LABELING CHILDREN WITH SPECIFIC LEARNING DISABILITIES (SLD): A CRITIQUE

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Abstract

The paper is an attempt to present a critique of the process and the outcomes of labeling children with learning disabilities supported with extensive literature review. The lack of clarity and precision in the conceptualisation of learning disabilities compounded with the dilemma between the biomedical and contextual perspectives and the over identification and proliferation of learning disability cases catalysed by social advocacy have been critically analysed in the paper. The diagnostic purity of the process of labeling children with learning disabilities without elimination of the diverse contextual factors using reliable assessment measures over adequate time periods has been questioned. This diluted approach to labeling has been critiqued as indiscriminate and random, leading to low expectations of teachers and their self-fulfilling prophecy of under achievement by the labeled students.
Labeling Children with Specific Learning Disabilities (SLD): A Critique

This paper is primarily a conceptual one based on an extensive review of literature available in the field of Specific Learning Disability. The larger objective is to examine and critique the framework of conceptualizing Specific Learning Disability (SLD) and the process of identifying and labeling children with SLD in schools from a global perspective with a brief status appraisal of the Indian scenario on the basis of a review of limited literature available. The analysis is useful as it provides a wide perspective and broad insight on the issues of LD. Moreover, such a critique can make teachers, Heads of educational institutions and other decision makers to be reflective on the process of identifying, labeling and follow up activities to support children with LD.

Etiology of SLD reveals that this category of disability originated as Learning Disability (LD) and got rechristened as Specific Learning Disability (SLD) to ensure diagnostic purity. Therefore throughout this presentation there is a mix of both LD and SLD as there are quotes of different scholars from different time periods.

Learning Disability as a construct emerged and developed in USA and in a short span of time became the most widely used label in the broader arena of special education. Within USA it is the only category of disability (out of thirteen categories of disability) whose criteria for diagnosis are defined by law. Moreover educational thinking, policies and practices followed in USA exert a great deal of influence on other countries including India. The identifying and labeling children with LD from an educational perspective evolved in USA and since then it has been blindly followed and glorified in many other countries.

Classification and labeling of students are fundamental activities in contemporary discourse and practice in special education (Ysseldyke, Algozzine, & Thurlow, 1998, p.73). To provide special assistance to children with special needs, a complex system of assigning labels to students has developed over the years. Of all the disabilities, learning disabilities is the most recent addition to the categories of special education. Although the existence of learning disabilities is beyond dispute, the process of identifying students with these disabilities is fraught with controversies and complications. The conceptual framework in which the disorder is being defined is not only vague, but the manifestations of the disorder vary greatly. Due to these variations some experts have gone to the extent of saying that there is nothing called Learning Disabilities (Coles, 1987). The very term learning disability is a problematic one that reflects the many disagreements surrounding it. What the condition should be called is a constant point of contention. The field continues to be beset by pervasive, and occasionally contentious, disagreements about the definition of the disorder, diagnostic criteria, assessment practices, treatment procedures, and educational policies, leading many to describe LD as the most contested and elusive concept within special education (Adelman, 1992; Christensen, 1999; Kavale,1998).
Most remarkable fact is that more than 50 years have passed since this term was first used by S.A.Kirk (1963) and still there is controversy surrounding the definition of the term! Problem of definition continues as it emerged since 1969. Sleeter (1987) remarked that “creating definitions of learning disabilities has been a popular pass-time in the US over the years…” the remark made 24 years ago is surprisingly relevant at present also.

Second, definitions of LD are frequently critiqued because they almost universally state that neurological impairment is the presumed cause of the problem. But the methodology adopted in the researches which have been conducted to substantiate the fact that LD is related to neurological impairment is itself a subject of heavy criticism. Coles (2004) criticized the methodology and relevance of brain research, which were aimed to establish the fact that dyslexia exists due to some type of brain deficit. The aim of classifying, identifying and labeling students is to provide appropriate intervention strategies to meet their educational needs. However a mere diagnosis of LD typically does not include any information about how to devise an appropriate form of intervention. Although a vast body of research in the field of LD has been dedicated to develop highly structured intervention strategies for such students, there continues to be no clear evidence to suggest that the students with LD need a different teaching approach that is more suitable to them than garden variety poor readers (Stanovich, 1991). The phrase ‘garden variety’ is used here to denote those learners who are generally poor in reading.

