

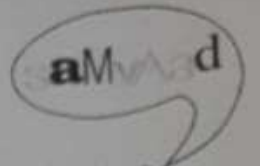
# **BENGALURU CITY UNIVERSITY**

**CHOICE BASED CREDIT SYSTEM**

**(Semester Scheme with Multiple Entry and Exit Options for  
Under Graduate Course- as per NEP 2020)**

**Syllabus for B.Sc. Rehabilitation Science**

**2021-22 onwards**



**SAMVAAD INSTITUTE OF SPEECH AND HEARING**  
(Affiliated to Bengaluru City University and Recognised by Rehabilitation Council of India)

**MINUTES OF THE BOS MEETING VIA EMAIL CIRCULATION ON 28/12/21**  
**SAMVAAD INSTITUTE OF SPEECH & HEARING**

Agenda: Approval of the Rehabilitation Science course syllabus.

The Rehabilitation Science course syllabus was circulated among the BOS members, via email, for approval on 28<sup>th</sup> of December 2021.

The following members participated and sent their responses via email.

- |                              |             |
|------------------------------|-------------|
| 1. Dr. Anne Varghese         | Chairperson |
| 2. Ms. Radhika Poovayya      | Member      |
| 3. Dr. Jayshree Bhat         | Member      |
| 4. Mr. Suresh Thontadarya    | Member      |
| 5. Dr. Narasimhan            | Member      |
| 6. Ms. Prajna Bhatt          | Member      |
| 7. Mr. Avinash Krishnamurthy | Member      |

All the members gave their approval for the Rehabilitation Science course syllabus. The response of each member is attached with the minutes.

Thanking You,

Yours Sincerely,

Dr. Anne Varghese  
CHAIRPERSON  
BOARD OF STUDIES - UG



SD  
31/12/21

Dr. ANNE VARGHESE  
CHAIRPERSON  
BOARD OF STUDIES - UG / PG  
Samvaad Institute of Speech & Hearing  
#18, 1st Cross, 5th Main, Anandgiri Extension  
Hebbal, Bangalore - 560 024

## SEMESTER-I

PAPER1.1	LANGUAGE-I (PAPER-I)	100 MARKS
PAPER 1.2	LANGUAGE- II (PAPER-I) (ENGLISH)	100 MARKS
PAPER1.3	HEALTH CARE AND PREVENTION OF DISABILITIES (PAPER-I)	100 MARKS
PAPER1.4	PSYCHOLOGY (PAPER-I)	100 MARKS
	<b>TOTAL</b>	<b>400 MARKS</b>

## SEMESTER-II

Paper 2.1	LANGUAGE -1 (Paper II)	100 Marks
Paper 2.2	LANGUAGE-II(Paper-II) (English)	100 Marks
Paper 2.3	INTRODUCTION TO DISABILITY (Paper-II)	100 Marks
Paper 2.4	PSYCHOLOGY(Paper-III)	100 Marks
	<b>Total</b>	<b>400 Marks</b>

### SEMESTER III

PAPER3.1	LANGUAGE-1 (PAPER-III)	100 MARKS
PAPER3.2	LANGUAGE-II (PAPER-III) (ENGLISH)	100 MARKS
PAPER3.3	VISUAL IMPAIRMENT(PAPER-III)	100 MARKS
PAPER 3.4	PSYCHOLOGY (PAPER-III)	100 MARKS
	<b>TOTAL</b>	<b>400 MARKS</b>

### SEMESTER IV

PAPER 4.1	LANGUAGE-I (PAPER-IV)	100 MARKS
PAPER 4.2	LANGUAGE- II (PAPER-IV) (ENGLISH)	100 MARKS
PAPER 4.3	HEARING IMPAIRMENT (PAPER-IV)	100 MARKS
PAPER 4.4	PSYCHOLOGY (PAPER-IV)	100 MARKS
	<b>TOTAL</b>	<b>400 MARKS</b>

## SEMESTER-V

PAPER 5.1	MENTAL RETARDATION (PAPER-V)	100 MARKS
PAPER 5.2	LEARNING DISABILITY (PAPER-V)	100 MARKS
PAPER 5.3	PSYCHOLOGY(PAPER-VI)	100 MARKS
PAPER 5.4	PSYCHOLOGY (PAPER-VI)	
	<b>TOTAL</b>	<b>400 MARKS</b>

## SEMESTER-VI

PAPER 6.1	EARLY INTERVENTION PROGRAMME FOR THE DISABLED (PAPER-VII)	100 MARKS
PAPER 6.2	MANAGEMENT ISSUES IN EDUCATION & REHABILITATION (PAPER-VII)	100 MARKS
PAPER 6.3	PSYCHOLOGY (PAPER-VIII)	100 MARKS
PAPER 6.4	PSYCHOLOGY (PAPER-VIII)	100 MARKS
	<b>TOTAL</b>	<b>400 MARKS</b>

