

# “Center for Special Education (C.S.E.)”

**Project Proposal submitted by ASSA to HCI in June 2008**

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## **1. OBJECTIVE**

### **a) Aim**

The primary aim of this initiative is to build a centre for special education and train qualified educators for children and youth with developmental disabilities. Current facilities and training do not meet the needs of an increasing number of children with moderate to severe developmental challenges, and as a result staff are limited in their ability to help children reach their full potential.

### **b) Unmet Needs**

#### **Current Program**

Amar Seva Sangam currently provides respite day care to forty-six children with developmental disabilities, including cerebral palsy, autism, and Down's syndrome. The program includes basic social and life-skills training, and fundamental education focusing on counting and reading skills. As there are no other services available locally for children with developmental disabilities, this program fills a real and pressing need within the community.

At the program's inception in 1997, nine children were provided respite day care. Since then, enrollment has more than quadrupled with twenty additional children on the waiting list. Given adequate funding for space and training, it is projected that the number of children served could grow to one hundred and fifty in ten years.

For more information about Amar Seva Sangam, its mission and its programs, please refer to the attached organizational profile in Appendix I.

#### **Staff Qualifications**

At present, the program is coordinated by the only staff member with formal training in special education. This individual supervises a staff of assistants with varying qualifications and years of experience. Of the eight employed assistants, only three have received external training in special education, consisting of three two-week seminars in identification, assessment and teaching of children with developmental disabilities. The remainder of the staff has no formal post-secondary training in education but has attended weekend training sessions offered by the program coordinator.

In these sessions staff are introduced to basic teaching methodologies including the use of flash cards, objects, matching, sorting and identification to strengthen students'

communication skills. This time is also used to develop child-specific goals and curricula, and to discuss children's progress with other staff members.

Still, the lack of formal training prevents effective instruction targeted to the unique needs of children with different disabilities. Because staff do not fully understand all of the disabilities and challenges faced by the children, they are unable to provide the best possible educational instruction and care. For example, none of the staff members, including the program coordinator, has any training in autism, and so children with this disorder receive little direct attention and no disorder-specific instruction.

Nevertheless, staff show clear potential given appropriate training. They know their students well and have detailed lesson plans and progress charts for each individual child. Furthermore, they have made their own teaching materials including flash cards to support the development of pre-reading skills.

The staff are aware of their limitations and eager to pursue further training. The current program coordinator recognizes the need for external training and has managed to arrange the weekend sessions and seminars given very limited resources. The main barrier to providing further training or hiring more qualified staff is access to funding. One staff member is currently enrolled in a correspondence course to obtain a bachelor's degree in Special Education, but she has taken out a loan to pay for this herself. For the other staff members, the cost of training represents the equivalent of two years' salary and would simply not be feasible. The staff and program coordinator have investigated appropriate options for further training and are eager to learn more about the different developmental disabilities they encounter on a daily basis. However, they remain unable to do so because of insurmountable financial barriers.

### **Current Facilities**

The current space was originally intended to house nine children. Since then, while the number of students has more than quadrupled, it has not been possible to obtain a larger space, leading to overall crowded conditions.

The small room which houses the day care is crowded and full of distractions – far from the ideal learning environment for children with developmental disabilities. Four classes share the space, and are separated only by thin cloth screens, which do nothing to block noise and distraction. There is no space for chairs or desks, and so students are seated on

the floor, hunched over their slates. This is of great concern for children with Cerebral Palsy and other physical disabilities and may even counteract the physiotherapy they receive.

In addition to the need for more classroom space, other facilities are required for the centre to best meet the children's needs. Physiotherapy is currently offered but the only available space is a small room off of the main classroom. This situation limits the facilities available for therapy, particularly equipment and space for walking and gait correction. There is also no safe outdoor play area, which limits options for any physical education. An outdoor playground and an indoor playroom would alleviate this problem.

### **c) Expected Outcomes**

#### **Enhancement of current programs**

The overarching goal of this project is to change the focus of the program from a day care centre to a special education school. This will be made possible by securing funding for the necessary additional training, facilities, and equipment.

#### **Staff Training**

Given requested funding, all current staff members will receive basic training in special education. This will consist of either an intensive course leading to a diploma or a correspondence course leading to a Bachelor of Education.