In fact any highly structured teaching for students with LD is equally appropriate for poor readers.

Perhaps all the controversies surrounding this field are due to the fact that the study of children’s learning disabilities involves various disciplines such as cognitive psychology, clinical neuropsychology and behavior neuro-genetics, psychiatry, neuroscience, psychology, education, and sociology and not to forget anthropology, giving it different perspectives and thereby generating various conflicting theoretical positions.

The Conceptualisation of Learning Disability

The field of learning disabilities emerged as an attempt to understand individual differences in learning and performance among children who displayed specific deficits in using spoken or written language while having normal or above normal intelligence. These were first studied by physicians and psychologists and thus became predominantly grounded in biomedical and behaviorists perspectives which are still the dominant framework of the field. Learning disabilities also largely emerged or developed as an applied field of special education driven by social and political forces to provide services to youngsters whose learning characteristics were not being adequately addressed by the educational system. In fact the biomedical perspective has given birth to Specific Learning disabilities whereas the social and political forces generalized it as Learning disabilities thus reducing it to a catch-all
category (Kavale, Spaulding & Beam 2009). According to some educational theorists, LD is a highly politicized field (Sternberg, 2000). In fact, the field of LD is divided between biomedical-behaviorists’ perspective and contextual perspective. Hallahan and Mercer (2002) termed biomedical perspective as modern and contextual perspective as a post modern viewpoint. Similarly these perspectives can also be termed as medical model of disabilities and social model of disabilities respectively (Terzi, 2010). Biomedical and behaviorist perspectives of LD focus on scientific investigations of LD as cognitive/neurological problems located within individuals (Hynd, Clinton, & Hiemenz, 1999; Hallahan & Devery, 2003; Kavale & Forness, 2003). Contextual factors refer to a host of social, economic, political and historical factors. Proponents of contextualist perspectives of LD such as Carrier (1983), Christensen (1999), Danforth & Rhodes (1997) and Skrtic (1999) argue that LD is a socially- constructed concept and have criticized biomedical perspective of LD for being overly focused on framing LD as a problem that is located within individual. Sleeter (1987), another critique of Learning Disabilities questions, “Why is there learning disabilities?” ‘…..’ A critical analysis of the birth of the field with its social context, exemplified how socio political forces in compliance with market economy led to the creation of this much hyped field”.

The Federal definition of learning disabilities in USA and its related policies are rooted in medical model perspective of learning disability (Sigmon, 1987), which reflects the common view that LD is a problem located within individuals. For its identification, primarily IQ achievement discrepancy criterion is used since the mid 1960s and continues to be used throughout USA. There are experts pointing out inconsistencies prevalent in the field of LD due to this identification method. The main inconsistencies are:

1. Over identification of students as having LD (Kvale & Forness, 1998)
2. IQ achievement discrepancy model refers to wait to fail approach (Hehir, 2005).
3. Variability in operationalisation of the definition of the term results in false positives (i.e., students who, for whatever reasons, are placed in special education and may not have a disability) and false negatives (i.e., those students not placed in special education who may have a disability) (Gallego, Durian & Reyes, 2006).
5. LD model medicalizes and individualizes school problems by presenting them as deficits located in the students, thus, obliterating the role of social and school
factors in the learning problems of school children (Christensen, 1999; Skrtic, 2005).

6. According to some educational theorists, the manifestation of intelligence depends upon the testing situation, the test content, the person who conducts the test and the subsequent data interpretation. Thus, IQ achievement discrepancy criterion is not a valid identification procedure (Scribner and Cole, 1978).

