EARLY IDENTIFICAION PROCEDURE OF CHILDREN WITH LEARNING DISABILITIESAND CHALLENGES OF SCREENING PROCESS IN INDIA

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Abstract - Learning disabilities describes as Specific Learning Disabilities in Indian 'The Right of Persons with Disabilities Act-2016, which has mentioned under the 21 disabilities. The term learning disabilities sometimes referred to as specific learning disabilities that cover a range of neurological based disorders in learning and various degrees of severity of such disorders (LDA, 1986). There are 5 - 9% of people having learning disabilities of general population (Vuleta, 2020). When a learning disability is not detected early, diagnosed correctly and treated effectively, it can cause a number of other problems (American Academy of Pediatrics, 2015). The most common learning disability is difficulty with language and reading. Many children and adults with learning disabilities remain undiagnosed and go through life with this "hidden disability". The resulting problems can lead to poor self-esteem, failure to thrive in school and difficulty in the workplace. With early detection and intervention, parents can give their children the necessary skills for coping with and compensating for the learning disability. This review paper explored number of literature review at national (INDIA) and international level. This study looks at diagnosis process of child's learning disability and major challenges faced while doing screening on learning disabled children. Further, it explored learning disabilities are traditionally diagnosed by conducting two tests Intelligence Test (IQ) and a Standardized Achievement Test (reading, writing, arithmetic).

Keywords - Learning Disabilities, Identification, Screening, Intelligence Test (IQ), Standardized Achievement Test

I. INTRODUCTION

In 1963 Samuel Kirk, a professor of special education at the University of Illinois, suggested that we use the term 'Learning Disabled' to describe "children who have disorders in development of language, speech, reading, and associated communication skills". Learning disabilities or learning disorder is an umbrella term for a wide variety of learning problems. A learning disability is not a problem with intelligence or motivation. Kids with learning disabilities are not lazy or dumb. In fact, most are just as smart as everyone else. Their brains are simply wired differently. This difference affects how they receive and process information. Learning disabilities are usually first noticed when children begin to fail in school. Parents and preschool teachers are often the first to see early signs of learning disabilities. Children may have difficulty learning basic skills in reading or understanding reading. Difficulty writing, math or language may also signal a problem. Some students may easily learn basic skills but have difficulty applying skills in problem solving or higher level school work. '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 (RPWD, 2016). Learning disabilities are neurological differences in processing information that severely limit a person's ability to learn in a specific skill area. Everyone has differences in learning abilities, but people with learning disabilities have severe problems that persist throughout their lives. Learning disabled people may have difficulty in school or on the job. These disabilities may also impact independent living and social relationships. Living with learning disabilities can be painful struggle for both the parents and the child. In many cases, parents are relieved to find an answer when children are diagnosed. The diagnosis is reassuring because it leads to additional support in school through specially trained teachers and special education programs. Students with learning disabilities will also have individual education programs developed to address their needs (Sharma, 2012).

Research Methodology

A review of the literature was conducted in order to understand the assessment process and challenges during screening procedure for LD children. The selected research articles & e-content included both observational and experimental studies conducted in India as well as at global level. The purpose of this research article to study the mainstreaming issues related with assessment of LD as well as analyzing the Indian perspective. The document search was conducted via electronic databases including Google, Google Scholar, ERIC and Research gate. And also study the related books, educational policies and acts

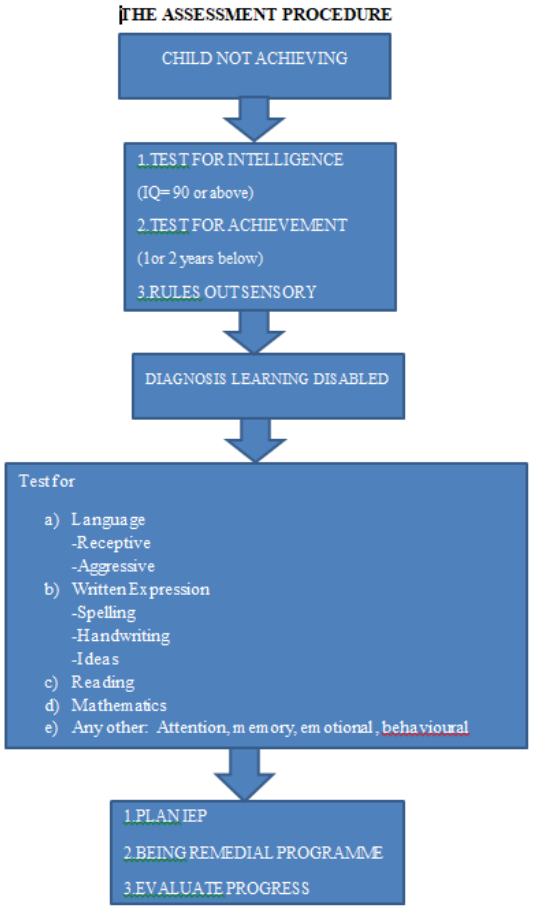
available online. This research study has following two research questions:

