



2nd January 2019

Teachers' Training at Urmi School

Training workshop report

Consortium for Inclusive Education conducted a training session for the teachers of Urmi School, Sama, Vadodara. A total of **80 trainees** attended the workshop that was conducted by Ms. Lata Iyer, who is a Special Educator, Academic Consultant, and Dyslexia Therapist. She is currently heading 'Reach-Centre for Autism & Other Special Needs', a place that brings new dimensions to learning in Vadodara. The focus of the training was:

- 1. Inclusive Education and its challenges**
- 2. Identification indicators of common disabilities**

Urmi School Sama, practices inclusion of children with Learning Disabilities (LD) led by special educators and counselors. The school has identified few students with Autism Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). The school wishes to be a part of the activities of the Consortium and have expressed a greater interest in having an advanced session on strategies and activities for teachers to handle children with common disabilities, focusing majorly on LD, ASD, and ADHD. They have special educators who take initiatives to spread as much information as possible to the teachers to handle children with special needs.

Consortium for Inclusive Education conducted a training to enrich the knowledge of the regular teachers having children with special needs. They were trained regarding Inclusive Education and the identification indicators of common disabilities

1.) Inclusive Education and its challenges

Inclusive education does away with the practice of segregating students with learning and/or physical challenges from the rest of the student body. While the practice of inclusion places extra demands on students and facility logistics, there are numerous benefits to all students, both disabled and non-disabled.

- 1. Attitudes:** Societal norms often are the biggest barrier to inclusion. Old attitudes die hard, and many still resist the accommodation of students with disabilities and learning issues, as well as those from minority cultures. The challenges of inclusive education might be blamed on the students' challenges instead of the shortcomings of the educational system.



2. Physical Barriers: In some districts, students with physical disabilities are expected to attend schools that are inaccessible to them. In economically-deprived school systems, especially those in rural areas, dilapidated and poorly-cared-for buildings can restrict accessibility. Some of these facilities are not safe or healthy for any students. Many schools don't have the facilities to properly accommodate students with special needs, and local governments lack either the funds or the resolve to provide financial help. Environmental barriers can include doors, passageways, stairs and ramps, and recreational areas. These can create a barrier for some students to simply enter the school building or classroom.
3. Curriculum: A rigid curriculum that does not allow for experimentation or the use of different teaching methods can be an enormous barrier to inclusion. Study plans that don't recognize different styles of learning hinder the school experience for all students, even those not traditionally recognized as having physical or mental challenges.
4. Teachers: Teachers who are not trained or who are unwilling or unenthusiastic about working with differently-abled students are a drawback to successful inclusion. Training often falls short of real effectiveness, and instructors already straining under large workloads may resent the added duties of coming up with different approaches for the same lessons.
5. Socio-economic factors: Areas that are traditionally poor and those with higher-than-average unemployment rates tend to have schools that reflect that environment, such as run-down facilities, students who are unable to afford basic necessities and other barriers to the learning process. Violence, poor health services, and other social factors make create barriers even for traditional learners, and these challenges make inclusion all but impossible.

The trainees were educated on the societal and infrastructural challenges obstructing Inclusive Education to take place in schools. Ms. Lata Iyer also shared some of the experiences, where the behavioral aspects of the teachers hampered the self-confidence of the child. She also sensitized teachers on using the right terminology and words to address the child, provide the right environment and make other children aware of the special needs. The buddy child and the special child learn a lot from each other and its sometimes the other way round, that the buddy child becomes an aware and an alert human being.

2.) Identification indicators of common disabilities

1.) Learning Disability

Many children have trouble reading, writing, or performing other learning-related tasks at some point. This does not mean they have learning disabilities. A child with a learning disability often has several related signs, and they don't go away or get better over time. The signs of learning disabilities vary from person to person.

Each learning disability has its own signs. A person with a particular disability may not have all of the signs of that disability.

Children being taught in a second language may show signs of learning problems or a learning disability. The learning disability assessment must take into account whether a student is bilingual or a second language learner. In addition, for English-speaking children, the assessment should be



sensitive to differences that may be due to dialect, a form of a language that is specific to a region or group.