Social Advocacy and the Emergence of the field of LD

Although the roots of LD can be traced back to theories of Alfred Strauss, a neuro-psychiatrist who worked in the field of Minimal Brain Injury (MBI) and Minimal Brain Damage (MBD), gradually it underwent a major change and these terms Minimal Brain Injury and Brain Damage were replaced by the much controversial term Learning Disabilities. The LD field was formally established in the 1960s when psychologist S.A. Kirk in 1963 in Chicago, attended a conference, organized by both professionals and parents, addressing the issues of perceptual handicapped children and proposed the new term “Learning Disabilities”. The new term intended first to subsume the previous medical terminologies used to describe the condition, and second to make the condition more comprehensible within an educational context. Accordingly, the term, learning disability was widely accepted. Kirk’s speech and the new term mobilized parents and professionals to form the Association for Children with Learning Disabilities (ACLD), now called the Learning Disabilities Association of America (LDA), to advocate on behalf of children with learning disabilities for recognition and educational and social services (Hallahan & Mercer, 2002).

The establishment of ACLD represents the formal beginning of the LD field as a political, social and educational movement. It is clear that this change in nomenclature was however not based on any scientific inquiry but on the political advocacy. It is in this context, Kavale & Forness (1998) remarked that the field of LD is inherently political. Kathleen Ross-Kidder (1998) holds “the term “learning disability” “originate[d] from advocacy movements rather than objective, scientifically researched hypotheses.” The history of LD as a field of educational practice is more the story of a powerful social and political movement than one about the triumph of scientific progress (Swerling, 1996). The LD field as we know it today did not emerge from any conference of professionals or from some major scientific discovery but from a meeting of laypersons who were frustrated with the education their children were receiving. The social advocacy agenda that dominated this meeting has continued to dominate the field as it applies to education (Sternberg, 2000).

The emergence of the field of LD provided a great relief to the middle class parents having underachieving children. The parents demanded that the school system addressed the needs of their children. There was a
posibility that their children could either be labeled as Emotionally Disturbed or Mentally Retarded. Both labels were not acceptable to the parents as these labels were considered derogatory and viewed as social stigma (Sleeter, 1987). Whereas the term LD was interpreted and presented in such a way that it became the most desirable label for a failing child, the reason being that it was and is upheld that students with learning disabilities have normal or above normal intelligence (Blanchett, 2010).

In 1975 the LD field achieved a firm basis in Law with the passage of PL 94-142, an Education Act in USA. It was this law that defined LD thus: Specific Learning Disability is a disorder in one or more basic psychological processes involved in understanding or using language, spoken or written which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term (learning disabilities includes…developmental aphasia. The term does not include children who have learning problems, which are primarily the result of visual, hearing or motor handicaps of mental retardation of emotional disturbance or of environmental, cultural or economic disadvantage (Federal Register, 1977, p.65083). The word ‘specific’ was introduced to ensure the diagnostic purity of the disability.

Identification: IQ Discrepancy Model
In most of the literature from around 2000 ‘Specific Learning Disabilities’ (SLD) is used for ensuring diagnostic purity; to eliminate all the possible causes of learning disability and zero in on the very specific language based issues of reading comprehension, writing and math. The literature of LD reveals that the most controversial element of the definition of LD is the use of the IQ-achievement discrepancy as the criterion to identify students with LD. For Vaughn and Fuchs (2003), “At the heart of the controversy about SLD identification is the use of the IQ–achievement discrepancy” (p.137). In spite of the fact that identification of SLD is a multidisciplinary teamwork only discrepancy often becomes the sole criterion for SLD identification (Kavale, 2001). However, research over the past fifteen years has not provided evidence that “IQ discrepancy demarcates a specific type of SLD that differs from other forms of underachievement,” nor has it found that “children with ‘expected’ forms of achievement differ from those with ‘unexpected’ underachievement beyond the identification criteria” (Fletcher, Morris & Lyon, 2006, p.31). Many refer to the IQ-achievement model as “wait-to-fail” because “the child must first fail to learn the material that his intelligence would indicate he should be able to learn before he can establish eligibility for special education services” (Hehir, 2005, p.30). Hence, researchers in the field of special education now feel that this identification model is ineffective, inefficient, irrational, immoral and indefensible.