1. What is the diagnosis procedure to identify Learning Disabled children?
2. What are challenges facing parents, teachers and professionals during screening process of LD Children?

II. DIAGNOSIS OF LEARNING DISABILITIES

Learning disabilities can be hard to diagnose, because there is no definitive list of symptoms that fits every child. Also, many children try to hide the problem. A multidisciplinary team comprising of pediatrician, counselor, clinical psychologist and special educator is required for diagnosing for learning disability. If learning disability goes undetected, the child's academic problems have an adverse impact on her/his quality of life, viz. self-image, peer and family relationships and social interactions (karande et al., 2009). Unfortunately, in our country, many children with learning disability often remain undiagnosed because of a general lack of awareness leading to chronic poor school performance, class detention and even dropping out of school. Diagnosing a learning disability in public schools requires several types of tests. Common tests used to diagnose a learning disability include tests of intelligence, achievement, visual-motor integration, and language. Other tests may also be used depending on the evaluator's preferences and the child's needs. The Individuals with Disabilities Education Act (IDEA) requires that a diagnosis of a learning disability is not made on the basis of a single test. The Diagnosis process of child's learning disability starts from the identification of learning disabled students. Learning disabilities are often identified when a child begins to attend school. Educators may use a process called "response to intervention" (RTI) to help identify children with learning disabilities. Specialized testing is required to make a clear diagnosis. RtI (**Responsiveness to Intervention)** is as much a prevention model as an identification model. Even before students are formally classified as having "learning disabilities", those who need more assistance receive additional and progressively more intensive interventions. With this solid system in place in the general education classroom, a teacher is able to quickly identify students who need much more help. To be diagnosed with a specific learning disorder, a person must meet some criteria. Have difficulties in at least one of the following areas for at least six months despite targeted help:Difficulty reading (e.g., inaccurate, slow and only with much effort); Difficulty understanding the meaning of what is read;Difficulty with spelling; Difficulty with written expression (e.g., problems with grammar, punctuation or organization); Difficulty understanding number concepts, number facts or calculation; Difficulty with mathematical reasoning (e.g., applying math concepts or solving math problems).

For the identification of Learning Disabled student's assessment is the first step. There are various assessment procedures for gathering various type of information necessary for identification and considerable additional assessment is also necessary if we are to provide an ongoing programme, which will be much value to the learning disabled student.



Source: Booklet of Learning Disabilities by Rehabilitation Council of India

According to Reddy et al. (2000) assessment procedures can be classified into two categories as; Informal assessmentand Formal assessment.

Types of Informal assessment

- Curriculum based assessment
- Criterion referenced tests
- Observation (Direct observation, Anecdotal reports/records, Ecobehavioural assessment)
- Interview, questionnaire and checklists

Formal assessment

USOE (1977) suggest that learning disability cannot be identified by a single assessment instrument or person. Formal assessment usually employed individually administered tests that have been standardised in that they consist of a set of tasks

given with uniform directions compare performance to an identified standard (Swanson and Watson, 1989). There are quite number tests employed in formal assessment for identification learning disability and these are under three headings:

- Measures of intelligence
- Measures of academic functioning
- Measures of certain cognitive areas

