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Sharon A. Raver

Old Dominion University, sraverla@odu.edu

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*INDIA: TRAINING TEACHERS FOR CHILDREN WITH
MENTAL RETARDATION*

Sharon A. Raver
Old Dominion University

India is a country of contradictions. On one hand, India is a modern country moving toward becoming a world leader in computer technology and boasts the second most computer literate population in the world (Babington, 2000; Kumar, 1999). On the other hand, India is a developing nation with 14 constitutionally recognized languages, 25% of the world's malnourished (Babington, 2000), and a majority that practices customs in everyday life that are 5,000 year old (Kumar, 1999). India is rich in natural resources and yet, because its population grows as quickly as its economy, it has one of the world's lowest per-capita incomes (Choudhury, Gamkhar, & Ghose, 1990). This article discusses the efforts being made in India today to break from past treatment of individuals with disabilities. In 1995, India passed The Persons with Disabilities Act the first comprehensive legislation intended to require services for individuals with disabilities. Under this law, the education of children with mental retardation has the potential of undergoing some of the most dramatic changes ever experienced. This article discusses this law, its implementation, and the hopes and challenges the law poses for India in the new millennium.

When India gained its independence from the British in 1947, it became the world's most populous democracy (Choudhury, Gamkhar, & Ghose, 1990). Located in South Asia on the Indian subcontinent, India is bordered by Pakistan on the west; China, Nepal and Bhutan on the north; and by Bangladesh and Myanmar on the east. India ranks among the top ten industrial nations in the world. However, as with most recently independent nations, India does not have a favorable balance of trade (Wolpert, 1991). Because its' population grows as quickly as its economy and a large portion of the population is rural, India has one of the world's lowest per-capita incomes (Choudhury et al., 1990). The majority of people in India live in villages, using agriculture for their livelihood. Inadequate sanitation and nutrition continue to be major public health problems in India while tuberculosis, polio, malaria, and HIV/AIDS are uncontrolled (Babington, 2000).

India is a country of contradictions. India has one of the world's fastest-growing economies, but progress is hindered by major impediments to efficient commerce such as bad roads, inadequate power supplies, and a sluggish government bureaucracy (Babington, 2000). It accounts for 30% of the world's software engineers while at the same time, it accounts for 25% of the world's malnourished (Babington, 2000). Despite success exporting textiles (Gill, 1998), agricultural goods, brassware and silverware, India experiences many social and political stresses. Some of the political and social strain may come from the fact that India is a multilingual country.

Currently, more than 200 languages are spoken. This linguistic diversity is an important ingredient of modern Indian civilization. The country is divided into 25 states that are divided along linguistic lines to preserve regional cultures and languages (Choudhury et al., 1990). For this reason, states are given a substantial amount of power in self-governing. The Indian constitution recognizes 14 regional languages in addition to Hindi and English. Hindi is the official language of India, although only 30% of the population speak it. English, although spoken by only 3% of the population, is the official language of government, education and science.

The caste system, a facet of Hinduism, is a major social system that groups people according to birth. Although caste should not be confused with class, lower caste groups perform much of the manual labor and unskilled jobs in the country (Choudhury et al., 1990). Despite this, the Indian constitution specifically prohibits discrimination on the basis of caste and reserves special quotas in schools, legislature and employment for representatives of lower caste groups. Caste consciousness, however, remains a recognized ingredient in everyday life since caste and opportunity continue to be linked.

Public schooling is the responsibility of both central and state governments. Schooling is free for all children through the university level. Schooling is compulsory, in all but two states, for children 6-14 years of age. However, this policy is inconsistently enforced, and varies significantly between states.

India's literacy rate has doubled in the last decade and in 1991 was reported to be about 53% (Wolpert, 1991). Literacy is higher in urban areas than rural areas (Raychaubhurin & Habib, 1982). Literacy continues to be higher among men, than women (Staff, 1999c).

Although there have been many programs sponsored by the central government to increase literacy, children of the poorest families continue to have limited access to education.

