INCLUSIVE EDUCATION FOR DISABLED AT SECONDARY STAGE

HUMAN RESOURCE DEVELOPMENT DEPARTMENT
GOVERNMENT OF SIKKIM
GANGTOK

IDENTIFICATION CHECKLIST FOR CHILDREN WITH SPECIAL NEEDS (CWSN)

Sl no	TYPE OF DISABILITY	CODE NO.
1	VISUAL IMPAIRMENT	VI
2	LOW VISION	
3	HEARING IMPAIRMENT	HI
4	SPEECH IMPAIRMENT	SI
5	ORTHOPEDIC IMPAIRMENT / LOCO MOTOR IMPAIREMENT	OI
6	MENTAL RETARDATION	MR
7	LEARNING DISABILITY	LD
8	CEREBRAL PALSY	CP
9	AUTISM SPECTRAM SYNDROM	ASD
10	MULTIPLE DISABILITIES	MD

SURVEY AND IDENTIFICATION FORM FOR CWSN.

1. Name……

2. Date of Birth ……Sex : M/F……..

3. Class……School……

4. Parent's/Guardian's Name……..

5. Address……
   Phone No/mobile No……

6. Type of disability
   ……..
   (To be filled as per checklist at page 1)

CHECKLIST FOR IDENTIFICATION OF DISABILITY

1. VISUAL IMPAIRMENT

	Yes	No
a. Blind	☐	☐
b. Observable abnormality (Bulging/squint/too big/too small)	☐	☐
c. Frequent reddening of eyes	☐	☐
d. Rubs eyes frequently	☐	☐
e. Blinks frequently	☐	☐
f. Bumps and hits against people or objects frequently	☐	☐
g. Child exhibit difficulty in reading or an Outstretched hand at a distance of one meter	☐	☐
h. The children keeps the book too far or too close to his/her eyes while reading.	☐	☐

Note:
Refer to page No. 1 for code No
Presence of any 3 of the above symptoms indicates "Visual Impairment"

Signature of Class Teacher/Parents **Signature of Surveyor/School Head**

2. LOW VISION

	yes	no
a. The child has difficulty in reading from the black board, even if she/he is sitting in the first row	☐	☐
b. The child keeps the book too far or too close to his/her eyes while reading	☐	☐
c. The child is not able to write in the prescribed space/line due to low vision	☐	☐
d. The child finds difficult to identify objects/people at a distance (4-5 meters or further)	☐	☐
e. The child has problem in following moving objects	☐	☐
f. The child is not able to identify/match colors	☐	☐
g. The child has difficulty in identifying numbers, symbols and patterns	☐	☐
h. The child has problem in following path	☐	☐
i. Lighting variation in the environment confuse the child	☐	☐
j. The child functions better when given bold print, good contrast, required illumination	☐	☐
k. The child is not able to reach the objects at about 14 inches	☐	☐
l. The child is not able to follow 2 –D representation of any object	☐	☐
m. The child has difficulty in focusing because of unstable movement of the eye balls	☐	☐
n. The child gets confused between the shadows and the level changes	☐	☐
o. The child has problem in recognizing actions and facial expression	☐	☐
p. The child mobility is badly affected in semi-dark area	☐	☐

Note:
Refer to page No. 1 for code No
Presence of any 3 of the above symptoms indicates 'Low Vision"

Signature of Class Teacher/Parents **Signature of Surveyor/School Head**

3. HEARING IMPAIRMENT	Yes	No
a. Deaf	☐	☐
b. Frequent discharge from ear.	☐	☐
c. Pain in ears frequently.	☐	☐
d. Turns head towards the speaker to hear better.	☐	☐
e. Speaks too loudly or too softly.	☐	☐
f. Tune the TV/Radio too loud.	☐	☐
g. Person understands only after few repetitions.	☐	☐
h. Person answers your questions irrelevantly.	☐	☐

Note:
Refer to page No. 1 for code No
Presence of any 3 of the above symptoms indicates "Hearing Impaired"

Signature of Class Teacher/Parents **Signature of Surveyor/School Head**

4. SPEECH IMPAIRMENT	**Yes**	**No**
a. Dumb.	☐	☐
b. Has observable deformity of mouth.	☐	☐
c. Frequent natural breaks and omission of sound in wounds and phrases.	☐	☐
d. Stammer often.	☐	☐
e. Frequent mispronunciation corrective effort.	☐	☐

Note:
Refer to page No. 1 for code No
Presence of any 3 of the above symptoms indicates "Speech Impairment"

5. ORTHOPEDIC IMPAIRMENT /LOCOMOTOR IMPAIRMENT	**Yes**	**No**
a. Paralyzed.	☐	☐
b. Have difficulty in moving or using any part of the body.	☐	☐
c. Is any part of person body has amputated?	☐	☐
d. Walks with jerks.	☐	☐
e. Use stick to walk.	☐	☐
f. Observable deformity in neck/hands/finger/waist/legs.	☐	☐

Note:
Refer to page No. 1 for code No
***Presence of any 3 of the above symptoms indicates "*Locomotors /Orthopedic Impairment''**