It should be noted that SLD was created as a discrete category to describe academic problems, particularly underachievement that resulted from specific deficits due to neurological dysfunctions and processing deficits, but gradually it lost its integrity and started getting used as an all encompassing
term meaning all the children whose achievements are low in spite of having normal or above normal intelligence are SLD. The discrepancy model underlines the importance of underachievement, denoting discrepancy between potential achievement and actual achievement and not low achievement. But in actual practice due to difficulties in validating neurological dysfunction and processing deficits, slowly, these basic foundation concepts of SLD were abandoned and more emphasis was given to the concept of low achievement thus making it more general so that more and more children could be covered within its purview.

**Proliferation of LD cases and the criticism**

Since the category’s inclusion as a specific disability, it has grown to include the largest group of students receiving special services which has sparked off intense criticism from a camp of professionals on the sanctity of the assessment processes and the undue advantages accrued by the students. Socio-political advocacy has been cited as the real culprit behind these burning issues by many of the critics. The influence of advocacy led to a substantial proliferation in the number of children who have been identified with learning disabilities relative to other handicapping conditions (Gallagher, 2010). This proliferation is explicitly evident in higher education as well in USA. Kavale & Forness (1998) hold that nearly 5% of full-time college students identify themselves as LD, but the validity of their diagnoses is open to serious question. The proportion of children identified with learning disabilities has been growing steadily in schools since the inception of the IDEA, although the proportions identified with mental retardation or speech and language disorders have decreased during that same period (Lyon, 1996). In some of the states of USA more than half of the students enrolled in special education are classified as learning disabled (LD) (Ysseldyke, Algozzine & Thurlow, 1998, p.73). According to data currently available from US Department of Education, Office of Special Education Programme 50.5% of all children identified for special services in schools are classified as LD (Torgesen, 2004). The rapid growth of this field since its inception has led experts raise many questions regarding legitimacy of the process of identification and labeling of children with learning disabilities. The political advocacy is responsible for such an enormous growth of this field, though the “real” prevalence of learning disabilities is subject to much dispute because of the lack of an agreed-upon definition of LD and objective diagnostic criteria.

Originally LD was conceptualized as an elementary level problem. But somehow due to vigorous advocacy now it permeates all levels of education and support services are being developed for junior and college level students also (Kavale, 1998). Although socially and politically it’s been accepted as a disability category, its contention of being based on a scientifically proven theory has been challenged by numerous experts from within the field of special education (Algozzine & Ysseldyke, 1983; Poplin, 1984, 1987; Skrtic, (1999) and outside the field (Coles, 1987). Till date the concept of
LD at elementary level has not been given credence and as questions are being raised on its basic premise that LD occurs due to neurological impairments (Elliott, 2008), its identification at college level is dubious. The substantial increase in the identification of children with learning disabilities has led many to question the validity and reliability of LD as a diagnostic category or its “realness” as a handicapping condition (Coles, 1987).

Some professionals are of the opinion that it is the (dys) functioning of school which gave birth to LD, in fact it is a school based disability (Varrenn & McDermott, 1999). Marling (2004) is of the view that “It takes a complex system of interactions performed in just the right way; at the right time on the stage we call school, to make a learning disability.” It is deducible from the references above that the processes of identifying children with LD have to undergo an intense process of purification before validation.

Questions arising from the proliferation of LD students

An alarming rise in the population of students labeled as LD raises several critical questions:

1. Why do parents and child-advocates give so much of importance to the field of Learning Disabilities?
2. Why is the proportion of children with LD escalating and the proportion of children with MR or speech difficulties declining?
3. How does someone who has never faced learning disabilities at school level get labeled as LD at college level?
4. How it is possible that half of the students referred for special education comes within the purview of a single category as LD?