## SEMESTER-VII

PAPER 7.1	THERAPEUTIC INTERVENTION FOR THE CHILDREN AND PERSON WITH DISABILITIES OR DIFFERENT ABILITIES(PAPER-IX)	100 MARKS
PAPER 7.2	RESEARCH METHODOLOGY (PAPER-X)	100 MARKS
PAPER 7.3	PSYCHOLOGY (PAPER-X)	100 MARKS
PAPER 7.4	PSYCHOLOGY(PAPER-X)	100 MARKS
	<b>TOTAL</b>	<b>400 MARKS</b>

## SEMESTER-VIII

PAPER 8.1	PROJECT MANAGEMENT(PAPER-XI)	100 MARKS
PAPER 8.2	ADMINISTRATION OF REHABILITATION PROGRAMME (PAPER-XII)	100 MARKS
PAPER 8.3	PSYCHOLOGY (PAPER-XI)	100 MARKS
PAPER 8.4	PSYCHOLOGY(PAPER-XII)	100 MARKS
	<b>TOTAL</b>	<b>400 MARKS</b>

# QUESTION PAPER PATTERN

## **I/ II/ III and IV Semester (Paper 28621)**

PART A : Answer any two questions 2 out of 4  
(2 x 10Mark = 20 Marks)

PART B : Answer any four questions 4 out of 5  
(4 x 5Mark = 20 Marks)

PART C : Answer five questions compulsory out of 5  
(5 x 2Marks = 10Marks )

PART D : Answer ten questions compulsory out of 10  
(10 x 1Mark = 10Marks )

## **V and VI Semester Papers (Papers**

PART A : Answer any two questions 2 out of 4  
(2 x 10Mark = 20 Marks)

PART B : Answer any four questions 4 out of 5  
(4 x 5Mark = 20 Marks)

PART C : Answer five questions compulsory out of 5  
(5 x 2Marks = 10Marks )

PART D : Answer ten questions compulsory out of 10  
( 10 x 1Mark = 10Marks )

**COURSE PATTERN AND SCHEME OF EXAMINATION FOR  
B.Sc. REHAB  
AS PER NEP 2022**

SL: NO	SE ME ST ER	CO UR SE TY PE	TITLE OF THE PAPER	TOT AL HO UR	HO URS PER WEE K	COURS E COMP ONENT	EXAMINATION PATTERN MAX AND MIN MARKS/PAPER			TOTA L CRED ITS
							PRACT ICALS	CIE	ESE	
1	I	DSC	HEALTH CARE AND PREVENTION OF DISABILITY	52	4	-	40	60	100	4
2	I	DSC L	PRACTICAL-I	30	4	4	25	25	50	2
3	II	DSC	INTRODUCTI ON TO DISABILITY	52	4	-	40	60	100	4
4	II	DSC L	PRACTICAL-II	30	4	4	25	25	50	2
5	III	DSC	VISUAL IMPAIRMENT	52	4	-	40	60	100	4
6	III	DSC L	PRACTICAL- III	30	4	4	25	25	50	2
7	IV	DSC	HEARING IMPAIRMENT	52	4	-	40	60	100	4
8	IV	DSC L	PRACTICAL- IV	30	4	4	25	25	50	2
9	V	DSC	INTELLECTU AL DISABILITY	52	4	-	40	60	100	4
10	V	DSC L	PRACTICAL-V	30	4	4	25	25	50	2



SL: NO	SEM ESTE R	COU RSE TYPE	TITLE OF THE PAPER	TOT AL HOU R	HO URS PER WE EK	COURSE COMPONE NT	EXAMINATION PATTERN MAX AND MIN MARKS/PAPER			TOTAL CREDIT S
						PRACT ICALS	CIE	ESE	TOTA L	
11	VI	DSC	LEARNING DISABILITY	52	4	-	40	60	100	4
12	VI	DSC L	PRACTICAL-VI	30	4	4	25	25	50	2
13	VII	DSC	EARLY INTERVENTI ON	52	4	-	40	60	100	4
14	VII	DSC L	PRACTICAL-VII	30	4	4	25	25	50	2
15	VIII	DSC	MANAGEME NT ISSUES IN REHABILITA TION	52	4	-	40	60	100	4
16	VIII	DSC L	PRACTICAL-VIII	30	4	4	25	25	50	2
17	IX	DSC	THERAPEUT IC INTERVENTI ON FOR CHILDREN AND PERSON WITH DISABILITIE S OR DIFFERENT ABILITIES	52	4	-	40	60	100	4
18	IX	DSC L	PRACTICAL-IX	30	4	4	25	25	50	2
19	X	DSC	PROJECT MANAGEME NT	52	4	-	40	60	100	4
20	X	DSC L	PRACTICAL-X	30	4	4	25	25	50	2

