficulties in assessment and grading of Specific Learning Disability. It then focuses on the varying provisions for certification and subsequent concessions available to those who are certified. The paper is also highlighting the disparity in practices among the states and education boards. Finally, the paper emphasizes the need to strengthen the legislation to address the invisible condition of learning disability in the country.

Keywords: Specific Learning Disability, assessment, legislation, certification, concession

INTRODUCTION

Diagnostic and statistical manual of mental disorders (DSM)-5² considers Specific Learning Disability (SLD) to be a type of neuro-developmental disorder that impedes the ability to learn or use specific academic skills (e.g., reading, writing, or arithmetic), which are the foundation for academic learning. The learning difficulties are 'unexpected' in that other aspect of development seem to be fine. Early signs of learning difficulties may appear in the pre-school years (e.g., difficulty learning letters or counting objects), but they can only be diagnosed reliably after starting formal education. SLD is understood to be a cross-cultural and chronic condition that typically persists into adulthood, although with cultural differences and developmental changes matters in the way the learning difficulties manifest.^{2a}

SLD is a clinical diagnosis that is not necessarily synonymous with 'learning disabilities' as identified within the education system. Not all children with learning disabilities/difficulties identified by the school would meet a DSM-5 diagnosis of SLD. In contrary, those with a DSM-5 diagnosis of SLD would be expected to meet the educational definition.²

Difficulties in creating uniform assessment tools for SLD

Most of the definitions of SLD whether exclusionary or inclusionary refer to terms such as adequate intelligence, appropriate instruction and socio-cultural factors which are difficult to standardize in a pluralistic society as that of India.³ Formulating indigenous assessment tools for processing deficits, intelligence testing and proficiency in reading, writing and mathematics; in the several hundred languages spoken in India (The census 1961 recognized 1,652; The census 2001 found that 30 languages are spoken by more than million native speakers, 122 by more than 10,000; and in addition, there are several hundreds of active dialects)³ would be a both a gigantic and herculean task. These complex issues are further compounded by a near total lack of awareness of teachers, differences in age of school enrolment, pre-school exposure to literacy, quality of teaching in schools, and learning environment and support at home.^{3,4}

Certification of Specific Learning Disability

At present, there is no uniform guideline in India for diagnosis, assessment of severity and certification of SLD. There is a wide variation in recommendations from state to state and across one board of examination to another. SLD has been now included in the Rights of Persons with Disabilities Bill, 2014 which states "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, dysgraphia, dyscalculia, dyspraxia and developmental aphasia.⁵

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However, the bill only gives general guidelines regarding certification of the specified disabilities. It states that The Central Government shall notify guidelines for the purpose of assessing the extent of specified disability in a person.

(1) The appropriate Government shall designate persons, having requisite qualifications and experience, as certifying authorities, who shall be competent to issue the certificate of disability.

(2) The appropriate Government shall also notify the jurisdiction within which and the terms and conditions subjected to which, the certifying authority shall perform its certification. Nothing mentioned about diagnosis, assessment and certification specific and tailored to each of the disabilities.⁵

Current Provisions for Specific Learning Disability

As regards the education of persons with disabilities, the bill only mentions about detecting specific learning disabilities in children at the earliest and take suitable pedagogical and other measures to overcome them. However, the scenario across the nation varies from one state to another and also across the various boards of examination. The provisions for specific learning disability can be discussed under two broad headings of certification of learning disability and the concessions provided to those who are certified.

In Maharashtra, The state board recognizes certification only from three hospitals – Lokmanya Tilak Municipal Medical College, Sion, Mumbai (Sion Hospital) and Nair Hospital; KEM Hospital, Mumbai also certifies children having SLD or from the Government Surgeon General in Mumbai.

In Karnataka, Candidates with SLD need to be certified as dyslexic from either the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, St John's Hospital, Bangalore; All-India Institute of Speech and Hearing, Mysore; any psychiatrist working in a government hospital; any clinical psychologist with an M.Phil. Qualification and attested by a government doctor (not below the rank of a district surgeon).

In the state of Kerala, until some time back SLD certificate with a LD assessment and IQ assessment report from a psychiatrist above the rank of Asst. surgeon in any Govt. The hospital was valid. The report needed to specify the deficit i.e. students with dysgraphia/dyscalculia/dyslexia and be countersigned by the District Education Officer (DEO). The request for assessment and later submission for provisions is to be made by the school Principal. Due to some discrepancies, this system is being reviewed.

