

Issues and Solutions Faced by Students with Disabilities in Higher Education

Dr. Meena Kumari*

* Assistant Professor, Department of Education, Guru Ghasidas University, Bilaspur (C.G.), India

E-Mail: meenaggv@gmail.com

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Abstract:

Students with disabilities in higher education continue to face a range of barriers that impact their academic success, social inclusion, and overall well-being. Despite legal frameworks and institutional policies aimed at promoting inclusivity, many students encounter physical inaccessibility, inadequate support services, lack of awareness among faculty, and stigmatization. These challenges often result in limited participation, lower academic achievement, and increased dropout rates. This paper explores the key issues faced by students with various disabilities—physical, sensory, cognitive, and psychological—in higher education settings. It also examines existing solutions, including assistive technologies, inclusive pedagogical strategies, disability support services, and institutional reforms. The study emphasizes the need for a holistic, proactive approach that combines policy enforcement, faculty training, and student empowerment to create an equitable learning environment. By addressing these challenges through comprehensive and sustainable strategies, higher education institutions can foster true inclusivity and ensure that students with disabilities have equal opportunities to succeed

Keywords: *Differently Abled Students, Range of Barriers, Inclusive Education and Assistive Technology*

Introduction:

Lack of education is a disability in itself. Without education every human being is handicapped. Disability in humans can definitely be reduced through education. Without education, the country is considered disabled, because the basis of the country is not only land, but capable citizens are needed to protect the country. That's why there is a fundamental need for the best education for the development of the society and the nation. That's why the responsibility of education is of the country. Dr. Ambedkar has said “that education is the milk of a lioness, who drinks it and that roars”. Education has the ability to convert a weak bird into a hawk. Definition of education according to Gandhiji, "By education I mean the all-round development of child and man, body, mind and soul." Definition of education according to T. P. Nunn, "Education is the complete development of the personality of man so that he can make a fundamental contribution to human life according to his highest ability." According to Plato, the definition of education, "The work of education is to give the body and soul

of man the perfection of which he is worthy." The definition of education, according to Tagore, "is the highest education which not only gives us information but also establishes harmony in our life and the whole creation." According to Spencer's definition of education, "Education includes not only habits, memory, ideals, forms, physical and mental skills, intelligence and interest, moral ideas and knowledge, but also methods." According to the Princeton Review, the definition of education is, "Education is not learning but the exercise and development of the powers of the mind and it is acquired through the centers of knowledge and the struggles of life." Cosmic powers and abilities are created in man through education. Strength is born from education. An educated person is never handicapped. If the country has to be empowered, then it is necessary for the country to have high quality education.

What is a handicapped child:

These children have one or the other permanent physical defect. That is, some children have a defect in some part of the body by birth or later due to some accident, disease or injury, some part of their body becomes defective, they are called disabled children. According to Crowe and Crowe, "A person who has a physical defect of such a nature that prevents or limits him in any way from participating in normal activities, we can call him a person with disability." Disability is the inability to perform an activity within a specific range that is considered normal for a human being. According to a report on disability released by the National Statistical Office last year, about 2.2% of India's population suffers from some kind of physical or mental disability.

Types of Children with Disabilities: Children with disabilities are divided into the following types

- Handicapped Child
- Blind And Semi-Blind Children
- Deaf And Semi Deaf Children
- Child With Defective Speech
- Baby Boy

What is a Handicapped Child- Handicapped children are those who are handicapped due to birth, disease or any accident. Many types of children like blind, deaf, dumb, lame etc. come under this.

Blind And Semi-Blind Children- Blind and semi-blind children are those who have visual impairment. This defect comes in the child by birth or due to some disease or accident.

Deaf And Semi Deaf Children- A deaf child is one who has never heard any sound. Deaf people are usually dumb from birth. And those whose hearing power becomes weak, they are called semi-deaf.

