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Educational Services for Tibetan Students with Disabilities in India: A Case Study

Britany Anne Barnes

Brigham Young University - Provo

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Educational Services for Tibetan Students with Disabilities in India: A Case Study

Britany A. Barnes

A thesis submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of

Master of Science

Gordon S. Gibb, Chair
Betty Y. Ashbaker
Mary Anne Prater

Department of Counseling Psychology & Special Education
Brigham Young University
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ABSTRACT

Educational Services for Tibetan Students with Disabilities in India: A Case Study

Britany A. Barnes

Department of Counseling Psychology & Special Education, BYU
Master of Science

This case study describes services for students with disabilities at Karuna Home in Bylakuppe, Karnataka, India. Karuna Home is a residential rehabilitation center for students with cognitive or physical disabilities whose parents are Tibetan refugees. The study triangulated data from interviews, observations, and school documents to describe educational policies and procedures, and cultural attitudes toward disability. Results show that the Karuna Home program is undergirded by Buddhist thought and theology regarding care and concern for those in difficult circumstances. The school serves students with a range of mild to severe disabilities and is fully staffed, but teachers and other service providers generally lack training in assessment, curriculum, and instruction for students with disabilities. The most pressing needs were administrators' and teachers' lack of understanding about how to create data-based learning and behavioral objectives to meet students' individual needs, and how to monitor student progress.

Keywords: Disabilities, India, Tibetan Buddhism, special education

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My parents, Ralf and Suzy, have inspired me to become a happy person that is better fit to help other people near and far. Ralf's studious, hard-working example led me through my studies, but more than that his example of prioritizing with love by putting his wife and children first affected my positive perspective most while enduring all my endeavors. Ralf's passion for education and perseverance in gaining knowledge in a variety of mediums contributed to my realization of the power and peace found in obtaining said knowledge. Suzy's tender heart and brilliant mind comforted me when faint and always brought my thoughts back to what matters most: tending to my loved ones, most importantly, those who are too timid or unable to ask for help, and serving them with diligence. My brothers—Logan, Brandon, and Lance—increased my desire to do more with a lighter heart and more joyful spirit. Their superior senses of humor helped me approach my work with happiness.

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DESCRIPTION OF THESIS STRUCTURE

This thesis, *Educational Services for Tibetan Students with Disabilities in India: A Case Study*, is written in a hybrid format. While fulfilling the traditional thesis requirements, the hybrid format also includes journal publication formats.

The preliminary pages of the thesis reflect requirements for submission to the university. The thesis report is presented as a journal article, and conforms to length and style requirements for submitting research reports to education journals.

The literature review is included in Appendix A. Appendix B includes consent forms and an assent form. Instruments used in the study are found in Appendix C, while Appendix D contains sources of information for subquestions of the study. Class learning objectives are included in Appendix E.

Two reference lists are found in this thesis. The first reference list contains references included in the first portion of the document necessary for a journal-ready article. The second list includes all citations used in the Appendix A, which contains an extended literature review.

Background

This case study describes services for students with disabilities at Karuna Home in Bylakuppe, Karnataka, India. Karuna Home is a residential rehabilitation center for students with cognitive or physical disabilities whose parents are Tibetan refugees. While education is generally below par in Tibet, it is of particularly low quality for students with disabilities. Tibetans are fleeing their homeland as a result of governmental restrictions instituted by the Chinese. As a result, many have sought refuge in Tibetan settlements in India where there is some educational success. Still, many barriers to effective special education for children of Tibetan immigrants have been identified.

Within the interpretivist tradition of qualitative research, case studies are used to describe, explain, or evaluate phenomena (Gall, Gall, & Borg, 2005). The phenomenon described in this study is the educational program for students with disabilities at Karuna Home, including the people, processes, attitudes toward disabilities, and educational outcomes. The next section provides an abbreviated literature review and an overview of the study followed by the methodology, results, and discussion.

Tibetan Immigration to India

Tibetans emigrate because of the “extremism of Chinese politics” including an excessive involvement in areas such as religion, culture, and economy (Dhussa, 2009, p. 3). The lack of religious and cultural freedom has led thousands of Tibetans to flee their homeland to settlements in India and other countries. As many as 250,000 Tibetans have immigrated to India since 1951, and about 1,000 continue to immigrate yearly. Dharamsala, a town in the state of Himachal Pradesh, India, has the largest Tibetan refugee population. Others have migrated to Tibetan enclaves in other parts of India (Dhussa, 2009). Bylakuppe, the town in which this study took

place, is a Tibetan settlement in the state of Karnataka and home to the second largest population of Tibetan refugees in India. Tibetans in Dharamsala and Bylakuppe enjoy continuing the practice of their traditions, culture, and religion (Shenoy, 2011).

Education in India

The Government of India (GoI) and the Tibetan Government in Exile (TGiE) have a cooperative relationship in matters involving education. The government of India allows access to education for Tibetans in their schools, and sanctions Tibetan schools as well. McConnel (2011) reported a generally good working relationship between the GoI and the TGiE, but also noted that these interactions “vary considerably across India, with relations generally being more cordial in Karnataka than in the Himalayan states” (p. 300). Karuna Home is located in the state of Karnataka, an area in which GoI works well with TGiE.

Special Education in India

According to the National Council for Educational Research and Training (2005), four percent of children with disabilities in India access education. Schools in India are either operated by the government or private entities, and students have the freedom to attend either. The Indian government helps support special education schools financially, but does not hold a direct role in creating or operating them (Singal, 2006). However, because many of the better schools are costly, students do not have as much freedom of choice as it may appear because of family financial limitations (Thirumurthy & Jayaraman, 2007; Vakil, Welton & Khanna, 2002). There have been some educational strides in special education in India, although barriers also exist.

As one example of a successful special education program, Vakil et al. (2002) reported that a private school for individuals with severe intellectual disabilities operates on the belief that

those with intellectual disabilities can take an active role in society as productive and capable people. The school designed and implemented a vocational curriculum to ensure that students leave the school with skills to enter the community in some meaningful way. Private special education schools have reported some successes, despite the serious lack of training, funds, and other resources (Byrd, 2010; Kalyanpur, 2008; Vakil et al., 2002).

While success exists in some cases, many barriers to special education persist in India. Addlakha (2007) asserts that in India a long-standing attitude of charity and welfare exists toward those with disabilities instead of an attitude of ensuring rights and promoting independence for them. Barriers or deterrents to providing special education and other services to people with disabilities in India include negative attitudes, lack of training, and the doctrine of karma.

Negative cultural attitudes about disability held by professionals and families are barriers to education in South India (Kalyanpur & Gowramma, 2007). Attitudes about individuals with disabilities in India have

ranged from reverence to embarrassment to a fatalistic acceptance of the disability, either because children with disabilities were viewed as a divine gift to parents who had been entrusted with their care or because they were viewed as divine retribution for parental wrong-doing (Murdick, Shore, & Chitooran, 2004, p. 313).

Scheidegger, Lovelock, and Kinébanian (2010) reported two strikingly different perceptions of Tibetan families with children with disabilities; one family hoped that their child with a disability would die early, while the other family regarded their child with a disability as precious. The negative attitude held by the first family could serve as a barrier to improving the

quality of life for the child with a disability; while the attitude held by the second family could cause them to do too much for the child, limiting independence.

In addition to parent and professional negative attitudes derived from cultural beliefs, many doctors, especially in smaller cities, are uninformed about disabilities and how to work with affected individuals (Kalyanpur & Gowramma, 2007). Saravanabhavan and Saravanabhavan (2010) reported that only 26% of teachers in Indian special schools have earned degrees in education. Training and collaboration for personnel working with individuals with disabilities is sorely lacking in India, as is a core curriculum for students with disabilities (Vakil et al., 2002).

The doctrine of karma can affect access to services for individuals with disabilities in India. Karma is fundamental to all major Indian religions, including Buddhism, and explains suffering and the human condition as caused by acts done in previous lives (Perrett, 1985). Experiencing pain from karma is a way to redeem oneself and progress (Waldman, Perlman, & Chaudhry, 2010). Singh (2000) explained that many individuals in India believe that disability is punishment for “leading an evil life” (p. 12). This belief potentially contributes to the negative cultural attitudes about the capabilities of individuals with disabilities, what is worth teaching them, and their place in life—in other words, the meaning in their existences.

Even though karma is commonly accepted as an explanation for disability, understanding of the term can vary among individuals (Alur, 2001 & Lang, 2001). For instance, not all Buddhists believe disabilities can be explained by karma, and some argue that no Buddhists should believe this idea. Bejoian (2006), a Tibetan Buddhist professor with a disability at Columbia University, argues that the prejudices against those with disabilities among people in the Buddhist faith are inconsistent with scripture and doctrine. She explains that although

prejudices and misconceptions about Buddhism and disabilities are commonplace in the eastern world, the doctrine says otherwise. Karma, she explained, is only understood by enlightened beings, and disabilities cannot possibly be explained by something as simple as a wrongdoing in the past. Suffering is experienced by all humans, and pitying or creating senses of inferiority are inconsistent with Buddhist beliefs.

Disability in India

Perceptions of disabilities vary in India from regarding disability as a result of sin to viewing it as a blessing and a challenge meant to be overcome in this life to attain a greater state of being in the next. Lang (2001) reported that people with disabilities in urban areas in India expressed more positive attitudes about having disabilities than those in rural areas. This could be a result of living in urban areas where eastern philosophies mingle more easily with western philosophies regarding disabilities. People in urban areas are also more likely to have received disability awareness training (Lang, 2001). However, karma was still reported as a religious explanation for the cause of disabilities, making the person with the disability or parents culpable for sins in a previous life (Lang, 2001 & Singh, 2000).

Education at Karuna Home

Karuna Home is a residential rehabilitation center designed to meet the needs of children of Tibetan refugees and other local children with cognitive and/or physical disabilities. Karuna Home is located near large Tibetan refugee settlements and monasteries, and is administered primarily by a principal (also founder) and a vice principal. The principal oversees the daily operations and strategies and reports to a voluntary board of trustees (Gatsal, 2008). Staff includes paid workers and volunteers serving as teachers, caregivers, supervisors, and cooks.

Students with disabilities live at Karuna Home and receive a range of care and rehabilitation such as daily living assistance, yoga instruction, traditional Tibetan oil massages, physical therapy, special education, exercise, toilet training, self-care, speech therapy, daily living, music therapy, English studies, tailoring studies, prayer, chanting, and health care (e.g., dental, gynecological, fitting for calipers), and other needs (Gatsal, 2008).

Some of the educational goals listed in student profiles are specific, person-centered and made with high expectations, such as learning English or tailoring skills. Some goals simply state that the student will be able to say a few words. Depending on the severity of the disability and the information about the students, the goals seemed to foster different levels of expectation for success. The students with the most severe disabilities do not have daily school listed as part of their care and rehabilitation. Their care is limited to physiotherapy, massage, and other treatments. Those considered to have more academic abilities that can communicate and perform daily living tasks attend school daily (Gatsal, 2008).

Statement of the Problem

There are two research problems addressed by this study. First, there is no existing case description of a residential rehabilitation center for children of Tibetan refugee parents in India. Although Karuna is, to the author's knowledge, the only such program in India, others desiring to establish similar programs for this or other unique populations have no access to research that can inform their efforts. This lack restricts access to information about successes and failures that could lend direction to future efforts. Second, there are no data indicating the effectiveness of the Karuna educational program for improving student outcomes. This lack of knowledge about assessment, planning, instruction, progress monitoring, and behavior management precludes effective collaborative planning for improving outcomes for the students.

This study is significant for the same two reasons. First, the study provides a broad picture of the founding and growth of the Karuna Home educational program for caring for this population. It is likely that data from this study will inform similar programs in developing areas of the world. Second, the range of data derived from the study can provide direction to Karuna administration and staff as they work to improve practice. This information can also be useful to others working with similar challenges.

Statement of Purpose

The purpose of this study is to examine and describe the services provided to students with disabilities at the Karuna Home. The study describes the students at the center and their disabilities, the intended learning outcomes for the students, the curriculum and instruction, the training and expertise of the staff and administrators, and attitudes and perceptions about disability within this cultural context.

Research Questions

The substantive research question for this study is “what are the education policies and procedures and staff attitudes toward disability in a residential rehabilitation center in India for students with disabilities who are children of Tibetan refugees?”

Study subquestions (Stairs, 2010) pertain specifically to Karuna Home and include the following:

Cultural aspects

1. What is the history and mission of Karuna Home?
2. What are the cultural, linguistic, and family backgrounds of the students served at Karuna Home?

3. What are administrator and service provider attitudes and perceptions about disability within this cultural context?

Educational aspects

4. What are the individual's disabilities and present levels of academic achievement and functional performance?
5. What are the intended learning outcomes for the students served at Karuna Home?
6. What assessment, curriculum and instruction are in place at the center?
7. How successful are the students at achieving the intended outcomes?
8. What are the service providers' training and experience for addressing the intended learning outcomes?

Method

This section elaborates on researcher entry and rapport building, research approval and confidentiality, participants, settings, procedures, instruments, research design, and data analysis used in this study. Case study methodology provides the theory and structure for the study.

Entry and Building Rapport

The researcher communicated by email and telephone with the Karuna Home administrator prior to traveling to the site in order to explain the study's purpose and to request assistance. The communication introduced the researcher, provided a statement of BYU Institutional Review Board (IRB) approval, and requested local approval for the study. Ongoing preliminary communication explained the study and invited comment about the research questions and proposed methods in order to refine the study and familiarize all parties prior to implementation.

Once on site the researcher spent one week meeting, mingling and building rapport with the administrators, teachers, and students before initiating formal observations and interviews. Approved consent forms, assent forms, and the recruiting script were orally translated into the local language upon arrival. The researcher requested written translation of all forms, however the principal explained the process as unnecessary, as the informants all spoke English. He also explained that it would be very difficult to find a translator who knew both English and Tibetan written languages fluently, and that time was limited.

Approval and Confidentiality

The BYU IRB accepted the proposed study and approved methodology. Informant confidentiality was maintained by assigning pseudonyms to each individual, with the master list available only to the researcher. All data were stored on one password protected computer and on written documents, and kept in a locked case in a locked room, both in India and upon return to BYU. As per IRB requirements, informants signed a written consent form, that was orally translated in Tibetan when necessary, to participate in the study. The researcher explained the study and read the consent form to each potential participant with assistance from the administrator when translation from English to Tibetan was required. Each interview participant signed a consent form after opportunity to ask clarifying questions. The participants with disabilities above 18 years of age who were able signed assent forms. The guardians of minor children with disabilities signed consent forms as well. Consent and assent forms are included in Appendix B.

Participants

The participants in the study were adult interview informants and observed students. Most of the adult service providers and all students at the school participated in the study.

Informants were recruited by having the administrator declare his support for the study, and having both the administrator and researcher invite adults and students to take part (see Recruiting Statement, Appendix C). The researcher then scheduled individual interviews with each consenting informant. Although no other similar school and population were known, the researcher was cautious to avoid generalizations to the larger population of Tibetan refugees with disabilities.

The nine interview informants included six teachers, one physiotherapist, one administrator, and one teaching assistant. All informants were Tibetan, six female and three male, ages ranging from 21–44, with various levels of education and training, and three months to eight years of experience at Karuna Home (Table 1).

Thirty students, 12 females and 18 males, ranging in age from 5–32 years with mild, moderate, and/or severe disabilities were observed during the study. Four were Indian, one Nepali, and 25 Tibetan. Students originated from various Tibetan settlements and areas in India, as well as Nepal and Tibet. Students' socioeconomic backgrounds varied, with most coming from poor families; some with single parents, divorced parents, or a large number of siblings impacting the families' ability to provide for the individual with disabilities. Types of disabilities included attention deficit hyperactive disorder, cerebral palsy, epilepsy, intellectual disability, autism, dyslexia, and others. Fifteen students have resided at Karuna Home for five to eight years and fifteen have lived there for one to four years. Students attend classes based on ability level and behavior, including Sunshine class (highest ability), Rainbow class, Lotus class, and Sensory class (lowest ability). Five students attended Sunshine class, six students attended Rainbow class, eleven students attended Lotus class, and eight students attended Sensory class (Table 2).

Settings

The study setting was Karuna Home. Interviews were conducted in the conference room, Lotus classroom, Sensory classroom, physiotherapy room, dining hall, and administrative office. Observations were made in the Sensory classroom, Lotus classroom, Rainbow classroom, Sunshine classroom, dining hall, and physiotherapy room.

Interview settings. Most interviews occurred in the conference room, located in the same wing as the classrooms, with the interviewer and informant facing each other across a small table. One interview occurred in the dining hall with the informant and interviewer across a dining table, which posed some limitations because noise from birds and faint student traffic were audible during some of the interview. One interview occurred in the physiotherapy room in the administrative/medical wing with the interviewer and informant sitting across a small table. Another interview was conducted in the administrative office with the interviewer and informant sitting across a coffee table, and one interview took place in the Lotus classroom across a table. All interviews occurred during school break times or lunch hours, with doors slightly opened and windows propped open.