Despite the fact that in 1998 the government estimated that there were about 90 million Indians with disabilities (Government of India, 1998), India has had a pattern of treating individuals with disabilities with prejudice or rejection. Children with mental retardation, for example, have been the recipients of overt discrimination in schooling, marriage and employment (Mazumdar, 1998). The more positive response to individuals with disabilities, historically, has been their treatment as objects of charity (Mazumdar, 1998). Nonetheless, India today is attempting to change.

In the last seven years, there has been a growing countrywide interest in not only increasing literacy but in also serving *all* students through the public education system. Historically, children with special needs have been excluded from public schools. As a signal of change, in 1993 India cosponsored the Asian and Pacific Decade of Disabled Persons. Today, India is in the process of re-evaluating how Special Education teachers are prepared as well as re-evaluating what are appropriate services for children and adults with disabilities (Government of India, 1995).

New Government Legislation and Its Implications

In 1995, the government of India enacted the *Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act*. This law was a landmark event because it represented the first successful attempt to secure comprehensive legislation to serve individuals with disabilities in the country. As it is written, The Persons with Disabilities Act attempts to change societal attitudes toward individuals with disabilities and change the nature and scope of services required for them. The law states that India will do the following: (a) develop activities designed to prevent disabilities, (b) develop a system of medical care for individuals with disabilities, (c) develop public education for children with disabilities, (d) develop formalized training programs for teachers and personnel to work with individuals with disabilities, and (e) develop employment and rehabilitation programs for individuals with disabilities (Ministry of Law, Justice and Company Affairs, 1995). The act states that the government will create barrier-free environments, take steps to counteract discrimination or exploitation, and move toward *equalization of opportunities* for individuals with disabilities (Ministry of Law, Justice and Company Affairs, 1995). Additionally, the law outlines new benefits such as deductions on income taxes for families of children with disabilities and new concessions such as reduced rates and priority seating on railroads. The law is to provide unemployment allowances for individuals with disabilities and to establish homes for persons with severe disabilities in the community (Mazumdar, 1998).

Further, the law is supposed to encourage the economic development of citizens with disabilities. The National Handicapped Finance and Development Corporation (NHFDC) was formed because of this law. This governmental office attempts to promote the economic development of persons with disabilities through loans, assistance in upgrading vocational skills, and in marketing goods produced by self-employed individuals or groups of individuals with disabilities (Government of India, 1998).

Implementation of the law has been passed to states that are now beginning to take steps to arrange for the budgetary allocations required for enacting the law. There seems to be little consensus on how individual states will find the funding for implementation or how far along in the process each may be at the present time. Some states have chosen to begin implementing only one or two components of the law at a time. Since few governmental changes occur quickly in India, most do not expect the implementation of the Persons with Disabilities Act to be speedy (Mazumdar, 1998).

To combat negative societal beliefs about disabilities, the central government and some state governments have begun a *mass education campaign* similar to the one currently in use to increase literacy. Children and adults with disabilities face strong negative attitudes and expectations based on misinformation, religious and regional practices, and superstitions (REACH Annual Report, 1997-98, p. 13). There is a common social belief that individuals with disabilities which should socialized only with others with disabilities (Mazumbar, 1998). Many social practices in India openly discriminate against individuals due to gender, age, marital status, and social class. For this reason, it is not surprising that individuals with disabilities also suffer open discrimination.

As a part of the education campaign, it is now common to see, in the state of West Bengal, for example, billboards and ads promoting the potential of children with disabilities. These signs are posted in public places such as in parks, on trains, and in markets. Local news programs are beginning to cover events that occur in special schools and regularly air positively slanted public awareness programs on different disabilities. Some professionals report that they see acceptance and understanding slowly changing as a response to these efforts.

It is evident that India broke with tradition when it passed the *The Persons with Disabilities Act*. The law communicates openly to India's people and people in other countries that individuals with disabilities will no longer be treated as they have in the past. But having the law on the books, guarantees little. When, and how, the law is implemented will be the real test. Like all legislation in India, implementation of this act will be dependent on fluctuations in political and economic circumstances (Mazumdar, 1998), and will be influenced by a sluggish governmental bureaucracy.

Teacher Preparation in Mental Retardation.