Child With Defective Speech- The reason for defective speech can be physical defect. Sometimes the reason for this type of defect is also psychological or emotional instability. Under defective speech, lisp, stammer, speaking by holding nose, thick voice etc. come.

Baby Boy- Gentle children are those children who are more conscious about their physical health. Children who have lack of energy, disturbances in digestion, lack of blood, glands etc., come in this category.

Issues related to persons with disabilities:

Discrimination:

- Persistent discrimination denies them equal access to education, employment, health care, and other opportunities.
- Due to the misconceptions associated with persons with disabilities and lack of understanding of their rights, their daily life becomes quite challenging.
- Women and girls with disabilities are particularly vulnerable to sexual and other forms of gender-based violence.

Health:

- Most cases of disability are preventable, including medical issues during birth, maternal conditions, malnutrition, as well as disabilities resulting from accidents and injuries.
- However, India is grappling with problems like lack of awareness, care and lack of better and accessible medical facilities. There is also a lack of access, availability and utilization of rehabilitation services.

Education:

- Special schools for the disabled, lack of access to schools, availability of trained teachers and educational materials is also a big problem.

Employment:

- Even though many adults with disabilities are capable of productive work, adults with disabilities have much lower employment rates than the general population.

Access:

- Physical access to buildings, transport, services still remain a major challenge.

Inadequate data and statistics:

- The lack of accurate and comparable data and statistics hinders the inclusion of persons with disabilities in various policies.

Education System for Disabled Children

- Schools should be opened according to specific needs.
- Necessary institutions should be made available on the advice of the doctor.
- After taking the opinion of doctors and experts in the school, instruments and means should be used for possible treatment for them.

- Proper arrangement for the handicapped children to sit.
- For blind children, education should be given using Braille script (inventor – Louis Braille).
- A semi-deaf child should be taught by sitting at the front of the class. If possible, ear-instrument should be used for such children.
- Parents and teachers should behave with love and sympathy.
- There should be a system of curriculum and sports according to the power of the child.
- Game-method and audio-visual methods should be used in teaching.

Solutions for Students with Disabilities:

1. Physical facilities: Institutions should provide appropriate facilities to students with disabilities so they can have access to opportunities for quality education and integration into society. These students ought to be respected for who they are and ought to be treated like other students. Institutions should offer special needs students' physical amenities including wheelchairs, blind sticks, audio-recorders, talking books, and newspapers.

2. Special ramps or rails: for students who are blind or physically disabled should be provided by institutions. The right indications and symbols should be placed, and the major entrance or exit gates should be easily visible. Special ramps or rails for students who are blind or physically disabled should be provided by institutions. The right indications and symbols should be placed, and the major entrance or exit gates should be easily visible and reachable. If possible, institutions should install hand rails on all steps and ramps. 2. Special ramps or rails for students who are blind or physically disabled should be provided by institutions. The right indications and symbols should be placed, and the major entrance or exit gates should be easily visible and reachable. If at all possible, institutions should have an easily accessible facility with a conveniently positioned elevator. Steps and ramps should be equipped with hand rails.

3. Rest rooms: There should be separate rest rooms for special need students with clear identification and accessibility as well as large inside space. Doors of rest rooms should be wide enough with easy locking or unlocking system. Floors should be slip resistant. Mirrors, flushing arrangement and dispensers should be mounted at appropriate height. • The scribe does not need to be less qualified than the student, nor should they hold a qualification that is related to the exam the student is writing.

• 4. Scribes should be made available to students with disabilities who are having trouble writing exams, and institutions should permit this. When assigning scribes to students with disabilities, the following requirements should be scrupulously adhered to:

A student who is blind, physically challenged and has writing issues, or who has learning disabilities may choose to be the scribe.

- Scribes are given an additional hour to complete the examination.
- Disabled pupils should have access to a separate room with a scribe so that they can easily dictate, write, and edit under their direction.
- The scribe does not need to be less qualified than the student, nor should they hold a qualification that is related to the exam the student is taking. While coming from a different background or stream than the student, the scribe should have training on par with that of the latter.
- The scribe should not be a student's relative or close relative.