A child with a learning disability also may have one or more of the following:

- Problems reading and/or writing
- Problems with math
- Poor memory
- Problems paying attention
- Trouble following directions
- Clumsiness
- Trouble telling time
- Problems staying organized
- Acting without really thinking about possible outcomes (impulsiveness)
- “Acting out” in school or social situations
- Difficulty staying focused; being easily distracted
- Difficulty saying a word correctly out loud or expressing thoughts
- Problems with school performance from week to week or day to day
- Speaking like a younger child; using short, simple phrases; or leaving out words in sentences
- Having a hard time listening
- Problems dealing with changes in schedule or situations
- Problems understanding words or concepts

2.)Autism Spectrum Disorder

Autism is a neuro-developmental disability characterized by:

- Social impairments
- Cognitive impairments
- Communication difficulties
- Repetitive behavior

Because Autism is a spectrum disorder, it can range from very mild to very severe and occur in all ethnic, socioeconomic and age groups. Males are four times more likely to have autism than females. Some children with autism appear normal before age 1 or 2 and then suddenly “regress” and lose language or social skills they had previously gained. This is called the regressive type of autism.



A child with Autism Spectrum Disorder also may have one or more of the following:

- Not respond to their name (the child may appear deaf)
- Not point at objects or things of interest, or demonstrate interest
- Not play “pretend” games
- Avoid eye contact
- Want to be alone
- Have difficulty understanding, or showing understanding, or other people’s feelings or their own
- Have no speech or delayed speech
- Repeat words or phrases over and over (echolalia)
- Give unrelated answers to questions
- Get upset by minor changes
- Have obsessive interests
- Flap their hands, rock their body, or spin in circles
- Have unusual reactions (over or under-sensitivity) to the way things sound, smell, taste, look, or feel
- Have low to no social skills
- Avoid or resist physical contact
- Demonstrate little safety or danger awareness
- Reverse pronouns (e.g., says “you” instead of “I”)

3.) Attention Deficit Hyperactivity Disorder

ADHD is generally diagnosed in children by the time they are teenagers, with the average age of diagnosis being 7 years old. Older children exhibiting symptoms may have ADHD, but they’ve often exhibited rather elaborate symptoms early in life.

Here are 14 common signs of ADHD in children

- Self-focused behavior
- Interrupting
- Trouble waiting their turn
- Emotional turmoil
- Fidgetiness
- Problems playing quietly
- Unfinished tasks
- Lack of focus
- Avoidance of tasks needing extended mental effort
- Mistakes
- Daydreaming
- Trouble getting organized
- Forgetfulness
- Symptoms in multiple settings

The trainees were informed about the basic indicators of Learning Disability which can be identified in a classroom setting and can be taken care of. Along with informing them about the correct way of



addressing the children, they were also informed on not taking any of the signs lightly and approaching the psychologist before labeling them.

Example of questions raised by the school teachers:

1. *"If a child is fidgety and always distracting others and the teachers in the class, can it be considered as a disability?"*

It's not a disability, it's a behaviour. Although it's best to consult a clinical psychologist to understand a child's behavior, the efforts can always be put in a classroom setting. There may be some symptoms indicating the behaviour, the action can thereafter be decided. It's always better to use art therapy to understand a child's behaviour. If not art, focus on the child's interests and you'll be able to identify the focus points. You can also try speaking to him from different directions, maybe he is not able to hear and that's why he is often distracted.

2. *"If a child is having trouble speaking and she is good otherwise when it comes to studying. She doesn't speak at all in the class and outside the school also. Can it be considered as a disability?"*

If she doesn't speak in the class and outside, then she may be an introvert. It does not necessarily be a disability if the child behaves differently. Meanwhile, the teachers can intervene through her interests and try to communicate through visual activities like art therapy. You can also ask her parents to come to sometime and communicate with her during the activity sessions during the week. But otherwise she may not have a disability.

Towards the end of the training, feedback was collected. The trainees rated the training with a score of **9/10.0** for the topic of training and **8/10.0** for the quality of training (based on an average of ratings from 80 trainees). The teachers were impressed with the content and want a follow-up training on the topics interventions strategies and activities post identification of children with special needs in the classrooms.