In 1984, The Rehabilitation Council of India (RCI) was established. The RCI is a statutory body charged with the task of regulating and monitoring training programs for preparing professionals and personnel to serve individuals with disabilities. In 1993, the RCI established that all new professionals and personnel serving individuals with disabilities would be required to participate in training recognized by the RCI as well as register with the council. The RCI outlined training requirements for each disability area which regional centers must follow (Ministry of Welfare, 1998). This was the first time all personnel working with children and adults with special needs were required to participate in some formal training.

The National Institute for the Mentally Handicapped (NIMH) is under the auspices of RCI and attempts to develop and design appropriate models of care for individuals with mental retardation, as well as conduct and coordinate research in assessment, education, training and habilitation for this population (NIMH, 1998-99). The direct training of personnel to serve children and adults with mental retardation in the country is managed by NIMH. Both RCI and NIMH are agencies under the Government of India Society, Ministry of Welfare. The training of personnel in the area of mental retardation is coordinated by four regional centers of NIMH located in Calcutta, New Delhi, Mumbai, and Secunderabad.

NIMH administers three main programs: (1) a Bachelor's Degree in Mental Retardation (BMR), (2) a Diploma in Special Education, and (3) short training programs. Additionally, NIMH conducts 10-12 training programs through university departments, state governments, or nongovernmental voluntary organizations (NGOs).

Because India is such a large country, the number of training sessions offered through NIMH does not meet the needs of all that desire training. Consequently, the selection of participants is highly competitive. A small reimbursement is available for transportation to and from training and usually some accommodations are arranged for participants.

Bachelor's Degree in Mental Retardation. It is possible to receive a Bachelors Degree in Mental Retardation (BMR) from a university or NIMH. Both programs take about 3 years to complete. Admission requirements are determined by Osmania University, Hyderabad. The maximum age for admission is 25 years and candidates must have passed English in three qualifying examinations. Courses in Neurobiology, Psychology, Special Education, Speech-Language Pathology and Audiology, Physiotherapy and Occupational Therapy are offered.

Only about 20 students are admitted each year to the university programs. Students are selected based on merit from each of the four zones in the country. Their aggregate marks earned in the qualifying examination and the entrance examination conducted by NIMH in Secunderabad are used for selection. Due to a high level of unemployment and a general sense that Special Education may offer some employment stability in the future because of the Persons with Disabilities Act, hundreds of applications are received for each slot available. Post-graduate degrees in Special Education (Masters Degrees) are also being offered through the Rehabilitation Council of India in most areas of Special Education.

The university system in India is openly strained. Buildings are often in poor repair, campuses which were designed for 5,000 students may currently serve 60,000 students (Bearak, 1998). While only 3 percent of Indians ages 17-23 attend college, this still amounts to 7 million students seeking college training. Completion of a college degree is increasingly viewed as the admission ticket to the middle class for students from poorer backgrounds so more poor students are attending college than ever before. Some faculty report that a growing number of their students are *first generation-learners* which supports this trend (Bearak, 1998).

India allocates only 3.7 percent of its gross domestic product on education (Bearak, 1998). This amount exceeds most other nations in South Asia, but lags behind much of the developing world.

Diploma in Special Education (Mental Retardation). The diploma program is the most common training program for Special Education teachers in India. This program takes about one year. Participants chose to specialize in either Mental Retardation or Vocational Training and Employment for the Mentally Retarded. The program is conducted in about 31 training centers in the country (NIMH, 1998-99). It involves 1,000 hours of training, offered 5 days a week. The major content areas taught are: (a) Mental Retardation (nature and needs), (b) Special Education (curriculum and teaching), (c) Psychology, (d) Family and the Community, and (e) Speech Therapy, Physiotherapy and Occupational Therapy. The program is divided into lectures, known as *theory*, on subjects such as individualized programming, group teaching, use of teaching aids, art, crafts, music, yoga, behavior modification, Physiotherapy, and Occupational and Speech-Language Therapy. Theory lectures tend to be taught in the afternoons. Participants are also given experience working in school settings, known as *practicals*.

The Diploma courses are limited to 20 participants. Most are sponsored by nongovernmental voluntary organizations (NGOs). NGOs in the past have been private schools for children with special needs. Participants are given a stipend to support themselves during the training, offered a hostel to live in and the cost of some travel. Participants spend 15 days training in a rural setting as well as 10 days on an educational tour of Special Education programs in India. As with all education in India, there is no cost for tuition. Again, there are many more applicants than openings. In 1999, over 500 applications were received for the 20 slots in the diploma program in the Calcutta NIMH Center.