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5. Braille Equipment or Software: Braille books and Braille software make it simple for blind pupils to read and study, which helps them develop their language and other skills. So, in their center, library, or any other reading area, institutions should have Braille reading materials and computers with Braille software.

6. Other facilities: Other building division amenities include large-scale auditory and visual signals suggesting different sections of the building should be situated on different floors at arrival. The entrance should include wheelchair-accessible lifts, and the building should have adequate parking both inside and outside.

The Enabling Unit's Primary Functions Will be as Follows:

- To advise students with disabilities on the kinds of courses they could take at colleges and universities.
- To guarantee the admission of as many students with disabilities as feasible through both the open quota and the reserve designated for them.
- To compile orders pertaining to fee reductions, examination procedures, reservations, policies, etc. for people with disabilities.
- laws, regulations, etc. relating to people with disabilities.
- To decide the kinds of assistive devices to be purchased, evaluate the educational needs of individuals with disabilities enrolled in enrolled higher education ins • To observe significant disability-related holidays like White Cane Day and World Disabled Day in the school and the area to raise awareness of the skills of people with disabilities.
- To ensure the upkeep of specialized assistive equipment purchased by the higher education institution under the HEPSN scheme and to encourage individuals with disabilities to use it to enhance their educational experiences.

- To compile annual reports that include case studies of individuals with disabilities who have benefited from the HEPSN program approved for the higher education institution.

Access for students with disabilities:

It has been thought that in order for pupils with diverse abilities to move around and function independently, the environment must be specially designed. It is also true that many institutions have architectural restrictions that make it challenging for impaired students to function on a daily basis. According to the requirements of the Persons with Disabilities Act of 1995, the colleges are required to handle accessibility-related concerns and make sure that all current buildings and any new development on their campuses are accessible to people with disabilities. To accommodate the unique needs of people with disabilities, institutions should build specialized facilities, such as ramps, rails, and special restrooms, as well as make other necessary adjustments. The accessibility concerns related to disabilities should be addressed explicitly in the construction designs. established up accessibility guidelines.

Supplying special equipment to enhance educational services for students with disabilities:

Students with different abilities need specialized aids and equipment to perform on a daily basis. Through a number of the Ministry of Social Justice and Empowerment's programs, these aids are accessible. To assist students with disabilities enrolled in higher education, the higher education institution may additionally require the purchase of specialized learning and assessment tools through these programs. Additionally, readers are necessary for visually impaired students. The accessibility of tools like computers with screen reading software, low-vision aids, scanners, mobility devices, etc. in the institutions will enhance the learning opportunities for those with disabilities. Colleges are urged to purchase such equipment and offer readers to students who are blind or visually impaired.

Typical Design and Sections of Early Intervention Centre:

EIC would comprise of following space / room (Ideal size EIC would be approx. 4900 – 5000sq. feet):

- Waiting space
- Play/therapy area
- Reception space for registration including anthropometry
- Pediatrician/ medical officer room
- Dental examination room
- Vision testing room
- Hearing testing room and Sound proof room with rooms having two patients. One smaller room will be separated by an one-way looking glass with carpeted and double doors

- Speech room with looking mirror extending from almost the floor to one and half feet above the level of the table
- Early intervention room-cum-occupational therapy room
- Psychological testing room
- Laboratory (Lab tech)
- Nursing/nutrition room-cum-feeding room
- Sensory integration room
- ECG cum Echo room
- Computer room (manager) include store
- Pantry and space for drinking water and washing
- Toilets (male, female, staff – all equipped with accessible facilities for Persons with Disabilities)
- Open space/corridor
- Outer sensory garden (desirable)

Accessibility: The most important condition:

