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Awareness on Attention Deficit Hyperactivity Disorder and Learning Disability Among Teachers

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Introduction

Language disorder is impaired comprehension and/or use of spoken, written and/or other symbol systems (ASHA). The disorders that can occur are many and varied,affecting one or several components of the language and varying in the etiology, in the development and prognosis and in the specific educational needs that they generate.

Learning Disorders are diagnosed when the individual's achievement on individually administered standardized tests in reading, mathematics, or written expression is substantially below that expected for age, schooling, and level of intelligence' (Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV-TR, 2000) .Types of Learning disability (LD) are Dyscalculia - Mathematical disability, Dysgraphia - Writing disability, Dyslexia - reading disability, Non-Verbal Learning Disabilities - Comprehending nonverbal cues , Oral / Written Language Disorder and Specific Reading Comprehension Deficit- affect an individual's understanding of what they read or of spoken language. (Learning disability association of America).

Children with very low birth weight, preterm birth, neonatal complications are at greater risk for developing mathematics disorder along with other learning problems are also seen in these children (Taylor, Espy, Anderson 2009). History of language delay, confusing words that sound alike and family history of reading disability are cause for dyslexia (Shaywitz,1998) . Reading disability arises from deficits in phonological awareness (Démonet, Taylor, and Chaix 2004). The prevalence of learning disabilities has reported prevalence rate ranging from 3-10 per cent among students of India. 1.58 per cent of 12- to 18-year-old school students had specific learning disability. (Arun, Chavan, Bhargava,Sharma & Kaur 2013)

Children with extremely low birthweight without gross physical impairments are at higher risk for developing learning disabilities. They are also prone to have cognitive deficiencies. Hence these children at risk should be identified early and learning problems should be managed scientifically. Deficiencies in encoding processes, especially working memory, are found in children with learning disability.

Attention-deficit hyperactivity disorder (ADHD) is a disorder with its onset in early childhood, and is characterized by symptoms of hyperactivity, inattention, and impulsivity that interfere with daily and occupational functioning (Diagnostic and Statistical Manual of Mental Disorders Fifth Edition). It is characterized by a persistent pattern that hinders functioning or development. The etiology of ADHD is unknown, although several Indian case studies suggested that genetic, prenatal and postnatal health,low APGAR score at birth, preterm birth, gender and exposure to certain toxins are involved in risk of developing ADHD among children. It is a brain-based biological disorder (Hockenberry and Wilson, 2018). ADHD prevalence in children is 11.32% and the highest prevalence of ADHD occur at age of 9 (at 26.4%) and 10 (at 25%) (Venkata & Panicker 2013).

The prevalence of ADHD among primary school children is 5.76% (3.8% among girls and 1.95% among boys) (Joshi & Angolkar 2021).A large number of students with ADHD also have comorbidity reading and language disabilities that exist in addition to the deficits directly associated with the ADHD (Westby & Watson (2004)). ADHD status was associated with very large magnitude impairments in central executive working memory that are present in most pediatric cases (75%-81% impaired), and these deficits co-varied with ADHD inattentive and hyperactive/impulsive symptom severity, significantly smaller, impairment in visual-spatial short-term memory (Kofler, Singh, Soto , Chan, Miller, Harmon , Spiegel 2020). Children with ADHD have poor academic performance and behavioral difficulty, also had problems with reading and writing. Because of behavior difficulties, ADHD frequently is associated with academic skill deficits.

Literature suggest markers to ADHD and developmental dyslexia in children starts as young as six months old, but they went unnoticed until they reached school age. Although LD and ADHD are lifelong conditions, many people are able to overcometheir limits if teacher and others correctly identify them and then provide specialized teaching support so that students can learn compensatory skills. ADHD and LD frequently co-occur in so many children, often presenting with similar issues (e.g., poor school performance, inattention, impulsivity, and social-behavioral challenges and difficulties). Because of symptoms, learning disabilities and ADHD greatly hinder academic performance, interfere with daily tasks, and impact social skills.

Children with LD and ADHD symptoms might be detected with the help of the teachers. Teachers with the appropriate knowledge, abilities, and competencies can support students with LD and ADHD, to possess particular skills in order to understandthe many forms of LD and ADHD, the contributing causes, the establishment of instructional strategies, in addition to provide assistance and counselling. Teachers with the necessary training can be crucial in the early identification, manage their symptoms and provide appropriate treatment for students with ADHD and LD at school. The present study focuses on the awareness of government and private school towards ADHD and LD in Tamil Nadu and compare the different sector of schools.