The answer to these questions lies in the fact that the effect and implications of LD have permeated almost every aspect of society. The roots of over labeling can be traced back to the confusion prevailing in the field regarding difference between real LD and slow learner. The vagueness surrounding the definition of LD is also responsible for over labeling of children as LD. In fact the dilution of definition of LD is responsible for identifying children, who were previously known as slow learners and for whom no special education services were provided, as LD thus turning it in a catchall category (Kavale & Forness, 1998). As Hammil (1993) remarked, “Not so beneficial is the educators’ tendency to conceptualize learning disabilities in terms of problems of mild or moderate degree to downplay the role of etiology to fixate on the school age child and to focus on remediation of specific problems rather than on the treatment of the whole child. These ideas as implemented in the school combine to blur the distinction between students with learning disabilities on the one hand and remedial and slow learning students on the other….This confusion has resulted in an ever-increasing number of students erroneously being classified as learning disabled and in turning learning disabilities into a catchall category” (p.300).
Secondly it is preferable to be called LD than mentally retarded or emotionally disturbed. According to Coles, the label of learning disabilities is a more attractive label for middle class children than Mentally Retarded, Emotionally Disturbed or Disadvantaged (Coles, 1987). The label of LD conveys different meaning to different people in USA. Ample research evidence has shown that classification decisions are often based on a variety of factors not directly linked to regulations, procedures, or definitions (Gerber, 1988, 2005; Hallahan & Mercer, 2002; MacMillan & Siperstein, 2002; Ysseldyke, Algozzine, Richey, & Graden, 1982).

Benefits to the Stake Holders and the Politics of Labeling

The label ‘LD’ is beneficial to the school in many ways. The schools are paid by the state for identifying students as disabled which results into over identification. Funding incentives in most states encourage school districts to label students as disabled. At the school level low achieving students may be identified as having an SLD because the resources to provide services to other categories of struggling learners are not available. A number of studies confirm that large percentages of students whose low-achievement levels are not unexpected have been inaccurately identified as having an SLD (Gottlieb & Weinberg, 1999; MacMillan, Gresham & Bocian, 1998; McLeskey & Waldron, 1990). Special education is used in these cases as a catchall for any learner who is struggling. Services delivered to students with a “disability” label are likely to be either partly or fully reimbursed by the state, whereas the same services given to students without a recognized disability are not. Secondly, these labels allow schools to provide students with generous time limits or limitless time in special rooms and also provide a scribe. All the accommodations made for these children help the schools in raising their own overall performance giving them an edge over others. (Mac Millan, Gresham, & Bocian, 1998).

Then there are teachers who are frustrated and lack the time and energy to deal with students who are problematic and difficult to deal with and thus refer them for special education services (Marchisan, 2005). Not only this, labeling of children as learning disabled takes away the responsibility from the teachers for the poor performance of the students (Gerber, 2005).

Locating the learning obstacle within the brains of an individual student provides the teachers a convenient explanation for student failure. It takes responsibility away from the teacher by offering an explanation that does not question the instructional practices followed. It serves to absolve the teachers of the need to reflect upon and possibly alter the environments (physical, social, emotional and academic), in which the child’s learning experiences take place. The fault is placed within the child rather than within the efficacy of the instructional methods used by the teacher and the support and ethos provided by the schooling system. In other words, the blame is thrust on the child, thus shielding the teacher from any self-reflections or questioning. Using this perspective, identifying children as LD “can be viewed as the means by which the failure of the system and the exclusionary pressures within it are transformed into the failings of students” (Booth, 1998, p.83). Accordingly,
a child is a learning disabled when he is incapable of comprehending what is expected of him/her by the student and be able to do it (Willes, 1983). In other words, failing to do what the teacher wants in the scheduled time given by the system, can lead to the risk of being identified as having SLD.

Next is the role of the parents who interpret and present learning disabilities in a way that it does not get stamped with the stigma of retardation as it implies normal intelligence. A number of educational commentators have noted that parents were quite relieved by the label of LD (Foster, Schmidt & Sabatino, 1976; Marchisan, 2005). In fact it can be said that the parents exploit special education services to get accommodations for their otherwise normal children. Exceptions to such an attitude of parents are also a reality. There are parents who are not comfortable with the LD identity of their child and resist any Individualized Education Programme (IEP) even when the child struggles with reading comprehension, writing, math etc.