Observation settings. Observation settings included multiple locations, but primarily the four classrooms described below. Students were also observed in the dining hall, physiotherapy room, the playground, prayer room, and community settings. All observations occurred during school hours, from 9:00 a.m.–4:30 p.m. Monday-Friday and 9:00 a.m.–12:00 p.m. on Saturdays (see Class Schedules, Table 3).

Sensory classroom. The Sensory classroom was the first room in the classroom corridor. It was a large room with two large windows, high ceilings, and bright-colored walls with posters describing student abilities and demographics as well as a few educational posters and padded

flooring for sensory activities. Eight students ranging in age from 6–28 years with the most severe disabilities attended this class for the most part, and were referred to as “Sensory students” or being part of the “Sensory class.” Most of these students had cerebral palsy and intellectual disabilities and are unable to walk, talk, and/or communicate. These students attended the Lotus class for a half hour in the first class session of the day while rotating through physical therapy. They also participated in morning prayers, physical therapy, dancing or bouncing in their chairs, and attended music classes, outings, and assembly, which occurred for the first half hour of the day in the dining hall. All observations had at least two teachers present with a maximum of six students at a time. No lessons were taught in this classroom and students worked primarily on physical therapy and sensory activities, or played with toys.

Lotus classroom. The Lotus classroom was adjacent to the Sensory classroom and had bright-colored walls and large windows. Several decorative pieces filled the classroom walls, ceilings, and bulletin boards. Education posters, student demographics, schedules, and crafts were posted around the room. Manipulatives hung from the tops of the windows and from ceiling strings to help students learn fruits, vegetables, and modes of transportation. A large round wooden table with fifteen chairs was placed toward the front of the classroom in all Lotus class sessions. During the first hour when Sensory students rotated in and out for physiotherapy the chairs were placed in a half circle and teachers instructed at the front of the table.

Lotus class students included 6 females and 5 males, ages 5–32 years, all having severe cerebral palsy, intellectual disabilities, or autism. Lotus class students had greater ability than Sensory students to communicate with words or sign language and some were able to read and write, while others were still learning very basic communication skills. The special educator was

always present in Lotus class sessions with one to three assistants. All teachers worked in the Lotus class at one point or another throughout the day.

Rainbow classroom. The Rainbow classroom was located across the corridor from the Lotus and Sensory classrooms with two large windows and brightly painted walls hung with educational posters, student demographics and test scores. Rainbow students had generally higher academic abilities than those in Lotus, with more moderate disabilities such as mild cerebral palsy, attention deficit disorder, and intellectual disabilities. Some Rainbow students had more severe Down syndrome and cerebral palsy, but greater verbal abilities than those in Lotus.

There were six students in Rainbow class, including five males and one female ranging in age from 8–22 years. These students' behavior problems were less severe than Lotus students. They talked out occasionally or stared into space, but they did not exhibit echolalia and or tease each other, as did students in other classes. Students worked on writing their names, body parts, fruits, vegetables, and other nouns in English. They also worked on adding, subtracting, writing numbers, Tibetan, English, social science, dance, drawing, and vocational lessons. Based solely on the observations, it was not clear whether they were learning to read, especially in English. Rainbow students received instruction from all of the teachers except the special educator and her main assistant.

Sunshine classroom. The Sunshine classroom was located across the corridor from Sensory, Rainbow, and Lotus classes, adjacent to the conference room. It had two long windows, neutral wall color, a blackboard for instruction, a few educational posters, and several empty bookshelves. Sunshine class had four females and one male with mild disabilities and ages ranging from 14–20. Their disabilities included specific learning disabilities, speech disorders,

dyslexia, emotional disturbance, or physical disabilities (e.g. cerebral palsy); and the students seemed quite socially capable in comparison to the other students at Karuna Home.

Sunshine students were observed learning conversion factors, multiplication, arithmetic, Tibetan grammar, English, and social science. Observations revealed no significant behavior problems and the students operated with little or no positive reinforcement. They worked independently and had higher-level goals appropriate to their functional levels. They received instruction from all teachers except the special educator and her assistant. The teachers appeared more confident in teaching Sunshine students than those in other classes, most likely because they are trained for general education. The students went on learning and writing and working during observations as if the observer was not present, another evidence of their ability to process social cues and exhibit more appropriate social skills.

Dining hall. The dining hall is a large open area with 10 dining tables and a ceiling, but no walls. It is large enough to accommodate all staff and students of Karuna Home and is used for meals, special events and celebrations, and for assembly each morning. All students, teachers, physiotherapists, and some caretakers attend assembly.

Physiotherapy room. All students visited the physiotherapy room at least once a week and engaged in different physical activities depending on their abilities and objectives. The room has a padded floor, two doors to enter and exit, several large windows, bookshelves for record keeping, tables to perform massages and exercises, ladders, large exercise balls, special desks for stretching, and a variety of sensory equipment.

Other settings. Other observation settings include the playground and prayer room at Karuna Home; the movie theater, mall, grocery store in Mysore, Karnataka; and the Dalai Lama's palace and Sera Jay monastery, both located in neighboring Tibetan settlements. The

playground is located near the students' living quarters and had swings, monkey bars, and other playground equipment, including a basketball court. Observations at the movie theater, mall, and grocery store occurred in Mysore during a community outing.

Procedures

The study employed observations, interviews, and document review to collect data. Using three sources of information made triangulation of data possible. Triangulation can either confirm themes or reveal inconsistencies between points of view. The practice is an accepted social science method for collecting multiple lines of evidence to strengthen description and the accuracy of data interpretation (Fraenkel & Wallen, 2003). Appendix D lists each study subquestion and the data sources used to answer them.

An interview protocol and observation forms created by the researcher were used to collect respective types of data. The interview protocol was designed to address criteria described by McCracken (1988). These include using broad open-ended questions that allow the respondents to tell their own story in their own way. These are followed by planned prompts to elicit more detail as needed. The observation form was designed to collect time, place, student, and teacher purpose data; and to have space to write time-coded notes or to script classroom interactions. The researcher chose these observational points in consultation with her thesis chair to collect the data needed to answer the study question and subquestions. Documents were reviewed for history and statistics and anecdotal notes were recorded in a field journal.

Interviews. The interview protocol used to conduct semistructured interviews included 10 questions addressing the research questions of the study (Appendix C). Each question on the protocol also had three to six planned prompts to ensure substantial data were collected during interviews. The researcher explained the purpose of the interview and invited the informant to

read and sign the consent form. The researcher then referred to the interview protocol to elicit comments from teacher and administrator informants by reading each question or prompt and recording the questions and informant responses using an audio recording device. Interviews were conducted up to two times for up to 32 minutes each time, and the researcher contacted informants later to clarify responses as needed. The total time commitment for each informant did not exceed 90 minutes.

Observations. The researcher observed in classrooms and other school and campus areas to identify specific administrator and teacher strategies for managing student behavior and school routines, and for assessment, planning, and instruction. The observer recorded data using a paper observation form or an electronic version on a laptop computer word processing program to note observed events and procedures pertaining to each observation setting. The one-page observation form listed the date, setting, teacher, observer, students, materials, and lesson objective. The form also recorded information regarding the elements of instruction observed, e.g. opening, instructional strategies, response formats, assessment, closing, and behavior management strategies (Appendix C).

Document review. The researcher requested and was granted permission to review documents pertaining to the founding of the center, the center's mission, administrative policies, governance policies, and admissions policies. Document data included student demographics, the history and mission of Karuna Home, students' academic and behavioral present levels of performance and achievement, intended learning outcomes, assessment, and service providers' training and information. Documents were reviewed at the secretary's desk in Karuna Home's office. Physiotherapy documents were reviewed in the physiotherapy room during break times. The researcher made detailed notes of pertinent information on a password protected laptop

computer. For example, the research constructed tables to log information regarding demographics for each student while viewing files or documents posted in classrooms. The researcher also made anecdotal notes about documents and posters throughout the facility regarding their mission and policies.

Research Design

This research employed case study, an accepted method of describing phenomena in the interpretivist tradition of qualitative research. The purpose of case study is to provide thick description of existing phenomena, to explain phenomena, or to evaluate phenomena (Gall et al., 2005). This study described the people, processes, and outcomes at Karuna Home.

Data Analysis

Interview data were analyzed using Nvivo 10, a software program for sorting and organizing interview data for thematic analysis (QSR International, 2010). First, audio-taped interviews were transcribed into written documents. Then, the researcher and faculty advisor used Nvivo 10 to code the data and independently organize it into themes using an inductive approach described by Braun and Clark (2006). Inductive analysis does not depend on a predetermined framework, but instead lets the data inform the interpretation and emergence of themes. The inductive approach includes six steps: (a) become familiar with the data, (b) generate initial codes, (c) search for themes, (d) review themes, (e) define and name themes, and (f) produce the report (Braun & Clark, 2006). The report consists of thematic answers to the research question, as reported in the final results and discussion.

Observation data were analyzed by the researcher and faculty mentor. The accumulated notes were organized by theme to produce a summary of the observations. The data were used to describe the observed events and to answer the study question and relevant subquestions.

Document review data were collated and organized by theme. This collation answers specific research subquestions regarding the history of Karuna Home, its mission, and policies.

Results

Coding the interview transcripts yielded themes applicable to the research questions. Combined with observation and document review data, the themes pertaining to each study topic are presented below.

History of Karuna Home

Informants reported that Karuna Home was established to address the continual need throughout the Tibetan community and the world to show compassion to all human beings, especially those who suffer. “Karuna” is the Sanskrit (the main language in Hinduism and Buddhism) word for “compassion,” which is the ultimate underlying motivation for creating and maintaining Karuna Home. The TGiE was heavily involved in establishing Karuna Home, providing a list of students to admit and providing the first teacher. Seven students were admitted on the day of opening, December 4, 2004, and one teacher and one assistant lead the class. The program consisted of one class for all students until increasing admissions required dividing the class and hiring more personnel.

Mission of Karuna Home. Karuna Home’s mission was posted outside the front office in both Tibetan and English: “The mission of Karuna Home for the disabled—to help disabled persons realize their full potential as human beings and attain a sense of dignity and self-worth through quality care, education and training.” Posted aims include: (1) immediate aim: to provide the cognitively and/or physically disabled with a better standard of living, (2) intermediate aim: to train the cognitively and/or physically disabled in activities of daily living and provide basic education to enable them to function with greater independence, and (3) ultimate aim: to equip

the cognitively and/or physically disabled with improved health, better education and other abilities to assist them integrate favorably into their communities when they return home.

The principal and founder of Karuna Home described three main purposes of his establishment: (1) to raise living standards for the residents with disabilities, including food, cleanliness, healthcare, shelter, and good caregivers, (2) to provide education, and (3) to help residents with disabilities become more independent. Interview informants made several general statements about the mission of Karuna Home to help students with disabilities gain independence. Other specific statements included increasing knowledge regarding the meaning of life, helping with daily living, decreasing behavior problems, increasing resilience, teaching basic academic skills, increasing social skills, teaching vocational skills, and eliminating learned helplessness. Informants also stated that preparing students to contribute to society is a main aim at Karuna Home.

The principal and several informants explained that the principal's experiences growing up hearing His Holiness the Dalai Lama's advice instilled a feeling of responsibility to "help the poor people and do more social work." Since adolescence the principal has had the desire to be involved in social work, and the desire perpetuated throughout young adulthood, even after completing his Buddhist studies. He witnessed a farming family in a Tibetan settlement tying their child with a disability to a tree whenever they left the house for work or leisure and he felt like this child was being "treated like a dog." This sparked his desire to create a home for people with disabilities. In searching for possible residents of Karuna Home, the principal was shocked to discover so many with disabilities unknown to the community, as most people with disabilities never leave home due to the lack of accessibility to roads and facilities throughout the settlements. Scheidegger, Lovelock, and Kinébanian (2010) conducted observations that

substantiate that the principal's report of children with disabilities having limited community opportunities.

A few informants explained that Karuna Home was established partly because one administrator felt it was his calling after being identified in 1980 as a reincarnation of the last Khube Rinpoche who also looked after people with disabilities in Tibet. This heavily influenced his decision to start Karuna Home and begin the work of helping Tibetans with disabilities.

Admissions and eligibility. Some informants were hesitant to report how admissions and eligibility were determined at Karuna Home, immediately referencing the principal as the person to query. Others, however, gave explanations similar to the one provided by the principal. Overwhelmingly, responses indicated that Karuna Home admits students based on need and that all services and procedures associated with admissions are provided at no cost to parents.

Government involvement. The project started with the principal using a list provided by the TGiE, Central Administration Dharamsala to locate seven children in south India. The next year people asked to have their children admitted to Karuna Home, and from then on the administration based admissions largely on request. After a request has been made the administration investigates the family background, completes home visits, and then the principal makes the final selection. Karuna Home no longer deals with TGiE when making eligibility determinations, likely because they want to make the center's important administrative decisions.

Current factors in selection. The home admits four to five children each year. Other selection factors aside from requests are resources, family background, and age of the parents. The main purpose for careful selection of students was the issue of Karuna resources. Informants explained that there had to be an appropriate ratio of severe disability cases to mild disability cases based on the available staff and resources at the home. A professional physiotherapist from

Italy assisted in the part of the selection process involving severity determination. Sometimes a student is admitted to Karuna Home and then the visiting physiotherapist arrives from Italy to formally assess the student. After the family has been determined to have financial need, the physiotherapist completes a physical examination of the student. Admission is prioritized for poor families over others who can afford to care for their children. Lastly, there is a selection factor based on whether or not the parents are a young couple just beginning their life together. In this case, the child is admitted until the parents can, as stated by the principal, “stand on their own two feet,” at which point the child returns to the parents. Some students are placed on a waiting list after assessment is complete and are admitted later or as an emergency arises, or in the event of increased staff and resources.

Family visitation and contact. Karuna Home allows families to contact the home before, during, and after admission. All informants reported that families visit their children throughout the year, and during the two-month school holiday. Sometimes parents take their child for a weekend or just a day; other times they will stop by Karuna Home to visit. Many parents visit their children at Karuna Home on the 2nd Saturday holiday and other major holidays, and parents also take their children home during holidays. Karuna Home keeps its doors open to all families desiring contact with their children.

Funding. All informants reported that there is no fee associated with the admissions process, nor is there a fee while a student remains in Karuna Home’s care. Costs are paid by donors, or “sponsors,” as called by Karuna staff. When asked if someone could adopt a child, the principal responded that they all have families in India, but that they could be adopted in the sponsor sense.

Many people volunteer to help the administration fundraise in India and other countries, chiefly Italy and Singapore. The principal visits Italy twice a year, presents Buddhist teachings, and then hosts a Tibetan dinner for the Karuna Home organization that includes fundraising and selling Tibetan goods. Sponsors have the option of sponsoring for different lengths of time and different amounts of money per month. For example, a sponsor can donate for three months, six months, or a year, and can donate for medical costs, food, education and shelter, or just one service. It costs €80 (\$105) per month to fund one child's stay at Karuna Home, including medical expenses. The sponsorships do not provide enough money to maintain Karuna Home because it is rare to obtain sponsorships for all children. New construction is funded mainly by a family from Singapore that has helped Karuna Home from the beginning. Most other funding comes from sponsors in Italy and Singapore, but residents' families donate occasionally if they have the means.

Construction and facilities. The construction of Karuna Home began on August 15, 2001 and was completed on December 3, 2004, one day before inauguration by the Dalai Lama. Karuna Home currently has an office, fish pond, physiotherapy room, medical block, three classrooms, one sensory room/classroom, cafeteria, kitchen, four dormitories (completed in 2009), two guest houses (expanded to four apartments in 2010), two staff houses, and the principal's house (2008) for his family, and the assistant principal. Excavation and construction of new prayer rooms and other buildings began in June 2012 and is anticipated to be completed within one year. All staff members live at Karuna Home, except for two or three that live outside of the home and travel to work each morning.

Student Cultural, Linguistic, and Family Backgrounds

Nearly all informants claimed that all students at Karuna Home speak Tibetan, and English during English instruction. Twenty-five Tibetan students, four Indian students, and one Nepalese student reside at Karuna Home. The Indian students were considered the most severe, and therefore are often unable to speak any language; however, one informant reported that these students usually understand Tibetan because caretakers and teachers use primarily Tibetan when communicating with students. All students' families currently reside in India, which is where most students were raised, although a few students came directly from Tibet, Nepal, and other countries. Parents currently reside in several areas of India, ranging from north to south. A few students have returned to their parents: one student became too physically heavy and Karuna did not have the resources to care for him, while another student immigrated with his family to Canada. Two students returned home as a result of parents removing them from Karuna Home. One former student is currently an employee at Karuna, serving as an accountant. Most parents of the students are poor from having several children, low income, being single parents, older parents or parents unable to work, or young parents just starting their life together.

Administrator and Service Provider Attitudes and Perceptions about Disability

Attitudes and perceptions about disability varied greatly among the administrators and service providers at Karuna Home, yet the ways in which individuals conducted themselves and treated the students remained quite comparable and consistent. This study examined perceptions about cause of disability and the relationship between karma and disability, as perceptions about disability have been noted to affect service providers' and families conduct toward their clients and children (Arajuo, 2009; Ault, 2010; Edwardraj et al., 2010; Ekas, Whitman, & Shivers, 2008). The community in Bylakuppe is oftentimes fearful of people with disabilities—as

reported by informants—but some commented that the work at Karuna Home is good and noble, which is likely related to their Buddhist beliefs. Service providers at Karuna Home reported several different attitudes regarding reasons for choosing to work in special education, the causes of disability, religion and disability, and other perceptions about disability.