Signature of Class Teacher/Parents **Signature of Surveyor/School Head**

6. MENTAL RETARDATION	Yes	No
a. Start sitting 12-15 months.	☐	☐
b. Start walking after 2 and half years or latter.	☐	☐
c. Start walking after 2 and half years or latter.	☐	☐
d. Severe illness before the age of 5.	☐	☐
e. Have difficulty in doing things for himself like eating, dressing, bathing, grooming.	☐	☐
f. Have problem in understanding when told to do something.	☐	☐
g. Appear dull or slow in any manner compared to others.	☐	☐
h. Take more time in learning a particular skill as compared to others.	☐	☐
i. Inattentive to what is said to him.	☐	☐

Note:
Refer to page No. 1 for code No
Presence of any 3 of the above symptoms indicates 'Mental Retardation"

Signature of Class Teacher/Parents **Signature of Surveyor/School Head**

7. LEARNING DISABILITIES **Yes** **No**

a. Person does not read well although his oral answer are intelligent. ☐ ☐

b. Pupil is so excited that he/she is unable to complete any talk. ☐ ☐

c. Easily distracted by irrelevant activities. ☐ ☐

d. Child, reverse letter or symbols too frequently as compared to his/her peers while reading e.g., 'b' as'd' 'saw' as 'was'. ☐ ☐

e. Reverse numbers too frequently while reading or writing e.g. '31' or '13' '6' or '9'. ☐ ☐

f. Does not do well in exams although he is clever and has no physical disability. ☐ ☐

g. Has problem in copying from other sources correctly. (Books/blackboard/even when he/she has normal vision) ☐ ☐

h. Excessively poor in calculation. ☐ ☐

i. Write letters or words too close or too far (Spacing problems). ☐ ☐

Note:
Refer to page No. 1 for code No
Presence of any 3 of the above symptoms indicates 'Learning Disability'

Signature of Class Teacher/Parents **Signature of Surveyor/School Head**

8. CEREBRAL PALSY	Yes	No
a. The child has problems in controlling voluntary movements.	☐	☐
b. The child has an odd gait, posture and shows problems in balancing.	☐	☐
c. The child has difficulty in sitting on a regular chair, walking, jumping, climbing, bending, etc without support.	☐	☐
d. The child has problems in holding and placing objects, cutting, pasting etc.	☐	☐
e. The child has problems in self help skills, toileting, washing etc.	☐	☐
f. She/he has problems in talking and breathing while speaking.	☐	☐

Note:
Refer to page No. 1 for code No
Presence of any 3 of the above symptoms indicates 'Cerebral Palsy"

Signature of Class Teacher/Parents **Signature of Surveyor/School Head**

9. AUTISM SPECTRUM SYNDROME (ASD) **Yes** **No**

a. The child has difficulty in making and sustaining an eye contact. ☐ ☐

b. The child repeat words e.g. When ask "what is your name?" he/she will repeat "what is your name"? ☐ ☐

c. The child has difficulty in playing with peer ground/ classmates. May not be able to wait, take turns or follow the rules of the game. ☐ ☐

d. The child does not always respond to his/her name immediately. ☐ ☐

e. The child has excellent rote memory for numbers, dates, phone numbers, names etc. ☐ ☐

f. The child is over selective about his/her seat; belongings etc and show resistance to change. ☐ ☐

g. The child is not able to explain that he/she is angry. ☐ ☐

Note:
Refer to page No. 1 for code No
Presence of any 3 of the above symptoms indicates ''Autism Spectrum Syndrome''

Signature of Class Teacher/Parents **Signature of Surveyor/School Head**

10. MULTIPLE DISABILITIES **Yes** **No**

a. The child uses glasses, hearing aids, crutches, wheelchair etc. ☐ ☐

b. The child has visible deformities like large head/ small head/extra fingers/extra toes. ☐ ☐

c. The child shows habits like poking the eyes, waving the hands and jumping the light. ☐ ☐

d. The child goes very near to the objects to identify and touches them. ☐ ☐

e. The child does not recognize that his/her friends are writing and copying from the board. ☐ ☐

f. The child startles when a know object is brought near him/her suddenly. ☐ ☐

Note:
Refer to page No. 1 for code No
Presence of any 3 of the above symptoms indicates ''Multiple Disabilities''.

Signature of Class Teacher/Parents **Signature of Surveyor/School Head**

GUIDELINES TO USE THE CHECKLIST

- **This format needs to be filled up by the class teacher in consultation with the head of the institution.**
- **Kindly understand the question before filling the format.**
- **If a student is showing some kind of abnormality in the classroom, then the checklist will help identify the problem.**
- **Once the disability is identified the same should invariably come through UDISE and the copy of same should be send to IEDSS, RMSA, Directorate of School Education.**
- **It may be noted that without inclusion of data in UDISE the child will not be able to avail the facilities.**
- **For any clarification the school may visit the following website www.rmsaindia.org/ www.mhrd.gov.in or contact special educator at :8900402612**