Participants must have a minimum schooling of Class 12 of high school that is roughly equivalent to a high school diploma. Applicants are selected based on recommendations, experience in the field, performance in an interview, and education. Applicants with college experience are given preference, as are those who are 35 years old and younger. About 20% of those accepted into the training are working currently in the field while about 5% tend to be parents of a child with a disability or have a sibling who is disabled.

Participants for the Diploma in Vocational Training and Employment (Mental Retardation) receive training in: (a) identifying and training appropriate work environments, (b) skills in the use of technology to develop the most productive work environments, (c) skills in managing clients with mental retardation in the work environment, and (d) skills in serving as administrators in vocational positions (NIMH, 1998-1999). Only two regional centers offer this type of program. Enrollment is limited to 15. Participants are required to have college training in engineering, vocational or science subjects or have a Bachelors in Special Education. A small training allowance is provided. The Diploma in Special Education is now considered the most basic training program for new teachers entering the field.

Short Term Training. About 30 short-term courses are offered annually through NIMH. These training sessions range from 2 days to 3 weeks for professionals already working in the field in mental retardation (inservice training) and for parents of children with mental retardation. Participants in short courses must be sponsored by their current employers to attend.

Short-term courses have a variety of topics. One course is a 3-week refresher training for professionals working in the field that is limited to 30 participants. Other courses are designed specifically for vocational professionals and teachers teaching in rural areas. One short-term program currently being offered across India is called *Bridge Training*. This is a one-month training course RCI requires for all teachers who began working in the field prior to 1993, but have no formal training. This describes the largest number of teachers working with the mentally retarded in India. RCI has declared it a national goal that all teachers serving children with special needs will have training, the least of which being the *Bridge Training* by the year 2000. If a teacher working in the field does not receive and pass the training, it has been stated that the teacher can only be hired as a teaching assistant in the future.

Educating Children with Mental Retardation Today

The Persons with Disabilities Act gave policymakers and administrators an incentive to re-evaluate nearly every aspect of the field of Special Education. Most of the conditions specified in this law require significant departure from how education for the disabled has been managed in the past. Some of the more critical changes proposed by the Persons with Disabilities Act will be discussed below: mainstreaming, funding of special schools, teacher training, and early intervention.

Mainstreaming Efforts

The passage of the Persons with Disabilities Act established the first mandatory education programs for children with disabilities, but it also began a discussion of how to serve students with mild disabilities within the general education system. Before this, these students have been excluded from public school programs.

Much of the drive for mainstreaming seems to be coming from directors of nongovernmental voluntary organizations (NGOs). These professionals are keenly aware of the potential difficulties India will face in the area of mainstreaming. At present, discussions of mainstreaming tend to focus on five major areas of concern.

First, there is a concern about the need for establishing an infrastructure for inclusion in the country. Currently, there is little agreement about what *mild disabilities* actually are or how such students should be best served. Programs for students who might be labeled as *learning disabled* or *mildly mentally retarded* in the United States and European countries are just starting to emerge. The few programs that are available tend to be segregated special schools for students who are functioning at too high a level for existing special schools for children with mental retardation, but who are still struggling in general education classrooms as they are now structured. Because in the past students with mild disabilities were excluded when teachers deemed it appropriate, most general educators have no idea how to teach these students (Venkatesan & Vepuri, 1995). General public schools and general education teachers will need a great deal of support as they learn how to make accommodations and teach students with mild disabilities.

Second, there is a concern about the need for establishing a process for referral and assessment of students with mild disabilities. Assessment practices seem to have lagged behind in India primarily due to language and cultural differences that exist between states. These differences often make English/Western assessment tools problematic too. Appropriate definitions, assessment tools and referral mechanisms will need to be established.

Third, there is a concern about the need for establishing a formal system for training teachers who understand the unique role of serving students with mild disabilities. The concept of a resource teacher is new and occasionally misunderstood in India. Presently, there are few training programs for resource teachers and little agreement among professionals on which aspects of remediation and collaboration teacher preparation programs should emphasize. Today, since special and general educators operate independently, collaboration is not an universally understood, or accepted concept.