ST.ANNE'S DEGREE COLLEGE FOR WOMEN ,BENGALURE  
DEGREE COURSE IN  
B.Sc. ( REHABILITATION SCIENCE)

SYLLBUS

THEORY

THE FOLLOEING PAPERS WILL BE OFFERED UNDER SPECAIL  
EDUCATION MAJOR

1. HEALTH CARE AND PREVENTION OF DISABILITIES
2. INTRODUCTION TO DISBILITY
3. VISUAL IMPAIRMENT
4. HEARING IMPAIRMENT
5. INTELLECTUAL DISABIITY ( MENTAL DISABILITY )
6. LEARNING DISABILITY
7. EARLY INTERVENTION FOR THE DISABLED
8. MANGEMENT ISSUES IN EDUCTAION AND REHABILITATION
9. THERAPEUTIC INTEREVNTION FOR CHILDERN AND PERSON WITH  
DISABILITIES AND DIFFERENT ABILITIES
10. RESEARCH METHODOLOGY
11. ADMINISTRATION OF REHABILITATION PROGRAMMES
12. PROJECT MANGEMENT

NOV 2017

CBCS SYLLABUS

VISUAL IMPAIRMENT

PART - A

I. Answer any THREE of the following: 3x10=30

1.Explain in detail about the historical development of services for the blind in India.

The answer should have the timeline of historical development from 1887 to 1979

2.Discuss the implication of blindness on cognitive development

Construct of World (2 Marks)

Object Permanence (2 Marks)

Classification (1 Mark)

Conservation (1 Mark)

Spatial knowledge (1 Mark)

Constancy (1 Mark)

Cause and effect (1 Mark)

Perspective taking (1 Mark)

3.Discuss about the orientation and mobility techniques.

Orientation (1 Mark)

Mobility (1 Mark)

Sighted Guide (2 Marks)

Offer Assistance (1 Mark)

Basic Technique - Grip (1 Mark)

Doorways (1 Mark)

Travelling (1 Mark)

Ascending and Descending stairs (1 Mark)

Seating (1 Mark)

4.Write notes on vision tests

Vision Tests – Definition / Introduction (2 Marks)

Visual Acuity (2 Marks)

Definition, Procedure, Evaluation

Refraction Test (2 Marks)

Definition, Procedure, Evaluation

Visual Field Test (2 Marks)

Definition, Procedure, Evaluation

Colour Vision Test (2 Marks)

Definition, Procedure, Evaluation

5. Briefly explain about the Assistive technology.

Educational Devices (2 Marks)

Braille Duplicators and Writers, Braille Writers, Talking Books and Tape Recorders, Reading Machines, Mathematical Devices, Talking Calculator, Compass Set, Science Devices

Mobility Devices (2 Marks)

Mobility Show Card, Canes, Mini Beeper

Vocational Devices (1 Mark)

Goniometer, Spot Welding

Daily Living Devices (2 Marks)

Talking Time, Wrist Watch, Ringer Timer, Pocket Watch, Travel Alarm Clock, Clocks and Watches, Games and Puzzles (2 Marks)

Playing Cards, Chess, Dominoes, Brahma Puzzle, Audible Ball, Draught Board - Sports - Football, Basket Ball and Soccer Ball, Cricket, Stick Walking, Swimming, Athletics, Table Tennis

Kitchen Equipment (1 Mark)

Egg Poaching Ring, Measuring Jug, Bread Cutting Box, Liquid Level Indicator, Self Adhesive Labels

PART - B

II. Answer any FOUR of the following:

4x5=20

1. Discuss about any three eminent personality in the field of visual impairment

Helen Keller, Stevie Wonder, Franklin Delano Roosevelt , Harriet Tubman, Louis Braille, Alec Templeton , Galileo Galilei , Andrea Bocelli, John Milton, James Thurber, Claude Monet, Horatio Nelson, Sabriye Tenberken, Dr. Jacob Bolotin,, Jorge Luis Borges , Joseph Plateau, Marla Runyan, Ray Charles , Sidney Bradford , Thomas Gore , William Prescott (2 Marks each)

2. Explain about optical devices. Any 5 optical devices and description (Each carries 2 Marks)

3. List the implication of blindness on social development.

Social interaction (2 Marks each)

Play behavior and symbolic play (2 Marks each)

Social Development (2 Marks each)

4. List few points for selection of learning medium.

Paper Strategies (2 Marks each)

E-text Strategies (2 Marks each)

Auditory Strategies (2 Marks each)

5. Write a note on mobility devices.

Any 5 Mobility devices and description (Each carries 2 Marks)

## PART – C

III. Answer all:

5x2=10

1. Define –Blindness.

Blindness' is defined as visual acuity of less than 3/60, or a corresponding visual field loss to less than 10°, in the better eye with the best possible correction. 'Visual impairment' includes both low vision and blindness (2 Marks)

2. Write the implication of peripheral field loss.

Test objects during tangent screen testing.

