

Bibliography

AND

APPENDICES

# CHECKLIST FOR THE IDENTIFICATION OF EARLY INDICATORS OF LEARNING PROBLEMS AMONG CHILDREN

Dear Parents/Guardian

I have come to know that your child of primary stage (class III, IV, V) is facing certain problems academically in the school.

The following checklist has been prepared to find out the specific characteristics which may be the root cause of their present problems.

It is therefore requested that you kindly read the checklist carefully & identify the characteristics which your child performed when he was 2-3 years old and mark a / ✓ / sign against 'Yes' or 'No'. I hope for your valuable support. The information provided shall be used only for the research purpose and will be kept confidential. The name of the child will also not be disclosed.

Name of the child : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Mother's Name : \_\_\_\_\_

Guardian Name : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Telephone : \_\_\_\_\_

Class : \_\_\_\_\_ Section : \_\_\_\_\_

Name of the School & Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gender : M / F

Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_

Name of the Teacher : \_\_\_\_\_

Researcher  
**ROHEETA GROVER**  
M.Ed (Ele. Edu.) student  
RIE, Bhopal

# CHECKLIST FOR THE IDENTIFICATION OF EARLY INDICATORS OF LEARNING PROBLEMS AMONG CHILDREN

	Yes	No
1. Did not sit at one place for required time at home ?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did not complete task at hand at home ?	<input type="checkbox"/>	<input type="checkbox"/>
3. Used to move everywhere at home pushing, pulling siblings or others	<input type="checkbox"/>	<input type="checkbox"/>
4. Did he/she need to be told repeatedly ?	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the response delayed and confused on asking any question ?	<input type="checkbox"/>	<input type="checkbox"/>
6. Was he/she unable to follow directions :		
a. Left or Right	<input type="checkbox"/>	<input type="checkbox"/>
b. Top or Bottom	<input type="checkbox"/>	<input type="checkbox"/>
c. Forward or Backward	<input type="checkbox"/>	<input type="checkbox"/>
7. Did he/she had difficulty in conserving ?		
a. Relative Smaller or Bigger	<input type="checkbox"/>	<input type="checkbox"/>
b. Far or Near	<input type="checkbox"/>	<input type="checkbox"/>
c. Yesterday or Tomorrow	<input type="checkbox"/>	<input type="checkbox"/>
8. Did he/she see letters transposed ?		
a. 'd' as 'b' or viceversa	<input type="checkbox"/>	<input type="checkbox"/>
b. 'p' as 'q' or viceversa	<input type="checkbox"/>	<input type="checkbox"/>
c. 'm' as 'w' or viceversa	<input type="checkbox"/>	<input type="checkbox"/>
d. 'N' as 'Z' or viceversa	<input type="checkbox"/>	<input type="checkbox"/>
e. '6' as '9' or viceversa	<input type="checkbox"/>	<input type="checkbox"/>
If any other, kindly specify		
9. Did he/she blended words while speaking ?		
a. ब + स = सब	<input type="checkbox"/>	<input type="checkbox"/>
b. क + ल = लक	<input type="checkbox"/>	<input type="checkbox"/>
c. B + A + T = TAB	<input type="checkbox"/>	<input type="checkbox"/>
d. W + A + S = SAW	<input type="checkbox"/>	<input type="checkbox"/>
If any other, kindly specify		
10. Did he/she find it difficult to put information into orderly manner or in a proper sequence ?	<input type="checkbox"/>	<input type="checkbox"/>
Eg. Unable to repeat a story, fix jigsaw-puzzle, co-relate colours to flower, animal voice to its mask.		