Measures of Intelligence include;

a. Terman- Merril Scale
b. Wechsler Intelligence Scale {Wechsler Preschool and Primary Scale of Intelligence (WIPPSI), Wechsler Intelligence Scale for Children (WISC) and the Wechsler Adult Intelligence Scale (WAIS)}.
c. Slosson Intelligence Test for Children and Adults
d. Kaufman Assessment Battery for Children (K-ABC)
e. Stanford-Binet Intelligence Test
f. Differential Abilities Scales (DAS)
g. Woodcock Johnson Test of Cognitive Abilities
h. Woodcock Johnson Test of Cognitive Abilities, Revised
i. Comprehensive Test of Nonverbal Intelligence (CTONI)
j. Detroit Tests of Learning Aptitude (DTLA-2)
k. Differential Ability Scale (DAS)
l. Hiskey-Nebraska Test of Learning Aptitute (HNTLA)

Measures of academic functioning include;

a. The Wide Range Achievement Test (WRAT)
b. The Peabody Individual Achievement Test (PIAT)
c. The Brigance Diagnostic Inventories
d. Measures of certain cognitive areas;
e. Auditory Discrimination Test
f. Bender Visual – Motor – Gestalt Test
g. Basic Concept Inventory (BCI)
h. Clinical Evaluation of Language Functions(CELF)
i. Developmental Test of Visual – Motor Integration (VMI)
j. Test of Language Development (TOLD)
k. Woodcock – Psycho – Educational

Screening is the first step in the process of gathering relevant information about an individual with a suspected learning disability that may include observations, informal interviews, review of medical, school or work histories. Screening detects pupils who may need a more comprehensive examination, in which students in a particular grade, school or district are given a cursory test to ascertain those who need a more intensive evaluation (pg. 55, Lerner). An LD diagnosis is a formal assessment that determines the actual presence of a learning disability. LD screening is an informal process that shows whether there is a probability that the person might have an undiagnosed learning disability. Informal screening can be done by an advocate for the person with a suspected learning disability, but formal diagnosis must be done by a qualified professional who can evaluate learning disabilities (Learning Disabilities Association of America). Adults who have struggled with school and work may have undiagnosed learning disabilities. Screening is a way for an advocate to better determine the probability of the suspected learning disability and to help the person decide if he or she needs to continue with an LD diagnosis. Also, LD screening can identify areas of strengths and challenges that will help the person better understand why he or she has struggled in certain areas of life. Knowing one's strengths can help to determine the best strategies to use to succeed in school and work (Learning Disabilities Association of America). There are a number of screening tools available for support to use with the person who may have an undiagnosed learning disability. Some of these tools require special training, while others are available online. Some tools are free others require training and may have associated training costs.

III. CHALLENGES OF SCREENING LD

Multidisciplinary nature of the field: LD is the concern of many disciplines and professions including education, psychology, neurology, neuropsychology, optometry, psychiatry and speech and language pathology. Each of these disciplines has traditionally focused on different aspects of the child or adult with learning disability so divergent ideas and contentious disagreements exist about the importance of etiology, diagnostic methods, intervention methods and professional roles and responsibilities (Torgesen, 1991). It is not surprising that so many children are identified because each professional for example, optometrists may identify a child as having a learning disability if the youngster displays difficulties in visual tracking. Speech and language pathologists on the other hand become concerned if the child's vocabulary and syntactic development are commensurate with expectations. Educators become concerned primarily when development in reading, writing and mathematics is deficient (pg. 68, Bajpai & Dwivedi).

Lack of specific identification criteria: The most significant and persistent problem in the field is the lack of a precise definition and a theoretically based classification system that would allow the identification of different types of learning disabilities and a means of recognizing distinctions and interrelationships between types of learning disabilities and other learning disorders such as mental retardation, attention deficit disorder, speech and language difficulties and general academic underachievement (Fletcher et. al, 1991). At present,