Review of Literature

STUDIES ON ATTENTION DEFICIT HYPERACTIVITY DISORDER

Perold, Louw & Kleynhans (2010) investigated Primary school teachers' knowledge and misperceptions of attention deficit hyperactivity disorder (ADHD) and results indicates Teachers' overall percentage score of 42.6%, indicating knowledge, 35.4% indicating a lack of knowledge, and 22% for poor knowledge on ADHD and also lack of misperceptions about the long-term outcome of ADHD.

Shetty & Rai (2014) investigated the awareness and knowledge of ADHD among primary school teachers in India and results indicated that teachers had an inadequate knowledge about ADHD and teaching experience and prior training had a positivebearing on knowledge. The study concludes that majority of teachers were willing to be trained about ADHD.

Srignanasoundari, Vijayalakshmi, & Kokilavani (2016) evaluated the knowledge on ADHD among primary school teachers at selected schools of Kancheepuram district and result indicate, 60% teachers were in poor and fair knowledge and only 40% of teachers had good knowledge of ADHD.

Shroff, Sawant, & Prabhudesai (2017) investigated the knowledge and misconception of ADHD among schoolteachers in Mumbai, India. The results indicated lack of knowledge with only 49% correct responses and scoring highest on the knowledge of ADHD symptoms.

Parimala & Timple (2019) Assessed the knowledge on ADHD among government primary school teachers and results indicates 32(53.3%) had inadequate knowledge, 16(26.6%) had moderate level of knowledge and 12(20%) had adequate level of knowledge regarding ADHD.

Ashehri, Shehata & Awadalla (2020) assessed the schoolteacher's knowledge of ADHD and its effectiveness of knowledge improving program among schoolteachers in Abha city, Saudi Arabia and results concluded that all teachers were aware of ADHD but only 22% had

adequate knowledge and immediately after intervention knowledge increased (70%) and after 3months slight decline (46%) in scores.

Dessie, Teechane, Tesfaye & Gebeyehu (2021) investigated schoolteachers' knowledge of ADHD in Gondar, Ethiopia and result showed about 44.85% and 84.1% teachers had good knowledge and attitude towards ADHD respectively.

Liji, Anaswara, Maria, Rini, Mariam & Sunitha (2022) assessed knowledge on ADHD among primary school teachers in selected schools, Kottayam and result indicates 20% had poor level of knowledge with symptoms, diagnosis, and management, 80% had average level of general knowledge on ADHD.

Learning Disability Studies

Sawhney & Bansal (2014) assessed knowledge level of elementary school teachers regarding learning disabilities in Chandigarh and result showed that in awareness 14% scored low awareness and 86% score moderate awareness on LD.

Shari & Vrada (2016) assessed the attitude of primary school teachers towards children with learning disability in Bangalore and results showed teachers have less favorable attitude towards inclusion of children with LD in regular schools, unaided school teachers and teachers with higher education had positive attitude.

Cornoldi, Capodieci, Diago, Miranda & Shepherd (2018) investigated attitudes and beliefs among primary school teachers from Italy, Spain, and United states regarding learning disability. the result showed in general, teachers in these areas are sufficiently well informed about students with LD and are in favor of policies supporting these students' needs. However, substantial differences emerge among countries about etiology of LD, management and intervention of LD, inclusion, and compensatory provisions; and the range of emotional attitudes that teachers exhibit.

Zamani, Hozeily, Tahmasebi, Ahmadi & Moradi (2018) investigated the role of awareness and attitude of primary school teachers as well as other demographic characteristics on the referral time of students with learning disabilities to speech therapists in Ahwaz City, Iran. The result showed that the Iranian teachers had a relatively low awareness about LD.

Rani & Reddy (2020) investigated awareness levels of primary school teachers on LD in government schools. The result shows that 10% had adequate knowledge on LD, 55% of schoolteachers showed moderately adequate knowledge, and 38% showed inadequate knowledge.

Minolin, Meena, Beautily & Karthikeyan (2020) investigated knowledge, attitude and compliance regarding specific learning disability among school children in Tiruttani, Tamil Nadu. The result showed 80% had inadequate knowledge and 20% had moderately adequate knowledge regarding SLD and 50% had negative attitude and 50% had neutral attitude and none 0% had positive attitude to deal with LD children. Regarding level of compliance 75% had good compliance,30% had average compliance and none 0.00% had poor compliance regarding specific language disability.