- Movements or light flashes during perimetry testing.
- Not being able to see the black dot at the center of the grid.
- Not being able to see all four edges of the grid.
- Having blank spots or dark spots on the grid (other than the black dot at the center).
- Seeing lines that look wavy or curved.

3. Give a meaning of optical and non-optical devices.

Low vision optical devices include a variety of devices, such as stand and hand-held magnifiers, strong magnifying reading glasses, loupes, and small telescopes. Because these devices can provide greatly increased magnification powers and prescription strengths, along with higher-quality optics (i.e., the way the lens bends or refracts light), they are different from regular glasses and commercially available magnifiers. (1 Mark)

Non-optical aids help patients deal with everyday problems where sight is impaired. A review of the many non-optical devices is discussed including relative size devices, writing and communication aids, posturing and positioning aids, illumination control and non-optical sensory substitution devices. (1 Mark)

4. Who invented Braille on which year?

Louis Braille (1 Mark) – 1820 (1 Mark)

5. List any two screen reading softwares.

JAWS (1 Mark), NVDA (1 Mark)

## PART - D

IV. Answer all the following:

10x1=10

1. Types of field loss.

Central and Peripheral Vision Loss (1 Mark)

2. Expand NVDA

Non Visualized Desktop Access (1 Mark)

3.What is verbalism?

Verbalism is defined as a lack of meaning of Visually Impaired Children's word.  
(1 Mark)

4.Expand NIVH

National Institute for Visually Handicapped (1 Mark)

5.Expand NAB

National Association for the Blind (1 Mark)

6.Write any two names of electronic devices.

Electronic Desktop Magnifiers, Portable Digital Magnifiers, Smartphones for Reading (any two) (1 Mark)

7.Expand JAWS

Job Access with Speech (1 Mark)

8.Write the measurements of Distance visual Acuity chart

6/5, 6/6, 6/9, 6/12, 6/18, 6/24, 6/36, 6/60

20/16, 20/20, 20/30, 20/40, 20/60, 20/80, 20/120, 20/200 (any one) (1 Mark)

9.Define colour blindness.

Color blindness is an abnormal condition characterized by the inability to clearly distinguish different colors of the spectrum. The difficulties can be mild to severe. It is a misleading term because people with color blindness are not blind. (1 Mark)

10.Expand FVA

Functional Vision Assessment - (1 Mark)

# **B.Sc. (REHABILITATION SCIENCE)**

## **PAPER I**

### **HEALTH CARE AND PREVENTION OF DISABILITIES**

#### **Unit 1 Introduction to Health and Disease**

- 1.1 Definitions, Concepts, Dimensions, Determinants
- 1.2 Indicators of Health and Health Service Philosophies
- 1.3 Disease: Concepts of Disease, Concepts of Causation
- 1.4 Natural History of Disease
- 1.5 Concepts of Disease Control and Concepts of Disease Prevention

#### **Unit 2 Epidemiology**

- 2.1 Epidemiology: Definition, Measurements of Mortality, Morbidity and Disability
- 2.2 Descriptive epidemiology, Analytical epidemiology, Experimental epidemiology
- 2.3 Infectious disease epidemiology: Dynamics of Disease Transmission, Disease Prevention and Control
- 2.4 Immunity and Immunizing agents
- 2.5 Chronic Non – Communicable disease epidemiology: Risk factors, Prevention and Control

#### **Unit 3 Nutrition in health, disease and disability**

- 3.1 Classification of foods. Relationship between health and nutrition.
- 3.2 Carbohydrates, Proteins, Fats, Vitamins, Minerals, Water and Fiber – functions and deficiency.
- 3.3 Nutritional Profiles of Foods – Cereals and Millets, Pulses, Vegetables, Fruits, Animal foods  
e.g. meat, fish, Fats and oils, Sugar and Jaggery , Condiments and Spices and miscellaneous foods.

E.g. beverage

- 3.4 Nutritional Requirements: Concepts. Energy, Recommended dietary allowances for adult man,  
woman, children and adolescent. Balanced Diet. Assessment of Nutritional status. Feeding methods  
for the disabled.

- 3.5 Nutritional Problems in Public Health. Protein energy malnutrition, Xerophthalmia, Nutritional  
anemia, Iodine Deficiency disorders, endemic fluorosis, Lathyrism.