In Delhi, till some time ago, paediatricians, psychiatrists, clinical psychologists, special educators were all certifying SLD. Special educators and clinical psychiatrists have stopped certifying - they only assess and provide their assessment report to the clients referred to them. The children are referred to the Institute of Human Behavioural and Allied Sciences (IHBAS).³

The picture provided through the discussion above about the provisions for specific learning disabled in India is itself indicative of the incomplete portrayal of this disability in the country. We have information about the practice being followed

in only four states namely, Maharashtra, Karnataka, Kerala and the national capital Delhi. In a country of twenty-nine states and seven union territories, leaving the above mentioned four regions we have no information about SLD practices in the rest of the country. A recent news piece in the month of October in Times of India⁶ says that Indian scientists have come up with an indigenous screening tool for early detection of dyslexia using four different languages- Hindi, English, Kannada and Marathi. The news also mentions that dyslexia is the most common learning disability with nearly 35 million children suffering from it.⁶

This is certainly some good news for those who feel for and are working in the area of learning disabilities. However, this is just a starting point with the vast ocean of work that still needs to be done in the sector. This work by the scientists must become an inspiration to create more such tools in other Indian languages as well as the other specific learning disabilities.

Concessions Available for Specific Learning Disability

Let us move next to the concessions or provisions that are available to those who are somehow diagnosed with specific learning disability.

The provisions provided by the Maharashtra State board of Secondary and Higher Secondary Education are as follows: 25% Extra time, Oral Test along with the written examination for Standard I to IX, Promotion to next class on the basis of the Average, Writer/ typewriter, Question papers to be read out, Exemption from the Second and Third Language, Physiology-Hygiene and Home Science in place of Science, Arithmetic Standard I to IV – errors of interchanging of computation signs and number reversal to be ignored, Arithmetic of Standard V in Standard V & VI, Arithmetic of Standard VI in Standard VII & VIII, Arithmetic of Standard VII in Standard IX & X, Use of Calculator at Class X Examination, Spelling errors and incorrect sentence construction to be ignored, Errors in respect of showing directions in Geography to be ignored, Students between Standard I & IX exempted from drawing diagrams, graphs, and charts, Marks for such questions proportionately distributed to the other questions or students to be provided with supplementary questions, 20% consolidated grace marks in one.

As per CBSE, the Head of the Institution needs to issue a certificate of school-based evaluation covering the past 10 years' academic record. But the circular on inclusive education, which refers to provisions for SLD, to all heads of institutions affiliated to CBSE does not give in writing the procedure for availing of these provisions. As per a CBSE circular the following concessions are given: Use of amanuensis as per the rules of the board; additional 1 hour for each paper and one compulsory language as against 2 in addition to any 4 of the following subjects: mathematics, science, social science, another language, music, painting and home science.⁷

As per ICSE, the Council may grant exemption from the study of a second language to a candidate with special difficulty, provided the case warrants such an exemption,

because of the severe nature of the learning disability of the candidate. Such an exemption will be granted only on a recommendation sent by the head of the school and on the provision of the necessary documents certified by a competent authority approved by the State/Central Government and acceptable to the Council. The regulations do not specify regarding other forms of SLD.^{8,9}

As evident from the above discussion, the Maharashtra State Board of Secondary and Higher Education provided a plethora of concessions while the two national boards of the country provide only a few rather general concessions. This discrepancy between the concessions made available is food for thought. There is no mention of various state boards under whose purview so many schools across the length and breadth of India fall. This indicates of the effort needed to consolidate the curriculum running across various state and national boards, work out a common age-appropriate, class-appropriate national curriculum to provide uniform concessions to all learning disabled students so as to bring in parity among the state boards and national boards across the country.

Problems in Certification and Provisions of Concession for Specific Learning Disability

The PWD Act defines the person with a disability as a person suffering from 40% disability as certified by the Medical Authority. One of the points to highlight in the Bill of 2014 is that of "Benchmark Disability". 'Person with benchmark disability' means a person with not less than forty percent of a specified disability, as certified by a competent authority". Since no standard exists at present in order to specify the percentage of learning disability, it would not be possible to give any certificate to the student with learning disability that such student suffers from learning disability of 40% and above or less than 40%. One of the core issues about learning disability that needs urgent focus for it to be considered alongside other forms of disability is the quantification of learning disability in terms of percentage.