Fourth, there is a concern about the need for establishing support services for students with mild disabilities so they may receive speech and/or physical therapy when these services enhance their inclusion. This, too, will not be an easy task. Throughout India there is a significant shortage of occupational/physical therapists and speech-language therapists. Additionally, there is a shortage of teacher aides who are frequently essential in supporting students with mild disabilities in general education classes, as well as

shortages of educational materials, basic supplies such as paper, tables and chairs, and adaptive equipment. As a rule, special schools with past international funding assistance tend to be better equipped and have better trained teachers.

And fifth, there is a concern about the process of mobilizing communities so they support the philosophy of mainstreaming. There will probably be resistance from families of general education students, as well as some resistance from families of students with special needs who believe that segregated services are more beneficial. Parent counseling, peer sensitization, and beginning to make buildings handicapped accessible are areas that require careful deliberation before school systems attempt to implement mainstreaming.

Financial Support Special Schools

Before 1999, there were few public schools for children with mental retardation in India. As stated earlier, *Special schools* tended to be private, NGOs supported by tuition and donations, particularly from foreign sources. These schools served only students with usually one specialized need such as students with hearing impairments. Often these schools were established by a small group of charismatic directors and boards who worked tirelessly long before any services were required.

Now special schools are eligible for government funds and are slowly beginning to be considered part of the public education system. Unfortunately, this transition has not been without glitches. Some special schools report that government allocations are insufficient to cover their expenses. Others report that funds do not arrive on time. Still others fear they may have to continue soliciting donations to maintain their current programs.

Further, services are not distributed equally throughout India. Like most countries, special schools tend to be located in population centers. Local travel is expensive and difficult in India, so families that do not live near a school, often find it difficult to participate. Presently, there is a nation-wide effort to attempt to address this problem by training more teachers and building more schools. However, building is expensive and training the number of teachers necessary will take time.

Mandatory Teacher Preparation

Today, as mentioned, new teachers of children and adults with mental retardation must complete the Diploma in Mental Retardation program. If they have been working in the field for 5 years or longer, teachers must complete the *Bridge Training*. In the past, training was handled in different ways, by different programs, and may not have always been formal. The new standards for training required by the RCI will eventually lead to more competent teachers and increase their social status.

General education teachers tend to be highly respected in India. In contrast, teachers of students with mental retardation often have no pensions, no medical benefits, and no employment security. Although outside their schools teachers of children with mental retardation may not be the recipients of the same level of esteem as general education teachers, within their schools they tend to be respected and highly valued by families and children.

As a Fulbright Scholar, I spent 6-months in Calcutta. Calcutta is the largest city in India and is considered one of the most crowded in the world (Nair, 1987). Calcutta, a major banking and commercial center, has been hampered by a long-neglected infrastructure, which has limited its economic growth in the past decade. My responsibilities involved training inservice teachers of children and adults with mental retardation, developing assessment and curricula materials, training professionals in early intervention, and developing inservice training modules. My workshops were attended by interdisciplinary teams, inservice and preservice teachers, paraprofessionals, community leaders and family members.

India's high unemployment rate makes teachers of children with mental retardation a very dedicated group that tend to maintain an endless amount of goodwill for their students. The teachers I trained were willing to travel long distances for training, even when the training was not required and they had to cover their own expenses which could be substantial. I must also say that most of those I trained were eager to attempt new strategies, develop new materials, and think about teaching in ways that were unfamiliar to them. In so many cases, whatever the teachers may have lacked in formal training and materials, they made up for in their commitment and responsiveness.

The majority of instructors in the NIMH training programs are well prepared and dedicated. Although all instructors are required to have a Masters Degree in Special Education and take the National Eligibility Test for Lectureship, some instructors seemed to have limited classroom teaching experience. Due to this

limitation, some training issues involving curriculum development and direct instruction may have been outside the experience of some instructors. Some participants, and instructors, commented to me that they found a few topics included in training that were unnecessarily theoretical, leaving teachers with an inadequate preparation in classroom organization or practical intervention planning.