#### **Unit 4 Diseases and Disability**

- 4.1 Congenital Diseases causing disability. Genetic and metabolic disorders
- 4.2 Communicable Diseases causing disability: Polio, Leprosy, Small pox, Measles, Filaria, Japanese B  
Encephalitis



- 4.3 Chronic Non Communicable diseases causing disability : Program
- 5.4 National Non - Communicable disease control, Eradication programs – Blindness Control
- Program, Cancer Control Program, Mental Health Program
- 5.5 National Nutritional Programs – Balwadi Nutrition Program, Special Nutrition Program, Midday
- Meal Program, National Goitre Contrdiabetes mellitus, Hypertension, Cancers
- 4.4 Nutritional deficiency or disorders causing disability
- 4.5 Occupational diseases causing disability
- Unit 5 National efforts in prevention of disability
- 5.1 Health care and Health care delivery system in India. Overview of the health Administration setup at
- Central and State level and health care delivery system in urban and rural areas. Preventive obstetrics
- and pediatrics.
- 5.2 Prevention and Early detection of disabilities – PWD Act 1995
- 5.3 National Communicable disease control, Eradication programs- Universal Immunisation Program,
- Leprosy Eradication Program, Filaria Control ol Program, Vitamin A Prophylaxis Program, Anemia Control
- Program.



## PAPER II

### INTRODUCTION TO DISABILITY

#### Unit 1 Introduction to Disability

1.1 Definitions/ Concepts- Impairment,

1.2 Disability, Handicap, Exceptional child

1.3 Classification of disabilities – definition/concept & importance, approaches, Advantages, Disadvantages in classification

1.4 Labeling of disabilities- definition, concept, advantages, disadvantages, Prevalence of disabilities – definition, epidemiology, prevalence, incidence, Difference between prevalence & incidence, Factors affecting prevalence

1.5 Rights of the disabled

#### Unit 2 Visual Impairment

2.1 Anatomy & Physiology of eye – common eye diseases

2.2 Definitions – PWD Act, WHO, Educational and Functional for blind & low vision

2.3 Prevalence & causes of Visual Impairment

2.4 Classification of Visual Impairment – Based on Onset – Congenital and Acquired, Based on Degree of Impairment –blind & low vision

2.5 Misconceptions and Facts regarding Visually Impaired

#### Unit 3 Hearing Impairment

3.1 Anatomy & Physiology of ear – common ear diseases

3.2 Definitions–PWD Act, Psychological, Educational and Functional for hearing impairment & Hard of hearing

3.3 Prevalence & causes of Hearing Impairment

3.4 Classification– Based on Onset – Congenital and Acquired, Based on Degree of Impairment – deaf & hard of hearing, Based on language acquisition – pre lingual and post lingual deafness

3.5 Misconceptions and Facts regarding Hearing Impaired

#### Unit 4 Mental Retardation

4.1 Anatomy & Physiology – Nervous System

4.2 Definition – PWD Act, AAMR

4.3 Prevalence & Causes of Mental Retardation

4.4 Classification - Based on IQ – mild, moderate, severe, profound, based on functioning – educable, trainable, custodial care

4.5 Misconceptions & Facts regarding the mentally retarded

#### Unit 5 Locomotor Disability

5.1 Anatomy of Musculo – Skeletal system and disorders of locomotor system

5.2 Definitions – PWD Act – leprosy cured, locomotor disability, Definitions of physical & health impairments, orthopedic disabilities

5.3 Prevalence & Causes of physical disability

5.4 Classification – Neurological & Musculoskeletal Impairments, Congenital Malformations, Classification based on body functioning

5.5 Accessibility, Misconceptions & Facts regarding the physically impaired

# PRACTICUM

1. Visit to special schools and rehabilitation programs.
2. Exposure & understanding of various therapy devices
3. Observation of clinical assessment and functional assessment of various disabilities
4. Accessibility Audit  
Case study on persons with special needs.

## REFERENCE

1. NSSO,(2003) Disabled Persons in India. New Delhi: Ministry of Statistics and Programme Implementation, Govt of India.
2. Punani ,B. & Rawal,N.(2000) Visual Impairment Handbook, Ahmedabad , Blind Peoples Association.
3. Berton ,L.(Ed.), (1996) Disability in Society , London; Addison Wesley Longman Ltd.
4. Northern L. Jerry, Downs P. Marian,(1991).Hearing in Children. USA: Willaims & Wikings Ltd.
5. Harley R.K. and Lawrence G.A.(1984). Visual Impairment in Schools (2<sup>nd</sup> Ed.), U.S.A.; Charles C. Thomas Publishers

## PAPER III

### VISUAL IMPAIRMENT

Unit 1 Historical Perspectives of Visual Impairment 1.1 Historical development in India and Abroad