The criteria for labeling school children as learning disabled are inaccurate, unfair, and sometimes exploited by some for favorable treatment (Sternberg & Grigorenko, 2000). This statement also applies to the college students. Once the students are labeled as LD they enjoy a range of benefits in the form of extra help, extra time on classroom tests, extra time on high-stake tests such as the Scholastic Achievement Test (SAT) - that some parents fight legal battles for their children (Shalit, 1997). It seems the system is encouraging students to capitalize on weaknesses. What Sternberg said can be corroborated by the fact that from 1987 to 2000, the number of students receiving accommodations on the SATs quadrupled, and approximately 90 percent of the test takers who qualified for accommodations were diagnosed with a “learning disability” or “LD” (Abrams, 2003). In the words of McDermott, Goldman & Varrene (2006) “With increasing competition, LD found a new use in the 1990s in securing more time for labeled children on examinations. Mediating smart versus slow, LD became a defense against threats to sustained high prestige, and it now serves the wealthy with legitimate escape routes from low test scores.” Large and growing segments of the population who have money and initiative to consult psychologists and lobby school administrators, have sought LD diagnoses, either for themselves or for their children. The gravity of the situation can be understood by the title of an article published in New York Magazine entitled “The Learning Disability Scam” (March18, 1996). The article describes how parents were fighting legal battles to attain LD label for their children. It delineated the fact how LD became a kind of joke when almost every student got a label of LD and was availing provisions of extra time and such other accommodations.

Scientifically, the identification and labeling of LD entails a long procedure giving enough scope to educationists, psychologists and other related personnel to offer their services albeit naturally with a fee. Being identified with a learning disability paves way into the huge social services apparatus, various agencies which try to provide for varying perceived needs. This has virtually
given birth to a thriving industry which Lerner (2004) named as LD industry. He says “one must acknowledge the interests of those within the LD industry in expanding the definition of an LD - educator, who can obtain increased federal aid if more students are diagnosed as LD, psychologists, who can charge thousands of dollars in fees for an LD diagnosis and researchers in the area of learning disabilities, who are eligible for hefty federal grants;…….”

It is evident that the environment of competition and comparison, judgment based on selection and ability and schools’ concern for raising the standard are prime culprits responsible for soaring number of students identified as having SLD. Many of them are not learning disabled in true sense of the term but they are happy to be associated with this label simply to (mis) use this label to avail the accommodations attached with it. This happens despite the fact that USA has a well structured procedure legally as well as educationally in place to identify, classify and label students as learning disabled. Not only this, there is a resultant proliferation of various categories of SLD like dysrationalia (thinking difficulties), dyspraxia (problem with movement and coordination also known as developmental coordination disorder) cognitive processing deficits and many more.

It is not that Specific Learning Disabilities do not exist, but misuse of this label has become rampant in the US society (Katz, 2000). It means that the rights of those people are infringed upon who are in serious need of special assistance in their journey of schooling and education. To address this problem, professionals are devising ways to re-define SLD in a more expansive way. An alternative method of RTI (response to intervention) has been proposed and got incorporated in IDEA 2004; albeit this method has its own shortcomings (Kavale, 2005).