Reasons for joining Karuna Home. Reasons for joining Karuna Home as service providers for children with disabilities included convenience, duty, compassion, social encouragement and acceptance, inability to obtain a general education position, and a general desire to work with individuals with disabilities. Chodren, the special educator, described a strong feeling of responsibility to serve Tibetan society and individuals with disabilities. She also explained the impact that viewing a film about Helen Keller had on her in high school and how it was a pivotal moment in her life. Champo, the social science teacher, described his life as “pointless” until coming to Karuna Home and described the positive meaning that working with students with disabilities has brought to his life. Sangmu, Tsewang, Gyaltsen, and Dawa were all unable to gain employment at a school with general education students. Family members or friends referred them to Karuna Home, at which point they joined, and all enjoy working with the students despite the difficulties they report as a result of being untrained to work with students with disabilities.

Perceptions about cause of disability. Overwhelmingly, informants agreed that parents are primarily to blame for their child’s disability by making choices while carrying the child or during the birth, including ingesting harmful substances, lack of medical or healthcare, and ignorance of precautions to take while being pregnant. Two participants reported genetics as the cause of disability, and two reported karma or fate as the cause of disability. One informant

referred to disability as disease, which could imply that the teacher saw disability as a negative thing, depending on the cultural context of the word.

Buddhist love and compassion toward disability. All informants expressed a deep love and fondness for and positive attitudes about the students, as well as feelings of pity for their circumstances. Even the two newer teachers missed the students when they were gone for holiday with their families. The teachers and caretakers donate their own money to some of the children at times or buy them gifts for their birthdays. In the beginning, many teachers feel afraid or nervous about how to interact with the students with disabilities. However, they quickly integrate and accept the disabilities and develop what the principal called “the Buddhist love and compassion” for the students.

In 1997 His Holiness the 14th Dalai Lama admonished his people to create more organizations for people with disabilities, and thereafter the government began to encourage the Tibetans to do this as well. The Buddhist influence among these people has seemingly instilled a sense of pity and empathy among the people, including the teachers at Karuna Home. Champo said regarding karma and disability,

In Buddhism we believe [in karma]...but helping hand is more important than praying hands, so we...like you need to help the...people with disabilities...That’s the real words, thousand and thousand of Buddhist text in brief, that means “help others.”

The principal explained how Buddhist love and compassion affect the relationships between teachers and their students:

At the beginning some of them are—not only the teacher, also the staff—you know, when you see the different kind of disability children, they are little bit...uh... afraid, you know? Nervous too. But very soon they integrate and they accept it and also because of

our religion—the Buddhist love and compassion—I think this is root of our tradition, Tibetan traditions are there so, uh, we start to love to everybody. So...so...and the teachers are very, very good; they love the children and, uh, and not only teacher, many staff even from their own money they give them, buy them things, you know? So there are very nice things, yeah.

Karma and disability. One informant explained that karma is basically the law of cause and effect; how one is reincarnated is determined by the positive and negative actions from one's past lives. All suffering is the result. Most informants felt karma and disability were related, and some felt they were more strongly related than others. Most informants explained that choices made in this life will affect the life received in the future; this affects the way service providers approach their responsibilities each day. They believe treating students with compassion and kindness increases the likelihood of receiving a better rebirth as a human; however, one informant elaborated on this topic indicating that if bad choices are made in this life by those with healthy bodies, then they could be reborn as an animal, or even receive a disability in the future. When asked about the relationship between karma and disability, the majority of informants associated disability directly with a bad choices made by people with disabilities in past lives. One informant associated disability with a bad choice made by the parent of a child with a disability. Three informants affirmed that Buddhist teaching explains disability as a result of karma, but they do not always believe in that aspect of the doctrine. Despite the stronger connections made by informants between disability and karma, all informants reported that service providers treat the students with respect, love, and kindness, which was consistent with observations over the three-month period of data collection.

Not all informants gave direct responses regarding possible relationships between karma and disability. Champo explained that he did not believe that the children are “God’s children,” but that they are very “original.” The children do what they do without regard; they smile and show kindness without an underlying motive.

Chodren explained that she does not consider any of her students to be “disabled” and does not use the prefix “dis,” but only “ability.” She does not allow negative words to be used that could negatively impact the children and lower expectations for them. While she realizes the students can be at a great disadvantage educationally, she places greatest emphasis on their abilities and celebrates the small strides they make. Chodren elaborated on the fact that she does not focus on disability:

I put the “dis” out and concentrate on their ability. Because if we put disability, these negative words that could hurt the children. I think about their ability while working with them. If I teach one fruit, I have to teach it 100 times. I teach pomegranate, pomegranate, pomegranate. It takes the children time but they get it at later time so I then focused on their ability rather than the “dis” hurtful part.

The special educator consistently referred to her students with the utmost respect, and never failed to emphasize the fact that they are all very *able* students, indicative of her disdain for learned helplessness. The name of her class is “Lotus class” because she sees the students as lotus flowers. The general public believes they come from the muddy bottom of a lake, but when they rise to the surface of the water they become beautiful flowers. In Chodren’s words:

Lotus symbolizes our special children like the opening of the each petal from the lotus.

Same way they are being lifted up from the darkness and we give special education to

open up their capacities to improve skill for their daily living. Hope that they will lead life with best of ability and blossom like the lotus. This is lotus's meaning.

Role of religion. Simple life lessons in Buddhism, like the principle of being kind to all living things (e.g. do not harm animals) are taught informally to students as they reside in Karuna Home. Tsewang, the math teacher, explained that Buddhism is advantageous to the students because several teachers serve as examples of the doctrine and lace their instruction with Buddhist influence. In addition to the Buddhist influence on teaching and the personalities of the teachers, all teachers explained that students benefit from prayer from 7:30–8:00 every morning, which are attended by some service providers, all students, and the religious administrator. During morning prayers, students, staff members, and the vice principal gather in the prayer room—which has pictures of a few of the administrators and the Dalai Lama, sculptures of little Buddhas, Buddhist scrolls on the walls, and other religious items of worship— and proceed to say Buddhist prayers in unison. For the first ten minutes, some offer full-body prostrations, while others stand still and continue saying the prayers. The remainder of the prayers is sung while everyone in the room is sitting cozily close to one another on cushions on the floor. In addition to morning prayers, the staff and residents of Karuna Home often visited the local monasteries privately or as a group for an outing or religious event.

Strict practicing of the Buddhist religion—or any religion—is not required at Karuna Home, according to the administrators. Most, if not all, of the Tibetans at Karuna Home are considered Buddhist, with the exception of a few of the Indians and Tibetans, and they all have equal choice to practice. Some teachers do not practice the religion and were not seen at morning prayers. The prayers in the morning are mandatory for the students, but personal practice of the religion is optional. The administrators wish for Karuna Home to be secular. Personal study, staff

meditation, and other spiritual practices occur regularly, but are optional. Overall, all students and staff members benefit directly or indirectly from the Buddhist religion, as reported by all informants. Several students with milder disabilities are able to recite the prayers and participate in the prayers to a great extent. Most students also engage in prostrations regardless of mild, moderate, and severe disabilities. Dachen, the Tibetan physiotherapist, noted that even the students who are most severe can still experience “enlightenment” from “just hearing the basic prayers.” Champo elaborated on this idea:

As far as religion is concerned, um, I don't go often to the prayers. So I really don't know. But I think every Tibetan especially, the religion plays a very important role in our daily lives because whether I do practice Buddhism or not, some kind of creed Buddhist is written deep inside within your heart that you feel sometimes compassionate...It suddenly comes, you don't have to go practice too many things but, it suddenly comes so this religion really plays a really important role in our lives...Our students—few students—whose, like they have problem with their limbs, but they're [mentally] okay, like us. So I think for those who can who [have] mild disabilities, religion plays an important role. And for those who are severe, we have in Buddhism [a] belief that if you heard or hear some prayers, that will benefit, not in this life, but to other life.

Religion played a great role in the school schedule, as all Buddhists in school observe the many Buddhist holidays. Holidays are celebrated religiously with performances, feasts, prayers, and relaxation. Every second Saturday is a holiday for all schools, which did not appear to be religion based. There are 26 holidays in a given school year at Karuna Home, including second Saturdays, but not including the two-month holiday from the end of January to the end of March. At least half of the 26 holidays are related to religious beliefs.

Students' Present Levels of Academic Achievement and Functional Performance

The determination of present levels of academic achievement and functional performance and initial diagnoses were completed with each student in a variety of ways. Some students came with diagnoses, but most required medical assessment done by the Italian doctor. Present levels of academic achievement and functional performance were determined by informal observations conducted by all service providers throughout a student's first few weeks at Karuna Home. The only evidence of present levels was the written documentation of objectives selected based on student performance.

Determination of present levels. Upon arrival, almost all students spend time in the Lotus class while teachers make observations to determine present levels. When asked how teachers determined how placement works at Karuna Home informants explained that it depends on how well students can talk and on their physical fitness. One teacher reported that a new student will remain in the Lotus class for two days, while other teachers reported at least two weeks. After initial time in Lotus class the teachers consider the students' cognitive and physical disabilities and behavior, and make a decision regarding which class is most appropriate. If a student's disability is deemed very severe (unable to speak, walk, move), the student is immediately placed in the Sensory class. Placements are a continuum on which students can move up and down depending on their abilities and progress each month. Sangmu, the English teacher, gave the example of one student who now serves as a teaching assistant in the Lotus class as a result of lack of concentration when she was in the Sunshine class. Observations indicated that students are placed in classrooms based not only on present levels of academic ability and functional performance, but also resources. For example, two students with Down

syndrome attended classes that are lower than their ability for one class period a day and acted as peer tutors.

Teachers simply based their estimates of student present levels on whether or not they had completed the objectives and their current progress toward objectives. Upon objective mastery the students move to a more difficult version of the task, or to the next task.

Diagnoses. For students who come to Karuna Home with scarce information regarding their disability and condition, diagnoses are determined primarily by the Italian doctor and opinions from local Tibetan doctors. One exception of this occurs when students come to Karuna Home with physical disabilities (e.g. cerebral palsy), in which cases the on-site physiotherapist makes the diagnoses. Most students at Karuna Home come without diagnoses and have rarely, if ever, seen a doctor. Only one teacher at Karuna Home had training in behavior disorders, but she was not trained in diagnosis. All teachers have general knowledge of disabilities, but lack specialized training.

The disabilities at Karuna Home are physical or cognitive or both, including Down syndrome, several types of cerebral palsy, autism, mental retardation, blindness, multiple disabilities, dyslexia, learning disabilities, muscular dystrophy, microcephalis, psychological disabilities, speech impairment, and epilepsy. Several informants agreed that most are severe disabilities, with a few in the mild-moderate range.

Adverse affect of disabilities on academic achievement and behavioral progress.

Informants uniformly reported that the students' disabilities significantly affect learning and behavior. Informants described several instances where students' disabilities interfered with their ability to pay attention, to understand, or to remain calm while others attempted to learn. Examples included lack of progress for the hearing impaired because they lack sign language,

anger problems and aggression due to the lack of ability to communicate or frustration at decline in physical ability, imitating inappropriate behavior instead of target behavior (e.g., inappropriate language, aggression, defiance), “beating” and other violence, interrupting class and other activities, lack of concentration, and echolalia instead of meaningful speech during behavioral remediation.

Examples of how students’ disabilities affect their education include motor skills (e.g. writing), learning/processing delay, retention problems, echolalia during instruction, attention deficit, intelligent but unable to attend, various learning disabilities, and difficulties grouping students because of conflicting behaviors. It was also reported that seven or eight students attempted to attend the local school and were rejected because of their failure to succeed with their peers.

Intended Learning Outcomes for Students at Karuna Home

Throughout interviews, classroom observations, and document review it was uniformly clear that learning and behavioral objectives are meant to help students become more independent and academically proficient. It was also clear that teachers, for the most part, did not reference a special needs curriculum or extended standardized curriculum when creating objectives.

Creation of objectives. At the start of a new session each year the staff meets to collaboratively create student objectives. Objectives are based primarily on students’ observed levels of performance, as well as the little curriculum available in textbooks. One teacher explained that her Sunshine class has three different levels of students, which requires her to create three separate lesson plans each day. Most informants agreed that they review objectives for students each day they teach. Originally, teachers created one objective in each subject for

each class. They discovered within the first three years that it was less effective to create objectives in this manner, as students are at such different levels in each subject. As a result of advice and training by experienced volunteers, Karuna Home now creates 5–15 individual objectives that are assessed every six months during a progress meeting with all staff members as part of the progress.

Examples of objectives included academic (e.g. arithmetic, writing own name, measurement), daily living (e.g. using toilet appropriately, washing self, dressing self), behavioral, and physiotherapy (see Appendix E for sample objectives for each class). Teachers, caregivers, and physiotherapists all played different roles in creating objectives. The objectives tended to be very general and often times used for several students. No formal or formative assessment was in place, aside from teacher observations and written tests at the end of the term.

Physiotherapy objectives. The physiotherapist stated that his team’s primary objective is to prevent physical disabilities from becoming more severe. Secondly, the team aims to increase physical ability. All students attended physiotherapy for different amounts of time depending on the type and severity of their disabilities. The physiotherapist explained that more “physically fit” students only attend on Saturdays (which are referred to as “retreat”) or during other game days, whereas those with severe cerebral palsy attended daily for up to one hour. Some students attended physiotherapy three days a week, others five days a week. Skills worked on in physiotherapy included fine motor, gross motor, game-playing, and other skills. Examples of physiotherapy objectives included improve fine motor skills of left hand, improve strength of left hand, maintain head and trunk erect when placed, balance in sitting when placed, and improve appearance/curve of spinal column.

Community outings. Informants unanimously agreed that all students participate in community outings to learn and practice functional skills such as navigating safely through the community, eating appropriately at a restaurant, worshipping in the temples, using money, making purchases, and participating in leisure activities. Karuna staff members rotated the responsibility of taking different groups students out each Wednesday. Small groups of students go each of the first three weeks, and the fourth week is a combined outing with all students attending, including those with the most severe disabilities. On this fourth Wednesday, Karuna packed their two vehicles with students and staff members until there is no room to breathe or think and blares the latest Tibetan pop music while driving through the camps, windows down, singing to their hearts' content. Tsewang, the math teacher, explained that students go on outings to practice community-based skills like eating in a restaurant or shopping. She also explained that students practice safety skills by "moving to the side" while walking in the road with "cars coming here and there."

Students also accessed the community frequently to perform for people and for sponsors that visit from "outside." One memorable experience was the celebration of His Holiness the Dalai Lama's birthday at the Dalai Lama's palace wherein the students performed Tibetan songs and dances for thousands of viewers. Sangmu, the English teacher, explained that performances at Tibetan functions in the community were frequent, as were prayers at the local Buddhist monasteries.

Another purpose for community outings identified by one informant was to expose the students to the public, but more importantly to expose the public to the students. The informant felt that the community is still quite disturbed upon seeing Karuna students in the community, stating, "which is a part of Tibetan society in need of improvement." Community outings, then,

served as a means to familiarize the general public with the fact that there are all kinds of people in the Tibetan society that they are trying so diligently to preserve. By familiarizing the community with people with disabilities, Karuna staff hopes to cultivate a situation in which the students can more easily return to the community independently, and possibly live there in the future.

Assessment, Curriculum, and Instruction

Several different Karuna Home staff members were involved in assessment, curriculum, and instruction, including the physiotherapists, caretakers, teachers, administrators, and in some cases, the nurse. Curriculum is primarily based on academics in the local schools, as well as daily living skills deemed most appropriate by the staff. Assessment, curriculum, and instruction were all areas needing improvement mentioned throughout the interviews. Overall, teachers reported very little regarding ongoing informal assessment and all described the use of term exams as means to assess student achievement. Curriculum and instruction seemed quite varied among the different teachers, and were usually founded on teacher opinion.

Assessment. One teacher reported the use of weekly exams in her subject, and then, based on the exam scores, she re-taught and clarified concepts to specific students. She also explained that exams are most appropriate with the higher level students in Sunshine class. Scores were kept in the back of the teacher's book and sometimes in the back of student workbooks.

Another teacher reported using informal oral assessments at the beginning of each week to review the lesson for the previous week, referred to as a "class test." Another teacher reported the use of informal assessments by probing throughout the lesson. Depending on how many students answered questions correctly, the teacher made instructional decisions regarding content

needing revision. This teacher also used oral or short written tests occasionally at the end of the lesson, as well as questioning at the beginning of class the next day. Another teacher reported the use of oral tests. Observations indicated that in the Lotus class, assessment was done orally and not done with all students. Observations also indicated that written exams and scores were not administered formatively in most classes; in other words, quizzes, tests, and homework were not administered save for the end-of-term exams. There seemed to be no record keeping aside from occasional anecdotal notes on the list of objectives describing significant progress for particular students.