In 2015, an order by the Bombay High Court^{10, 11, 12} on public interest litigation (PIL), one of the expert submits that learning disability has to be considered as not less than 40% because such disability is noticed only when it is of considerable degree. It is, therefore, submitted that once a child is certified as having learning disability, the child would be covered by the definition of "disability" in section 2(i) read with section 2(t) of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.

The PIL is an example of advocacy for the cause of learning disability. It makes a strong case for the opening of more Learning disability centres across the state of Maharashtra which at present has three centres in Mumbai and one in Pune. The litigation also makes a call for the opening of centres working with learning disabled all over the country.

Recommendations

The present paper through a review of the current scenario of legislation and provisions for certification and the concessions available for specific learning disability aims to throw light that mere inclusion of SLD as a disability will not be sufficient unless there is also uniformity in provisions. The present scenario shows a lopsided view of the current work in the area of learning disabilities. While some states have pioneered in this direction, others have tried following the best practices but there are many who are yet to even take their first steps.^{14,15} Learning disability is a hidden disability which comes to notice only after a child starts school. This leads to a delay in taking action for it in contrast to the other visible disabilities. The need of the hour is to firstly make the administrators, school authorities and educators aware of this condition. Thereafter, the first line of action is to have a uniform system for identification, diagnosis and of certification for the whole country. Our primary focus must be on the child and not the problem. Assessments must provide objective and reliable information and should not be diagnostic labels alone.¹⁷ Children with learning disabilities also exhibit significant behavioural problems than children without this disability in the form of hyperactivity and aggression.²⁰ It is further estimated that 15-30 percent of children with learning disabilities have emotional and behavioural problems.²⁰ This fact makes our prime responsibility to handle and take care of these children with utmost care. Another noteworthy point to mention here is that only dyslexia so far appears to be gaining recognition as a specific learning disability in mainstreaming schools in India, which can be attributed largely to the proactive lobbying by concerned parents.²¹ These along with measures relating to remediation, research and advocacy will pave the way for working out the concessions and other assistance to be made available for the learning disabled students.^{18, 19}

There may be extension of facilities such as reservations for children with SLD in institutes of higher education and jobs, especially in professions where a given child with SLD could excel, depending on the child's strengths; resources available (financial and legislation) for ensuring that every school in the country has a well-staffed resource room; every district has sufficient centres for dealing with assessment, identification and remediation of children with moderate to severe SLD. Regular teachers as well special educators of children with special needs must be trained to deal with SLD. There is also a dire need to spread awareness and disseminate information about SLD by trainers, teachers, parents and the medical fraternity especially relating to assessment, diagnosis, and provisions so as to avoid wastage of this precious human resource.

REFERENCES

1. P. Singh. Missing the Writing on the Wall. *Spectrum The Tribune* [Chandigarh] 23 Nov. 2014. Retrieved from <http://www.tribuneindia.com/2014/20141123/spectrum/main1.htm>.

2. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: APA, **2013**.
- 2a. R. Tannock, DSM-5 Changes in Diagnostic Criteria for Specific Learning Disabilities (SLD) 1: What are the Implications? **2014**. Retrieved from: http://dyslexiahelp.umich.edu/sites/default/files/IDA_DS_M-5%20Changes.pdf
3. J. C. Unnni. Specific Learning Disability and the Amended "Persons with Disability Act". *Indian Pediatrics*. **2012**, 49(6), 445-447. Retrieved from <http://www.indianpediatrics.net/>
4. F. K. Ahmad. Exploring the invisible: Issues in identification and assessment of students with learning disabilities in India. *Transcience*, **2015**, 6(1), 91-107. Retrieved from <http://www2.hu-berlin.de/transcience/page1.htm>
5. M. T. Kharge. Rights of persons with disabilities bill. **2014**. Retrieved from <http://www.prsindia.org/uploads/media/Person%20with%20Disabilities/The%20Right%20of%20Persons%20with%20Disabilities%20Bill.pdf>
6. The Times of India. Indigenous screening tools to detect dyslexia. The Times of India. [New Delhi] October 16, **2015**. Retrieved from <http://timesofindia.indiatimes.com/india/Indigenous-screening-tools-to-detect-dyslexia/articleshow/49399859.cms>
7. V. Gupta. Policy for the quality schooling and its implementation under CBSE for special need children. *School of educators*. **2009**, 2(6), 1-14. Retrieved from <http://schoolofeducators.com/>
8. Indian Certificate of Secondary Education. Regulations. **2015**. Retrieved from: <http://www.cisce.org/pdf/ICSE-Class-X-Syllabus-Year-2016/1.Syllabus%20Regulations.pdf>
9. Indian School Certificate Examination. Regulations. **2015**. Retrieved from <http://www.cisce.org/pdf/ISC-Class-XII-Syllabus-2016/2.%20ISC%20Syllabus%20Regulations.pdf>
10. High Court of Judicature at Bombay. Suomotu PIL no.2 of **2015** (904SMP2.15). Retrieved from <http://bombayhighcourt.nic.in/generatenewauth.php?auth=cGF0aD0uL2RhGEVb3JpZ2luYWwvMjAxNS8mZm5hbWU9U01QMjE1MjIwNzE1LnBkZiZzbWZsYWc9TiZyanVkZGF0ZT0=>
11. High Court of Judicature at Bombay. Suomotu PIL no.2 of **2015** (SMP.2.2015). Retrieved from <http://bombayhighcourt.nic.in/generatenewauth.php?auth=cGF0aD0uL2RhGEVb3JpZ2luYWwvMjAxNS8mZm5hbWU9U01QMjE1MjIwNzE1LnBkZiZzbWZsYWc9TiZyanVkZGF0ZT0=>
12. High Court of Judicature at Bombay. Suomotu PIL no.2 of **2015** (smpil2.15). Mumbai. Retrieved from <http://bombayhighcourt.nic.in/generatenewauth.php?auth=cGF0aD0uL2RhGEVb3JpZ2luYWwvMjAxNS8mZm5hbWU9U01QMjE1MjIwNzE1LnBkZiZzbWZsYWc9TiZyanVkZGF0ZT0=>
13. P. Arun, B. S. Chavan, R. Bhargava, A. Sharma, & Kaur. Prevalence of specific developmental disorder of scholastic skill in school students in Chandigarh, India. *Indian Journal of Medical Research*. **2013** 138, 89-98.
14. Federal Register. Assistance to States for the Education of Children with Disabilities and Preschool Grants for Children with Disabilities; Final Rule. **2006**, 71(156), 46539-46845. Retrieved from <http://idea.ed.gov/download/finalregulations.pdf>
15. S. Karande. Current challenges in managing specific learning disability in Indian children. *Journal of Postgraduate Medicine*. **2008**, 54(2), 75-77. Retrieved from <http://www.jpgmonline.com/article>
16. D. Kumar, & C. Subudhi, Reappraising disability in India: Model, magnitude, and measurement. *Journal of Disability Studies*. **2015**, 1(1), 23-30. Retrieved from <http://pubs.iscience.in/journal/index.php/jds/index>
17. P. T., Louis & I. A. Emerson. Assessing adolescents with learning disabilities and planning a wholistic intervention: A case analysis. *International Journal of Social Science and Interdisciplinary Research*. **2013**. 2(1), 146-153. Retrieved from www.indianresearchjournals.com
18. P. Shukla & G. Agarwal. Awareness of learning disability among teachers of primary schools. *Online Journal of Multidisciplinary Research*. **2015**.1(1), 33-38. Retrieved from <http://www.ojmr.in/#/>
19. N. Singhal. Education of children with disabilities in India (2010/ED/EFA/MRT/PI/21) **2010**. Retrieved from <http://unesdoc.unesco.org/images/0018/001866/186611e.pdf>
20. D. Sridevi, A. G. George, D. Sriveni, & K. Rangaswamy. Learning disability and behaviour problems among school going children. *Journal of Disability Studies*. **2015**. 1(1), 4-9. Retrieved from <http://pubs.iscience.in/journal/index.php/jds/index>
21. G. Thomas, & J. Whitten, Learning support for students with learning difficulties in India and Australia: Similarities and differences. *The International Education Journal: Comparative Perspectives*. **2012**. 11(1), 3-21. Retrieved from <http://www.iejcomparative.org/>

EDITOR'S NOTES

We understand that the topic is extremely crucial in the present scenario. We appreciate the author to choose this topic but we think this needs further exploration keeping in view of some recent happenings in the field. There is certain practice in everywhere in the country might be not clearly understandable in contemporary literature or journal papers. Might be those who are working in the field can give a clear picture. We invite all to write further on this topic.