Learning Disabilities in India: Lessons to be learned from USA

The phenomena of SLD cannot simply be transplanted as a whole to the educational structure of India due to its unique socio-cultural character. There are many associated features of SLD that are specific to the Indian contexts. These include the fact that bi and multilingualism is a common occurrence, classroom conditions are far from ideal and socio economic factors play a more significant role. Karanth (2003) has enumerated various environmental factors that are associated with SLD viz. poverty, lack of literary resources in the home environment, lack of access to preschool instruction, parental illiteracy, overcrowded classrooms and poor instruction. Thus she asserts, ‘often SLD reflects the accumulated effects of several of these risk factors,’ while it is now accepted that SLDs are in part a result of child and situational characteristics, procedures for identification are focused exclusively on the child. As stated by Mehta and Swarup (2004), ‘Children, especially in cities in India, learn through English which is the medium of instruction, and most often this is not the child's mother tongue. Bilinguism, another characteristic feature of the Indian educational system, also aggravates the problems for dyslexics in India. A sub group of dyslexics in the
country are faced with a dual problem - one dealing with perceptual problem and the other dealing with the language aspect. Although most definition of SLD exclude environmental, cultural or economic disadvantages, yet these very conditions place some children at significant risk for weaker neural development and secondary learning difficulties. Poor socioeconomic condition, like malnutrition and scarce pre and post natal care can place children at risk for neurological dysfunction, leading to cognitive, linguistic and academic deficits. The information on SLD in Indian children is scanty. The incidence of dyslexia in primary school children in India has been reported to be 2-18 % (Mittal, Zaidi, Puri, Duggal, Rath, & Bhargava, 1977), of dysgraphia 14 % (Shah, Khanna, & Pinto, 1981) and of dyscalculia 5.5-6 % (Ramaa & Gowramma, 2002). We still do not have a clear idea about the incidence and prevalence of learning disability. A study from South India (Ramaa and Gowramma, 2002) has reported the incidence of dyscalculia to range between 5% to 6% in primary school children. Inadequate participant identification procedure limits the impact of some of the other studies. It seems that studies of specific learning disabilities in India, as in USA, are fraught with difficulties ranging from the very definition of learning disability, identification, and assessment procedure. Research conducted in the field of specific learning disabilities in India has been primarily done over the last two decades (Ramaa, 2000). Epidemiological studies of learning disability in India are burdened by problems ranging from identification, assessment to socio-cultural factors unique to India. In India, having a learning disability does not translate into legal entitlements unlike in USA where it has been well defined and recognized legally. As awareness about learning disability is increasing day by day in India, various central and state boards like CBSE, ICSE, State Board of Maharashtra, Karnataka etc. are formally granting children with SLD, the benefit of availing the necessary provisions. But the procedure of identifying and labeling students as learning disabled is not as well developed and scientific as it should be. So to avoid USA like situation where all the stakeholders - parents, teachers and school administration manipulate the label of SLD for their own benefit (Kavale, 1998; Lerner, 2004), and also to avoid the discrepancy between policy and practice, it is necessary to regularize the process of classification and labeling of students as learning disabled. We have the example of USA where advocacy for SLD has resulted in over identification of students having SLD on one hand and has generated a negative attitude among some of the educationists that there is nothing like Specific Learning Disabilities on the other. So, despite the fact that the most ardent critic of SLD, Coles. G (2004) agrees that there are cases of “true LD” albeit very few in numbers, we should be cautious while mobilizing resources and personnel for SLD services. Although in India SLD is not recognized legally, the state of Maharashtra, in 1996 was the first one to formally grant children with specific learning disabilities, the benefits of availing the necessary provisions to enable them to
complete education in regular mainstream schools. Since 1999 the national examination boards which conduct ICSE and CBSE exam have also formally granted children with SLD, the benefit of availing the necessary provisions. Subsequently the state governments of Karnataka, Tamilnadu and Gujarat granted these provisions. In a move to give legal recognition to SLDs, The Draft Bill of Rights of Persons with Disabilities (2012), prepared by the Ministry of Social Justice and Empowerment has included SLD in the category of specified disabilities. It is evident that the awareness about learning disability is steadily increasing in India. But it is also a fact that there is tendency in our country to identify and label students as learning disabled without first eliminating all other possible factors that could be responsible for their low performance like teachers’ mindset and assumptions about learn ability of SLD children eventuating in inappropriate teaching methods, teacher’s lack of individual attention to such students, parents’ apathy etc. There is also the issue of self-fulfilling prophecy of the teachers about the learning potential of students with the label of SLD. Once the students are labeled, the teachers bring down their expectations, and have an ‘after all he/she can’t do better’ attitude. Their efforts and expectations are geared to fulfill their prophecy of low achievements for these students. Students also are more likely to reciprocate this attitude thus resulting in their reluctance to put forth their best efforts, with, ‘after all whatever I do, I know, I can’t compete with the others, nor will my teacher be happy with me’ attitude. The Draft Bill of Persons with Disabilities (PWD) (2012) defines SLD as “‘Specific Learning Disabilities’ refers to a heterogeneous group of conditions wherein there is 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. The term includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia.” Clearly it is grounded in a medical model of finding deficits in the child without taking into account the societal milieu from where the child hails and the ecology of schooling. Accordingly, going by this definition, many students who attend government schools, more so in rural areas, will fall under the category of students with SLD if assessed. This fact can be corroborated from the ASER (Annual Status of Education Report, 2013) findings that about 50% of children in class V cannot read std. II text yet. Clearly all these 50% students manifesting difficulties in reading cannot have deficits in processing spoken or written language.