The EIC at NILD in Kolkata is located on the ground floor, and parents and kids with impairments can only enter and exit through separate doors. The wide, paved approach road to the center is accessible by wheelchair and cars. There is plenty room nearby for parking cars. A ramp and nearby grab bars/rails are placed into the center's entrance. Wheelchairs can be moved independently at once. Each space in the center for trans disciplinary services is accessible from the entryway. Each room provides adequate space for a wheelchair to travel around and transfer because it is large enough without any doorsills. Everyone with normal physical, cognitive, and communicative development can use the restroom next to the center. Following specialized services are envisaged:

Centralized data management and registration - The National Institute of Empowerment of Persons with Intellectual Disabilities (NIEPID), Secundrabad, developed centralized data management software specifically for this purpose, which will be used for registration. This would link all EIC units nationwide, allowing us to maintain consistency in operating, decision-making, management, results analysis, and further policy-making for the benefit of parents and kids. The computer-based record-keeping will be a trustworthy source for future policy choices, research, and advancement in the field.

Occupational Therapy - Using intentional exercise as a means of encouraging mobility, occupational therapy assists a child to develop gross motor, fine motor, and self-help skills. Feeding, bathing, and clothing are only a few of the daily living activities that are covered in training. These self-care abilities are crucial to maximizing a child's functioning and reducing their need on parents.

The -Institute has a well-established occupational therapy setup with experienced faculty, whose knowledge will be used to improve the center's efficiency.

Therapy for sensory integration- Children who have sensory issues that are the result of early brain injury are given sensory integration therapy. Specific learning difficulties, emotional and behavioral disorders, attention deficit disorder, speech and language disorders, at-risk newborns, autism, and hyperactivity can all be treated with sensory integration. To accommodate kids with such demands, the center intends to create a separate sensory integration therapy section.

Physiotherapy - Using various neuro-developmental strategies, physiotherapy therapies look after the child's motor development. These methods place a strong emphasis on encouraging mobility. Early physical therapy helps cerebral palsy patients move more easily and with better motor control. To achieve the early intervention goal of maximizing the child's learning capacity, these are necessary. The institute features a well-established physiotherapy department with knowledgeable faculty, whose resources and skills will be used to support the center's physiotherapy needs.

Prosthetics and Orthotics Service- The field of prosthetics and orthotics provides rehabilitation options to kids with physical disabilities of their limbs or spine to help them meet physical developmental milestones and reach their full potential for independence, inclusion, and participation. Sometimes obtaining mobility can be greatly aided by a straightforward support, such as an ankle-foot orthotics or a standard prosthesis. These objectives will be greatly helped by the institute's highly developed prosthetics and orthotics services. Additionally, the department will create and manufacture specially made children's seating and daily life aids.

Speech therapy and audiology evaluation- The early years of life are crucial for speech and language development. Speech therapy must address the significance of interactions in promoting speech and language development. Additionally, it involves assisting and side-notifying kids who have certain speech and language deficiencies. Awareness, detection, and discrimination (both coarse and fine) are all part of audio logical training. The purpose of auditory training is to make the infant aware of all the spoken and environmental sounds that are important for the development of speech and language. There will be a separate Speech & Audiology unit at the center. Additionally, the facility will offer the services of the regional center of the AliYavar Jung National Institute of Speech and Hearing Disabilities (Divyangjan) (AYJNISHD-D), Mumbai.

Counseling and behavioral modification- Aspects of children's overall development, such as behavior management and anticipatory guidance, are crucial. The goal of family intervention is to make the setting for providing care better. Potential stresses include the mother's lack of motivation, time management techniques, and recommendations for additional support. The center will offer

separate rooms for parent counseling so that they can comprehend the needs and manage the burden of balancing their lives with their child and other family obligations. In certain circumstances, the campus-based regional center of NIEPID, Secunderabad will be used for its services if necessary.

