CHAPTER I

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CHAPTER I

INTRODUCTION

1.0 Introduction

According to Mahatma Gandhi, by education he meant, “an all round drawing out of the best in child and man - body, mind and spirit.” All round development is physical, mental, intellectual, aesthetic, moral and spiritual and not mere literary is the true goal of national education. “True education should result not in material power but in spiritual force”.

Shri Aurobindo Ghosh also emphasizing that, in his basic principles of educational philosophy, “Education should train the **senses of a child**”, from his philosophy we understood that, the necessity of imparting training of the reaming senses ie. vision, auditory, tactile, olfactory and kinesthetic for the **differently abled to promote self confidence, self reliant** and **independence to meet the challenges of Inclusive Education.**

Vision is the most important sense for interpreting the world around us and it helps us to perceive and to understand the world. Sight is the ability to look at something (one might say that this is at the level of the eye). Vision is the learning of what is seen by the eye (this is at the level of the brain). A blind person is unable to use sight for learning. A low vision person has some useful vision/sight. People who have moderate, severe or profound problems with sight are considered to have low vision.

Vijayan.P (2004) stated that the characteristics of children with low vision may vary from person to person. A great majority of the low vision learn to read, write, and watch TV by using their remaining vision and a significant number of children with low vision has irreversibly impaired vision.

With reference to **India online Pages.com (2014)** the total population of India is estimated that, 1.27 billion people are living in India. From which 50% of the people are living under the age group of 0-25 Years.

World Health Organization (2014) has given distressing information that, about 285 million of people were suffering from various kinds of visual impairment, among 39 million were totally blind and 246 people were having low vision problem, the main cause for visual impairment is due to uncorrected refractive errors of moderate and severe visual impairment. The statistics clearly states, that about 43% of people have become visual impairment because of uncorrected refractive errors.

With reference to children, it is projected that, a 19 million children are having visual impairment that are belongs to the age group of below 15 years, of these 12 million children are visually impaired due to refractive errors, which can be easily diagnosed and it can be corrected if it is identified at the earlier stage. About 1.4 million children are affected from irreversibly blind i.e. permanently low vision, who has significantly reduced vision called **low vision** who needs vision rehabilitation services, vision enhancement services, suitable low vision devices and training to use the prescribed devices for their all round development.

1.1 Eye conditions causing low vision

There are number of eye diseases causing low vision. But, they all put into 3 different vision loss namely 1) Blurred vision 2) Central vision loss and 3) Peripheral vision loss. The teachers of low vision should aware of the implications of various eye conditions and it has its own educational implications.

According to **Anshel, MD (2011)** states that blurred vision is an important indicator of eye disease. It can affect one eye (unilateral blurred vision) or both eyes (bilateral blurred vision), and it occurs often or rarely, it should never go untreated. If the vision is blurry, unable to see fine details, and the lack of sharpness will be frustrating. Vision loss such as blindness, double vision or blurry vision can lead to dry eyes or glaucoma to migraines or to retinal detachments and potentially it leads to blindness.

In some cases blurred vision accompanied by additional symptoms. These symptoms may affect one or both eyes, and symptoms include:

- Photophobia (sensitivity to light)
- Floaters or spots
- Eye pain
- Discharge from eye
- Dry eyes
- Itchy eyes
- Increased tear production
- Poor night vision
- Red bloodshot eyes
- Poor distance and near vision

According to **Vijayan.P and Victoria.G (2006)** the children with **Central Vision loss** have a hazy or dark hole appears in the centre of the object. The causes include macular degeneration and optic atrophy. **Peripheral Vision Loss** leads to Inability to see anything to either side, above or below eye level. Central vision, however remains intact a restricted field of vision objects at centre remain visible. The causes include glaucoma and retinitis Pigmentosa.