Most teachers reported no regular use of curriculum-based assessments, quizzes, or weekly exams, only the use of the three-month term exams given to all students. Teachers also reported that written exams and term exams are given only to Sunshine and Rainbow students, and that the Lotus class and Sensory class are simply assessed through observation. Achievement for students unable to read, write, or take written exams was assessed through observation at the end of the term. An administrator, a teacher, and a physiotherapist (if applicable) assessed together through observation to determine progress with each individual student. For example, if the objective was to learn the fruit names, the student was given a piece of fruit or a picture of a fruit and asked to name it. An issue with the term assessments/observations for Lotus class and Sensory class students is that students oftentimes have not generalized their skills to multiple teachers. One teacher explained that the use of class quizzes was only successful when students were taught exactly what was to be on the quiz and given extensive practice directly before administration, so they were used infrequently if at all.

All teachers are accountable to administrators when showing student progress through assessment. Administrators interest and devotion in determining whether or not the objectives

are truly mastered are very high, which was a large source of staff requests for assistance in understanding and using assessments.

After making dozens of observations, the researcher concluded that data-taking was absent in the Lotus class aside from informal, occasional observations. The teacher sometimes stopped and re-taught things for students who responded incorrectly, but that is the extent to which data were taken. When asked in the interviews about how progress is measured, the only item teachers referred to was the student update meetings (SUM), which occur every three months. When probed, “Well, at those meetings how can one tell whether or not an objective has been met?” the teachers reported that observation was the method of choice, although there was no substantial record of this. Term exams and a handful of observations constituted the data taken in the Rainbow and Sunshine classes. Some teachers assigned scores to students upon completion of assignments from workbooks or quizzes from math, English, or Tibetan textbooks.

The most difficult assessment observed and reported through interviews was that of the students in the Sensory class. These students have the most severe disabilities and progress is therefore often most difficult to measure without creatively and masterfully individualizing assessments. Teachers reported that new assessments and curriculum are sorely needed for the Sensory class. Assessments regarding Sensory class students’ progress are those reported by the physiotherapists through observation.

Behavioral assessment. Chodren said that behavior is tracked constantly through observation, but there were no formal tracking forms or anecdotal notes in place. Behavioral tracking forms were highlighted as a need at Karuna Home, as the only forms used for tracking are those used in physiotherapy. Many of the informants, however, reported that issues and progress related strictly to behavior problems, rather than daily living tasks or academics, need

not be tracked formally because behavior is easily seen and that observations would suffice. Because Karuna Home is so small and self-contained, some of the staff felt that their observations were sufficient to track behavior problem occurrences. No behavioral assessment was observed during the study except for an emergency meeting held in the conference room regarding a violent tantrum by one student. During this meeting, all teachers, some caretakers, some physiotherapists, and the administrators discussed an action plan and executed it.

Observations indicated that positive reinforcement was rarely used in any class. Students were given very general praise (e.g., “Good”) about one or fewer times per five minutes. No rules were posted on the walls, no consequences, no form of token economy, and no clear behavior management elements were evident during lesson openings. When students passed off an objective at the end of the six-month period they sometimes received a treat or money to use at the Karuna Home shop (a shop with treats and toiletries for Karuna staff and visitors to use). Other than this the students received very little positive reinforcement. The language in the classroom was not phrased in positive terms, and teachers used loud noises, corporal punishment, and shouting to manage behavior. Ignoring problem behavior was prevalent throughout the observations. In Lotus class observations, assistants often sat in chairs and sang songs or acted as models of good behavior during lessons.

During morning assembly observations the students were for the most part allowed to roam free during the games. During the national anthem and other Buddhist prayer recitations the teachers would walk around the area, stop behind children who were off task, and whisper directives into their ears. There were a few instances when teachers shouted reprimands to students.

Physiotherapy assessment. The physiotherapist and his assistants used a form or data sheet each day to record student progress or skill maintenance. Each day the service provider initialed, dated, and filled the form under each column indicating whether or not the student completed the task required, i.e., stretching upper and lower limbs, strengthening upper and lower limbs, sensory stimulation, balance, or walking over obstacles.

Progress reports. Progress reports found during document review showed student progress in all subjects, with scores as well as anecdotal notes. Progress reports are ideally sent home twice a year, at the end of each term.

Curriculum and instruction. Most curriculum and instruction was in Tibetan with the exception of a few English-language textbooks and instruction during English class. Teachers planned lessons based on students' individual needs and levels, but also employed textbooks and workbooks to help students learn. Each teacher specialized in certain subjects, and certain teachers have gained more experience in specific content as a result of being assigned to the subject, but all teachers taught all students and subjects, regardless of their training.

Assembly curriculum and instruction. Each school day the students and staff assembled in the dining hall for a program before classes began. During this assembly the children sang the Indian and Tibetan national anthems, sang Buddhist prayers, did stretching exercises, and played a variety of games with students rotating as leaders. Students lined up in rows during the singing of the national anthems, but then rearranged themselves depending on the game. Students were expected to stand up, face the front of the cafeteria toward the teachers or students leading, stay in their own area without touching others, and to sing or speak in unison when given a directive by a leader who was chosen that day. Teaching strategies were limited to the teacher having the instruction student-directed. This strategy was aligned with the instructional objective because

teachers want all students participating, and having a student direct is a good model of student participation. Students responded by singing, reciting orally, or doing whatever body movements were required of them. In one observation, students played a game with the higher functioning students who could stand and jump. Those who had more severe disabilities sat along the sides, seemingly enjoying while smiling when games require more physical abilities. One game involved students throwing a shoe back and forth between two groups of students trying to hit the feet of a person jumping in the middle. Once hit, the student was out of the game.

Lotus class curriculum and instruction. Examples of objectives for Lotus class are stated in Table 1 and usually guided instruction. Objectives and curriculum were created based on what teachers felt students needed to learn to become more independent. Curriculum deemed most appropriate for students in Lotus class included, but was not limited to body parts, senses, fruits and vegetables, vehicles of transportation, colors, staff names, drawing, arts and crafts, storytelling, and social skills (Table 3). A schedule posted on the wall indicated that instruction included language and communication, sensory stimulation, speech, oral massage, social skills, storytelling, arts and crafts, and other recreational activities, however, direct instruction on language and communication was not observed. Although curriculum and objectives dictated a variety of skills taught to all students, lessons remained almost the same each day and only a few different units were taught during the three-month study.

One special educator taught the class and one to three other teachers/assistants acted as assistants during the lessons and independent work. The teacher to student ratio ranged from 1:3 to 1:5. The Lotus class teacher occasionally used elements of direct instruction when she modeled and repeated instruction and the students sometimes responded after a delay. Overall, direct instruction, described as a teaching cycle using teacher modeling, guided practice, and

independent practice to mastery, was seldom used in this class. The teacher used objects or manipulatives, pictures, singing, dancing, drawing, and other adaptations so all students could participate. Daily singing was used to enhance instruction, yet the same songs were used each day. Instruction included visuals and manipulatives passed around to the students because there were not enough for each student to have a set. The students rarely engaged in the objective behavior independently; it was as if the lessons consisted of cycles of modeling and guided practice with little or no independent practice. The modeling and guided practice were not always in sequence and there was no clear point at which students were able to demonstrate progress toward or mastery of skills.

The teaching method most often observed in this class was during which the teacher used various modalities to attract and maintain student attention through the lesson. Direct instruction in its purest form was not observed in any classes, but in Lotus class the teacher did take time each morning to begin lessons by making connections to the previous lesson. She also used modeling throughout the lesson for those who needed it, and guided practice and independent practice in random order and sporadically occurred on rare occasions with those students who could master the task with less guidance. Some observations also noted instances of one-to-one instruction while others worked independently or with minimal guidance from a teaching assistant. No meaningful lesson closings were observed. Overall, the teacher seemed to do her best to incorporate some elements of direct instruction with the limited personnel and resources afforded her.

Rainbow class and Sunshine class curriculum and instruction. Both Rainbow and Sunshine students attended math, English, Tibetan, social science, vocational, dance, and combined classes. Curriculum for Rainbow and Sunshine classes was sometimes derived from

Tibetan and English textbooks, but was usually created based on teacher opinion. These classes, especially Sunshine class, placed greater emphasis on academics than functional skills. Students used workbooks, textbooks, and notebooks to complete math problems, copy numbers, and so forth. English class included very basic conversational English instruction in both classes; however, Rainbow class students oftentimes simply practiced writing their names or important vocabulary words in English; little time was spent speaking in English. Sunshine students read, wrote, and spoke in English and Tibetan. Tibetan curriculum was similar to that described regarding English curriculum for both classes. Social science curriculum included learning new vocabulary and teaching moral stories. During dance class students practiced Tibetan dances and songs for performances for the community and the staff. During combined class students usually practiced singing, watched TV, completed art projects or played outdoor games.

Instructional methods most commonly seen in Rainbow and Sunshine classes were lecturing followed by one-to-one instruction while other students worked on assignments. Elements of direct instruction were rarely observed. The special educator did not attend the Rainbow or Sunshine classes, and only one teacher was in the room at a time, making the teacher to student ratio 1:4 to 1:6. Modeling was sparsely seen, and students spent most of their time in independent work. Both classes were cohesive in that students were able to understand instruction and participate in group lessons in some way with some accommodations.

Sensory class curriculum and instruction. During the first hour of the school day Sensory students spent half of the time in physiotherapy and the other half in Lotus class. Following this, at least two teachers worked in Sensory class at a time helping students work on physiotherapy goals or practice using and understanding their senses. Teachers did not work on

communication skills or functional skills and felt very frustrated when determining appropriate curriculum and instruction for these students. The teacher to student ratio ranged from 1:3 to 1:4.

In all observations it was clear that the adults working with and around these students cherished them. In addition to teacher support, students from other classes consistently contributed to the care of the Sensory students. They helped push them in wheelchairs, wiped their mouths when they drooled, and included them in activities.

The first observations in the Sensory class included at least two teachers in the room, some of whom seemed uneasy about the researcher's presence. Throughout the remaining observations certain patterns of instruction were seen. One of the teachers always worked with the children by engaging in sensory activities or at least being near the students. Other teachers were texting on their phones, making phone calls, and discussing student issues or curriculum. The majority of the observations noted teachers sitting against the walls working on curriculum, searching the internet, or texting. During one observation the teacher gestured to the toys and invited the researcher to help the students play with them to work on sensory skills.

The most interesting observations were those during which a student from Rainbow class acted as a peer tutor for the students in Sensory class. In one observation he lifted a child from his wheelchair, walked him to a sitting position on the padded floor, and held him on his lap while they played with sensory toys. He talked to the students who are lower functioning than him and seemed to really enjoy it, as did the Sensory students. The most talking and interacting observed from a particular Sensory student occurred when the peer tutor worked with him.

Physiotherapy. Physical therapy worked well at Karuna. Thy physiotherapist was highly trained, the schedule was established, students and teachers were comfortable with it, assistants and caretakers knew exactly what to do, and all staff were working. Formal and informal

observations consistently found all staff engaged with students during physiotherapy. The students receiving physiotherapy are often what Karuna staff calls “heavy cases,” so they have placed more of their personnel in this program.

Computer class instruction. Students were to receive computer instruction on alternating Saturdays as an “extra class” in the evening, wherein they learned to type and operate basic functions of a computer. Two teachers alternated teaching computer classes, but during the researcher’s time at Karuna Home computer class never occurred.

Vocational class curriculum and instruction. Examples of vocational class curriculum included using money, making crafts to sell, cooking and selling food and tea. Higher level students from all classes were selected to participate in vocational classes each Saturday with the special educator. Students all felt highly motivated to work hard in order to participate in vocational classes.

Homework. Some teachers gave assignments to take home occasionally when students returned to their families for the second Saturday holiday each month. Examples included assignments from a textbook and diary writing about events outside of Karuna Home. Most students went without having to do homework.

Collaboration in assessment, curriculum, and instruction. Every Thursday from 4:00–4:30 the teachers and other necessary staff members met to discuss student academic progress, behavioral problems, and possible solutions to issues raised by individual teachers. After describing a behavioral problem in detail the staff developed a strategy to address the behavior. After the plan was implemented the implementer returned with a status update, and changes were made if needed, whether it was the implementer or certain aspects of the strategy. In addition to the Thursday meetings each week, three types of major meetings were scheduled during the

school year: student update meetings (every three months), student progress meetings (twice per school year), and general meetings (twice per year).

Students' Success at Achieving Intended Learning Outcomes

Champo reported 70% success for students achieving their objectives. All informants felt students take pride in achieving their goals and see success in achieving their goals across settings. Most measurable success, however, was seen in Sunshine class, as they had written exams from which scores were calculated, posted, and more visibly improved upon for the next exam. Students loved to be rewarded simply by seeing their scores. Most success reported for the students was behavioral improvement across settings. Many students came to Karuna Home unable to speak or socialize, but then gained many social skills and frequently practiced them. All informants elaborated on the fact that the students feel happy about their social and behavioral success and express excitement by questioning their performance and seeking feedback for improvement.

The staff expressed difficulty in measuring student success due to the lack of summative and formative assessments throughout different classes. The principal also pointed out that living with the students makes it difficult to have a completely objective point a view, to step outside of the institution and see the progress. The principal said:

When you live inside here with them, you know, you don't—you are never satisfied. You want them to achieve more and more and then you are always unsatisfied. But when after staying here ten and a half months and they go back with their parents one and a half months and their parents tell me they are *lot* improve, so... I feel very proud and happy.

Despite informants' feelings regarding measuring improvement, parents always report success when students return home for the school holiday in January and February. Parents feel their

children have made significant improvements as a result of their stay at Karuna Home, which several informants reported as motivating.

Administrators also expressed a feeling of satisfaction in the fact that no student has ever been dismissed and returned home, which in itself is a notable success. As administrators research other centers they consistently find that those centers have problems that require students to be dismissed.

Academic success was not measured regularly for all students, but many students expressed interest and excitement about mastering objectives in order to move on to more difficult objectives. Overall, informants reported that students have a difficult time retaining information, which impedes academic achievement, but that they do eventually achieve their goals.

In physiotherapy, students either made gradual progress or maintained their current abilities, both results considered successful by staff members and most students. Most students came to physiotherapy excited and ready to make further progress, while a few came apathetically and endured physiotherapy like an unwanted class.

Service Providers' Training and Experience

Training and experience varied greatly among the service providers, especially the teachers. All teachers have earned at least a bachelor's degree or a teacher training certificate, which seemed to be the equivalent of a bachelor's degree. Two teachers were in their fifth month of teaching at the end of the study, and had never worked with people with disabilities before. Champo earned attended a twelve-week full time certificate course in Mumbai called "Community Initiatives in Inclusion" aimed at training participants to manage, plan, and train others to provide inclusive community services for people with disabilities. Some teachers have

been at Karuna Home for up to four years. Only one teacher had teaching experience prior to joining Karuna Home, and it was with general education students (10th grade and Plus 2, equivalent to 12th grade). The administrators hold the highest degrees, both of which have earned PhDs. One teacher has her master's degree and one teacher has her special education degree. The physiotherapist has a bachelor's degree in physiotherapy and his assistants have only the training received at Karuna Home.

Reasons for joining Karuna Home varied among service providers, but almost all felt a responsibility to help the community, while many needed a job nearby their home and thought teaching would be good. Three of the teachers took jobs at Karuna Home because they were unable to find jobs in the regular schools. Others joined because they wanted to help with social work in the community and saw people with disabilities as those in great need in the Tibetan community.

All teachers work with all students and teach their specialty subjects, e.g. math, Tibetan, English, social studies, and vocational classes. However, when the teachers take their turn as either instructors or assistants in the Lotus class, they are not teaching a subject, but only assisting in whatever lesson the special educator teaches. In the Sensory class, teachers also do not teach a subject, they simply work with the students on walking and playing with sensory items.

Training. Those teachers who received only their teacher training course received a few classes on psychology of students. These teachers also participated in workshops upon arrival at Karuna Home from volunteers who visit Karuna Home throughout the year. One teacher experienced a three-month training on behavior and reported giving regular behavioral advice to teachers. Training occurs primarily through the work of two or three volunteers each year,

training courses in other parts of India, and by the special educator. Volunteers visit from various parts of the world—primarily Italy—and have one-on-one experiences with teachers, modeling teaching strategies and giving seminars and trainings. Health care training is only provided to the two nurses at Karuna Home, both of whom are certified nurses.

Needs of Karuna Home. Because all but one teacher lack formal training in special education or disabilities, all informants identified professional development as a major need. Several needs were mentioned in initial interviews, as well as throughout the study. Initial interview responses included the need for more special educators; training on instruction, curriculum, and assessment; behavioral training; general special education training; training on how to work with students with very severe disabilities; extensive training for the two new teachers; training on creating measurable objectives and assessing progress, and providing better English instruction.

A need for increased professional development in the following areas was observed: assistance in creating measurable goals and/or objectives, behavior management, assessment and instruction, and more effective use of the assistants, teachers, and resources. Teachers desired to receive any training available to them and were thirsty for knowledge. They each expressed and exhibited a need for training in the observed areas of needed improvement.