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Annexure:

- 1) Agenda
- 2) Photos
- 3) Registration list
- 4) Feedback form



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Agenda

Venue Urmi School, Sama
Date 2nd February 2019
Trainers Ms. Latalyer

Time	Description
11:00 to 11:15	Registration of the teachers.
11:15 to 11:30	Welcome of the resource person Ms. Lata Iyer and a brief of the Consortium for Inclusive Education by Ms. Shubhra Agnihotri
11:30 to 12:30	<p>Presentation by Ms. Lata Iyer</p> <ul style="list-style-type: none">• Inclusive Education and its challenges faced in Schools and• The identification indicators of common disabilities. <p>She shall discuss the concept of Inclusive Education and its importance along with the challenges faced by children with special needs in schools and the ways to address it. The identification indicators of common disabilities shall also be shared with the teachers.</p>
12:30 to 12:45	Q/A session by Dr. Ruchi Mehta, Ms. Lata Iyer and Ms. Promila Zalpuri
12:45 to 13:00	Vote of thanks by CIE and Urmi School



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Photos





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Registration List

Vrmi School, Sama			
Date	Name, E.mail & Address	Tel. No.	Comments
1) 2/2/19	Sharat Deep Mathur (sharat.deep@gmail.com)	9327363018	
2) 2/2/19	Varashi C Thakkar (varashithakkar@gmail.com)	9828500478	
3) 2/2/19	Trivedi Anshu	9638514771	trivedianshu@gmail.com
4) 2/2/19	Meethi Pundya	9409532853	—
5) 2/2/19	Gula Menon	9601918068	gultamenon45@gmail.com
6) 2/2/19	Hema Mangani	9537519668	
7) 2/2/19	Shruti Silu Regi	9924873773	siluregi@gmail.com
8) 2/2/19	Thakkar Binal . N.	9427845795	binalthakkar24@gmail.com
9) 2/2/19	Nanthwani Vandana . G.	9601287814	vandana.nanthwani@gmail.com
10) 2/2/19	Devi Maya D.	8980070670	mayadevi76@gmail.com
11) 2/2/19	Patel Parul.	8401221511	parulpatel2039@gmail.com
12) 2/2/19	Romal Jethani	7357223875	Romal.jethani@gmail.com
13) 2/2/19	Sheetal Mehta	9106036224	Sheetal1602@gmail.com
14) 2/2/19	Anandhan Ezhava	8160661566	Anandhan.Ezhava@gmail.com
15) 2/2/19	Monika Chandak	8866434500	monika.chandak0307@gmail.com
16) 2/2/19	Shweta P. Baidhaya	9429026795	shweta.P.Baidhaya@gmail.com
17) 2/2/19	Rupa Singh	9795474727	singh.depa038@gmail.com



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Date	Name, E.mail & Address	Tel. No.	Comments
12/2/19	Falguni. D. Bhatt	9428418490	falgunibhatt1973@gmail.com
12/2/19	Meete D. Patel	9825884734	meeteelpatel1971@gmail.com
12/2/19	ANIL PATHAN	9913738432	ANILPATHAN@ymail.com
12/2/19	Sanny. D. Shah	9525403104	shahsanny69@gmail.com
12/2/19	Harshik Dandute	9429827127	harshikdandute23@gmail.com
12/2/19	Jasmit Gill	7490906045	jasmit.gill0709@gmail.com
12/2/19	Mileshna P. Pathan	9484454826	@MileshnaPathan@gmail.com
12/2/19	Bachhu Andhe P.	8866447975	
12/2/19	Rajeshree.	9925584516	
12/2/19	Meghana Panchal	9906223442	
12/2/19	Himani Raj	9870097716	himaniraj9@gmail.com
12/2/19	Vishali Zanivani	9265713178	
12/2/19	AMIT PATEL	9925481177	
12/2/19	Nida Shah	8690955181	
12/2/19	Natellina D'SOUZA	9448527068	
12/2/19	Kenalata Naik	9888862778	
12/2/19	Hetal Jadhav	8320335779	
12/2/19	Elena S.V	7801914001	