#### **Planned Facilities**

A new school will be constructed with sufficient space to house current students. This facility will include separate rooms for each class, so that students can be more appropriately grouped according to ability. In addition to classroom space, a dining hall, physical education room, outdoor play area, resource centre, physiotherapy room, and adequate washroom facilities will be constructed. The facility will be appropriately equipped with a variety of educational tools and learning aids.

## **2. PROPOSED APPROACH**

### **a) Enhancement of current program**

Funding for training and facilities will support a change in focus from a day care centre to special education school. Within this greater goal, other priorities include improved

integration into the mainstream school system where feasible, improved networking with existing job training programs, and increased community and parental involvement.

In order to provide the best possible early intervention, the program is targeted towards the educational needs of young children. Though the value of continued life-skills and job training is recognized, funding is not currently available to meet the needs of youth who require more job-oriented training. Over time, the program will be expanded to provide job-skills training and to integrate with the existing vocational training program for youth with physical disabilities at Amar Seva Sangam.

Another important initiative will be to offer a more structured support and training program for the parents of children at the centre. This support will help parents better understand their child's needs and allow them to participate more fully in their education. This program will be modeled after an existing parental support system offered in the village-based rehabilitation centres at Amar Seva Sangam. It will be funded through other operational funding sources, but will make use of new facilities, resources, and the additional expertise of trained staff.

### **b) Staff Training**

Training provided to current staff members will consist of either an intensive diploma course or a two-year correspondence course leading to a Bachelor of Education. The appropriate program for each staff member will be determined based on previous education and experience. As part of these courses, selected staff members will receive focused training addressing the educational needs of each specific developmental disability at the centre, so that they may act as resource-persons for the rest of the staff.

Four staff members will complete correspondence courses leading to a Bachelor of Education, specializing in the education of children with developmental disabilities. These individuals will receive instruction in Cerebral Palsy and Mental Retardation, with focused practical experience in either one. Two will complete 10-month diploma courses in early childhood special education, while two others will complete 2-year diploma courses, specializing in education for children with mental retardation. The diploma course in early childhood special education provides a comprehensive introduction to the various teaching methodologies used to educate children with disabilities up to the age of 6.

The diploma program will be offered to staff with at least two years of experience in the field of special education, but who hold no university degrees, while the Bachelor of Education will be offered to staff currently holding university degrees. All selected programs have been recognized by the Rehabilitation Council of India.

The eight staff members have been working at ASSA for between three to eight years and all of them are from the local community. All staff members have been settled there for their entire lives and are committed to continue their work at ASSA for many years to come. In order to ensure continuance of work, however, all staff members will be required to sign a return of service contract.

### **c) Planned Facilities**

Each classroom in the new facility will be equipped with educational tools and learning aids such as black boards, flash cards, charts, posters, kinesthetic materials, and other toys and games to support learning. Chairs, desks and other supportive equipment will be custom-built on site at Amar Seva Sangam in order to accommodate the needs of students with physical disabilities. One classroom will be devoted to job-skills training for older students.

In addition to classroom space, a safe outdoor play area and indoor physical education room will be designed. These areas will be large enough to accommodate all students at once. The physical education room will also be connected to a dining hall, with a removable wall separating the two areas. This setup will provide flexibility in how these areas can be used to benefit students.

An important addition to the centre will be a resource room, which will function both as a staff room and as a library containing resources on various developmental disabilities. This space will also be used to provide training for parents.

The space for physical therapy will be expanded to provide space for parallel bars, a full length mirror and other required equipment. The physical therapy room will look out onto the physical education room, in order to allow for constant interaction between teachers and physiotherapists during classes that involve movement.

The new facility will be designed so that all rooms face the outdoor play area. A central block will house the physiotherapy room, resource centre, dining hall and physical education room. Classrooms will extend on either side in a horseshoe

configuration. Sheltered verandahs will serve as corridors connecting all rooms, including washroom facilities behind the main block. For a detailed plan, please refer to Appendix III.

### **3. RESOURCES**

#### **a) Estimated Expenditures**

In order to train all staff members in special education, it will cost a total of 10,000 Canadian dollars, or approximately 750 dollars per staff member per year of training. These figures include course fees, as well as living and transportation expenses. For a detailed breakdown of training expenses, please see Appendix IIa.

The estimate for building expenses is based on a cost-per-square footage calculation, arranged with a local contractor who has built many of Amar Seva Sangam's existing buildings. A more detailed cost breakdown will be provided after the completion of the blueprints, but it should not exceed the rough estimate.