Medical support - For the diagnosis and treatment of various illnesses, medical help is crucial. Before beginning a therapy program, the condition of the kid must be accurately assessed because children with disabilities frequently have many issues that may be a part of a symptom-complex or a syndrome. The Institute has a 50-bed hospital with orthopedic and physical medicine and rehabilitation doctors. Additionally, medical experts in the fields of pediatrics, ophthalmology, ENT, and dentistry will be hired as visiting consultants who will offer assistance when a kid at the Early Intervention Center needs assistance. In addition to services previously provided by the institution, such as assessment and management of any locomotor disability, Physical Medicine and Orthopedics' surgical procedure.

Healthcare social worker- Social workers in medicine encourage the expansion of hospital services and public healthcare. They will assist in determining the parents' socioeconomic situation and offer the necessary counseling. Additionally, they assist the parents in figuring out how to handle their finances in light of the disease or impairment. Their assistance will be crucial in helping the family manage money for the rehabilitation and support the family, both of which are necessary for continued rehabilitation.

Virtual Reality Rehabilitation - VR therapy is a potential strategy for children with developmental delays to help them with their balance and motor abilities. A number of abilities have been tested to determine how effective VR applications are. The areas that receive the most research attention include arm and hand motor abilities, posture control, visual perception, social skills, and pain management. To specifically serve kids with attention deficit hyperactivity disorder (ADHD) and autism spectrum disorders (ASD), the center hopes to have a VR section.

Elementary School- Parents may recognize and use their children's potential to the fullest extent with the aid of preparatory school. An Individualized Education Plan (IEP), which combines cognitive, academic, social, and behavioral strategies into a complete curriculum intended to inculcate the core abilities of learning, is necessary for children with exceptional needs. The center features a preschool with two divisions: one for toddlers, and the other for kids between the ages of three and six. Recognizing their potential, teaching them fundamental skills in a fun and approachable way, and preparing them for inclusive education are the goals.

Baby care- Because many women visiting the center might need to nurse their infants, a separate baby care space for moms has been constructed with enough seats to maintain privacy. In order to meet all of the needs of parents and children with disabilities in one location, within an accessible

setting, the institution wants to build a center that is aesthetically pleasing, parent and kid friendly, and caters to all of those needs. Moving from one specialist to another for varied services will become less painful for parents as a result. The advantages of customized and competing decision-making by many professionals will be reduced, and better results may be attained, with all professionals in one location and a coordinated habilitation/rehabilitation program. This will also give people more confidence. additionally, this will provide parents the assurance that they can raise their kids to be the best versions of themselves despite their limited time and resources, which will help them integrate into society. I hope this center is successful in implementing the trans-disciplinary "Team around the Child" approach of early intervention service delivery, which lessens the burden of impairment on parents and children.

Disabilities under RPWD Act 2016 – way forward:

For the first time, disorders like hemophilia, thalassemia, sickle cell anemia, etc. are now included under the RPWD Act 2016's scope of application. The rehabilitation industry has been given enormous obligations with regard to the early detection and prevention of disabilities, which also covers various disorders, under Sections 25 (2) b, c; 27 (1) etc. These hemologic conditions are pediatric ailments that manifest early in childhood. Only 16,000 hemophiliacs in India are officially registered. This represents just 15% of the predicted number when taking into account the hemophilia prevalence of one in 10,000 births. Around 1675 newborns are born with hemophilia each year in India, where there are an estimated 120,000 hemophiliacs. These data imply that the vast majority of patients are These data indicate that the majority of patients in our nation are underdiagnosed. Even if only a tiny fraction of patients is given a diagnosis, only around 15% of the overall population receives care. According to a 2007 study, poor treatment access causes the development of disability in 94% of PWH (People with Hemophilia), who were also 76% of the unemployed in the productive age group of 18 to 26 years. Sickle cell disease: The flaw in this case is that the red blood cell suckles while it is deoxygenating. Numerous Indian ethnic groups have a high prevalence of the gene that causes this illness. Up to 40% of people have the heterozygote type. One more reasonably priced test method is the solubility test. Several governments, including Gujarat, Maharashtra, Odisha, and Chhattisgarh, have begun newborn screening programs for sickle cell disease. Examining the same will aid in understanding the disease's natural history in our nation. Thalassemia: With over 3% of the global population (or 150 million people) carrying the thalassemia gene, this illness is regarded as the most prevalent genetic disorder.