1.2 Evolutionary process in attitude change towards blindness

1.3 Psychological Implications of Blindness

1.4 Sociological Implications of Blindness

1.5 Eminent Personalities in the field of Visual Impairment in India and Abroad

#### Unit 2 Effects of Blindness

2.1 Psychological and Behavioural Characteristics – Subjective and Objective

2.2 Implications of Blindness on Personality and Cognitive development

2.3 Implications of Blindness on Motor development

2.4 Implications of Blindness on Language and Social development

2.5 Mannerism, Verbalism and Concept development

#### Unit 3 Plus Curricular Skills

3.1 Sensory

3.2 Orientation and Mobility and its Importance

3.3 Concept of Braille – Braille reading and writing

3.4 Daily Living Skills and training strategy

3.5 Mathematical devices – Abacus and Taylor frame

#### Unit 4 Low Vision

4.1 Screening of Visual disability – Distance, Near, Colour Vision, Field of Vision, Contrast Sensitivity

4.2 Assessment of Functional Vision – Procedures, Materials used, Visual efficiency training

4.3 Selection of learning medium

4.4 Orientation and Mobility for Low Vision

4.5 Low vision devices – Optical, Non – Optical and Electro Optical devices

#### Unit 5 Equipments and Devices – High tech and Low tech

5.1 Conventional devices

5.2 Electronic devices – Talking calculator, diary, watches, note taking equipment screen reading software and reading machine

5.3 Electronic Mobility devices

5.4 Technological advances in Braille and Audio material

5.5 Indigenous devices and adaptation

# **PRACTICUM**

1. Learning Braille & Abacus
2. Applying the orientation and mobility skills with visually impaired
3. Understanding the use of assistive technology
4. Case study

## **REFERENCE**

1. Lowenfield. B (1973) The Visually Handicapped Child in School
2. Mani M.N.G. (1997) Amazing Abacus . Coimbatore. S.R.K. Vidyalaya
3. Mani M.N.G. (1992). Concept Development of Blind Children. Coimbatore: S.R.K Vidyalaya
4. NCERT (1987). Source Book for Teacher's of Visually Impaired: NCERT, New Delhi.
5. Rehabilitation Council of India (2000) Status of Disability Report 2000 & 2003.

## PAPER IV

### HEARING IMPAIRMENT

#### Unit 1 Historical aspects of Hearing Impairment

- 1.1 Historical development in India, Abroad
- 1.2 Psychological, Behavioural Characteristics
- 1.3 Social, Work adjustment of Hearing Impaired
- 1.4 Implications of Hearing Impairment on Personality development
- 1.5 Effects of Hearing Impairment on Intellectual abilities, Personality, Verbalism

#### Unit 2 Assessments

- 2.1 Purpose, Type of Assessment
- 2.2 Types of Assessments, Audiometer, Different types of Audiometer

### HEARING IMPAIRMENT

- 2.3 Audiology, Audiogram, Uses of Audiogram
- 2.4 Survey techniques, Methods in Survey
- 2.5 Sustainance & Viability

#### Unit 3 Communication Methods

- 3.1 Oral method – development of residual hearing, auditory training, speech reading, AVT
- 3.2 MRM – definitions, types, usage
- 3.3 Manual method – Sign Language, Finger Spelling, Sign supported English, Gesture, Body language,  
Cued Speech
- 3.4 Total Communication – definition, classification, significance, structure
- 3.5 Other methods – Rochester Method

#### Unit 4 Speech and Language

- 4.1 Definition – Speech & Language development
- 4.2 Process & development of speech and language (age 1- 5 years)
- 4.3 Speech problems, promoting speech & language development



- 4.4 Speech therapy, Speech correction
- 4.5 Place and manner of articulation
- Unit 5 Hearing aids
- 5.1 Hearing aids
- 5.2 Types of hearing aids – Group Amplification Systems
- 5.3 Functions of hearing aids
- 5.4 Care & Maintenance of hearing aids
- 5.5 Cochlear Implantation

# **PRACTICUM**

1. Identifying hearing impaired children in communities
2. Practice in speech, language training, auditory & sign language training.
3. Planning intervention programmes for speech and language
4. Understanding the use of assistive technology
5. Case study

## **REFERENCE**

1. Ballantyne , Martin and Martin,A.,(1996) Deafness, Delhi, AITBS Publishers and Distributers
2. Bamford and Sundares ,(1996) Hearing Impairment ,Auditory, perception and Language Disability ,Delhi, ATIBS Publishers and Distributors
3. Myra, Kersner, (1996) Tests of Voice, speech and language, AITBS Publishers and Distributors
4. Marc Marschark , Hurry G .Lang, John A Albertini,(2000) Educating Deaf students (From research to Practice)
5. Bethesda MDNIH,(1995) Cochlear Implants in adults and children. (online NIK consensus Statement , National Institutes of Health.

# PAPER V

## MENTAL RETARDATION

### Unit 1- Historical Development of Services for Mentally Retarded

- 1.1 Social attitude towards disabled
- 1.2 Tar docide, Stage of display
- 1.3 Stage of religious cure and Creations of Asylum
- 1.4 Birth and rise of Special education
- 1.5 Historical development of services for mentally retarded in India

### Unit 2 – Psychological and behavioural characteristics of mentally retarded

- 2.1 Adaptive behavior in the mentally retarded children
- 2.2 Characteristics based on the Severity level
- 2.3 Characteristics based on the Educational Classification
- 2.4 Characteristics based on the Psychological Classification
- 2.5 Physical, cognitive, social and behavioural characteristics in general.