The conceptual framework of SLD is largely rooted in psychological and medical ground with scant attention to the fact that the school, a social institution lacks a desirable level of professionalism and proficiency in the process of conceptualizing, identifying and assessing children with learning difficulties. It is a dangerous proposition from the perspective of SLD children. In the context of India, it becomes more acute as the teacher has to cater to the needs of
diverse groups of students viz. first generation learners, bilingual or multilingual students whose schooling does not take place in their mother tongue, students whom teacher considers as coming from culturally disadvantaged background, who attend school without being exposed to any form of literacy and so on. The role of the teacher, her methods and techniques used for classroom transactions, the length of the period of observation of the student, the extent of personal attention given to her, her efforts for psycho-social well being of the student and many more aspects have to be considered before referring a student for assessment and labeling with SLD. As is obvious, there is a danger of subjectivity that can jeopardize the process of identification. There is every possibility that students who face difficulty in acquiring the skills of reading are being diagnosed with SLD. In such contexts, the critical reflective questions pertinent from the teachers’ perspective are: ‘Am I observing my students intensely and over an adequately long period of time before referring them for assessment?’ ‘Am I, during this period of observation, trying out alternative strategies and techniques to help my students to improve reading comprehension, writing, math and organising things, before transferring their names them onto a referral list?’ In other words, a ‘Am I eliminating all the factors that may be the cause for the manifested behavior before referring the student for identification test?’ In the best interest of the students, it is imperative that the school, its teachers, administrators and all the paraphernalia attached to it, try to provide every opportunity and help in implementing effective interventions, provision of educational aids etc. to every student before finding deficits within the non performing/failing students and labeling them as learning disabled. Only then can we zero in on the genuine cases of students with SLD.

**Conclusion**

Identification and assessment of specific learning disabilities is a complex process involving professionals from different associated fields which in the authors’ view is not carried out with diligence and precision. The identification and assessment not only damage the morale of a student but also sparks off the process of self fulfilling prophecy. Students get identified and assessed quite indiscriminately and parents are comfortable with the situation as they can accrue unfair advantage. It is necessary that before children are identified and assessed with SLD, the range of possible factors inherent in our school systems that can negatively influence a child’s learning and development, comprising lack of teachers’ efforts and effectiveness in helping students to learn, lack of support and cooperation of peer group, the non-conducive physical environment and school ethos, as also lack of psycho-social support from home, are all eliminated. Further longitudinal studies are needed in this field to ascertain whether the students are learning disabled in the ‘true’ sense of the term or are facing difficulties in learning due to the array of environmental factors.

The areas that need immediate attention are, the review of the definition of SLD, building up of a valid framework for identifying and
assessing SLD, uncovering and identifying the skills that underlie effective screening items and developing effective intervention as well as prevention programmes keeping in mind various contextual factors. Needless to say, the pre-service teacher education programmes have to be tuned to these requirements and the practicing teachers need to be empowered with on-site support and in-service programmes, to be effective in identifying and referring students for assessment.
References


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