Only a few nations, like Oman and Iran, are now keeping thalassemia registers for surveillance. That the majority of these are aged structures in NIs and CRCs, where many I.

Accessibility:

1. Having a single, contiguous, cross-disability EI Center that was under one roof and on one floor, ideally the ground floor, was the first and most important fundamental element that was intentionally planned and achieved.
2. The idea behind it was to make sure that parents who bring their children with CWD to the EICs shouldn't feel inconvenient when they have to move across several rooms and floors to meet different specialists, whether it's for occupational therapy, physical therapy, speech therapy, for meeting the audiologist, ophthalmologist, clinical psychologist, pediatrician, etc., or even for drinking water or using the restroom. Considering the unique requirements and multidisciplinary resources needed for early intervention, a distinct Unit was established parts, divisions, workstations, and places, as well as to modify the same. However, all Centers made serious attempts to try and accommodate this demand, giving it priority because of the essential necessity of such a parent-centric cross-disability Approach at EICs.
3. It was determined to implement accessible features while considering reasonable accommodations and, to the greatest degree possible, to retrofit the EICs with accessible infrastructure. Accessibility features in the buildings were crucial for facilitating Ease of movement for parents accompanying the disabled child to school. As a result, provisions were made for Features like accessible parking, accessible access routes, ramps, accessible reception counters and corridors, accessible toilets and drinking water points, staircases, elevators, tactile guiding and warning tiles, as well as appropriate instructional and directional signage at all. Given that these EICs are designed with babies in mind, special attention was paid to the places that would allow nursing moms to nurse their babies in private.
4. In order to facilitate the referral of CWD cases to the newly established facilities, all NIs and CRCs have been urged to disseminate information about the at the pediatric wings in the hospitals as well as in the primary health units in the catchment region. . This will assist the parents in learning about the rehabilitation services that their kid could require from ASHA and Anganwadi workers, nurses, pediatricians, and doctors.
5. Information boards have been planned to be installed in the waiting and reception areas so that parents can share information with their children.
6. Efforts must be taken to ensure accessibility of them.

Empowerment:

1. Parental counseling sessions in private settings have been carefully planned at the EICs.

2. This is a crucial step in protecting the parents' feelings when they discuss their child's or their own personal concerns with counselors or specialists. All EICs will eventually feature help desks where parents can register their children's UDID cards and receive advice and support in relation to them.
3. All EICs have been instructed to build Seamless software, which would record information on the child beginning with the initial screening stage, in order to streamline the registration procedure.
4. All Departments/Specialists who dealt with a certain patient and record will update the records.
5. This program is being made compatible with data exchange across 14 EICs, which is important since it will allow users to benefit from the knowledge base and specialist experience available across all NIs and CRCs.
6. This is an important characteristic, as most NIs to date have a focus on a particular impairment. Because of this, it was believed that having such a system in place would enable resource sharing and information exchange, which would significantly improve learning across NIs and CRCs for addressing cross-disabilities, a first in many aspects. Additionally, should the necessity arise, the patients would benefit from having access to all information and reports regarding their children across all centers thanks to this facility.
7. Parents' counseling and training has also been thoroughly designed and constructed. the protocols carefully such care for rehabilitation that parents' kids can receive at home or in the neighborhood. It is believed that the setup in each of these EICs of the Family Education and Training Resource Units will significantly contribute to the parents' and families' learning about parenting, child management, clinical issues, etc. Along with holding workshops, online videos, and tutorials, training for Activities of Daily Living (ADL) would also be given in one-on-one sessions.
8. These are anticipated to eventually develop into cutting-edge centers that deal with several disabilities so that parents can discover answers to their children's problems. The comprehensive early intervention services offered at the EICs would also include preparatory school services, play areas and sensory parks, multi-sensory integration units, OT and PT units, speech therapy and language intervention units, BM and Counseling units, and trans-disciplinary therapy units. The EICs will also focus on bringing the most recent advancements in the industry, starting with virtual reality rooms that have been designed to contain all necessary clinicians and rehab specialists.
9. The EICs have also been entrusted with developing accommodations for preparatory schools for school-readiness of the CWDs up to the age of 6 years, in accordance with the Rights of Persons with Disabilities Act, 2016, for advancing towards inclusive education. The Special Teachers at the EICs pay close attention to various elements of the education and learning of such children, which will aid the parent in recognizing and understanding the needs of their child's special needs.