Koshy, Gamit, Fernades & Chouhan (2021) assessed knowledge and attitude of primary school teachers regarding early identification and management of learning disability in Tapi district, Gujarat. The result showed 0.00% adequate knowledge on LD, 59.3% had good knowledge and 40.66% had poor knowledge on LD, 96.66% had positive attitude and 3.33% had negative attitude towards children with LD and significant correlation between knowledge and attitude.

Need of the Study

A multi-modal treatment with many variables, such as rehabilitation services, medication, parental and teachers education, educational programme is the most efficient therapy strategy for treating childhood ADHD and LD.

Teachers are crucial in the planning of many aspects of ADHD and LD treatment and implementation. Inadequate information and a negative attitude towards ADHD and LD among teachers and its treatment lead to a lack of or ineffective use of management and recommendation. The current study focuses on investigating overall awareness among teachers of two different sectors (private and government), and comparing the awareness inside (between private ADHD vs. LD, government ADHD vs. LD) and outside (between private ADHD vs. government ADHD, private LD vs. government LD) the groups, taking into account the importance of knowledge and attitude towards ADHD and LD among schoolteachers.

Method

Aim

The purpose of the study was to determine the level of awareness on attention deficit hyperactivity disorder and learning disability among teachers of private and government sector from Tamil Nadu in order to facilitate early prognosis and intervention with following objectives:

- To determine the degree of awareness of ADHD and compare two sectors
- To determine the degree of awareness of LD and compare two sectors
- To compare awareness level of ADHD and LD within sectors

Method

The present study was done in two phases.

Phase 1:

Preparation of Questionnaire

The questionnaire was developed using a range of supporting literature. The prepared questionnaires were validated by 5 speech language pathologists with more than a year experience. The correction and suggestions are incorporated in the preparation of questionnaire. The first of the questionnaire's three components contains information about the teachers' demographics, work history, and education. The second section consists of 13 questions, including general knowledge of the signs, characteristics and interventions, attitude, perception as well as the role of the teacher on ADHD. The third section consists of 12 questions, including general knowledge of the signs, causes, diagnoses, and interventions, attitude, perception as well as the role of the teacher on LD. Both sections are graded by 3 point rating scale. The questions are attached below.

Phase 2:

Participants With Inclusive and Exclusive Criteria

Total of 65 teachers in and around Chennai who work two different sectors Government (n - 31), Private (n-34) were contacted as part of an online and offline survey by mailing them a questionnaire and survey forms. Teachers with more than 3 years' experience was included by excluding teachers working in inclusive setup.

Procedure

The validated questionnaire was distributed. Everyone who participated provided their informed consent. The participants were given enough time to finish the surveys, and participation was entirely optional. The questionnaire had to be filled out by each respondent privately and anonymously. The participant required to fill up the questionnaire form by selecting the options from 3-point rating scale yes/no/not sure.

Analysis

The questionnaires data collected from the teachers and scored using 3-point rating scale, 1 for yes, 0 for no. The gathered data further statistically analyzed using Maan Whitnney test .

Result

Table 4.1 *Showing the Mean and SD scores of ADHD awareness among private sector teachers*

Group - PRIVATE	Mean	Standard Deviation
1. Hyperactivity, inattentiveness and impulsivity are symptoms of children	0.79	0.33
2. Children have inability to sit still where they areexpected to	0.81	0.33
3. Children often has difficulty in organizing tasks andactivities	0.46	0.42
4. Children generally display an inflexible adherence to specific routines	0.87	0.26
5. Affect academic performance	0.63	0.45
6. Teachers play an important role in detecting andtreating children	0.96	0.14
7. Children be treated with behavioral therapy	0.91	0.19
8. ADHD behaviorism is not resulted from badparenting	0.81	0.33
9. Symptoms do not disappear as the child grows up	0.38	0.37
10. Symptoms are not on purpose	0.68	0.57
11. Children do not only exhibit symptoms at school.	0.87	0.26
12. Children usually don't have good peer relationsbecause of their outgoing nature	0.35	0.42
13. Leads to the raise of other problems	0.74	0.35

From table 4.1 the mean values with higher scores show that teachers were highly aware about the symptoms (0.79), teachers' crucial role in management (0.96), management of ADHD (0.91), and characteristic like inability to sit still (0.81), inflexible adherence (0.87), and rise of other problem because of ADHD (0.74). It also shows moderate awareness score on academic difficulty (0.63), organization skills difficulty (0.46), positive attitude by agreeing that ADHD is not because of bad parenting (0.81), symptoms are not on purpose (0.68), do not exhibit symptoms only at school (0.87). They also exhibit a negative perception that symptoms disappear as child grows (0.38), and children have an outgoing nature (0.35).