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Date	Name, E.mail & Address	Tel. No.	Comments
46) 02/02/19	Neelam Jadau. S.	9104721778	neelamkumari.jadau94@gmail.com
37) 02/02/19	Nisha Ranjit	7574979736	nishagovindan.0611@gmail.com
34) 02/02/19	Astha Dubey	9782362903	asthadubey613@gmail.com
39) 02/02/19	Zankhana Ghilole	9376222540	ksghilole8@gmail.com
40) 02/02/2019	Samita Kaur	9909290888	kaurasamita7@gmail.com
41) 02/02/2019	Asma Pathan	9833285585	mehar.asma1907@gmail.com
42) 02/02/2019	Rakha R. Nayak	9998644571	nayakr1304@gmail.com
43) 02/02/2019	Asha Patel	7359980780	
44) 2/02/2019	Chawda Turvi J.	7265857162	tani.chawda93@gmail.com
45) 2/2/19	Grandhi Ripal H.	9824340321	
46) 2/2/19	Sushila chudam	9898644070	
47) 2/2/19	Joshi. Falguni. B	9824310344	fbjoshi1978@gmail.com
48) 2/2/19	Divya Subodh	9408771412	divyaaadi.das@gmail.com
49) 2-2-19	Veena. K. Nair	8592063029	veenakailas.001@gmail.com
50) 2-2-19	Isha. Parmar	8780569172	isha_chawhan@yahoo.com
51) 02-02-19	Shailaja. M. K	7016133954	Shylaja mk 7@gmail.com
52) 2.2.19	Sneha. M. Tanna.	9825480275	smtrtj11@gmail.com
53) 02/02/19	Vishakha N. Shah	8460146733	Vishu.shah@gmail.com



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Date	Name, E.mail & Address	Tel. No.	Comments
54/02/19	Deepa Nair	7801977409	deepa19399@gmail.com
57/02/19	Rupal Mehta	8820198672	rsmehta 74@gmail.com
58/2/19	Sree Devi R	9624846238	sreepathay 89@gmail.com
59/2/19	Monalisa Mashrani	8128686021	monalisamashrani384@gmail.com
59/2/19	Trivedi Avani	9900330809	aptrivedi 89@gmail.com
59/2/19	Sangeeta S. Hunchalgi	7043138215	hsangeeta 1980@gmail.com
10/2/19	Amisha S. Patel	8980611555	amisha 1979@gmail.com
10/2/19	Kiran Chikani	9099948260	kiran chikani@gmail.com
12/2/19	Shivani N. Raje	8128216298	rajeshivani@yahoo.co.in
13/2/19	Vaishali Shetty	8980066170	vaishamsci@gmail.com
14/2/19	Nisha Massey	8980823077	nishahmassey@gmail.com
15/2/19	Archana Desai	9898255422	archanadesai696@gmail.com
16/2/19	Avani Soni	9586396818	avani_soni92@gmail.com
17/2/19	Bist Geeta	8735981247	geeta Bist21@gmail.com
18/2/19	Chirag Bhatt	9428520138	chirag2689@gmail.com
19/2/19	Meghana Panchal	9904223445	
20/2/19	Bhargav Jani	9898034025	Bhargav Jani@gmail.com
21/2/19	RAJDEV MISHRA	9727933076	rajdevmishra12@gmail.com
22/2/19	Amit S. Bhatt	9879063969	amitbhatt151976@gmail.com



**Deepak
Foundation**



Feedback

Feedback form:

1 2 3 4 5 6 7 8 9 10

1. Topic of training: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒
2. Quality of training: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐ ☐
3. Comments: Excellent

Feedback form:

1 2 3 4 5 6 7 8 9 10

1. Topic of training: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒
2. Quality of training: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒
3. Comments: Such training should take place quite often. Good learning :)

Feedback form:

1 2 3 4 5 6 7 8 9 10

1. Topic of training: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐ ☐
2. Quality of training: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐ ☐
3. Comments: Good, Need of the hour.

Feedback form:

1 2 3 4 5 6 7 8 9 10

1. Topic of training: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐
2. Quality of training: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐
3. Comments: Informative but would like to know more ways and methods to ~~be~~ be deployed in classroom (Secondary section).



Feedback form:

1 2 3 4 5 6 7 8 9 10

1. Topic of training: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐ ☐

2. Quality of training: ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐ ☐ ☐

3. Comments: The topic is taken up very sensitively and its very thought provoking

Feedback form:

1 2 3 4 5 6 7 8 9 10

1. Topic of training: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐ ☐

2. Quality of training: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐

3. Comments: Idea of inclusion is v. good. But practically difficult. Do we need to reduce the syllabus. So in daily class work we can pay attention to every child in 30 min. It has to be taken care properly at lower level. As I am teaching in Hr. Sec, At that level its v. difficult.

Feedback form:

1 2 3 4 5 6 7 8 9 10

1. Topic of training: ☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

2. Quality of training: ☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

3. Comments: We need to have a frequent follow up of it to have a better understanding.

Feedback form:

1 2 3 4 5 6 7 8 9 10

1. Topic of training: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐

2. Quality of training: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐

3. Comments: Enriching Workshop
New ideas were inculcated