### Unit 3 – Psychological Assessment of Mental Retardation

- 3.1 Guidelines to be followed in doing the Assessment
- 3.2 Problems in assessing the mentally retarded
- 3.3 Uses of Psychological test
- 3.4 Commonly used psychological test
- 3.5 Adaptive behavior Scale

### Unit 4- Psycho educational Assessment

- 4.1 Steps for ideal psychological assessment
- 4.2 Characteristics of accurate psycho educational assessment
- 4.3 Guideline for accurate assessment
- 4.4 MDPS- Madras Development Programming System
- 4.5 BASIC – MR – Behavioural Assessment Scale for Indian Children

### Unit 5- Behaviour Modification

- 5.1 Identification of the problem
- 5.2 Defining Target Behaviour
- 5.3 Behaviour Recording
- 5.4 Functional Analysis
- 5.5 Techniques of Behaviour Modification

## **PRACTICUM**

1. Identifying mentally retarded children in community
2. Psychological Educational Assessment
3. Psycho Educational Assessment
4. Case study

## **REFERENCE**

1. Betiz N.E, Walsh W.P., Tests and Assessment, Engelwood Cliffs, Prentice Hall,1990
2. Bernie- Smith, Mary - Mental Retardation , Prentice Hall International, London. 1994
3. Reeta peshwaria,(1990) “manual for psychologist” secunderabad; National institute for mentally handicapped.
4. Pushparan,Reddy.P.P. Mental Retardation, Hyderabad; Management systems consultants, 1990.
5. The Mentally Retarded in the 2000’s Society- Fabrizio Fea.

# PAPER VI

## LEARNING AND MULTIPLE DISABILITIES, DEAFBLIND, AUTISM, ADHD

### Unit 1- Learning Disabilities

#### 1.1 Definitions

#### 1.2 Causes- genetic and organic, biological, and environmental

#### 1.3 Classification- dyslexia, dysgraphia, dyscalculia

#### 1.4 Characteristics – cognitive, perceptual, academic, language, motor

#### 1.5 Early Intervention – signs of learning disabilities, intervention methods

### Unit 2 – Multiple Disabilities

#### 2.1 Definitions – National Trust Act, IDEA

#### 2.2 Causes – prenatal, prenatal, postnatal

#### 2.3 Classifications – Combinations of disabilities

#### 2.4 Characteristics – cognitive, perceptual, academic, language, motor

#### 2.5 Early Intervention

### Unit 3- Deaf Blind

#### 3.1 Definitions

#### 3.2 Causes – prenatal, prenatal, postnatal

#### 3.3 Classifications – based on onset, degree

#### 3.4 Characteristics

#### 3.5 Early Intervention

### Unit 4 – Autism

#### 4.1 Definitions – National Trust Act

#### 4.2 Causes – psychogenic, genetic causes

#### 4.3 Classifications

#### 4.4 Characteristics – Triad of Impairment, Social Interaction

#### 4.5 Early Intervention – Dietary Intervention, Intervention for parents

### Unit 5 – ADHD

#### 5.1 Definitions

#### 5.2 Causes- inherited, neurobiological, external factors

#### 5.3 Classification – ADHD, combined, predominantly inattentive types

#### 5.4 Characteristics

#### 5.5 Early Intervention – Clinical management of ADHD, Medication and Treatment

# **PRACTICUM**

1. Identifying children with learning disabilities, multiple disabilities, autism &ADHD
2. Planning intervention programme
3. Case study

## **REFERENCE**

1. Karanath, P. & Roszario J.(2003). Learning Disabilities in India-Willing the Mind to learn. New Delhi: Sage Publications
2. Paul, A . S. (2000) Persons who are Defblind in Punani, B. & Rawal,N., (2000) Visual Impairment Handbook, Ahmedabad; Blind Peoples Association
3. Brown, D. (2000) Trends in Population of Children with Multi sensory Impairments. Paper presented at Joint Asian Conference, Ahmedabad ; ICEVI & DBI.
4. “Teach Me Language”.(2000). A Language Manual for children with Autism, Asperger’s Syndrome and related Developmental Disorders by Sabrina Freeman Ph.D., Lorelei Dake , B.A. Hard Cover: ISBN 0-9657565-0-5
5. Grandin, T. , (2000). An Inside View of Autism. Fort Collins: Colorado State University.