#### **b) Current Resources**

The current program is predominantly funded by Handi-care International's ongoing sponsorship program, with Heart and Hand for Handicapped providing additional funds. Any budgetary shortfalls are covered by Amar Seva Sangam's pool of general donations.

#### **c) Future funding**

The only additional operating expenses expected at the new facility are electricity, utilities and cleaning services. It is well within the capacity of Amar Seva Sangam to meet these anticipated expenses through their general funds. Should numbers grow as projected, the cost of providing services to additional students will be covered through expansion of Handi-care International's current child adoption program, met by increased support from Amar Seva Sangam.

### **4. ORGANIZATIONAL CAPACITY**

This project will be completed through a partnership between Handi-Care International and Amar Seva Sangam. These organizations provide necessary expertise to ensure that funding is effectively used. The following organizational descriptions provide evidence of their competence and ability to implement this program successfully. For more detailed

descriptions of these organizations and brief profiles of the primary contact persons for this project, please refer to Appendix I.

### **Handi-Care International (HCI)**

Handi-care Intl. has been providing financial support to Amar Seva Sangam since 1992 and is run by people with the necessary expertise to supervise this project. HCI has successfully initiated, executed and successfully run several projects in the past at ASSA.

### **Amar Seva Sangam (ASSA)**

Amar Seva Sangam has a strong history of providing services to integrate people with disabilities into society. The organization has experience in the identification and assessment of persons with disability, as well as the determination of appropriate educational, medical, social and financial supports needed for rehabilitation and integration. On-site primary and middle schools, vocational training and medical services are available to complement and support the program that will be offered at the centre for special education. ASSA has also developed a well-integrated network of community workers, who work in the assessment of children, on-going parent training and the provision of necessary supports to make community living possible. The organization has staff members who show great potential to implement the necessary changes. Most significantly, Amar Seva Sangam is currently the only organization providing services to people with disabilities in 60km radius.



## **APPENDICES**

### **APPENDIX I: ORGANIZATIONAL PROFILES**

#### **Handi-Care International**

##### ***Focus:***

The mission of Handi-care International is to raise awareness about and empower physically and developmentally disabled individuals by developing and funding support services that are necessary for the care, rehabilitation and integration of these individuals into society.

##### ***Skills and expertise:***

The organization has a strong history of raising money to support programs and services for people with disabilities. Funds raised by HCI have gone towards the provision of housing, rehabilitation and training for both the poor and individuals with disabilities, largely in communities in India.

##### ***History:***

Handi-care International is a registered Canadian charity, whose focus is to support services that are necessary for the care, rehabilitation and integration of persons with disabilities, and to relieve poverty through the provision of housing and related facilities. It was founded in 1992 by Mrs. Sulochana Krishnamurthy, who was inspired by the work already being accomplished by Amar Seva Sangam. At its inception, HCI's sole beneficiary was Amar Seva Sangam. The charity has since been expanded and now provides ongoing support to several other non-governmental Indian organizations.

##### ***Previous accomplishments:***

Funding for construction of other buildings in ASSA. HCI had funded, supervised and successfully completed the Rehab centre in 1994, Disabled volunteers quarters in 1999 and partnered with other foundations in the construction of the Nursery school and Medical Testing units.

- Provision of funds to support the constructions of an educational institution at [“Vivekananda Educational Society”](#) in Bangalore, India.

- Establishment of a successful volunteer program, which has been providing meaningful volunteer placements since 2003
- Considerable financial support for a project to supply meals to needy children at “Seva Sadan” of Bangalore.
- Workshops conducted for local needs, which will lead to implementation of projects in the near future.

***Existing programs: beneficiaries***

- Youth Sponsorship program, currently providing over 20 disabled youth with the funds necessary for vocational training
- Child Sponsorship program, supporting nearly 100 children with physical and developmental disabilities
- Meal for a Day Endowment scheme

***Primary Contact Person: Sulochana Krishnamurthy***

Sulo Krishnamurthy, the vice-president of Handi-care International, holds a master’s degree in chemistry and Microbiology and worked in pharmaceutical research for 17 years. She founded HCI in 1992 and has taken on a strong leadership role within its volunteer board. She is responsible for several of the initiatives taken by HCI and for the follow up of programs in implementation.

***Amar Seva Sangam***

***Focus:*** Amar Seva Sangam’s mission is to empower people with disabilities through its rehabilitation and development centre.

***Skills and expertise:*** Amar Seva Sangam has developed successful models for self-help initiatives. It has made great progress in integrating individuals with disabilities into society, thereby improving living conditions for disabled people in surrounding communities.