1.2 Characteristics of low vision children

Low vision is not blindness, which is the absence of useful vision or light perception. Children with low vision may see light, colour, movement, dimension, shape and size depending upon the degree of residual vision. However, things can appear blurred, faded or distorted, objects may seem to be “jumping about” “not all there” “or not there at all.”

A person’s visual acuity is the ability to see fine detail can worsen. There can be a narrowing or loss of parts of the visual field -the area of sight. Some children with low vision will have less sensitive to differences and changes in brightness, contrast and colour. Adaptations to high or low levels of light may be slowed or impossible.

Majority of the children with low vision use print for learning. Some children with low vision need visual aids such as glasses and other magnifying devices depending on their eye conditions and the tasks. Each child will have different needs. For example, one child may have sufficient vision to move around freely, but unable to distinguish small print or facial

features; some children able to read small prints but unable to see detail beyond a relatively short distance; another may have such reduced vision that parts of objects or words are visible. Children with low vision will have difficulty in reading, working on the blackboard without the help of low vision aids. These children may wear glasses will help to improve their vision, but cannot be corrected to normal levels.

1.3 Low vision Rehabilitation and Management

Khan,S.A.(2006) stated that rehabilitation of low vision depends on the functional problems in day to day activities. The main problem of low vision is decreased mobility due to visual field loss; this can be managed only by using the other senses. Training is required for safe navigation by systematic, horizontal and vertical scanning while crossing roads, and in ascending and descending stairs. The children must be encouraged to perform outdoor activities in day light rather than at night for proper orientation, especially in unfamiliar places. In case of advance peripheral field loss, using a cane is useful.

The strategies for enhancing contrast optimum lighting, minimizing glare and reversing or increasing print contrast. Using common electronic devices such as CCTV, or computer based devices are useful for enhancing contrast.

Increasing the contrast of the edges of doorframes, furniture's, stairs and walls by painting them in a contrast colours can help safe navigation.

Richard JC bowman and et.al., (2001) stated that, The school or home environment is not usually within direct control of visually impaired child, but it will be possible for the career to adapt it to provide the best condition for him. The school and at home should create or provide the possible modifications which will ensure the child's safety, clarity and contrast, optimum lighting facilities, which will help them to move independently without fear.

- Make sure that there are clear path ways and routes between the areas.
- Ensure that, there are no projection such as shelves at eye and head level.
- Encourage the child to explore the new environment.
- Doorways can be outlines with contrast colours.
- Contrasting paints along the edges of stairs.

In the Class room

- Seating arrangements should be made based on the eye conditions of the child.
- Lighting also very important it will vary according to the individual child some may need bright lighting some not necessary according to their vision problem we should ensure good lighting condition.
- Clarity and contrast are very important in relation to printed materials (text books) and black board.

1.4 Needs and Challenges of children with low vision

John Ayieko Yalo and et.al., (2010) studied the "Challenges and strategies of working with learners with low vision: Implications for teacher training", The purpose of this study was to document challenges faced by the teachers while teaching with low vision in special primary schools for the visually impaired in Kenya. The study was carried out in six schools of the visually impaired. The participants in the study were 78 teachers. The survey design was used to gather data. The study established that challenges faced by teachers were due to lack of supply of appropriate devices to students and lack of adequate training of teachers. The authors suggested that the school should supply the needed low vision devices and the low vision teams should provide co-ordinated learning support which will enhance the better learning of children with low vision with the support of teachers.

Bachofer (2007) observes that low vision is personal, emotional and unpredictable. Low vision is poorly understood by the majority of teachers

including those who have low vision learners in their classrooms, and frequently a family feels left on its own to figure out how to raise a child with low vision.

Further, research has indicated that students with visual impairments are behind their peers without impairments in social skills development**. Erin, Dignan, & Brown, (1991)** conforms this statement that without the benefit of certain visual cues, students will not have learned behaviour appropriate in social situations. Students with visual impairments need to be taught how to extend their hand to shake hands or how to use their hands to gesture appropriately when talking.