Table 4.2 *Showing the Mean and SD scores of ADHD awareness among government sector teachers*

Group - GOVERNMENT	Mean	Standard Deviation
1. Hyperactivity, inattentiveness and impulsivity are symptoms of children	0.60	0.42
2. Children have inability to sit still where they are expected to	0.74	0.25
3. Children often has difficulty in organizing tasks and activities	0.24	0.38
4. Children generally display an inflexible adherence to specific routines	0.31	0.36
5. Affect academic performance	0.53	0.46
6. Teachers play an important role in detecting and treating children	0.81	0.25
7. Children be treated with behavioral therapy	0.87	0.22
8. ADHD behaviorism is not resulted from bad parenting	0.92	0.19
9. Symptoms do not disappear as the child grows up	0.53	0.46
10. Symptoms are not on purpose	0.45	0.39
11. Children do not only exhibit symptoms at school.	0.44	0.42
12. Children usually don't have good peer relations because of their outgoing nature	0.42	0.50
13. Leads to the raise of other problems	0.87	0.22

From table 4.2 the mean values with higher scores show that teachers are highly aware about teachers' crucial role in management (0.81), management of ADHD (0.87), and rise of other problems because of ADHD (0.87). There is moderate awareness on the symptoms (0.60) and characteristic like inability to sit still (0.74), academic difficulty (0.53) inflexible adherence (0.31). Teachers are not aware about difficulty of organization skills (0.24) with ADHD students. Teachers disagreeing that ADHD is because of bad parenting (0.92), symptoms are on purpose (0.45), only exhibit symptoms at school (0.44). And they also had negative perception that symptoms can disappear as child grows (0.53), and children have an outgoing nature (0.42).

Table 4.3

Showing the Mean and SD scores of LD awareness among private sector teachers

Group - PRIVATE	Mean	Standard deviation
1. Are you aware of the term learning disability	0.85	0.36
2. Are you aware of the different types of LD	0.56	0.47
3. LD affect reading, writing, motor coordination, organization skills	0.81	0.25
4. LD will affect academics of the children in schools	1.00	0.00
5. Early intervention is more beneficial in intervention of LD	1.00	0.00
6. Teachers play a vital role in diagnosis and early intervention of LD in classroom set up	0.99	0.09
7. Rehabilitation services is the intervention of LD	0.50	0.39
8. Children with LD are at high risk of mental disorder	0.26	0.31
9. Acting out, inattentiveness in school and social situation is not on purpose	0.63	0.43
10. Children with learning disabilities do not always have low IQ.	0.87	0.22
11.Medication is not the only way to treat LD	0.62	0.37
12.Children with LD often need extra help and instruction that are specialized	0.90	0.27

From table 4.3 mean scores - it can be seen that teachers are highly aware about the term learning disability (0.85), its symptoms (0.81), the academic difficulty (1.00), early intervention (1.00), a teacher's vital role (0.99), and the need of specialized support (0.90). There is moderate awareness score on different types of LD (0.56), management by agreeing to rehabilitation services (0.50) and disagreeing with medication as the only option (0.62). Teachers deny the fact that students intentionally exhibit LD symptoms (0.63) and also had a negative perception that LD students have low IQ (0.87). There is a low awareness of the high risk possibility of mental disorder with LD students (0.26).

Table 4.4

Showing the Mean and SD scores of LD awareness among government sector teachers

Group - GOVERNMENT	Mean	Standard deviation
1. Are you aware of the term ***learning disability***	0.52	0.51
2. Are you aware of the different types of LD	0.19	0.40
3. LD affect reading, writing, motor coordination, organization skills	0.65	0.37
4. LD will affect academics of the children in schools	0.77	0.40
5. Early intervention is more beneficial in intervention of LD	0.84	0.24
6. Teachers play a vital role in diagnosis and early intervention of LD in classroom set up	1.00	0.00
7. Rehabilitation services is the intervention of LD	0.58	0.47
8. Children with LD are at high risk of mental disorder	0.11	0.28
9. Acting out, inattentiveness in school and social situation is not on purpose	0.92	0.19
10.Children with learning disabilities do not always have low IQ.	0.50	0.48
11.Medication is not the only way to treat LD	0.48	0.42
12.Children with LD often need extra help and instructionthat are specialized	0.55	0.45