10. It was also decided that, whenever possible, arrangements should be made to have the parents being attended to and counseled by psychiatrists/clinical psychologists for their own personal mental and emotional traumas/issues as well. This is because parents frequently have a tendency to neglect their own mental and emotional anxieties/stresses in the midst of their whole-hearted focus and single-minded attention on their child's well-being.

11. As a result, offering such a service at the EICs may be advantageous for the personal wellbeing of parents who, in any event, would be attending the EICs for the benefit of their children. Staff and personnel have been under pressure to have the necessary training to interact nicely with parents and make an effort to understand their emotions. This is justified by the idea that, in the end, human interaction is what defines excellence.

12. Given that parents may have to travel long distances from other states, cities, districts, towns, or villages and that they may even need to stay in the cities where the EICs are located for extended periods of time, possibilities for CSR funding for travel grants and/or of transportation facilities from relatively close-by places will be explored in the future. Since moms frequently accompany children alone and must remain in a mess as well as a boarding and lodging facility, such CSR money may also be envisioned for these needs within a city. As a single mother raising a disabled child in an unfamiliar environment, this makes it tough for them to provide for their needs in terms of food and other necessities. As a result, tie-ups could be explored.

Ensure Better Futures:

By conceptualizing a parent-friendly strategy at cross disability Early The main goal of intervention centers is to make sure that parents routinely bring their disabled children there for the necessary rehabilitative and housing services. Improvement is first seen after treatment measures. Both we as adults and the children have a right to this. These initiatives are anticipated to ultimately contribute to healthier futures for not only children with disabilities but also for their parents, families, communities, and ultimately the entire country.

In the context of higher education, disability :

In order to address the concerns of the diverse culture present within the higher education system, the recent modifications in affirmative action regulations are putting pressure on the higher education system to rethink the techniques and give vent to new fields of inquiry. "Equity in Education is the public-school system's commitment to social justice. To put into practice a rights-based approach to Jameel: The Role of Disability in Higher Education The concept of affirmative action based on equity, justice, accessibility, neutrality with respect to gender and/or physical or mental handicap, fairness, and other liberal democratic ideals has also received new meaning and content as a result of the human

rights movement. We are concerned on the rates of participation of impaired students in higher education as well as their social profile with regard to gender, social class, and ethnicity because social justice can be understood in relation to the distribution of social goods like education. In terms of political influence, economic progress, and employability, higher education is significant in its own right. "Higher Education, as the pinnacle of the educational system, is a necessary component for satisfying the highest calibre personnel requirements in the key fields of national importance. the campuses of colleges. There are some kids who may experience multiple forms of disadvantage, such as being a member of a Scheduled Caste and having a disability. If the student from the Schedule caste has a disability, the situation is worse. Institutions must be prepared to address these students' needs. The Warnock Committee Report from 1978 places emphasis on the necessity of reevaluating students with disabilities' needs before they enroll in higher education.