Discussion

This case study investigated education policies and procedures, and staff attitudes toward disability in a residential rehabilitation center and school in India for students with disabilities who are predominantly children of Tibetan refugees. Study subquestions addressed cultural and educational aspects of the school. These aspects are discussed here, accompanied by summaries

of perceived needs for improvement as evidenced by observation and stated by interview informants.

Cultural Aspects

Karuna Home was established in 2004 to address the needs of individuals with disabilities within the construct of Tibetan Buddhist theology. Providing for the needs of individuals with disabilities and their families is congruent with the religious and ethical standards of the Tibetans in exile. Wangmo's (2011) assertion that religion helps people understand their condition in this life and improves their mental, physical, and spiritual health is borne out in informants' statements that Karuna Home essentially helps students who cannot help themselves and prepares them to live meaningful lives. Although no other examples of residential programs to address the needs of this specific population were found in extant literature, it is probable that given the overarching tenets of Tibetan Buddhist theology, other schools serving this population would be founded on the same principles as Karuna Home.

Families served by Karuna originated from various settlements in India for the most part, with a few originating in Tibet and Nepal. The linguistic and cultural backgrounds of the students affect the level to which curriculum and instruction are effective, as many students are still struggling with their native language, let alone learning a new language such as Tibetan or English. Both Indian and Tibetan cultures typically emphasize family responsibility for these children using only the resources afforded by the family's income, without government help or social programs (Murdick, Shore, & Chitooran, 2004; Scheidegger, Lovelock & Kinébanian, 2010). It is likely due to this cultural belief that the Karuna Home ensures that families who cannot afford to care for their children with disabilities are assigned highest priority for admission. It is important to realize that many, if not all, Tibetans in India are unable to access

services for children with disabilities, which is significant when considering future opportunities within the settlements.

Overall, adult attitudes and perceptions about disability were laced with Tibetan Buddhist compassion and love, even though several informants indicated that disability is caused by poor parent choices (e.g., prenatal care) and that karma plays a large part. It is likely that compassion toward both adults and students was directly related to administrators' and service providers' Buddhist beliefs. Openly expressing Buddhist beliefs about disability, compassion, or love affected the way service providers approached their tasks and treated their students. Attitudes of respect and love permeated instructional and noninstructional settings. Religious understandings about disability have been found to serve as sources of support when working with people with disabilities (Ault, 2010; Edwardraj, Mumtag, Prasad, Kuruvilla & Jacob, 2010; Wangmo, 2011), which can positively affect the way teachers plan, instruct, and interact with students and coworkers, and this proved true in the settings observed at Karuna Home.

Religion seemed to either enhance or have no effect on the educational environment in general. Informants reported that Buddhism had the potential to enrich lives at Karuna Home, whether it was through morning prayers, visiting local monasteries, or learning life lessons; but each person chose whether or not to participate. Religion affected students in that they all observed Buddhist holidays and frequently participated in cultural community activities, but engaging in prayer and other individual religious practices were personal choices for students and staff.

Educational Aspects

Students' disabilities included cerebral palsy, Down syndrome, autism, intellectual disability, blindness, multiple disabilities, and other learning and physical disabilities, ranging

from mild to severe. Many students also engaged in behavior that affected academic achievement and behavioral progress, e.g., aggression, defiance, interrupting class and other activities, lack of concentration, and echolalia. Determining strategies to meet behavioral needs was usually difficult and unsuccessful because most staff members lacked training in behavior management and special education.

The overall learning outcomes for students were related to increased independence and academic proficiency. Most students came to Karuna without diagnoses or information indicating present levels of academic achievement and functional performance, and were therefore assessed after admission. Learning objectives were created collaboratively by caretakers, physiotherapists, teachers, and administrators, which likely increased responsibility and efforts by the various service providers; however, because most instructors lacked training the objectives were hard to measure and were not related to a standardized curriculum. It was refreshing to receive several specific responses regarding needs of Karuna Home from each informant, which were positive indicators of their desire to be involved in training and professional development.

Data-based instruction involves making decisions based on information emerging from written, oral, formative, summative, and/or standardized assessments (Ediger, 2010). Using data to make instructional decisions—both academic and behavioral—helps teachers evaluate whether or not instruction is effective, and thereafter make informed decisions to address student needs (Flowers & Carpenter, 2009; Kiker, 2009). Lack of present levels data certainly hindered the instructional planning and decision making processes. Interviews, observations, and document review revealed that teachers had little concept of the definition and value of ongoing curriculum-based measurement and its role in improving curriculum and instruction. The lack of

organized assessment and ongoing measurement created problems when staff attempted to plan instruction and report student progress. Without clear data about where to start with students instructors simply estimated ability, wrote learning objectives that “might work,” and sometimes adjusted them in a sort of trial-and-error process. Determining present levels seemed arbitrary and was not perceived by informants as a good use of time. Accurately assessing lower-functioning students was one of the greatest needs reported by informants and observed by the researcher, and all informants expressed a desire to learn to create measurable learning and behavioral objectives.

Curriculum and instruction were based on teacher opinion and some reference to old Tibetan and English textbooks from local schools. Research indicates that core curriculum for students with disabilities is lacking in India (Mumbai, Delhi, Kolkata & Rao, 2011; Singal 2006; Singh, 2004; Vakil et al., 2002) and this was the case at Karuna. The physiotherapy program was an observed strength of Karuna the program. This may result from personnel training and confidence in their duties, from the 1:1 student-staff ratio, and from the belief that physiotherapy is something the students can “actually do.” This phrase was used several times by informants describing the value of physiotherapy. Positive beliefs that individuals with disabilities can take an active role in the community and be productive have been found in successful special education in India (Vakil et al., 2002).

Vocational classes and community outings were other successful aspects of the educational program at Karuna Home, which is consistent with research findings regarding successful special education in India (Vakil et al., 2002). Tsewang described weekly community outings as being used to practice daily living skills to foster independence, and vocational classes served the same purpose, but were reserved for higher-level students with better behavior.

Teachers seemed to approach these classes with a greater seriousness and invested more time and preparation in the activities than routine daily instruction. Throughout one week of observation, Chodren spent extra time preparing several supplies and ingredients in order to teach a vocational lesson on the Saturday of that week to a small group of higher functioning students; she also engaged in conversations with her coworkers and the researchers with a level of excitement absent in observations of her daily instruction to Lotus class. The level of preparation for Lotus class seemed much lower than that of the vocational class.

Limitations

This study is limited in its scope due to the singular case of Karuna Home, validity and reliability of the instruments, language differences, and the amount of time spent on site. The convenience sample was chosen because Karuna Home is an approved BYU International Field Studies site and it is the only center of its kind in India.

The interview protocol and observation form were created by the researcher according to guidelines provided by McCracken (1988). The instruments were not tested for reliability or validity prior to the study.

Language barriers sometimes made it difficult for the researcher to conduct optimal observations and interviews, as most instruction was in Tibetan and interviews were conducted primarily in English—both cases requiring translation, and information can sometimes be misconstrued or lost in translation. Informants sometimes had difficulty understanding the questions because of either language barriers or lack of training in education and vocabulary used in the field (e.g., curriculum, assessment, and instruction). It is possible that the instrument's validity and reliability were reduced as a result. Another possible limitation was the staff's desire to give "correct" or "appropriate" responses during interviews; however,

observations over a three-month period confirmed that responses were consistent with actions in and out of the classroom.

The researcher could have collected richer data had the study been of longer duration; however, three months of daily interaction with all participants provided fruitful information about the environment to answer research questions.

Implications for Practice

Results of this study indicate the need for Karuna to adopt curricula to address the various levels of student needs, supported by culturally sensitive school-wide systematic procedures for accurately assessing students' academic and behavioral functioning and for monitoring progress during instruction and therapy. Byrd's (2010) study of a successful nonresidential private school in India found that having a staff of trained special educators contributed greatly to the school's success. Karuna teachers would benefit from professional development centered on the use of data to create learning objectives, to monitor progress to determine the effectiveness of instruction, and to improve instructional practice for individuals with disabilities. In turn, students would likely derive significant benefit as staff and instructors learn to use data to plan instruction and to measure progress toward mastery.

Expanding the decision-making team to include parents and students would be helpful, as parents and students can be assets in determining appropriate and realistic objectives, especially when addressing needs of students with disabilities (LaRocque, Kleiman, & Darling, 2011). While collaboration is an emerging aspect of the educational program at Karuna Home, it could be improved by developing teacher abilities and creating a system for assessment, curriculum, and instruction.

Others can benefit from this study when creating a program serving individuals with disabilities in similar circumstances. Results can help practitioners evaluate professional practice and determine which aspects need additional development and training. Practitioners can benefit by considering fundamental aspects of the processes and factors affecting success of Karuna Home, including the mission and aims, resources, curriculum, assessment, instruction, learning objectives, collaboration, and professional development.

Suggestions for Future Research

This initial case study sets the groundwork for future research addressing the needs of the Karuna Home educational program. Ongoing teacher development has long been an accepted practice for improving teaching and learning (Wei, Darling-Hammond, Andree, Richardson, & Orphanos, 2009). However, critics of teacher development argue that teacher practice seldom changes as a result of inservice education (Fullan, 2007; Guskey, 2003). Therefore, Karuna and similar programs would benefit from controlled studies of teacher development for assessment, planning, and progress monitoring; as well as studies of teacher implementation and fidelity of practice. Likewise, studies comparing the effectiveness of instructional and behavioral strategies would be helpful. Descriptive cases of residential schools for other unique populations could add significantly to the research base. All research should be designed and implemented with sensitivity to applicable aspects of social and educational culture.

References

- Addlakha, R. (2007). How young people with disabilities conceptualize the body, sex and marriage in urban India: Four case studies. *Sexuality & Disability, 25*(3), 111–123.
- Alur, M. (2001). Some cultural and moral implications of inclusive education in India—a personal view. *Journal of Moral Education, 30*(3), 287–292.
- Araujo, B. E. (2009). Best practices in working with linguistically diverse families. *Intervention in School and Clinic, 45*, 116–123.
- Ault, M.J. (2010). Inclusion of religion and spirituality in the special education literature. *The Journal of Special Education, 44*(3) 176–189.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77–101.
- Byrd, E. S. (2010). India, families, and a special school. *TEACHING Exceptional Children Plus, 6*(3), Article 6. Retrieved from <http://journals.cec.sped.org/tecplus/vol6/iss3/art6>
- Dhussa, R. C. (2009). Tibet: A nation in exile. *American Geographical Society's Focus on Geography, 52*(2), 1–6.
- Ediger, M. (2010). Data based instruction in reading. *Reading Improvement, 47*(4), 175–178.
- Edwardraj, S., Mumtaj, K., Prasad, J. H., Kuruvilla, A., & Jacob, K. S. (2010). Perceptions about intellectual disability: A qualitative study from Vellore, South India. *Journal of Intellectual Disability Research, 54*(8), 736–748.
- Ekas, N.V., Whitman, T.L., & Shivers, C. (2008). Religiosity, spirituality, and socioemotional functioning in mothers of children with autism. *Journal of Autism and Developmental Disorders, 39*, 706–719. doi: 10.1007/s10803-008-0673-4

- Flowers, N., & H. Carpenter, D. M. (2009). You don't have to be a statistician to see data: A process for data-based decision making in schools. *Phi Delta Kappan*, 91(2), 64–67.
- Fraenkel, J. R., & Wallen, N. E. (2003). *How to design and evaluate research in education* (5th ed.). New York, NY: McGraw-Hill.
- Fullan, M. (2007). Change the terms for teacher learning. *Journal of Staff Development*, 28(3), 35–36.
- Gall, J. P., Gall, M. D., & Borg, W. R. (2005). *Applying educational research. A practical guide* (5th ed.). Boston, MA: Pearson.
- Gatsal, P. (2008, October 31). *Karuna Home for the Disabled*. Retrieved from <http://www.karunahome.org/>
- Guskey, T. R. (2003). What makes professional development effective? *Phi Delta Kappan*, 84(10), 748–50.
- Kalyanpur, M., & Gowramma, I.P. (2007). Cultural barriers to south Indian families' access to services and educational goals for their children with disabilities. *The Journal of the International Association of Special Education*, 8(1), 69–82.
- Kiker, J. (2009). States develop quality data systems. (Cover story). *Techniques: Connecting Education & Careers*, 84(2), 29–31.
- Lang, R. (2001, June). *Understanding disability from a South Indian perspective*. Paper presented at the 14th Annual Meeting of the Disability Studies Association, Winnipeg, Canada. Retrieved from http://www.ucl.ac.uk/lc-ccr/lcstaff/raymond-lang/understanding_disability_in_india.pdf

- LaRocque, M., Kleiman, I., & Darling, S. M. (2011). Parental involvement: The missing link in school achievement. *Preventing School Failure, 55*(3), 115–122.
doi:10.1080/10459880903472876
- McConnell, F. (2011). A state within a state? Exploring relations between the Indian state and the Tibetan community and government-in-exile. *Contemporary South Asia, 19*(3), 297–313.
- McCracken, G. (1988). The long interview. (*Qualitative research methods*, Vol. 13). Newbury Park, CA: Sage.
- Mumbai, R.K., Delhi, A.I., Kolkata, D.G., & Rao, G. (2011, December 26). 2011: The uprising. *Times of India*. Retrieved from http://articles.timesofindia.indiatimes.com/2011-12-26/news/30558714_1_free-education-inclusive-education-girl-child-education
- Murdick, N., Shore, P., & Chittooran, M. M. (2004). Cross-cultural comparison of the concept of “otherness” and its impact on persons with disabilities. *Education and Training in Developmental Disabilities, 39*(4), 310–316.
- Perret, R. (1985). Karma and the problem of suffering. *Sophia, 24*(1), 4–10.
- QSR International. (2010). *NVivo 9*. Cambridge, MA: Author. Retrieved from http://www.qsrinternational.com/products_nvivo.aspx
- Saravanabhavan, S., & Saravanabhavan R. (2010). Knowledge of learning disability among pre- and in-service teachers in India. *International Journal of Special Education, 25*(3), 132–138.
- Scheidegger, G., Lovelock, L., & Kinébanian, A. (2010). The daily lives and occupations of Tibetan families who have a child with disabilities. *Scandinavian Journal of Occupational Therapy, 17*(4), 286–298. doi:10.3109/11038120903287174

- Shenoy, H. (2011, May 18). Bylakuppe: A visit to this Tibetan town in Karnataka. *The Better India*. Retrieved from <http://www.thebetterindia.com/3305/bylakuppe-tibetan-town-karnataka/>
- Singal, N. (2006). Inclusive education in India: International concept, national interpretation. *International Journal of Disability, Development & Education*, 53(3), 351–369.
- Singh, D. K. (2000 April). *Physical disabilities in the land of Karma theory*. Presentation at the Special Education World Congress, Vancouver, British Columbia. ERIC Document Reproduction Service No. ED 446 406
- Singh, J. P. (2004, January). Rehabilitation council of India: Pioneering advances in human resource development for the improvement of services to persons with disabilities. *The Educator*. Retrieved from http://www.icevi.org/publications/educator/January_04/article18.htm
- Stairs, A. J. (2010). Becoming a professional educator in an urban school-university partnership: A case study analysis of preservice teacher learning. *Teacher Education Quarterly*, 37(3), 45–62.
- Thirumurthy, V., & Jayaraman, B. (2007). Special education in India at the crossroads. *Childhood Education*, 83(6), 380–384.
- Vakil, S., Welton, E., & Khanna, R. (2002). Special education in India: The success of a model program. *TEACHING Exceptional Children*, 34(5) 46–50.
- Waldman, H. B, Perlman, S.P. & Chaudhry, R.A. (2010). Hindu perceptions of disability. *The Exceptional Parent*, 40(7), 52–53.
- Wangmo, T. (2011). Health perception and health behaviors of elder Tibetans living in India and Switzerland. *Cross Cultural Gerontol*, 26, 331–348.

Wei, R. C., Darling-Hammond, L., Andree, A., Richardson, N., & Orphanos, S. (2009).

Professional learning in the learning profession: A status report on teacher development in the United States and abroad. Dallas, TX. National Staff Development Council. Retrieved from

<http://www.learningforward.org/news/NSDCstudytechnicalreport2009.pdf>

Table 1

Interview Informants

Name	Sex	Age	Position	Experience at Karuna	Education	Subject	Class ¹
Chodren	F	27	Teacher	3 years	BS Special Education	Special education	Lotus
Champo	M	25	Teacher	3 years training	Computer and inclusion computers	Soc. science	Sunshine Rainbow
Sangmu	F	30	Teacher	4 years	MS Economics	English	Sunshine Rainbow
Gyaltsen	F	29	Teaching assistant	1 year	High school diploma	Special education	Lotus
Tsewang	F	21	Teacher	3 months	Teaching certificate	Math computers	Sunshine Rainbow
Dawa	F	23	Teacher	3 months	Teaching certificate	Tibetan	Sunshine Rainbow
Diki	F	26	Teacher	2.5 years	BA Art	Tibetan	Sunshine Rainbow
Kundun	M	44	Principal	8 years	PhD Philosophy	Admin.	Admin.