the field continues to construct and use vague and ambiguous definitions that rely heavily on the exclusion of alternative diagnoses. Lack of adherence to a consistent definition of learning disabilities to emphasize on the intrinsic and life-long nature of the condition; the understanding, acceptance and willingness to accommodate normal variations in learning and behavior; sufficient competent personnel and appropriate programmes to support the efforts of teachers to accommodate the needs of children who do not have learning disabilities but who require alternative instructional methods; insufficient supply of competently prepared professionals to diagnose and manage exceptional individuals; false belief that underachievement is synonymous with specific learning disability; the incorrect assumption that quantitative formulas alone can be used to diagnose learning disabilities; failure of multidisciplinary teams to consider and intehrate findings related to the presenting problems; comprehensive assessment practices, procedures and instruments necessary to differentiate learning disabilities from other types of learning problems and preference for the label 'Learning Disability' over 'mental retardation' or 'emotional disturbance' which leads to the misclassification of some individuals are the primary issues in the identification of learning disabilities (NJCLD). Epidemiological studies of learning disability are also fraught with difficulties ranging from the very definition of learning disability, identification and assessment, to socio-cultural factors unique to India and its implications in a pluralistic society being immense and cannot be easily dealt with (Karanth, 2002); where each type of learning disability needs to be individually addressed instead of being addressed under the broader umbrella term 'Learning Disability'.

Scarcity of standardized tools: Most of the tools used in India are either western tools or adaptation of western tools. These tools used in India are a one-time task, lacking revision, lacking revision, owing to the lack of credential body of experts and sufficient financial resources for periodic revisions with respect to their usability, reliability, validity and norms across different states in the country. Also ready-made standardized assessment tools are not available in the different languages to suit the multilingual social context of the country hence frequently criticized for being insensitive to the reader's linguistic environment and the characteristics of their writing system. Indigenous, language based reading assessment tests should be used that are sensitive to the characteristics of each language and its script specific features since reading processes depend on the nature of language and its script-specific features (Prema & Karanth, 2003).

Lack of teacher awareness and competency: In India, learning disability unfortunately lacks recognition as a disability. The acute lack of teacher awareness, assessment procedures or indigenous tools for assessment of processing deficits, intelligence testing and testing for proficiency in reading and writing further complicates the inherent complexities of the notion of learning disability (Karanth, 2002). The teacher certificate programmes in India are short of sufficient courses in special education to prepare general education teachers for inclusive classrooms. Owing to the lack of proper training in the area, lack of familiarity with reading process 'trial and error' is what guides the course of remediation (Mirchandani and Sundaram, 2006). The role of speech language pathologists who are required to work in close co-ordination with teachers to set appropriate goals and activities for children in their classrooms and design intervention programmes for targeted children, is undermined in being determined by the clinical setting in which they work and in most cases the most important factor influencing their involvement with reading disability is their own interest, limiting successful intervention (Nirupama and Karanth, 2003).

Lack of proper research in the area: Learning disability in India is relatively a new and less explored area, with only selected centres and departments being interested and involving in researching this field. The educational system in the country lays particular emphasis on 'knowing' rather than 'learning' and 'theory' in place of 'application' and is therefore inappropriate for students with learning disability. It is imperative to examine the issues pertaining to assessment and remediation in the Indian context since there is lack of indigenous research and the preference and dominance of western adaptation in absence of an appropriate need - based assessment. Most of the researches and intervention in the area of learning disability in India is being undertaken by the non-government and private organisation, with little substantial communication and participation between them and the state educational authorities. Further field in both the private and government sector hindering in effective medical interventions, though early identification and prevention programmes and provision of early intervention in basic reading skills in primary-grade general education classrooms can reduce the number of students with reading problems by up to 70 percent (Lyon, et. al., 2001). Studies done across several countries prove that the typologies have clinical significance from the viewpoint of diagnosis and warn against the improper clubbing of all children with dyscalculia into one group, stressing on the rehabilitation programmes for these children to be planned carefully keeping in mind the nature of dysfunction. Within the multifactorial framework, the gene-gene and gene-environment interactions may be a reason for the different symptoms in the Dyslexia spectrum resulting in other conditions like ADHD

(Attention Deficit Hyperactivity Disorder) and CAPD (Central Auditory Processing Disorder) which surface in future implying that 'Specific Learning Difficulty' is more than just a difficulty with learning involved and one of the symptoms (McGrath et. al., 2006). Researches need to be conducted to understand the speech perception mechanisms in children with CAPD ((Central Auditory Processing Disorder) to design comprehensive rehabilitation strategies, as no single test can provide complete information and may fail to detect the deficit at a particular level (Shivshankar, 2003).

Lack of early identification: LD should be identified at primary level of education for best result that could be overcome the other behavioural and social issues. In India, people are not aware of this term yet, even in research area there are very less studies have done on this. Even government not implemented any strong statement regarding identification of this hidden disability at whole nation. Major researches have been done in south Indian region and very less have conducted in north zone as well. Therefore, lack of awareness regarding this issue make huge gap for identification.