An opportunity for incidental learning is necessary for students with visual impairments to receive specific instruction in daily living skills. According to **Barraga and Erin (1992**) daily living skills are important to consider. Self-care skills need to be assessed to determine the need for instruction including dressing, taking care of clothing, eating, and preparing food. Teachers often need to provide direct instruction in skills such as housecleaning, safety, home maintenance, and money management. Depending on the nature of the skills, they need to taught by a teacher who is certified in vision, an occupational therapist, or by an orientation and mobility specialist.

Barraga & Erin (1992), states that conversational skills, such as making (or simulating) eye contact or to orient themselves to others spatially important for successful integration of students with visual impairments into general education settings.

1.5 Development of Policies and Programmes for the Persons with differently Abled

Analysis of various government reports and policy documents clearly suggests that international mandates and policy frameworks have provided a significant impetus to efforts undertaken at the national level. The UN General Assembly's declaration of 1981 as the International Year of Disabled Persons;

proclamation of 1983-1992 as the Decade of the Disabled by UN; followed by the UNESCAP Decade of the Disabled Persons from 1993-2002; and subsequently the World Conference on Special Needs Education in Salamanca in June 1994, have all played an important role in bringing the spotlight on to people with disabilities, especially on education as a vehicle for integration and empowerment.

Over the years, the government has launched various programmes and schemes to meet its commitments towards the education of children with disabilities. Among the first of these efforts was the Project Integrated Education of the Disabled Children (PIED) launched in 1987 in collaboration with UNICEF, in 10 blocks in 10 States and Union Territories across the nation. Taking note of the outcomes and recommendations of the PIED, the Integrated Education for Disabled Children (IEDC) scheme, which was initially launched in 1974, was subsequently revised in 1992. This scheme was shifted from the Ministry of Welfare to the Department of Education and greater assistance was provided to children with disabilities in mainstream schools.

The PWD Act 1995 insist that, the appropriate Governments and the local authorities should,

a. ensure that every child with a disability has access to free education in an appropriate environment till he attains the age of eighteen years;
b. endeavor to promote the integration of students with disabilities in the normal schools;
c. promote setting up of special schools in Government and private sector for those in need of special education, in such a manner that children with disabilities living in any part of the country have access to such schools;
d. endeavor to equip the special schools for children with disabilities with vocational training facilities.

The IEDC Scheme provides 100% financial assistance to implement the programme in the form of incentives, books and uniforms, teacher salary, organizing medical and awareness camps and reader and escort allowance, hostel allowance and so on.

In the 1990s, inclusion captured the field after the World Conference on Special Needs Education in Salamanca, Spain in 1994, with the adoption of the Salamanca Statement and Framework for Action on Special Needs Education. This statement, which was adopted by the representatives of 92 governments and 25 international organizations in June 1994, has definitely set the policy agenda for inclusive education on a global basis (UNESCO, 1994).

In India The Draft Scheme on Inclusive Education prepared by the MHRD (2003) with the following definition: Inclusive education means all learners, young people- with or without disabilities being able to learn together in ordinary preschool provisions, schools, and community educational settings with appropriate network of support services (Draft of Inclusive Education Scheme, MHRD, 2003).

Rights of Children to Free and Compulsory Education Act (2009): enacted to provide for free and compulsory education to all children of the age of six to fourteen years, has come into force from 1.4.2010, and confers on every child including a child with disabilities, the right to free and compulsory education of satisfactory quality. National and State Commissions for Protection of Child Rights, established under the Commission for Protection of Child Rights Act, 2005, have been entrusted with the responsibility of monitoring implementation of right to free and compulsory elementary education (MSJ & E 2010-11).

The UNCRPD (2006), in its article 24 recommends that all state parties should recognize the right of persons with disabilities, realizing this right without discrimination and on the basis of equal opportunity, states parties should ensure an inclusive education system at all levels and lifelong learning.