¹ All teachers rotate in acting as assistants or supervisors in Lotus and Sensory classes, but are primarily teaching in classes listed above.

Table 2

Student Demographics

ID	Age	Sex	Disability	Nationality	Admitted	Class
1	13	M	Muscular dystrophy cerebral palsy intellectual disabilities	Indian	Jun 2010	Sensory
2	16	M	Microcephalis, psychomotor delay, epilepsy, diplopia hemispheric dysfunction	Indian	Aug 2005	Sensory
3	6	M	Cerebral palsy	Tibetan	June 2011	Sensory
4	7	F	Intellectual disability physical disability	Tibetan	Oct 2007	Sensory
5	8	M	Cerebral palsy	Tibetan	Sep 2009	Sensory
6	11	M	Cerebral palsy, partial blindness, epilepsy	Tibetan	Mar 2005	Sensory
7	28	M	Autism	Tibetan	Dec 2004	Sensory
8	12	F	Intellectual disability cerebral palsy	Indian	Aug 2011	Sensory
9	16	M	Intellectual disability microcephalis	Indian	Sep 2008	Lotus
10	9	M	Down syndrome	Nepali	Sep 2009	Lotus
11	32	F	Intellectual disability	Tibetan	Mar 2005	Lotus
12	10	F	Down syndrome	Tibetan	Jul 2006	Lotus
13	9	F	Intellectual disability hydrocephalis	Tibetan	Sep 2008	Lotus
14	5	F	Cerebral palsy	Tibetan	Jul 2011	Lotus
15	10	M	Psychological issues	Tibetan	Sep 2008	Lotus
16	14	F	Down syndrome	Tibetan	Dec 2004	Lotus

17	18	M	Intellectual disability autism	Tibetan	Apr 2010	Lotus
18	11	M	Hemiplegia, epilepsy	Tibetan	Mar 2010	Lotus
19	21	F	Down syndrome	Tibetan	Jun 2005	Lotus
20	13	M	Down syndrome	Tibetan	Jan 2005	Rainbow
21	10	M	ADHD, mild cerebral palsy	Tibetan	Jun 2011	Rainbow
22	10	M	Cerebral palsy, epilepsy speech disorder	Tibetan	Oct 2005	Rainbow
23	16	M	Cerebral palsy, epilepsy	Tibetan	Dec 2004	Rainbow
24	8	F	Cerebral palsy, spastic diplegia	Tibetan	May 2011	Rainbow
25	22	M	Down syndrome scioliokyphosis	Tibetan	Dec 2004	Rainbow
26	14	F	Developmental delay dyslexia	Tibetan	Jun 2011	Sunshine
27	20	F	Cerebral palsy, athetosis	Tibetan	Feb 2005	Sunshine
28	18	M	Speech disorder, dysathme, fine motor deficiency	Tibetan	Aug 2006	Sunshine
29	15	F	Dyslexia, psychological issues	Tibetan	Dec 2004	Sunshine
30	15	F	Dyslexia	Tibetan	Dec 2008	Sunshine

Table 3

Class Schedules

Lotus Class				
Day/Time	9:30–10:30 a.m.	11:00 a.m.–12:00 p.m.	2:00–3:00 p.m.	3:30–4:30 p.m.
Monday	Meet with Sensory class	Lang./communication, speech, massage	Storytelling, general activity	Physical Therapy
Tuesday	Meet with Sensory class	Lang./communication, Sensory stimulation	Social skills, drawing	Water play
Wednesday	Meet with Sensory class	Lang./communication, speech, massage	TV	TV
Thursday	Meet with Sensory class	Lang./communication, Sensory stimulation	Art/crafts, storytelling	Drawing and paper folding
Friday	Meet with Sensory class	Lang./communication, speech, massage	Social skills, communication	Music and dance
Saturday	Combined	Combined	No Class	No Class
Rainbow Class				
Day/Time	9:30–10:30 a.m.	11:00 a.m.–12:00 p.m.	2:00–3:00 p.m.	3:30–4:30 p.m.
Monday	Math	Social Science	English	Physical Therapy
Tuesday	Tibetan	English	Math	Drawing
Wednesday	English	Math	TV	TV
Thursday	Social Science	Tibetan	Math	Cleaning
Friday	English	Tibetan	Social Science	Dance

Saturday	Combined	Combined	No Class	No Class
Sunshine Class				
Day/Time	9:30–10:30 a.m.	11:00 a.m.–12:00 p.m.	2:00–3:00 p.m.	3:30–4:30 p.m.
Monday	English	Tibetan	Tibetan	Physical Therapy
Tuesday	Social Science	Math	Tibetan	Drawing
Wednesday	Math	English	TV	TV
Thursday	Tibetan	English	Social Science	Cleaning
Friday	Social Science	Math	English	Dance
Saturday	Combined	Combined	No Class	No Class
Sensory Class ¹				
Day/Time	9:30–10:30 a.m.	11:00 a.m.–12:00 p.m.	2:00–3:00 p.m.	3:30–4:30 p.m.
Monday	Soc. Science/Tibetan	English/Math	Soc. Science/Math	Physical Therapy
Tuesday	Math/English	Tibetan/Social Science	Soc. Science/English	Drawing
Wednesday	Soc. Science/Tibetan	Social Science/Tibetan	TV	TV
Thursday	Math/English	Math/Social Science	English/Tibetan	Cleaning
Friday	Math/Tibetan	English/Social Science	Math/Tibetan	Dance
Saturday	Combined	Combined	No Class	No Class

¹This is a schedule indicating which teachers supervised Sensory class, not the subject taught.

APPENDIX A: Review of Literature

Introduction

This case study describes services for individuals with disabilities at Karuna Home, a residential rehabilitation center for Tibetan refugee students with cognitive or physical disabilities in Bylakuppe, Karnataka, India. While education is generally below par in Tibet, it is of particularly low quality for individuals with disabilities. Tibetans are fleeing their homeland as a result of the destruction of their culture by governmental restrictions instituted by the Chinese. As a result, many refugees have sought solace in Tibetan settlements in India, where there is some educational success. Still, many barriers to effective special education for children of Tibetan immigrants have been identified. This review of literature provides a brief history of Tibetan immigration to India, an overview of education in Tibet and India, a description of perceptions of disability and special education in India, and an overview of Karuna Home.

Tibet

Tibet is an autonomous region located in the southeast portion of the People's Republic of China. The majority of the population is ethnically similar and speaks one of several related dialects. Tibetans traditionally follow the Dalai Lama and practice a form of Buddhism combined with ancient Tibetan shamanist beliefs (Nepal, Kohler, & Banzhaf, 2002).

Tibetan immigration. As many as 250,000 Tibetans have immigrated to India since 1951, and a further 1,000 Tibetans immigrate yearly. Tibetans leave their homeland because of the “extremism of Chinese politics” including excessive involvement and control in religion, culture, and the economy (Dhussa, 2009, p. 3). Dhussa states, “In the Tibet within China, people are jailed for nationalist utterings, forbidden to display photos of the Dalai Lama, and face extinction of their culture” (p. 1). Being denied the right to display photos of the Dalai Lama is

just one example of the restrictions on Tibetans' ability to fully practice their religion in Tibet. The lack of religious and cultural freedom has led thousands of Tibetans to flee their homeland to many settlements in India and other countries. Others have migrated to Tibetan enclaves in other parts of India. Dharamsala, in the state of Himachal Pradesh, India, has the largest population of Tibetan refugees (Dhussa, 2009). The town in which this study took place, Bylakuppe, is a Tibetan settlement south of Dharamsala in the state of Karnataka, India and home to the second largest population of Tibetan refugees. Tibetans in Dharamsala and Bylakuppe enjoy continuing the practice of their traditions, culture, and religion (Shenoy, 2011).

Because of Chinese restrictions on religion and other parts of life, living as a Buddhist is difficult in Tibet; however, freedom of religion is possible for Tibetans in India with the help of the Tibetan Government in Exile (TGiE). Currently, the TGiE, also known as the Central Tibetan Administration (CTA), has offices in several countries, including one in Dharamsala, India. The CTA was created by the Dalai Lama in 1959 to continue efforts to free Tibet from Chinese rule and administrate and manage Tibetan refugees (Charkrishar, McGranahan, & Farber, 2010). The organization aims to improve education, health, religion, and community development for refugees in India, as well as those under Chinese control in Tibet.

Several reasons for Tibetan immigration have been identified, the most prevalent and well-known being escape from harsh Chinese rule. In 1951 Tibet and China signed the 17-Point Agreement, which secured the Tibetan culture and religion. However, when China made Tibet a Chinese province, the agreement was negated because Tibet was no longer a sovereign nation. When this occurred, the Chinese began to dismantle Tibetan culture, believing that Buddhism and other parts of Tibetan culture posed threats to Chinese rule and control (Farkas & Farkas, 2009). China instituted "reeducation camps," monasteries and monks were dispelled, and some

monks were “denounced as reactionaries and executed” (Farkas & Farkas, 2009, p. 36). As a result of the history between China and Tibet, and the broken promises made in the 17-Point Agreement, Tibetans began immigrating in the 1950s, and have continued to this day.

Immigrants in India. The United Nations High Commissioner for Refugees reported that at least 110,000 Tibetan exiles reside in several different Tibetan settlements in India and other bordering countries (Swank, 2011). Even though migration to India is not as rapid as it was decades ago, people from Tibet are still migrating yearly. According to Swank, exiled elders seem to continue the traditional Tibetan practices, while the youth in exile have adopted some contemporary Indian culture, dressing in t-shirts and jeans, listening to modern music, and so on. Tibetans who have grown up exiled in India have a better understanding of Indian culture and the English and Hindi languages. They also have a greater network of friends and complete high school and college and find employment. Tibetan refugees that immigrated in their teens or later years seem to be disadvantaged in these respects. They are less likely to become proficient in the languages, complete their education, or gain employment (Swank, 2011).

Community support in Tibetan settlements in India. While researchers have reported the disadvantages of Tibetan refugees in India, they have also noted positive aspects. In a study on health perceptions of Tibetan elders, all 30 participants reported a “sense of happiness” acquired from living in a Tibetan community while exiled in India (Wangmo, 2011, p. 339). They felt support from their continued ability to practice their cultural traditions privately and publicly. They also reported a sense of community in being able to turn to their neighbors for support and help, which in turn positively affected the elders’ emotional health. Many participants in the study perceived that religion plays as a great a role in health as does “practicing healthy behaviors” (Wangmo, 2011, p. 341). Religion helps these individuals understand their current

position in life and the position they will have in their life to come. Faithfully practicing their religion is thought to improve Tibetans' mental, physical, and spiritual health (Wangmo, 2011).

Education in Tibet. Education in post-Dalai Lama Tibet was primarily focused on a “10-year political campaign aimed at rekindling revolutionary fervor and purifying the Chinese Communist Party” (Postiglione, 2009, p. 489) because education was taken over by the Chinese government at this time. Because of this focus on purifying the Chinese Communist Party Tibetan culture was slowly decimated in several ways: physically by the removal of buildings, religiously, and even educationally. Education was already suffering in Tibet, but only decreased in quality when the Chinese made schools “predominantly an ideological arena for propaganda and self-criticism” (p. 489).

Because China instituted the “three guarantees” policy in the 1980s, education in urban Tibet became “bloated,” yet there was a slight increase in quality (Zhiyong, 2008, p. 45). The three guarantees policy provided food, clothing, and housing to families with children in school who studied hard and performed well academically; because food, clothing, and housing are given to students in elementary and secondary schools, parents from farming regions and other places have become more motivated to send their children to school. However, Zhiyong (2008) asserts that the quality of education is in poor condition in pastoral districts as a result of teachers' poor attitudes toward their positions as teachers, and that the manner in which they “handle the relations among the state, schools, and students and their families [is] a far cry from the status of teachers as knowledgeable and ethical persons in positions of authority” (p. 48). It is possible that teachers' poor attitudes toward their positions as teachers is influenced by being forced into untenable situations. Researchers have painted a picture that education is not taken

very seriously and is in poor condition in Tibet, which is a major cause identified for Tibetan immigration to India (Postiglione, 2009; Zhiyong, 2008).

Education in India

The Government of India (GoI) and the Tibetan Government in Exile (TGiE) have a cooperative relationship in matters involving education. The government of India allows access to education for Tibetans in their schools, and sanctions Tibetan schools as well and Tibetan schools are basically autonomous in India. McConnel (2011) reported an overall good working relationship, but also noted that “interactions between the GoI and the TGiE vary considerably across India, with relations generally being more cordial in Karnataka than in the Himalayan states” (p. 300). Karuna Home, the residential rehabilitation center for Tibetan refugees with disabilities in which this study was conducted, is located in the state of Karnataka, and therefore is in an area where GoI is working well with TGiE.

Disability in India

Perceptions of disabilities vary in India from regarding disability as a result of sin to viewing it as a blessing and a challenge meant to be overcome in this life to attain a greater state of being in the next. Lang (2001) reported that people with disabilities in urban areas in India expressed more positive attitudes about having disabilities than those in rural areas. This could be a result of living in urban areas where eastern philosophies such as karma are generally mingled with western philosophies regarding disabilities. People in urban areas also have a higher likelihood of having received disability awareness training (Lang, 2001). However, karma is still reported as a religious explanation for the cause of disabilities, which makes the person with the disability or their parents culpable for having sinned in a previous life (Lang, 2001 &

Singh, 2000). Even though karma is commonly accepted as an explanation for disability, understanding of the term can vary among individuals (Alur, 2001 & Lang, 2001).

Chakraborti-Ghosh (2008) found that "...the Indian people have been accustomed to dealing with disabilities in a natural psychotherapeutic way rather than depending on western medicine; disabilities were traditionally accepted as misfortune" (p. 137). This is another example of disabilities being perceived negatively in India. Researchers also found that behavior problems as a result of disabilities are perceived by teachers in India as being "based on their own lives and experiences" and that problems are experienced by all human beings and are "not considered disabilities" (Chakraborti-Ghosh, 2008, p. 142).

Religious perceptions of disability. Many different religious perceptions about disability persist in India, which affects the way people with disabilities are treated, the services they are provided, and stigmatization they may experience in different areas of their lives. Perceptions are held by all people in the community including parents, teachers, and other community workers.

Negative causes of disability. Teachers, community health workers, and mothers of children with intellectual disability (ID) (women of the Hindi, Islam, and Christian faiths) believe that causes for intellectual disabilities include medical, psychological, environmental, and genetic. Most of the woman felt that ID was heavily related to poor mental health. The healthcare professionals among the women blamed husbands or poor healthcare professionals; teachers blamed parents for not only the ID, but also lack of ability. The healthcare professionals reported that many mothers of children with ID experience severe societal shame from having the child and that they feel helpless as a result of limited resources, training, and support from their husbands or the community. Not only do community members stigmatize the parents, but

they also demean and look down on the children with disabilities. Hindu mothers say God will help them raise the child and that someday the child will be fully healed. Some of the schoolteachers said lack of faith and sins can cause disability (Edwardraj, Mumtaj, Prasad, Kuruvilla, & Jacob, 2010).

Positive perceptions of disability. Buddhists, Hindus, and Sikhs believe in karma, and experiencing pain from karma is a way to redeem oneself and progress (Waldman, Perlman, & Chaudhry, 2010). However, not all Buddhists believe disabilities can solely be explained by karma, and some argue that no Buddhists should believe this idea. Lynne Bejoian (2006), a Tibetan Buddhist professor with a disability at Columbia University, argues that the prejudices against those with disabilities among people in the Buddhist faith are inconsistent with scripture and doctrine. She explains that although prejudices and misconceptions about Buddhism and disabilities are commonplace in the eastern world, the doctrine says otherwise. Karma, she explained, is only understood by enlightened beings and disabilities cannot possibly be explained by something as simple as a wrongdoing in the past. Suffering is something experienced by all humans and pitying or creating senses of inferiority are inconsistent with Buddhist beliefs.

Muslim parents have expressed feelings of gratitude when responding to questions about having a child with a disability, autism specifically. They believe that Allah, their god, sent the child with special abilities and needs to their family. According to these parents, Allah selected them based on their “moral character, loving nature, and resilience; their ability to protect the child; and their fate or Karmic connection to the child” (Jegatheesan, Miller, & Fowler, 2010, p. 101). Parents of the Muslim faith felt honored to be the parents of a child with special needs.

Importance of perceptions of disabilities. Individual faith, as opposed to organized religion, helps parents have comfort, hope, and the ability to look forward with positivity. This

may be largely due to the fact that organized religion is not so available as in other parts of the world (Edwardraj et al., 2010). Even though correlations between religion and/or spirituality and quality of life have been made, most articles in peer-reviewed journals that educators read lack focus on religion and spirituality (Ault, 2010, p. 186). Despite the fact that cultures are becoming more diverse through the recent years, there are very few articles addressing religion and spirituality and how beliefs can be resources to families raising a child with a disability. Many families with a child with a disability have said that spirituality and religion are sources of support when raising children (Ault, 2010). Araujo (2009) found that differences in culture between schools and families can cause misunderstandings and hinder relationships with professionals in special education.