No standardized diagnostic assessment: There are currently no standardized screening and referral tools that are widely used and school must rely on teacher judgment based on classroom observation and student performance on internal assessment to make referral. There is a dearth of valid assessment tools in India (Kalyanpur, 2020). List of tools announced by Government not applicable as per Indian norms. Only NIMHANS Index for SLD has been developed for Indian context, but has limited published validity and reliability and inherent cultural biases (Misquitta & Panshikar, 2022). Less awareness towards LD leads to less resources for the identification. Teachers are not aware about this concept and they are not able to recognize this problem. Hence, without appropriate knowledge and resources teachers cannot detect learning problems in children.

Diversity in languages: Identifying students with LD in a multilingual country like India is challenging (Karande & Kulkarni, 2005). Whereas both India and English are official languages of the Government of India, most states have their own official languages. The medium of instruction in government schools across states is typically the official state language which may not be the home language of the students (Msquitta & Panshikar, 2002). However, LD is the western concept started in English language and a large portion of children learn English as second or third language, thus this language barriers makes conflict for children and teachers too. Around 25% of children attending primary schools in India are at a disadvantage on account of the medium of instruction being unfamiliar language (Jhingran, 2009), making it difficult to identify children with LD from those having limited language proficiency (Raman et al., 2020).

Lack of conceptual clarity (hidden disability): The primary issue with disability is that this is hidden disability presenting no physical manifestations or sensory markers; this characteristic makes distinguish from other disabilities. It's not surprising that this often leads to bafflement as teachers and parents fail to recognize the signs in such children, and are unable to manage the internal struggles the child goes through as he or she stumbles to learn, adapt and socialize (Oberoi).

Parent's consent: The most prominent part for identification is that parents' consent. Although, the overall process should be completed by school, however parents' permission is the necessary aspect of this procedure. In India this is very new concept and hidden disability too thus guardians always disagree to continue this process on their children. Moreover, LD children are as normal as non-LD children so for parents it's difficult to accept that their children have any kind of disability.Parents' consent must be obtained before evaluating the child. The academic, developmental and medical history along with the linguistic usage and communications patterns of the child must be obtained from the parents. The parent must be involved in the planning of the intervention program such as attending a resource room, provision of accommodation and modifications to the child (Rehabilitation council of India).

Lack of Government policies and implementation: LDs is first time consider one of the disability under 21 disabilities in RPWD Act, 2016 in India. There is no stringent provision under this disability and benefit for children. On the other hand there are numerous provisions for children and for parents too at international level.

Prevalence rate of LD not clear: There is not clear prevalence rate of LD children in India likewise, specific learning disabilities affects almost 5-15% of school going children (Kamala, 2014; Muthusamy & Sahu, 2020) absence of standardized procedures estimated prevalence according to local studies between 2-19% (Kuriyan et al., 2019). Research studies showed different prevalence rate for LD in different regions. There is no official national prevalence estimates of LD published.

Lengthy identification process: Learning disability testing is a complex process of gathering information in all areas related to a student's suspected learning disability. Federal regulations require that no more than 60 days should elapse from the time a student is referred for testing until the time the IEP is developed. To a parent, those 60 days of waiting for

learning disability testing can seem like an eternity (Rahul, 2020). Depending on the area of disability and the unique questions surrounding each child, the learning disability testing may include a review of educational records, observations of the child, review of student work, or medical, vision and hearing tests. School officials may also collect the developmental and social history of the child and evaluate the child's fine and gross motor skills. Other areas to be assessed include adaptive behavior, speech, and language.

IV. CONCLUSION

In conclusion, early identification of learning disabilities in India is a multifaceted endeavor that requires collaboration, awareness, and appropriate resources. By identifying learning challenges early on and providing targeted support, children with learning disabilities can be better equipped to overcome obstacles and achieve their full potential. To address aforementioned challenges, a comprehensive approach is needed. This approach should include increasing awareness and knowledge about learning disabilities, training professionals in standardized assessment techniques, developing culturally sensitive and linguistically appropriate screening tools and advocating for inclusive education policies that prioritize early identification and intervention for children with learning disabilities.

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