	Yes	No
11. Did light, shadow, sound, random movements very easily drew away the child's attention ?	<input type="checkbox"/>	<input type="checkbox"/>
12. Did he/she repeat persistently in almost any behavioural area even if it was not required ?		
a. Coping a word over & over again involuntarily i.e. when asked to write 3 times only he/she wrote a full page.	<input type="checkbox"/>	<input type="checkbox"/>
b. Perseverate or repeat in oral expression	<input type="checkbox"/>	<input type="checkbox"/>
13. Did he/she had difficulty to follow instruction or from changing from one activity to others ?	<input type="checkbox"/>	<input type="checkbox"/>
14. Did he/she had poor coordination while walking, running ?	<input type="checkbox"/>	<input type="checkbox"/>
15. Did he/she had lack of coordination in playing games & other physical activities ?	<input type="checkbox"/>	<input type="checkbox"/>
16. Did he/she had difficulty when speaking ?	<input type="checkbox"/>	<input type="checkbox"/>
17. Did he/she had difficulty when writing (while holding pencil) ?	<input type="checkbox"/>	<input type="checkbox"/>
18. Did he/she bumped into things / people / had frequent accidents / got hurt physically ?	<input type="checkbox"/>	<input type="checkbox"/>
19. Did he/she had difficulty in actions involving eye-hand coordination Eg. Difficulty pointing body parts.	<input type="checkbox"/>	<input type="checkbox"/>
20. Did he/she had difficulty in fixing 2-3 pieces of blocks or puzzles ?	<input type="checkbox"/>	<input type="checkbox"/>
21. Did he/she performed troublesome activities or did whatever that came to his/her mind ?	<input type="checkbox"/>	<input type="checkbox"/>
22. Did he/she rejected books, disliked/refused to do paper pencil activity ?	<input type="checkbox"/>	<input type="checkbox"/>
23. Was not fond of seeing picture books ?	<input type="checkbox"/>	<input type="checkbox"/>
24. Did he/she had difficulty in pronouncing specific syllabes or sound while speaking ?	<input type="checkbox"/>	<input type="checkbox"/>
25. Did not speak as early as other children did ? i.e. speech production was affected.	<input type="checkbox"/>	<input type="checkbox"/>

You are further requested to provide any other information or specific characteristics besides mentioned above which you did observe when this particular child was 2-3 year old.

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# CHECKLIST FOR THE IDENTIFICATION OF EARLY INDICATORS OF LEARNING PROBLEMS AMONG CHILDREN

Dear Madam/Sir,

I have come to know that some of the students of primary stage (class III, IV, V) are facing certain problems academically in the school.

The following checklist has been prepared to find out the specific characteristics which may be the root cause of their present problems.

It is therefore requested that you kindly read the checklist carefully & identify the characteristics which your student performed when he was in Nursery / KG and mark a / ✓ / sign against 'Yes' or 'No'. I hope for your valuable support. The information provided shall be used only for the research purpose and will be kept confidential. The name of the student will also not be disclosed.

Name of the student : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Mother's Name : \_\_\_\_\_

Guardian Name : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Telephone : \_\_\_\_\_

Class : \_\_\_\_\_ Section : \_\_\_\_\_

Name of the School & Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gender : M / F

Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_

Name of the Teacher : \_\_\_\_\_

*Researcher*  
**ROHEETA GROVER**  
M.Ed (Ele. Edu.) student  
RIE, Bhopal

# CHECKLIST FOR THE IDENTIFICATION OF EARLY INDICATORS OF LEARNING PROBLEMS AMONG CHILDREN

	Yes	No
1. Did not sit at one place for required time in class ?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did not complete task at hand in the class ?	<input type="checkbox"/>	<input type="checkbox"/>
3. Used to move everywhere in the class pushing, pulling peers.	<input type="checkbox"/>	<input type="checkbox"/>
4. Did he/she need to be told repeatedly in class ?	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the response delayed and confused on asking question ?	<input type="checkbox"/>	<input type="checkbox"/>
6. Was he/she unable to follow directions :		
a. Left or Right	<input type="checkbox"/>	<input type="checkbox"/>
b. Top or Bottom	<input type="checkbox"/>	<input type="checkbox"/>
c. Forward or Backward	<input type="checkbox"/>	<input type="checkbox"/>
7. Did he/she had difficulty in conserving ?		
a. Relative Smaller or Bigger	<input type="checkbox"/>	<input type="checkbox"/>
b. Far or Near	<input type="checkbox"/>	<input type="checkbox"/>
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8. Did he/she see letters transposed ?		
a. 'd' as 'b' or viceversa	<input type="checkbox"/>	<input type="checkbox"/>
b. 'p' as 'q' or viceversa	<input type="checkbox"/>	<input type="checkbox"/>
c. 'm' as 'w' or viceversa	<input type="checkbox"/>	<input type="checkbox"/>
d. 'N' as 'Z' or viceversa	<input type="checkbox"/>	<input type="checkbox"/>
e. '6' as '9' or viceversa	<input type="checkbox"/>	<input type="checkbox"/>
If any other, kindly specify		
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9. Did he/she blended words while speaking ?		
a. ब + स = सब	<input type="checkbox"/>	<input type="checkbox"/>
b. क + ल = लक	<input type="checkbox"/>	<input type="checkbox"/>
c. B + A + T = TAB	<input type="checkbox"/>	<input type="checkbox"/>
d. W + A + S = SAW	<input type="checkbox"/>	<input type="checkbox"/>
If any other, kindly specify		
<hr/>		
10. Did he/she find it difficult to put information into orderly manner or in a proper sequence ?	<input type="checkbox"/>	<input type="checkbox"/>
Eg. Unable to repeat a story, fix jigsaw-puzzle, co-relate colours to flower, animal voice to its mask.		

	Yes	No
11. Did light, shadow, sound, random movements very easily draw away the child's attention ?	<input type="checkbox"/>	<input type="checkbox"/>
12. Did he/she repeat persistently in almost any behavioural area even if it was not required ?		
a. Coping a word over & over again involuntarily i.e. when asked to write 3 times only he/she wrote a full page.	<input type="checkbox"/>	<input type="checkbox"/>
b. Perseverate or repeat in oral expression	<input type="checkbox"/>	<input type="checkbox"/>
13. Did he/she had difficulty to follow instruction or from changing from one activity to others ?	<input type="checkbox"/>	<input type="checkbox"/>
14. Did he/she had poor coordination while walking, running ?	<input type="checkbox"/>	<input type="checkbox"/>
15. Did he/she had lack of coordination in playing games, sports & other physical activities ?	<input type="checkbox"/>	<input type="checkbox"/>
16. Did he/she had difficulty when speaking ?	<input type="checkbox"/>	<input type="checkbox"/>
17. Did he/she had difficulty when writing (while holding pencil) ?	<input type="checkbox"/>	<input type="checkbox"/>
18. Did he/she bumped into things / people / had frequent accidents / got hurt physically ?	<input type="checkbox"/>	<input type="checkbox"/>
19. Did he/she had difficulty in actions involving eye-hand coordination Eg. Difficulty pointing body parts, writing from black board.	<input type="checkbox"/>	<input type="checkbox"/>
20. Did he/she had difficulty in fixing 2-3 pieces of blocks or puzzles ?	<input type="checkbox"/>	<input type="checkbox"/>
21. Did he/she performed troublesome activities or did whatever that came to his/her mind ?	<input type="checkbox"/>	<input type="checkbox"/>
22. Did he/she rejected books, disliked/refused to do paper pencil activity ?	<input type="checkbox"/>	<input type="checkbox"/>
23. Was not fond of seeing picture books ?	<input type="checkbox"/>	<input type="checkbox"/>
24. Did he/she had difficulty in pronouncing specific syllables or sound while speaking ?	<input type="checkbox"/>	<input type="checkbox"/>
25. Did not speak as early as other children did ? i.e. speech production was affected.	<input type="checkbox"/>	<input type="checkbox"/>

You are further requested to provide any other information or specific characteristics besides mentioned above which you did observe when this particular child was your student in KG or Nursery class

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