The children with disabilities should not be excluded from free and compulsory primary education, or from secondary education, on the basis of disability Persons with disabilities should access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in where they live and also it recommends that reasonable accommodation of the individual's requirements is provided, to receive the support required, within the general education system, to facilitate their effective education.

Education is a powerful instrument of social change, and often initiates upward movement in the social structure.

The National Focus Group on Education of Children with Special Needs (**Advani, 2002**) states that until the 1970s, the policy encouraged segregation. The educators believed that children with physical, sensory, or intellectual disabilities were so different that they cannot participate in the activities of a common school. The Christian missionaries, during 1880s, started schools for the disabled as charitable mode (Mehta, 1982). The first school for the blind was established in 1887 (Mishra, 2000). Special education programmes in earlier times were, therefore, heavily dependent on voluntary initiative.

In the mean times, the NCERT launched Project Integrated Education (PIED) in collaboration with UNICEF in the year 1987 to support integrated education in the regular schools. As a result of PIED the external evaluation report 1994 showed that the increased rate of enrollment and as well as the retention rate also higher. And in 1997 it was merged with Sarva Shiksha Abhiyan (Department of Elementary Education, 2000).

The twentieth century has noticed phenomenal advancements in technology in almost every sphere. The sphere of disability is no more an exception. Modern electronic devices played an important role in mitigation the limitations imposed by visual impairment. Computer with screen reading software, Braille embosser, CCTV, Thermoform duplicators, DAISY Player,

Speech Synthesiser etc. are examples of such devices. Today a visually impaired person can work on a computer with the help of screen reading software and speakers. He/she can even read the printed text using a scanner. Voluminous Braille books are replaced by daisy books and other forms of talking books, CCTV is available to help the persons with residual vision.

1.6 Need for the Study

Many parents and teachers of young children who are visually impaired have little knowledge about vision impairment, how it affects development, or how to help the child to learn?. At first, they often think of the child as being **"Totally Blind**", not knowing that he or she may have little or even a great deal of vision which he or she can learn to use. They may not realize that visual impairment can cause delays in other areas of the child's development, such as communication, social, cognitive and gross and fine motor development. Parents as well as teachers may not know that there is a wide range of functioning levels in children with visual impairment. They need to know that there are many things/ways they can do to help the child to compensate this problem.

Low vision children formed a sizable population in inclusive schools. They are considered neither blind nor sighted children. In schools, they are at cross roads. They need both visual and non visual techniques to manage their education and day to day activities. The low vision service is very much individualized depending on the pathology and the structure of impairment.

Teaching low vision children is a very challenging work and sometime it brings discouragement to teacher when the performance of the child is not to be commendable often teachers of low vision children are frustrated when the children are not able to show progress in learning, also the lack of training for the teachers. The visual efficiency of the children will improve only through systematic visual skills training.

The problems faced by developing countries are unique. Majority of the visually impaired population is reported to be in the developing nations and this overwhelming figure makes one to adopt a cautious approach in planning service delivery programmes. The overwhelming population of “totally blind children” has been concern of service organizations in the past. Most developing countries are constantly facing problems of unemployment for the blind, the issue of equal opportunity, reservation for the blind in the private sectors and public sectors etc. Due to the problems, the low vision children did not get its due priority.

Another reason for the neglect of low vision service is due to the lack of recognition of low vision services as a discipline in education is characterized its true identity. Low vision area was regarded as a discipline a few decades ago. The significant growth of technology in the special education in recent year is bringing out the true identity of low vision care. The emergence of closed circuit television, optical aids, and low cost aids are contributing to the quality and advancement of low vision care is no more a neglected one. It status is changing but there is as long way to go.