From table 4.4 mean scores- it can be seen teachers have moderate awareness on the term learning disability (0.52), symptoms (0.65), and need of specialized support (0.55), management by agreeing to rehabilitation services (0.58) and disagreeing with medication as the only option (0.48). There is high awareness on academic difficulty of LD students (0.77), early intervention (0.84), teacher's importance (1.0). They also shows low awareness score on high risk possibility of mental disorder with LD students (0.11), different types of LD (0.19). Teachers deny the fact that students intentionally exhibit LD symptoms (0.92) and had negative perception that LD students have low IQ (0.13).

Table 4.5 *Showing the comparison of Mean and SD scores of ADHD and LD awareness among privatesector teachers*

GROUP	Mean	Standard deviation	Mannwhitney test P-Value
ADHD	0.71	0.19	0.435, NS
LD	0.75	0.22	

From table 4.5 it can be seen that there is no significant difference (p value 0.435) between ADHD and LD awareness scores in private sectors

Table 4.6 *Showing the comparison of Mean and SD scores of ADHD and LD awareness among government sector teachers*

GROUP	Mean	Standard deviation	Mannwhitney test p value
ADHD	0.59	0.21	0.862, NS
LD	0.60	0.25	

From table 4.6 it can be seen that there is no significant difference (p value 0.862) betweenADHD and LD awareness scores in government sectors.

Table 4.7*Showing the comparison of Mean and SD scores of ADHD awareness among private andgovernment sector teachers*

GROUP	Mean	Standard deviation	Mannwhitney test P-Value
Private	0.71	0.19	0.030, sig
Government	0.59	0.21	

From table 4.7 it can be seen that private sector have average awareness on ADHD (0.71) compared with poor awareness score (0.59) of government sector with significant difference (p value - 0.030).

Table 4.8 *Showing the comparison of Mean and SD scores of LD awareness among private andgovernment sector teachers*

GROUP	MEANN	Standard deviation	Mannwhitney test P-Value
Private	0.75	0.22	0.008, HS

Government	0.60	0.25	

From table 4.8 it can be seen that private sector have average awareness (0.75) compared with poor awareness score (0.60) of government sector with high significant difference.

Discussion

This study investigated teachers' overall awareness level of attention deficit hyperactivity disorder and learning disability and compare awareness level among private and government schools in Tamil Nadu. A validated questionnaire based on literature was used. To assess the overall general awareness.

Section - ADHD

In studies conducted by Liji, Anaswara, Maria, Rini, Mariam & Sunitha in Kottayam revealing 80% had average level of general knowledge on ADHD and Parimala & Timple investigation on government primary school teachers showing 53.3%had inadequate knowledge regarding ADHD. The current study also indicates average knowledge among private primary school teachers when compared with government schoolteachers who lack knowledge.

Private school teachers have fair general knowledge. Average scores are seen with characteristics on ADHD students in general routine and classroom, whereas Government school teachers have poor general awareness with characteristics and management. High scoring seen on symptoms, teacher's crucial role in management with both sectors. Overall Positive attitude was seen with teachers about ADHD behaviorism in both sectors. The Common misconception observed with both groups are that symptoms can disappear as the child grows and the students have good social skills with their peer group because of their outgoing nature.

As the result indicates significant difference was seen between groups on awareness of symptoms, characteristics, and on perception, there was a High significant difference seen with awareness of teachers role, ADHD causing difficulties, and on perception like symptoms disappearing as the child grows, and ADHD being caused by bad parenting. No significant difference was seen between groups on awareness of management, other characteristics like organizing difficulty, inflexible adherence, poor academic performance, and teachers denying the fact that symptoms are intentional.

Section - LD

As previous literature studies conducted by Koshy, Gamit, Fernades, Chouhan (2021) in Gujarat on knowledge and attitude on LD among teachers indicating 59.3% have good knowledge ,96.66% have positive attitude ;Rani and Reddy (2020) investigation awareness levels teachers on LD in government schools indicating 55% of school teachers showed moderately adequate knowledge .The current study also indicate average knowledge among

private primary school teachers when compared with government school teachers.