***History:*** Amar Seva Sangam first took shape as a charitable organization, offering shelter to individuals with physical disability. It was founded in 1981 by Mr. S. Ramakrishnan, himself a quadriplegic, and grew under the ongoing leadership of Mr. S.

Sankara Raman, who is confined to a wheelchair due to Muscular Dystrophy. Subsequent years saw Amar Seva Sangam widen its vision to address disability in society through advocacy and policy reform, while expanding its initial programs and services. The institution has grown to occupy a 30-acre campus and now serves 330 villages in the surrounding area.

***Previous accomplishments:***

- Advocacy for barrier-free construction in surrounding communities
- Establishment of community self-help groups with over 800 members
- Lobbying of state and national governments and organization of a national seminar, leading to passage of the Indian National Disability Act in 1995 and the appointment of commissioners for disability in all Indian states
- Organization of demonstrations, street marches and community theatre to educate the public, while supporting their mandate to demystify disability.
- Government-appointed regional centre for the Sarva Sisya Abyan initiative to provide education for all.

***Existing programs:***

- Homes for physically challenged children and youth, housing over 100
- Four village respite centres for mentally challenged and severely disabled children
- Integrated nursery and middle schools, attended by over 600 students with and without physical disabilities
- Integrated vocational training for disabled youth, including computer skills, tailoring and handicrafts
- Indira Gandhi National Open University: study centre providing correspondence university degrees to over 100 students.
- Caliper Workshop, serving over 1000 patients at the centre and in the surrounding community
- Physiotherapy clinic, providing regular therapy to over 600 patients
- Community-based rehabilitation centre, offering services within a radius of 50km and providing mobility aids to over 250 individuals each year

- Financial support for corrective surgeries to over 70 patients.
- Pilot mental illness program providing comprehensive services to 10 individuals in the surrounding community

**Primary Contact Person: V. Lakshmanan**

Mr. V. Lakshmanan, the current program coordinator for the Centre for Special Education, is a physiotherapist who has completed a diploma course in special education, with a concentration in cerebral palsy. He has worked for Amar Seva Sangam since 1993, in various capacities, but has now been at the centre for children with developmental disabilities for ten months. In this time, he has initiated a new assessment program for currently-enrolled children and new applicants, which allows staff to better understand the children’s needs. He has also developed the current training program, which includes a series of weekend training sessions providing rudimentary special education training.

**APPENDIX II: BUDGET**

**a) Cost Estimates for Teacher Training**

Note: Canadian Dollar values are approximate.

<b>Diploma in Early Childhood Special Education</b>	Rupees	Cnd. Dollars
Course Fees	6,500	200
Exam Fees	150	5
Room Rent	3,000	100
Boarding	10,000	300
Study Materials	3,000	100
Traveling Expenses	1,000	30
<b>Total</b>	<b>23,650</b>	<b>735</b>

<b>Bachelor of Education, Special Education</b>	Rupees	Cnd. Dollars
Course Fees	12,000	350
Project Work	3,500	100
Room and board for 2 month seminar	6,000	200
Traveling Expenses	1,000	30
<b>Total</b>	<b>22,500</b>	<b>680</b>

<b>Total Training Funds Required</b>	Rupees	Cnd. Dollars
D.E.C.S.E (2 x 1 year x 23,650)	47,300	1,500
D.M.R. (2 x 2 years x 23,650)	94,600	3,000
B.Ed. (4 x 2 years x 22,500)	180,000	5,500
<b>Total</b>	<b>321,900</b>	<b>10,000</b>

**b) Cost Estimates for New Facility**

Note: the estimates are based on the value of 500 rupees per square foot.

<b>Construction Costs</b>	Rupees	Cnd. Dollars
Classrooms (8)	1,024,000	31,000
Dining Hall/ Physical Education Room	320,000	9,700
Physiotherapy Room	80,000	2,400
Office/ Resource Centre	80,000	2,400
Veranda and Corridors with wheelchair accessible ramps	1,020,000	30,000
Washrooms	72,000	2,200
<b>Total</b>	<b>2,586,000</b>	<b>77,700</b>

<b>Equipment</b>	Rupees	Cnd. Dollars
Classroom furnishings	8,000	250
Support Equipment	4,000	120
Learning Aids	1,000	30
<b>Total</b>	<b>13,000</b>	<b>400</b>