People with low vision are often treated as blind, for a number of reasons. The first problem is a lack of knowledge and understanding about low vision. Second is a lack of appropriate low-vision training? The third problem is a lack of assistive devices. Assistive devices can aid some of these "blind" people to make effective use of the residual vision they have, so that they can, for example, read ordinary writing rather than Braille. Unfortunately, the limited availability of optical magnifying components, such as lenses, means that large numbers of people in Asian and Pacific developing countries remain handicapped.

The child may have some residual vision which he or she can learn to use. Any child, who has residual vision, even though he or she may appear to be blind, can benefit from this study.

This study focuses on impairments of the child's visual system, how to find out the child's visual abilities and needs are, and to help him or her learn to better use of the vision he or she has throughout his or her daily life.

1.7 Statement of the Problem

The problem of the present study is stated as **"Effect of Training Package on Developing Visual Skills of Children with Low Vision".**

The context of the study is well understood and the results could be incorporated effectively the terminologies used in the statement of the problem are well defined. As many independent variables were also used in the study, they should also be defined well.

The definitions for the following terms are given in this section.

1.8 Definition of Important Terms

- Inclusive Schools
- Normal vision
- Blindness
- Low vision
- Functional vision
- Visual acuity
- Visual field
- Visual efficiency

The following components of functional vision assessment tests are defined for clarity in this investigation.

- Visual awareness
- Visual attention
- Visual fixation
- Visual focusing
- Visual tracking
- Visual scanning
- Visual discrimination
- Visual figure ground discrimination
- Visual memory
- Visual closure
- Spatial relation & form constancy
- Visual motor coordination

Inclusive school

With respect to the proposed study, inclusive schools refer to the educational setting where visually impaired (low vision) students study along with the sighted counterparts in regular schools and stay with their families or hostels in the resource centre and the family is actively involved in the education of the child.

Normal Vision

A person is able to perform all close and distant visual tasks that are normally expected in community. Refractive correction (e.g. Glasses) may be needed to give ‘normal’ vision. A person with ‘normal’ vision is someone who has visual acuity between 6/6 and 6/12 (20/20 and 20/40) vision. This means that a letter designed on an eye chart to be seen at 6 meters (20 feet) be seen at 6 meters in both eyes **(Low vision online.com 2009).**

Blindness

According to **PWD Act (1995)** “Blindness" refers to a condition where a person suffers from any of the following conditions,

i. Total absence of sight;

ii. Visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lenses;

iii. Limitation of the field of vision subtending an angle of 20 degree or worse;

Low vision

According to PWD Act (1995) person with low vision means a person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device. In this study the investigator selected students with low vision enrolled in inclusive schools of Coimbatore district.

Functional Vision

Keeffe Jill (1999) functional vision is the use of vision for a particular purpose. Even small amounts of vision can be useful, for example, to recognize a person close up, or to avoid objects. The use of vision depends on a person's experiences and can vary with different conditions, low vision devices or instruction in the use of vision.

Visual Acuity

It is a measure of the ability of the eye to see detail.

Visual Field

The visual field means whole area seen when looking straight ahead without moving the eye or head (**Vijayan, P & Victoria, G. 2006).**

Visual efficiency

Refers to how well a child completes tasks that require a visual skill is known as visual efficiency.

The investigator developed visual efficiency training adapted package developed by **Vijayan. P and Victoria. G (2006)** the following are the concepts and functional skills to be developed by children with low vision through various activities included in the package.

According **Keeffe Jill (1999)** the functional skills are defined as:

Visual awareness

Finding an object or target and looking at it (fixating) long enough to be aware of it or recognize it.

Visual Attention

The person knows that an object is present to look at and deliberately looks at it.

Visual Fixation

Direct the eyes to a particular object or part of it. A fixation can be very short or it can be long (staring). Fixation may be central (straight ahead viewing) of off -centre.

Farm Constancy

It is a ability of a child to perceive the same object at different angles.

Visuals Tracking

The ability to follow with the eyes and / or with the head movement to visible things, when the body stationary or movement.

Visual Scanning

It is a ability to search one or more objects from a background of other objects.