Private school teachers have overall fair general knowledge on LD scoring high on symptoms, academic difficulty. Moderate score on different types of LD,management whereas Government school teachers have less general awareness with moderate scores on symptoms, rehabilitation, academic difficulty and low scores on different types of LD. Positive attitude seen with both sector teachers on LD student behaviourism and negative misconception observed by both sectors are LD studentshave low IQ. Both sectors are highly aware about importance of early identification and early intervention, teachers support and need of specialized support.

According to the results no significant difference is seen between groups on awareness of academic difficulty, teachers role, need of special consideration, and perception such as low IQ with LD students, low awareness about risk factors. High significant difference seen between groups on awareness about different types of LD, its characteristics, rehabilitation, and perception that symptoms are not intentional. Significant difference seen within groups on awareness of early intervention, and rehabilitation services.

Teaching Programs

Rajini & Kumari (2021) investigated on the effectiveness of structured teaching program on knowledge and attitude of ADHD in primary school students among teachers in selected primary schools, Khamman, Telangana, India and found significant mean difference (6.98) between pretest and posttest and concluded that a structured program is highly effective.

Ambika, Vijayasamundeeswari, David (2019) investigated Effectiveness of planned teaching program among primary school teachers regarding awareness of learning disabilities in children and result indicated teachers had inadequate awareness regarding learning disabilities and 10% had moderate level of awareness, whereas in the post-test, 7.5% had moderate level of awareness and 92.5% had adequate level of awareness.

Bhasin, Srinivasan , Deaver (2018) investigated Effectiveness of Various Teaching Programs on Knowledge and Attitude Regarding ADHD and LD of Children among Primary School Teachers and the results revealed less knowledge and less favorable attitude among primary school teachers regarding ADHD and LD.

Teaching programs were effective in improving knowledge and attitude among primary school teachers regarding ADHD and LD. As the literature suggest the average general knowledge scores on ADHD and LD among private school teachers are shown to be due to familiarity with materials from awareness programs conducted in theschool that took part in the study. However, because they acquire less education program, government schoolteachers are less aware. According to the current study, more training programme on ADHD should be made available to teachers in order to improve their positive attitudes toward the disorder, increase their knowledge, and prevent misconceptions about the ADHD students. This will

improve the teachers' degree of assistance in the diagnosis and treatment of ADHD, reduce the difficulties that students faced in the classroom environment, and prevent the disorder's potential future consequences.

Summary and Conclusion

School children are more likely to experience learning disabilities and attention deficit hyperactivity disorder, which hinder academic performance and exhibit other deficits. Other difficulties also will increase as a result of LD and ADHD. Thus, by providing such children support and referrals to help them manage the symptoms, characteristics, and long-term issues, the teacher's understanding of ADHD and LD will serve to their advantage.

The purpose of the current study is to assess degree and compare the level of different sector teachers' knowledge of ADHD and LD by using a questionnaire. A validated questionnaire with two sections (ADHD and LD) and general inquiries about symptoms, typical management, and perception of both illnesses was developed utilizingliterature references. The study included a total of 65 teachers.

According to the results of the above-mentioned tables, teachers at private sector have more general awareness when compared with government sector in both ADHD and LD with significant difference. However, when it comes to general symptoms, early identification, teacher’s role have high awareness scores and acknowledge their importance in both sectors. There is no significant difference between awareness of disorders within same sectors. Overall Positive attitude is seen in both private and government teachers. Negative perceptions are observed with both group teachers aboutsome characteristics of ADHD and LD disorder.

Inclusive education is complex to implement and requires a fine understanding of diverse needs of children and their families across different context. India has made considerable progress in terms of putting in place a robust legal framework and ea range of programs and schemes that have improved enrollment rates of children with disability in schools. The rights of persons with disability act 2016 (RPWD Act) , a social welfare legislation act puts the government sectors and other institutions to ensure that allpersons with disabilities cannot be denied of admission and should be provided with considerable concession and support.

According to the study's findings, schools should implement programme to raise awareness of ADHD and LD among teachers and introduce government act in schools to support and help them deal effectively in classroom set up at early stage to overcome therisk and academic difficulties in future.

Limitation

- Sample size is limited.
- Schools from specific taluk were selected.
- Limited questions were included to assess both the disorders.

Future Direction

- Sample size can be increased.
- More question can be included to assess the disorder in detail.
- Different boards levels can be included and compared.
- Pre and post effectiveness of ADHD and LD programme can be included in the study.

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