Studies have identified religion as a prime outlet to cope with having a disability or having a child with a disability. Not only do parents report that their faith in God helps them see their child's disability in a more positive light, but caretakers of the children have the same perception as well. Many commented that parents are able to "place their burden on God" and derive strength from this practice (Edwardraj et al., 2010, p. 743).

It is important to consider the positive outcomes associated with the way people can better cope and find meaning when working with people with disabilities as a result of religion. In a study of mothers of children with autism and spirituality and religiosity, mothers were found to have greater "life satisfaction, life enjoyment, positive affect, self-esteem, overall well-being, optimism and locus of control" (Ekas, Whitman, & Shivers, 2008, p. 7). Religion positively affects parents of children with autism, a disability affecting some students at Karuna Home.

Special Education in India

According to the National Council for Educational Research and Training (2005), four percent or fewer children with disabilities in India have access to education (p. 8). Schools in India are either operated by the government or are private entities, and students have the freedom to attend either. The Indian government helps support special education schools financially, but does not establish or operate them (Singal, 2006). However, because many of the better schools are costly students do not have as much choice as it may appear because many parents are financially limited (Vakil, Welton & Khanna, 2002; Thirumurthy & Jayaraman, 2007).

Students with disabilities in India face a number of specific challenges. Students are expected to be proficient in several languages: (1) language spoken at home, (2) language spoken in their school environment, (3) and the required language they must learn in school, which changes depending on the location (Kalyanpur & Gowramma, 2007; Thirumurthy & Jayaraman, 2007). This can be confusing for any individual, but especially someone with a disability. Further, identifying someone as having a disability is difficult in India because the government does not provide a system for doing so, and parents are hesitant to reveal or accept their child's disability due to fears that schools will reject the child. Another barrier to getting needed services for individuals with disabilities is that government policies are broad and lack accountability, so individuals are responsible for identifying disabilities and seeking help (Thirumurthy & Jayaraman, 2007). If an individual needs disability services, it is the parents' or affected individuals' responsibility to find professional assistance with diagnosis.

Every child has the right to education in India according to the country's 86th Amendment of the Constitution (Banerjee, 2004). However, because the educational system in India is not set up for inclusion or for providing special education to individuals with severe

disabilities, the drop-out rate is high among individuals who need special education (Narayan & Rao, 2006). People with disabilities face the challenge of getting evaluated, finding transportation to school, and receiving services based on their needs. According to Narayan & Rao (2006), in order for inclusion of students with severe disabilities into general education schools to be effective, teachers must be better trained to assess students and to develop and implement effective research-based teaching methods. Currently, individuals with disabilities are being educated in segregated schools for the blind, schools for those with physical disabilities, and private schools or residential centers, like Karuna Home. Individuals with disabilities are typically educated away from their peers without disabilities (Misra, 2000; Saravanabhavan & Saravanabhavan, 2010).

Barriers to services for disabilities. Adlakha (2007) asserts that in India a long-standing attitude of charity and welfare exists toward those with disabilities instead of an attitude of ensuring rights and promoting independence for them. Barriers or deterrents to providing special education and other services to people with disabilities in India include lack of trained personnel, the Persons with Disabilities Act of 1995, family responsibility, negative attitudes, and Karma theory. Each of these is discussed below.

Lack of trained personnel. In addition to professionals having negative attitudes derived from cultural beliefs, many doctors, especially in smaller cities, are unaware of what disabilities exist or how to work with these individuals (Kalyanpur & Gowramma, 2007). Teachers also have been reported as having limited understanding about disability, services available, and necessary accommodations for people with disabilities (Paul, 2000). Training and collaboration for personnel working with individuals with disabilities are sorely lacking in India, as is an identified core curriculum for students with disabilities (Mumbai, Delhi, Kolkata, & Rao, 2011;

Singal 2006; Singh, 2004; Vakil et al., 2002). A major cause of the shortage of service providers for disabilities is that there are not enough programs offered in the field of special education to help potential special educators become trained, qualified professionals (Byrd, 2010; Mumbai et al., 2011). Saravanabhavan and Saravanabhavan (2010) reported that only 26% of teachers in special schools earned degrees in education. The lack of teacher training is often identified as the root cause of the shortage of special educators (Kalyanpur & Gowramma, 2007; Singal 2006; Singh, 2004; Vakil et al., 2002).

Persons with Disabilities Act of 1995. The Persons with Disabilities Act of 1995 (PDA) is India's national law promoting the education and rehabilitation of individuals with disabilities, and there have been some educational strides for people with disabilities since its passage (Kalyanpur, 2008). However, the PDA only lists the following disabilities as those that are served under the law: blindness, leprosy-cured, low vision, hearing impairment, mental illness, locomotor disability, and intellectual disability, whereas the Individuals with Disabilities Education Act of 2004 (IDEA)—the law comparable to PDA in the United States—describes 13 categories of disability (Byrd, 2010).

The PDA was established to help people with disabilities gain greater access to community, employment, and education; however, it has few mandates and no mechanisms for assuring accountability. Some of its elements were to promote development of special education schools for all individuals with disabilities throughout the country, “prepare a comprehensive education scheme to restructure curriculum for the benefits of children with disabilities,” and help parents better place their children with disabilities in schools and other services (Singh, 2000, p. 6). Overall, this act has goals similar to IDEA, with the major element of accountability missing. IDEA mandates government funding, accommodations, testing, adapted curriculum,

and other services for all individuals with disabilities, whereas the PDA only encourages or promotes such services.

Family responsibility. In India, the general feeling is that an individual with disabilities' education is the family's responsibility. Murdick, Shore, and Chitooran (2004) explain that throughout history, "care of individuals with disabilities in India has been left to families and most services for this population have been provided through private, charitable, or non-governmental organizations" (p. 314). Families are expected to care for their children with disabilities with the resources they have at home. This often leaves parents emotionally and physically drained because they are inadequately prepared for the task at hand. Families of children with disabilities need to become more educated about disabilities and also need more access to services in order to better care for their children with disabilities (Byrd, 2010). Tibetan families have also been found to believe that responsibility for caring for a child with disabilities rests on that child's family alone, which places an enormous amount of pressure and financial hardship on the family, sometimes causing an inability to afford better treatment (Scheidegger, Lovelock, & Kinébanian, 2010).

Negative attitudes. Negative cultural attitudes about disability held by professionals and families, lack of knowledge about diagnosing disabilities, language demands, and difficulty in getting services are all barriers to special education in South India (Kalyanpur & Gowramma, 2007; Mumbai et al., 2011). Parents often feel shame and embarrassment about having a child with a disability. Parents also fear revealing or bringing attention to disability because they want their child to access education. Kalyanpur and Gowramma found that the parents in their study "repeatedly spoke of service agencies that had refused admission to their children on various grounds, including ineducability relating to severity of disability or age in terms of the child

being too young to benefit from intervention, and having to accept these unilateral decisions” (2007, p. 73). Fear of revealing disabilities is a common theme in the literature on disabilities in India. Scheidegger et al. (2010) reported two strikingly different perceptions of Tibetan families with children with disabilities; one family hoped that their child with a disability would die early, while the other family regarded their child with a disability as precious. The negative attitude held by the first family can serve as a barrier in even having desire to improve the quality of life for the child with a disability.

Attitudes about individuals with disabilities in India have “ranged from reverence to embarrassment to a fatalistic acceptance of the disability, either because children with disabilities were viewed as a divine gift to parents who had been entrusted with their care or because they were viewed as divine retribution for parental wrong-doing” (Murdick et al., 2004, p. 313). Even though the range of attitudes is wide, most parents experience negative feelings about having a child with a disability, perhaps as a result of misinformation and lack of resources and support from the community. Because women with disabilities are deemed unable to fulfill their roles as women (homemaker, wife, mother, etc.) in India, and are unable to earn a living, it was reported by researchers that parents feel it is “economically unsound to invest in [their daughters’] education or vocational training” (Addlakha, 2007, p. 113). This negative attitude toward women with disabilities limits them educationally as well as other life-changing ways.

The doctrine of karma. Karma can be another barrier to accessing services to individuals with disabilities in India. The doctrine of karma is fundamental to all major Indian religions, including Buddhism, and explains suffering and the human condition as caused by acts done in previous lives (Perrett, 1985). The main components of the doctrine of karma include the belief in rebirth, actions in previous lives affect the status of individuals’ lives in the future, and

that suffering or happiness is determined by the conditions of rebirth (Krishan, 2010). Singh (2000) discussed the fact that many individuals in India believe that disability is punishment for “leading an evil life” (p. 12). This mentality potentially contributes to the negative cultural attitudes about the capabilities of individuals with disabilities, what is worth teaching them, and their place in life—in other words, the meaning of their existences.

Successful special education. Along with recent legislation promoting special education in India, there have been some educational strides for people with disabilities. For example, Vakil et al. (2002) reported that a private school for individuals with severe intellectual disabilities operates on the belief that those with intellectual disabilities can take an active role in society as productive and capable people. The school designed and implemented a vocational curriculum to ensure that students leave the school with skills to enter the community in some meaningful way. Private special education schools have reported some successes, despite the serious lack of training, funds, and other resources (Byrd, 2010; Kalyanpur, 2008; Vakil et al. 2002).

Bethshan Special School, another successful nonresidential private school in India, has a staff of twelve teachers, all of whom are trained in special education (Byrd, 2010). Having such highly trained and educated instructors at a private special education school is rarely noted in the literature, and has proven to promote greater success at this particular school. Byrd (2010) identified a variety of services provided to students with intellectual disabilities including academic and job readiness, supporting parents and family members, providing social events to facilitate fellowship, diagnosing of individuals with disabilities by a psychologist, staff, and parents; and a positive outlook on the potential of individuals with disabilities in the community.

When these components are lacking in special education, it can result in barriers to needed services and to full inclusion in the community for individuals with disabilities.

Education at Karuna Home

Karuna Home is a residential rehabilitation center designed to meet the needs of children of Tibetan refugees and other local children with cognitive and/or physical disabilities. Karuna Home is located near large Tibetan refugee settlements and monasteries, and is administered primarily by a principal (also founder) and a vice principal. The principal oversees the daily operations and strategies and reports to a voluntary board of trustees (Gatsal, 2008). Staff includes paid workers and volunteers serving as teachers, caregivers, supervisors, and cooks. Students with disabilities live at Karuna Home and receive a range of care and rehabilitation such as daily living assistance, yoga instruction, traditional Tibetan oil massages, physical therapy, special education, exercise, toilet training, self-care, speech therapy, daily living, music therapy, English studies, tailoring studies, prayer, chanting, and health care; including dental, gynecological, fitting for calipers, and other needs (Gatsal, 2008).

Some of the educational goals listed in student profiles are specific, person-centered and made with high expectations, such as learning English or tailoring skills. Some goals simply state that the student will be able to say a few words. Depending on the severity of the disability and the information about the students, the goals seemed to foster different levels of expectation for success. The students with the most severe disabilities do not have daily school listed as part of their care and rehabilitation. Their care is limited to physiotherapy, massage, and other treatments. Those with more academic abilities that can communicate and perform daily living tasks attend school daily (Gatsal, 2008).

References

- Addlakha, R. (2007). How young people with disabilities conceptualize the body, sex and marriage in urban India: Four case studies. *Sexuality & Disability, 25*(3), 111–123.
- Alur, M. (2001). Some cultural and moral implications of inclusive education in India—a personal view. *Journal of Moral Education, 30*(3), 287–292.
- Araujo, B. E. (2009). Best practices in working with linguistically diverse families. *Intervention in School and Clinic, 45*, 116–123.
- Ault, M.J. (2010). Inclusion of religion and spirituality in the special education literature. *The Journal of Special Education, 44*(3) 176–189.
- Banerjee, S. G. (2004). *Legal rights of persons with disability in India*. Shivaji Marge, New Delhi, India: Rehabilitation Council of India.
- Bejoian, L.M. (2006). Nondualistic paradigms in disability studies and Buddhism: Creating bridges for theoretical practice. *Disability Studies Quarterly, 26*(3). Retrieved from <http://dsq-sds.org/article/view/723/900>
- Byrd, E. S. (2010). India, families, and a special school. *TEACHING Exceptional Children Plus, 6*(3), Article 6. Retrieved from <http://journals.cec.sped.org/tecplus/vol6/iss3/art6>
- Chakraborti-Ghosh, S. (2008). Understanding behavior disorders: Their perception, acceptance, and treatment—a cross-cultural comparison between India and the United States. *International Journal of Special Education, 23*(1), 136–146.
- Charkrishar, T. N., McGranahan, C. A., & Farber, D. (2010). *Fifty years in exile*. Retrieved from <http://www.50yearsinoxile.org/exile.html>
- Dhussa, R. C. (2009). Tibet: A nation in exile. *American Geographical Society's Focus on Geography, 52*(2), 1–6.

- Edwardraj, S., Mumtaj, K., Prasad, J. H., Kuruvilla, A., & Jacob, K. S. (2010). Perceptions about intellectual disability: A qualitative study from Vellore, South India. *Journal of Intellectual Disability Research*, 54(8), 736–748.
- Ekas, N.V., Whitman, T.L., & Shivers, C. (2008). Religiosity, spirituality, and socioemotional functioning in mothers of children with autism. *Journal of Autism and Developmental Disorders*, 39, 706–719. doi: 10.1007/s10803-008-0673-4
- Farkas, R., & Farkas J. (2009). Religion in the life and landscape of Tibet. *American Geographical Society's Focus on Geography*, 52(2), 30–37.
- Gall, J. P., Gall, M. D., & Borg, W. R. (2005). *Applying educational research. A practical guide* (5th ed.). Boston, MA: Pearson.
- Gatsal, P. (2008, October 31). *Karuna Home for the Disabled*. Retrieved from <http://www.karunahome.org/>
- Jegatheesan, B., Miller, P. J., & Fowler, S. A. (2010). Autism from a religious perspective: A study of parental beliefs in South Asian Muslim immigrant families. *Focus On Autism And Other Developmental Disabilities*, 25(2), 98–109.
- Kalyanpur, M. (2008). The paradox of majority underrepresentation in special education in India. Constructions of difference in a developing country. *The Journal of Special Education*, 42(1), 55–64.
- Kalyanpur, M., & Gowramma, I.P. (2007). Cultural barriers to south Indian families' access to services and educational goals for their children with disabilities. *The Journal of the International Association of Special Education*, 8(1), 69–82.
- Krishan, Y. (1988) The Vedic origins of the doctrine of karma. *South Asian Studies*, 4(1), 51–55.

- Lang, R. (2001, June). *Understanding disability from a South Indian perspective*. Paper presented at the 14th Annual Meeting of the Disability Studies Association, Winnipeg, Canada. Retrieved from http://www.ucl.ac.uk/lc-ccr/lccstaff/raymond-lang/understanding_disability_in_india.pdf
- Lewis, S., & Stenfert-Kroese, B. (2010). An investigation of nursing staff attitudes and emotional reactions towards patients with intellectual disability in a general hospital setting. *Journal of Applied Research in Intellectual Disabilities*, 23(4), 355–365.
- McConnell, F. (2011). A state within a state? Exploring relations between the Indian state and the Tibetan community and government-in-exile. *Contemporary South Asia*, 19(3), 297–313.
- Misra, A. (2000). Special education in India: Current status and future directions. *International Journal of Special Needs Education*, 1(3), 6–11.
- Mumbai, R.K., Delhi, A.I., Kolkata, D.G., & Rao, G. (2011, December 26). 2011: The uprising. *Times of India*. Retrieved from http://articles.timesofindia.indiatimes.com/2011-12-26/news/30558714_1_free-education-inclusive-education-girl-child-education
- Murdick, N., Shore, P., & Chittooran, M. M. (2004). Cross-cultural comparison of the concept of “otherness” and its impact on persons with disabilities. *Education and Training in Developmental Disabilities*, 39(4), 310–316.
- Narayan, J., & Rao, L. G. (2006). Utilising existing resources for inclusive education of children with disabilities in India. *Asia Pacific Disability Rehabilitation Journal*, 17(1), 87–93.
- National Council of Educational Research and Training. (2005). *The national focus group on education of children with special needs*. Position paper. Retrieved from <http://ideas.repec.org/p/ess/wpaper/id4489.html>

- Nepal, S. K., Kohler, T., & Banzhaf, B. R. (2002). Great Himalaya: Tourism and the dynamics of change in Nepal. In S. K. Nepal, T. Kohler, & B. R. Banzhaf (Eds.), *Great Himalaya: Tourism and the dynamics of change in Nepal*. Zurich, SZ: Swiss Foundation for Alpine Research.
- Paul, S. (2000). Students with disabilities in higher education: A review of literature. *College Student Journal*, 34(2), 200–210.
- Perret, R. (1985). Karma and the problem of suffering. *Sophia*, 24(1), 4–10.
- Postiglione, G. A. (2009). Dislocated education: The case of Tibet. *Comparative Education Review*, 53(4), 483–512.
- QSR International. (2010). *NVivo 9*. Cambridge, MA: Author. Retrieved from http://www.qsrinternational.com/products_nvivo.aspx
- Saravanabhavan, S., & Saravanabhavan R. (2010). Knowledge of learning disability among pre- and in-service teachers in India. *International Journal of Special Education*, 25(3), 132–138.
- Scheidegger, G., Lovelock, L., & Kinébanian, A. (2010). The daily lives and occupations of Tibetan families who have a child with disabilities. *Scandinavian Journal of Occupational Therapy*, 17(4), 286–298. doi:10.3109/11038120903287174
- Shenoy, H. (2011, May 18). Bylakuppe: A visit to this Tibetan town in Karnataka. *The Better India*. Retrieved from <http://www.thebetterindia.com/3305/bylakuppe-tibetan-town-karnataka/>
- Singal, N. (2006). Inclusive education in India: International concept, national interpretation. *International Journal of Disability, Development & Education*, 53(3), 351–369.