Interest in Early Intervention

The perimeters of *The Persons with Disabilities Act* do not indicate a need for early intervention. However, more and more special programs are taking the initiative and beginning early intervention units for children from infancy to school-age. There appears to be a growing understanding of the value of early training for children with mental retardation. In the United States and other countries, the benefits of early intervention are well accepted (Raver, 1991). Early intervention can lead to improved functioning in young children and improve their functioning and quality of life later in life. It also can result in decreased family stress as well as facilitate family adjustment (Raver, 1999). The demand for early intervention will undoubtedly grow as the Persons with Disabilities Act is more fully implemented.

The Current Transition

Any transition can be problematic, leading to erratic implementation of policies. By beginning to implement the Persons with Disabilities Act, India is attempting to serve a group of citizens who have not been acknowledged, nor served in the past. This can easily be an overwhelming process, riddled with bureaucratic challenges. Fortunately, administrators, teachers and families are accustomed to dealing with bureaucratic *challenges* in India so some of the strains experienced in this transition are not perceived as unusual. To many Indians, any change, no matter how small, is welcomed because they are keenly aware that India is a country not accustomed to changes in its social or educational policy.

Recently while inaugurating a new school for children with mental retardation in Calcutta, President K.R. Narayanan of India, acknowledged that the 1995 law promising the disabled of India *equal opportunities in life has yet become a reality* (Staff, 1999a, p. 4). President Narayanan told a group of parents, teachers and students, *I must admit that our society traditionally has not exactly been oozing with sympathy for them {disabled children and adults} (Staff, 1999a, p. 4)...They {the disabled} should not be treated as outcasts (Staff, 1999b, p.8)*. Although his words may not have carried any new revelations for families of children with mental retardation, the fact that the story was covered by all major newspapers does reflect an honest attempt to bring about changes in attitude and social practice.

An Emerging Sense of Optimism

India is a country not easily understood at first encounter. It is a country of remarkable colors, smells, spirituality and contradictions (Kumar, 1999). On one hand, India is a developed country that boasts having the second most computer literate population in the world (Babington, 2000). Indian-Americans now run more than 750 companies in Silicon Valley alone in the United States and record numbers are now returning home to India to assist in its economic recovery (Babington, 2000). On the other hand, India is a developing country that has a majority who continues to hold beliefs and conduct practices in their daily lives which originated 5000 years ago (Kumar, 1999). Any simple statistic about India does not capture the country's vibrancy or its contradictions.

In the same way, merely describing the Persons with Disabilities Act does not capture how the law is being received by families and professionals serving children with mental retardation. The Persons with Disabilities Act has created many new challenges, but it has also been a stimulus for an abundance of hope and optimism. It is India's formal advocacy statement for its citizens with special needs. In the country, there seems to be a growing sense that special education will be different in the future. Among professionals, there seems to be a growing sense that public opinion is more favorable now toward individual differences than it was even five years ago. Among families, there seems to be a growing sense that there are more programs now and that attitudes toward their children are more positive than they were five years ago.

Clearly, India is experiencing some difficulties as it attempts this transition. Some difficulties are to be expected and are similar to those encountered by other countries that have implemented similar policies. For example, the Persons with Disabilities Act is similar in scope to Public Law 105-17, the *Individuals*

with *Disabilities Education Act* which was originally passed in the United States in 1975 and reauthorized in 1997 (Individuals with Disabilities Education Act (IDEA), 1997). Like the law in India, IDEA has attempted to change societal attitudes as well as increase services. Most professionals in the United States would probably report that attitudes are more positive today toward those with disabilities than they were 25 years ago, but most would probably also report that the work is not finished. It took the United States nearly 10 years to have all states come into compliance with its national law.

This is a time of hope in India. There is a hope that, for the first time, children with mental retardation may be able to succeed beyond their parents' dreams. There is hope that, for the first time, educational options will be better tomorrow than they are today. There is hope that children with mental retardation will be able to participate in meaningful work as adults. Many families in India now embody this new hope as they refuse to accept traditional views or treatment of their children and courageously include their children with mental retardation as integral parts of their families and their communities. Each family's primary hope is that one day their children will not only receive services, but that they will also be welcome in Indian society.

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