Disability Higher education service providers must understand the value of multiculturalism and gear up for their crucial role in the achievement of minority students with disabilities (Reber A. 2007, p. 1036). College campuses are crucial in raising people's awareness and sensibility to problems. The new movement (disability rights movement) was centered on college campuses. (1989, Scotch, p. 387). Postsecondary education requires the development of a distinct social and personal identity. Academic obligations and a disability are two challenges that students with disabilities must overcome. Privacy is compromised as the student's disability becomes a public problem. Due to their anxiety about being stigmatized, many students conceal their disability. 8 The Electronic Journal of Inclusive Education, The vast majority of disabled students say that leaving home for college or university is a moment when they have to face their limitations, according to the experience of Students with limitations in a U.K. University. Their disability has been a private matter because they live at home with family and friends, attend a school that they have attended for many years, or come from a hamlet or locality where they are accepted. Working with people they have never met or in a new institution, however, makes disability a public issue. Higher Education and Disability in India distinct contexts, educational institutions, and systems all have distinct policies and accommodations for students with disabilities. Discussions of inclusive education for children with disabilities are included in the 2005 Action Plan for Inclusive Education of Children and Youth with Disabilities (IECYD). Equal focus is placed in this action plan on higher education for students with impairments. The following are the key clauses in this regard:

- More young people with disabilities are enrolling in secondary education. Young people with disabilities who choose to and are able to pursue secondary and higher school can transition easily. Consistency between boards and states in offering accessible testing environments.

- Adequate numbers of special educators and rehabilitation experts with experience working with people with disabilities are available to help mainstream educators at all levels.
- More young people with disabilities are enrolling in mainstream higher education and vocational programs.

The Centrally Sponsored Scheme of "Inclusive Education of the Disabled at Secondary Stage (IEDSS)" was introduced by MHRD in 2009 with the goal of bridging the gap between school education and postsecondary education. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act of 1995 and The National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act of 1999 both mention the various disabilities. Additionally, it states that the program may one day include (i) speech impediment and (ii) learning disabilities, among other things.

During the 1999–2000 school year, programs like Teachers Preparation in Special Education (TEPSE) and Higher Education for Persons with Special Needs (Persons with Disabilities) (HEPSN) were put into place with the goal of creating courses for special educators and counselors as well as of providing accommodations in a variety of ways for people with disabilities. Not every higher education institution has fully implemented these programs.

Eight Universities and Colleges were authorized for funding by H.E.P.S.N. in the same period, which was marginally better. In order to advance the cause of the disabled in higher education, H.E.P.S.N. is a remarkably comprehensive program (N.C.P.E.D.P. 2005). Basically, it consists of three parts:

Establishing Enabling:

1. at Universities and Colleges The first was the creation of Disability Units in numerous universities and colleges around the nation to make it easier for people with disabilities to be admitted to these institutions and to offer them guidance and counseling. Additionally, these Units were designed to help impaired graduates find lucrative work.

2. Giving students with disabilities access the second was to make these institutions' infrastructure and architecture more accessible for people with disabilities. The universities with the greatest enrollment of impaired students were given preference for these one-time payments of Rupees 10,00,000 each.

3. Increasing Educational Services for Students with Disabilities by Providing Special Equipment The third was the offering of customized services. The third was the delivery of specialized tools to support educational services for kids with disabilities. The majority of the academic research on disability and higher education that was gathered for this study came from wealthy nations.

A large-scale study was done by the National Center for Promotion of Employment for Disabled People (NCPEDP) in 2005. 119 universities were chosen, and 52 of those universities were able to

offer information on the total number of students enrolled there. The statistics from 52 responding universities showed that only 0.1% of the students had a variety of disabilities. The fact that 3% of seats are set aside for students with disabilities indicates that these pupils cannot advance to higher levels of education

- It is suggested that resource units be established at colleges around the nation in order to raise knowledge of the higher education system and to give the required guidance and counseling to people with disabilities.

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