Visual Discrimination

Ability to identify differences between objects, discrimination involves identification of external features and internal features of objects, pictures, shapes etc.

Visual Figure -Ground Discrimination

The ability to isolate particular objects from the background or surrounding visual stimuli.

Visual Memory

The ability to store and recall past experiences and integrated these with the present to identify aspects of the environment or relate one aspect to another.

Visual Closure

The ability to perceive a total picture or object when only part is visible.

Mobility

The ability to move with ease and with confidence in familiar and unfamiliar environment.

Depth perception

Depth perception is the ability to distinguish an object's solidity and its position in space relation to other objects not in the same plane.

1.9 Objectives of the Study

One of the primary problems of the low vision child is that there is very little incidental learning through the visual sense. The visual functioning ability of the child is primarily developmental. The more the child looks, especially at close range, the more he stimulates the pathways to the brain. As the brain is given more information, the child begins the process of discriminating forms, pictures and symbols. Some children with low vision are hesitant to use their vision, and it is difficult to motivate them to do so. Since they have never used their vision, they do not miss it. Teachers need to give each child an opportunity to develop all his senses, and to work with children in visual experiences as well as tactile ones. The primary goal of the teacher should be to permit each child to develop his visual ability to the highest possible efficiency in order to supplement his tactile and auditory skills.

The objectives of the study were to:

1. Identify children with low vision using comprehensive vision assessment checklist.
2. Prepare and use visual efficiency training package to enhance visual skills of children with low vision.
3. Compare the difference between pre and posttests mean scores of visual skills of children with different vision loss viz. blurred vision, central vision loss and peripheral vision loss.

4. Find out the difference between the pre and posttests mean scores of visual skills with respect to optical and perceptual visual functioning skills.
5. Study the influence of Gender, age, type of vision loss and its interaction with respect to visual skills.
6. Create awareness to teachers and parents on the effective use of devices and materials for improving visual efficiency.

1.10 Hypotheses of the Study

According to **Kothari,C.R.(2012)** states that in our daily life, we often face problems, which are solved by us through collecting information and using it to find answers The information collected is used to identify possible solutions or providing explanations to our problems or to find out whether our explanation is correct, these "educated guesses' about possible causes, relationships or differences are known as **hypotheses.**

In this study the null hypothesis proposed are presented under:

1. There is no significant difference between the pretest and posttest mean scores of visual skills of children with **blurred vision.**
2. There is no significant difference between the pretest and posttest mean scores of visual skills of children with **central vision loss.**
3. There is no significant difference between the pretest and posttest mean scores of visual skills of children with **peripheral vision loss**
4. There is no significant difference between the pretest and posttest mean scores of visual skills of **low vision boys.**
5. There is no significant difference between the pretest and posttest mean scores of visual skills of **low vision girls.**
6. The posttest mean scores o**f visual awareness** do not differ significantly (1) between the three groups of visual loss (2) between low vision boys and girls and (3) Intervention between vision loss and gender.

7. The posttest mean scores of **visual attention** do not differ significantly (1) between the three groups of visual loss (2) between low vision boys and girls and (3) Intervention between vision loss and gender**.**
8. The posttest mean scores of **visual fixation** do not differ significantly (1) between the three groups of visual loss (2) between low vision boys and girls and (3) Intervention between vision loss and gender.
9. The posttest mean scores of **visual focusing** do not differ significantly (1) between the three groups of visual loss (2) between low vision boys and girls and (3) Intervention between vision loss and gender.
10. The posttest mean scores of **visual tracking** do not differ significantly (1) between the three groups of visual loss (2) between low vision boys and girls and (3) Intervention between vision loss and gender.
11. The posttest mean scores of **visual scanning** do not differ significantly (1) between the three groups of visual loss (2) between low vision boys and girls and (3) Intervention between vision loss and gender**.**
12. The posttest mean scores of **visual discrimination** do not differ significantly (1) between the three groups of visual loss (2) between low vision boys and girls and (3) Intervention between vision loss and gender.
13. The posttest mean scores of **visual figure ground** do not differ significantly (1) between the three groups of visual loss (2) between low vision boys and girls and (3) Intervention between vision loss and gender.
14. The posttest mean scores of **visual memory** do not differ significantly (1) between the three groups of visual loss (2) between

low vision boys and girls and (3) Intervention between vision loss and gender.