- Singh, D. K. (2000 April). *Physical disabilities in the land of Karma theory*. Presentation at the Special Education World Congress, Vancouver, British Columbia. ERIC Document Reproduction Service No. ED 446 406
- Singh, J. P. (2004, January). Rehabilitation council of India: Pioneering advances in human resource development for the improvement of services to persons with disabilities. *The Educator*. Retrieved from http://www.icevi.org/publications/educator/January_04/article18.htm
- Smart, J. F. (2009). *Disability, society, and the individual*. (2nd ed.). Austin, TX: Pro Ed.
- Swank, H. (2011). A wanderer in a distant place: Tibetan exile youth, literacy, and emotion. *International Migration*, 49(6), 50–73.
- Thirumurthy, V., & Jayaraman, B. (2007). Special education in India at the crossroads. *Childhood Education*, 83(6), 380–384.
- Vakil, S., Welton, E., & Khanna, R. (2002). Special education in India: The success of a model program. *TEACHING Exceptional Children*, 34(5) 46–50.
- Waldman, H. B, Perlman, S.P., & Chaudhry, R.A. (2010). Hindu perceptions of disability. *The Exceptional Parent*, 40(7), 52–53.
- Wangmo, T. (2011). Health perception and health behaviors of elder Tibetans living in India and Switzerland. *Cross Cultural Gerontol*, 26, 331–348.
- Zhiyong, Z. (2008). Reflections on basic education under the “three guarantees” policy in Tibet’s pastoral districts. *Chinese Education and Society*, 41(1), 44–50.

APPENDIX B: Consent Form

Consent to be a Research Subject

Introduction

This research study is being conducted by Britany Barnes, a Master of Science in special education student at Brigham Young University to describe the services provided to children with severe disabilities at Karuna Home, a private Tibetan refugee residential rehabilitation center in Bylakuppe, Karnataka, India. The study will describe the students at the center and their disabilities, the intended learning outcomes for the students, the curriculum and instruction, the training and expertise of the staff and administrators, and attitudes and perceptions about disability. You are invited to participate because you are an administrator, teacher, or caregiver at the center.

Procedures

If you agree to participate in this research study, the following will occur:

You will be interviewed for approximately three times for approximately thirty (30) minutes about the students at the center and their disabilities, the intended learning outcomes for the students, the curriculum and instruction, the training and expertise of the staff and administrators, and attitudes and perceptions about disability within this cultural context.

- The interview will be audio recorded to ensure accuracy in reporting your statements.
- The interview will take place at Karuna Home at a time convenient for you or it will take place at a time and location convenient for you.
- The researcher may contact you later to clarify your interview answers for approximately fifteen (15) minutes.
- Total time commitment will be up to 90 minutes.
- Participant observation of the daily activities at Karuna Home.

Risks/Discomforts

There is minimal risk for participation in this study. You may, however, feel some discomfort when answering questions about personal beliefs or when being audio recorded. In focus groups, it is possible that you may be uncomfortable talking in front of others. If you feel uncomfortable answering a particular question you may choose to decline or excuse yourself.

Benefits & Compensation

There will be no direct benefits to you. It is anticipated that through your participation researchers may learn ways to improve the educational program for individuals with disabilities at the center. No monetary compensation will be awarded for participation.

Confidentiality

The confidentiality of all informants will be strictly maintained by assigning a pseudonym to each individual, with the master list available only to the researcher. Actual names and other identifiers will not be used. All data will be kept on one password protected computer and written documents will be kept in a locked room or cabinet in India and upon return to BYU. Only the researcher will have access to the data.

Participation

Participation in this research study is voluntary. You have the right to withdraw at any time or refuse to participate entirely without affecting your employment or standing at the center/school.

Questions about the Research

If you have questions regarding this study, you may contact Britany Barnes at britanyabarnes@gmail.com for further information.

Questions about Your Rights as Research Participants

If you have questions regarding your rights as a research participant contact IRB Administrator at (801) 422-1461;

Research Participant Assent

What is this research about?

We want to tell you about a research study we are doing. A research study is a special way to find the answers to questions. We are trying to learn more about the things you do at Karuna Home. You are being asked to join the study because you are living at Karuna Home. If you decide you want to be in this study, this is what will happen.

1. You will allow for your age, gender, and disability to be used in the study.
2. You will be observed while doing different tasks, including schoolwork, throughout the day at Karuna Home.
3. Other daily activities you do during the day at Karuna Home will be observed.

Can anything bad happen to me?

There are only small risks in your participation in the study, which is protection of your privacy. I will not use your real name or other identifiers about you in the research.

Can anything good happen to me?

We don't know if being in this study will help you. But we hope to learn something that will help other people some day.

Do I have other choices?

You can choose not to be in this study.

Will anyone know I am in the study?

We won't tell anyone you took part in this study. When we are done with the study, we will write a report about what we learned. We won't use your name in the report.

What happens if I get hurt?

Your parents/legal guardians have been given information on what to do if you are injured during the study.

What if I do not want to do this?

You don't have to be in this study. It's up to you. If you say yes now, but change your mind later, that's okay too. All you have to do is tell us.

Before you say yes to be in this study; be sure to ask **Britany Barnes** to tell you more about anything that you don't understand.

If you want to be in this study, please sign and print your name.

Yes, I will be in this research study. No, I don't want to do this

Name (Printed): Signature: Date: _____

Parental Permission for a Minor

Introduction

My name is **Britany Barnes**. I am a graduate student from Brigham Young University. I am conducting a research study describing the services provided to children with disabilities at Karuna Home, a private Tibetan refugee residential rehabilitation center in Bylakuppe, Karnataka, India. The study will describe the students at the center and their disabilities, the intended learning outcomes for the students, the curriculum and instruction, the training and expertise of the staff and administrators, and attitudes and perceptions about disability within this cultural context. I am inviting your child to take part in the research because (he/she) is a resident at Karuna Home-

Procedures

If you agree to let your child participate in this research study, the following will occur:
 Your child's gender, age, and disability information will be collected as part of data for the study.
 Your child's instruction and rehabilitation program will be described.
 Your child's achievement will be observed and described.
 Your child will be observed while engaging in activities at Karuna Home.

Risks

The study presents minimal risks to informants. There is a risk of loss of privacy, which the researcher will reduce by not using any real names or other identifiers in the written report. Only the researcher will have access to the data. At the end of the study, data will be all identifying information will be removed and the data will be kept in the researcher's locked cabinet. All data will be kept on one password protected computer and written documents will be kept in a locked room or cabinet, both in India and upon return to BYU.

Confidentiality

The confidentiality of all informants will be strictly maintained by assigning a pseudonym to each individual, with the master list available only to the researcher. Actual names and other identifiers will not be used. All data will be kept on one password protected computer and written documents will be kept in a locked room or cabinet in India and upon return to BYU. Only the researcher will have access to the data.

Benefits & Compensation

There are no direct benefits for your child's participation in this project. It is hoped, however, that through your participation researchers may learn ways to improve educational outcomes for residents at the center. Educational training in assessment, instruction, behavior, will be given to staff at Karuna Home. This training could enhance the education of the residents at the home and the understanding of the staff of how to work with individuals with severe disabilities. Karuna Home expressed the need for trained BYU students to assess the needs of the home and help improve the current educational situation. Graduate student research-based knowledge will be provided, and the research will add to research in the field. No monetary compensation will be awarded to informants.

Questions about the Research

Please direct any further questions about the study to Britany Barnes at britanyabarnes@gmail.com . You may also contact Gordon Gibb at 801.422.4915 or gordon_gibb@byu.edu.

Questions about your child's rights as a study participant or to submit comment or complaints about the study should be directed to the IRB Administrator, Brigham Young University, A-285 ASB, Provo, UT 84602. Call (801) 422-1461 or send emails to irb@byu.edu.

You have been given a copy of this consent form to keep.

Participation

Participation in this research study is voluntary. You are free to decline to have your child participate in this research study. You may withdraw you child's participation at any point without penalty.

Child's Name: _____

Guardian Name: Signature: Date: _____

APPENDIX C: Instruments

Recruitment Statement

I would like to invite you to participate in a research study that will describe the educational program for the residents with disabilities at Karuna Home. The research question is “how does Karuna home provide special education services for residents with disabilities?”

You are invited to participate because you are a teacher or administrator at Karuna Home. If you agree to participate, you will take part in a 30-minute interview that will be audio-recorded for transcription and later analysis. Prior to the interview, you will be asked to read and sign a consent form that describes the study, the potential risks and benefits to you, and the measures used to maintain confidentiality.

If you agree to participate, you and I will set an appointment at a time that is convenient for you to be interviewed.

Interview Protocol

1. What is the mission and history of Karuna Home?

Planned prompts

- a. Why was the home established?
- b. What needs does the home address?
- c. How is Karuna Home funded?

2. What are the cultural backgrounds of the students?

Planned prompts

- a. What languages do they speak?
- b. What are their national heritages?
- c. What role does religion play in their lives?
- d. Where are the students' parents now?
- e. Where were the students born and raised?

3. What is the process for admitting new students to the home?

Planned prompts

- a. Can you describe the admissions process?
- b. Can families contact the home to request enrollment?
- c. What instruments, if any, are used to determine eligibility?
- d. Is there a fee for a resident to be admitted or gain residence at the home?

4. What types of disabilities do you see at Karuna Home?

Planned prompts

- a. Do students come to Karuna Home with diagnoses?
- b. What are the levels of severity of the students' disabilities?
- c. How do the students' disabilities affect their learning?
- d. How do students' disabilities affect their behavior?

5. What are the intended learning outcomes for the students?

Planned prompts

- a. How are the learning goals established?
- b. Who is involved? Teachers, students, parents, volunteers, etc.?
- c. Are there academic and/or functional goals?
- d. Do students access the community?

6. What assessment measures are in place to determine student needs?

Planned prompts

- a. What means are used to determine progress toward achievement goals?
- b. How are students' present levels of academic achievement and functional performance assessed?
- c. How are students diagnosed?
- d. Who assesses students' needs?

7. How successful are students at achieving their learning and behavior goals?

Planned prompts

- a. How is learning progress measured?
- b. How is behavioral progress measured?
- c. How do the students feel about their achievement?

8. What is the teachers'/service providers' level of training for their assigned duties?

Planned prompts

- a. What is the minimum level of training required for teachers?
- b. What is the minimum level of training required for service providers'?
- c. Where do teachers/service providers receive their training?
- d. What medical or health services training is required?
- e. What training do you provide on campus?
- f. Are there professionals on site or affiliated with the home?

9. What are the teachers'/service providers' attitudes toward disability?

Planned prompts

- a. What are the teachers'/service providers' perceptions of disability in this culture?
- b. How does the karma theory affect teachers'/service providers' attitudes toward disability?
- c. What religion(s) are practiced by the staff at Karuna Home?
- d. What is the religion practiced at Karuna Home?

10. What do you see are the needs at Karuna Home?

Planned prompts

- a. What improvements would you like to see in the academic program?
- b. What improvements would you like to see in the health care program?
- c. What improvements would you like to see in teacher training?
- d. What other improvements would you like to see?

Teaching/Learning Observation Form

Date: Setting: Teacher: Observer:
Students: Materials:
Lesson objective:

I. Opening: What does the teacher do to begin the lesson?

- What are learners expected to do to begin the lesson?

II. Instructional Strategies: What teaching strategies does the teacher use, and for what purposes?

- Are strategies aligned with instructional objective?

III. Response formats: In what ways do learners respond (oral, written, hand signs, performance)?

IV. Assessment: How does the teacher assess student progress?

V. Closing: How does the teacher close the lesson?

VI. Behavior management: How does the teacher correct or reinforce learner behavior?

APPENDIX D: Sources of Information for Study Subquestions

Study Subquestion	Documents	Interview	Observation
1. What is the history of Karuna Home?	✓	✓	
2. What are the cultural, linguistic, and family backgrounds of the individuals with disabilities served at Karuna Home?	✓	✓	✓
3. What are administrator and service provider attitudes and perceptions about disability within this cultural context?		✓	✓
4. What are the individual's disabilities and present levels of academic achievement and functional performance?	✓	✓	✓
5. What are the intended learning outcomes for the individuals served at Karuna Home?	✓	✓	
6. What assessment, curriculum and instruction are in place at Karuna Home?	✓	✓	✓
7. How successful are the individuals with disabilities at achieving the intended outcomes?	✓	✓	✓
8. What are the service providers' training and experience for addressing the intended learning outcomes?	✓	✓	

APPENDIX E: Class Learning Objectives

Sunshine Class Objectives	
English	<p>Make her read the story books to improve her vocabulary.</p> <p>Make her write some sentences.</p> <p>Make him read and write.</p> <p>Make him write his own name in English.</p> <p>Make him write some small sentences so that he can communicate better.</p>
Math	<p>Basic addition and subtraction.</p> <p>Value of the money up to 20 rs.</p> <p>Division and multiplication.</p> <p>Converting units of measurement.</p>
Tibetan	<p>Let her write some simple words.</p> <p>To read small sentence aloud.</p> <p>To know the words in different meaning.</p> <p>Make him write some simple words.</p> <p>How to write sentences or essays.</p>
Social Science	<p>Tibetan national flag.</p> <p>Potala palace.</p> <p>Tibetan music.</p>
Behavior/ Caretaker	<p>Advice in cleanliness such as: sanitation hygiene, hair care, mouth care, body care, hand washing, and dressing.</p> <p>Properly washing clothes.</p>
Rainbow Class Objectives	
English	<p>Make him write his first name.</p>

	<p>To make him messenger.</p> <p>To make her write alphabets without tracing.</p> <p>To make her read the parts of the body.</p> <p>To improve his pronunciation.</p> <p>To improve his handwriting.</p>
Math	<p>Counting and recognizing the numbers up to 5.</p> <p>Writing the numbers up to 5.</p> <p>Value of money up to 5.</p> <p>Recognizing, writing, and saying numbers up to 20.</p>
Tibetan	<p>Tracing Tibetan words and letters.</p> <p>Writing and identifying colors, animal names, vegetables, names of body parts etc. in Tibetan.</p> <p>Writing the alphabet.</p>
Social Science	<p>Visual discrimination: find the shape, sorting, spot the difference, imitation.</p> <p>Oral language: my family, parts of the body, clothes, classroom cleanliness, transport.</p> <p>Story telling: Thirsty Crow, The Clever Monkey, etc.</p>
Behavior/ Caretaker	<p>Keep things properly placed.</p> <p>Washing hands before and after food.</p> <p>Washing hands and legs before sleep.</p> <p>Be a good boy and respect elders.</p> <p>Choosing own clothes.</p> <p>Show himself in front of mirror when his is dirty or clean and let him understand.</p> <p>Teach her to talk in a polite way.</p>

Lotus Class Objectives	
Learning Skills	<p>Let her match picture of object which goes together (i.e., bag-book, scarf-gloves, fish-pond).</p> <p>Teach her opposites (i.e. tall-short, fat-thin, clean-dirty).</p> <p>Sequencing animals.</p> <p>Let her write numbers and alphabet without any assistance.</p>
Language and Communication	<p>Sequencing the picture and telling the stories (A Thirsty Crow, A Clever Fox and a Crow, Tortoise and the Hare).</p> <p>Let him speak a few words such as “water” or a teacher/friend’s name.</p> <p>Make him repeat what the teacher is saying.</p> <p>Teach names of vehicles both in Tibetan and English.</p> <p>Teach names of the vegetables both in Tibetan and English.</p>
General Activities	<p>Teach her colors and let her get things from the shop by showing colors.</p> <p>Make a basic mark with pencil or crayon.</p> <p>Make him build block tower.</p>
Behavior/ Caretaker	<p>Stop her from putting fingers in her mouth.</p> <p>Stop him from irritating or teasing his peers.</p>
Leisure Activities	<p>Let him color in the drawing book.</p> <p>Let him explore an object when other children are doing some other activities.</p>
Sensory Class Objectives	
<p>We will let him expose toward sounds</p> <p>We will put our focus on sensory parts.</p> <p>We will try to reduce the contractures and increase the strength of the muscles.</p> <p>We will let her play in sand, water, hard toys, soft toys, etc.</p>	

We will give her heavy things that she can pick with the help of the teacher's.

We will keep talking with him and will also tell stories.

We will put him in proper posture to do activities more easily.

Improve his eye contact.

To control his sensitivity.

To improve his hearing.

Computer Class Objectives

Define computer, characteristics of a computer, and components of a computer.