EARLY INTERVENTION PROGRAMME FOR THE DISABLED

Unit 1 Early Intervention

1.1 Definition /Concept of Early Intervention

1.2 Aims – Early Intervention

1.3 Individuals who need early intervention services – high risk mothers, infants /children

1.4 Types of Early Intervention Services

1.5 Services/Activities – Early Intervention

Unit 2 Early Intervention for Visual Impairment

2.1 Early Identification – Signs of Visual Impairment, Screening in Early Childhood

2.2 Medical Intervention

2.3 Assistive devices – Optical, Non Optical aids

2.4 Educational Intervention – Vision Stimulation

2.5 Parental Training

Unit 3 Early Intervention for Hearing Impairment

3.1 Early Identification – Signs of Deafness, Screening in Early Childhood

3.2 Audiology, Hearing Aids –Types, Uses

3.3 Medical Intervention – Medication, Cochlear Implantation

3.4 Intervention for language development

3.5 Maternal Training – Maternal Reflective Method

Unit 4 Early Intervention for Mental Retardation

4.1 Prenatal diagnosis

4.2 Early Identification

4.3 Medical Intervention 4.4 IQ testing – Formal, Informal Methods

4.5 Mother Training Program

Unit 5 Early Intervention for Physical Disability

5.1 Early Identification – Signs of locomotor disability, reflexes

5.2 Medical Intervention

5.3 Physiotherapy –Importance, Objectives

5.4 Aids,Appliances

5.5 Procuring aids and appliances

## **PRACTICUM**

1. Screening, Assessing, Planning & Intervention Programmes for children with:
  - a. Visually impaired
  - b. Hearing impaired
  - c. Mentally retarded
  - d. Physically disabled &
  - e. Multiple disabilities.

## **REFERENCE**

1. Aggarwal, K., (2000). A Handbook for Parents of Children with Disabilities. New Delhi: Planning Commission, Government of India.
2. Aloka Guha et.al, (1994). Readings in Special Education, Madras, Spastics Society of Tamil Nadu.
3. Reeta Peshwaria,(1990). "Manual For Psychologists", Scunderabad; National Institute for Mentally Handicapped
4. Werner D . (1987). Disabled village children (1<sup>st</sup> Ed.), U.S.A.; Hesperian Fondation
5. Sol Adler, (1986). Early Identification & Intensive Remediation of Language Retarded Children. U.S.A.: Charles C. Thomas.



## PAPER – VIII

### MANAGEMENT ISSUES IN EDUCATION AND REHABILITATION

#### Unit 1 Education Systems for children with disabilities

1.1 Aims, Objectives, Educational Implications of disability

1.2 Principles of teaching for the disabled– Concreteness, individualization, self activity

1.3 Cascade system & Special school programs

1.4 Integrated & Inclusive Educations

1.5 National Open Schools, Non formal, Informal education

#### Unit 2 Historical Perspectives

2.1 Rehabilitation – definition, concept, need

2.2 Historical overview of rehabilitation in India

2.3 Historical Perspectives in Asian countries, Abroad

2.4 Rehabilitation in social perspective

2.5 Components of rehabilitation

#### Unit 3 Types of Rehabilitation

3.1 Institution Based Rehabilitation

3.2 Community Based Rehabilitation

3.3 Need Based Rehabilitation

3.4 Disability related Rehabilitation

3.5 Cross disability approach

#### Unit 4 Vocational Rehabilitation

4.1 Pre vocational skill development 4.2 Vocational training for Independent living

4.3 Employment – Self, Private, Government sectors

4.4 Rehabilitation & partnership roles – family, community, local bodies, NGO's

4.5 Legal issues

#### Unit 5 Project Management

5.1 Administration – Methods, Techniques

5.2 Time Management

5.3 Field Work Management

5.4 Leadership qualities

5.5 Project proposals & Reports

## **PRACTICUM**

1. Visit to
  - a. Institution based rehabilitation
  - b. Community based rehabilitation
  - c. Diagnostic centers
2. Conducting awareness campaigns
3. Maintenance of reports
4. Preparation of reports.

## **REFERENCE**

1. Berton., L (Ed), (1996) Disability in Society , London; Addison Wesley Longman Ltd.
2. Panda, K.C., (1997) Education of Exceptional Children , New Delhi; Vikas Publishers
3. Kirk. S.A and Gallagher J.J (1989), Educating Exceptional Children. Boston; Houghton Mifflin Company
4. Hallan D.P. , and Kauffman J.M (1976) Introduction to Learning Disabilities- A Psycho- Behavioural Approach. New Jersey.,m Prentice Hall
5. Punani B. , Rawal N., and Sajit . J (2004) Manual Community Rehabilitation – Visually Impaired.

7<sup>th</sup> semester

- ❖ Therapeutic intervention for children and person's with disabilities or different abilities
- ❖ Research Methodology

8<sup>th</sup> semester

- ❖ Project Management
- ❖ Administration of Rehabilitation Programmes