15. The posttest mean scores of **visual closure** do not differ significantly (1) between the three groups of visual loss (2) between low vision boys and girls and (3) Intervention between vision loss and gender.
16. The posttest mean scores of **visual spatial relation and form constancy** do not differ significantly (1) between the three groups of visual loss (2) between low vision boys and girls and (3) Intervention between vision loss and gender.
17. The posttest mean scores of **visual motor coordination** do not differ significantly (1) between the three groups of visual loss (2) between low vision boys and girls and (3) Intervention between vision loss and gender.
18. There is no significant difference between the pretest and posttest mean scores of visual skills of **optical visual functioning and perceptual visual functioning** of **blurred vision**.
19. There is no significant difference between the pretest and posttest mean scores of visual skills of **optical visual functioning and perceptual visual functioning** of **central vision loss.**
20. There is no significant difference between the pretest and posttest mean scores of visual skills of **optical visual functioning and perceptual visual functioning** of **peripheral vision loss.**
21. There is no significant difference between the pretest and posttest mean scores of visual skills of optical visual functioning and perceptual visual functioning with respect to **low vision boys and girls.**
22. There is no significant difference between the pretest and posttest mean scores of visual skills of **optical visual functioning and perceptual visual functioning.**

23. The posttest mean scores of **optical visual skills** do not differ significantly (1) between the three groups of visual loss (2) between low vision boys and girls and (3) Intervention between vision loss and gender.
24. The posttest mean scores of **perceptual visual skills** do not differ significantly (1) between the three groups of visual loss (2) between low vision boys and girls and (3) Intervention between vision loss and gender.

1.11 Scope of the Study

The scope of the study is wide and is enumerated as follows:

1. The study will enable the low vision students to develop visual efficiency with the help of visual efficiency training package
2. The results of the study will be more helpful and valuable for the teachers who are handling low vision students to design appropriate strategy.
3. The study will be helpful for regular teachers to understand the reading strategy of low vision students and organize activities in inclusive classroom.
4. The study will be helpful for understanding and promoting further research on low vision.
5. The study recommend the training institutions to introduce a component in the curriculum which provide students practical exposure in developing indigenous package by students to assess and train visual efficiency for children with low vision.
6. The results of the study may also help the parents understand their children’s eye conditions and create environment for the use of remaining vision.

1.12 Delimitations of the Study

1. Due to the paucity of time and resources the present study will be limited to study the visual efficiency of low vision students studying in primary classes only.
2. Due to lack of adequate infrastructure facilities, the researcher could not include all other areas of low vision.
3. The study will be limited to only 60 low vision students studying in inclusive schools in Coimbatore district only.

1.13 Research Reporting

The present study is **"Effect of Training Package on Developing Visual Skills of Children with Low Vision"** is reported under five chapters**.**

1. **The First Chapter** begins with introduction, statement of the problem, objectives, hypothesis of the study, need and scope for the study.
2. **The Second Chapter** gives the accounts of literature related to the topic.
3. **The Third Chapter** discusses the methodology employed in the study. It covers the sample selection procedures, instrumentation and data gathering procedures and hypotheses.
4. **The Fourth Chapter** presents the quantitative as well as descriptive analyses of the data. In the light of the findings, appropriate interpretations have also been made.
5. **The Fifth Chapter** contains a summary of the findings of the study and the recommendations of the investigator for the furtherance. This chapter also includes a list of important topics for research in the future.