

Inclusive in Principle, Exclusive in Practice: Challenges Faced by Students with Learning Disabilities in Indian Higher Education Institutes

Author: Risbaa Singh

Institution: Shiv Nadar School, Gurugram, India

Mentor: Geeti Gupta (Ascensions Careers)

Abstract

India's educational policies including the Rights of Persons with Disabilities Act (RPWD), 2016, and the National Education Policy (NEP), 2020 promise inclusive education for students with learning disabilities (LDs), including dyslexia, ADHD, dyscalculia, dysgraphia, and processing disorders. Yet, ground realities are far removed from policy goals. According to UNICEF, while 7.86 million children live with disabilities, only 61% are enrolled in schools, and even fewer, just 0.56% enter higher education.

This review investigates the systemic, structural, and social barriers that hinder inclusion in Indian higher education. It evaluates India's legal frameworks, school- and university-level accommodations, diagnostic inconsistencies, and the contrasting realities between public and private institutions. Finally, the paper offers recommendations including uniform implementation standards, sensitization workshops, and stronger institutional accountability to transform inclusive education from a promise to a practice. A unified national vision, as envisioned in NEP 2020, must prioritize accessible, flexible, and empathetic education for learners with LDs.

Keywords: Learning Disabilities, Inclusive Education, Higher Education, RPWD Act 2016, Disability Accommodations, Accessibility, Universal Design for Learning

1. Introduction

Learning disabilities (LDs) are neurodevelopmental conditions that interfere with how individuals acquire or process information (National Center for Learning Disabilities, 2025). They are not linked to intelligence but can affect reading (dyslexia), writing (dysgraphia), math (dyscalculia), attention (ADHD), or sensory processing (APD, LPD) [LPD]) (NCLD, 2025). These conditions often overlap and remain underdiagnosed due to lack of awareness, resources, or stigma. (Sharma & Singh, 2023).

India's National Education Policy (NEP) 2020 and The Rights of Persons with Disabilities Act (RPWD Act), 2016, recognize the need for inclusive education. NEP frames disability inclusion as essential for universal access and recommends early screening, special educators, and flexible curricula. The RPWD Act provides legal guarantees of equal opportunity, including accommodations like scribes, extra time, and modified curricula. (Jain & Rao, 2022).

Despite this, only a fraction of eligible students receives accommodations or support. The majority of schools and universities lack trained personnel, infrastructure, or inclusive teaching strategies. This paper examines these systemic issues and proposes actionable steps to create an inclusive educational landscape for students with LDs.

The central thesis of this paper is to explore the reason behind the dip in the proportion of disabled students in higher education institutions (HEIs) in India. This paper will also discuss appropriate strategies to remedy this deficit.

Table 1: Children with Disabilities in India – Key Statistics

Indicator	Data	Source
Total children with disabilities (0–19 years)	Approximately 7.86 million (1.7% of total child population)	UNICEF Country Profile – India
Gender distribution	Boys: 1.81%; Girls: 1.58%	UNICEF Country Profile – India
Most common disabilities among children	Hearing (21%), Seeing (19%), Movement (11%), Others (24%, including autism)	UNICEF Country Profile – India
School enrollment (ages 5–19)	61% enrolled in school; 27% never attended any educational institution	UNESCO State of the Education Report for India 2019
Enrollment in primary education (UDISE+ 2019–20)	Less than 1% of all children enrolled at the primary level have disabilities	UNICEF Country Profile – India
Dropout rate among children with disabilities	12% have dropped out of school	UNESCO State of the Education Report for India 2019
Children with intellectual disabilities under 14	561,744 (excluding autism)	IndiaSpend analysis of NSO 2018 report
Prevalence of neurodevelopmental disorders (ages 2–9)	Approximately 1 in 8 children	INCLIN Trust International study
States with highest number of children with disabilities	Uttar Pradesh, Bihar, Maharashtra, West Bengal	UNICEF Country Profile – India

2. Legal and Policy Framework

a. RPWD Act (2016):

Rights of persons with disabilities (RPWD) Bill was passed by Rajya Sabha on 14th December 2016 and it eventually came into force as RPWD Act, 2016 on 19th April 2017; replacing the Persons with Disabilities (PWD) Act, 1995. The Rights of Persons with Disabilities (RPWD) Act 2016 defines inclusive education as a ‘system of education wherein students with and without disabilities learn together, and the system of teaching and learning is suitably adapted to meet the learning needs of different types of students with disabilities. (Government of India, 2016, p. 12) This act calls for appropriate infrastructure and provisions to increase accessibility, provide accommodations, reservation and shape a non-discriminatory society. (Jain & Rao, 2022).

Chapter 3, particularly Section 16, mandates recognized educational institutions to admit students with disabilities without discrimination, ensure accessible facilities, promote recreational participation, and provide communication support for visually and hearing-impaired students. It also emphasizes early identification, support services, and progress monitoring. Section 17 outlines implementation measures including nationwide surveys every five years, establishment of teacher training institutions, free assistive devices and learning materials up to age 18, curriculum modifications, and scholarship provision. (Sharma & Singh, 2023)

Recognizing the challenge of implementation due to financial constraints, the Act also addresses employment and skill development under Section 19. This includes inclusive vocational training, exclusive skill development programs linked to market demand, concessional loans, and marketing support for products created by people with disabilities. These provisions highlight the importance of awareness among educators, rehabilitation professionals, and policymakers to ensure effective integration and empowerment of students and adults with disabilities in both education and employment sectors. Sections 16–18 mandate inclusive education, accommodations, and 5% reservation in higher education. LDs such as dyslexia and ADHD are formally recognized.

The implementation of the RPWD Act, 2016, encounters several challenges, especially in the context of higher education. The Act predominantly uses the term ‘children’, which results in a school-centric focus and fails to adequately address the distinct needs of higher education, apart from the mandated 5% reservation. (Rao & Kalyan, 2021). A major concern is the lack of enforcement mechanisms, causing many Higher Education Institutions (HEIs) to view inclusive education as voluntary rather than mandatory. Additionally, there is no dedicated budget for

fostering inclusivity in higher education. Conflicting guidelines from regulatory bodies like AICTE and overlaps among various legal frameworks further contribute to confusion, creating a “maze of uncertainty.” Limited funding also hampers efforts to improve physical accessibility across institutions.

b. NIOS:

The National Institute of Open Schooling (NIOS) is an autonomous organization under the Ministry of Education, designed to provide flexible and inclusive learning opportunities for students unable to participate in mainstream education (NIOS, n.d.). It offers accommodations such as extended time, use of amanuensis or scribes, computer-based exams, and curricular flexibility for learners with disabilities. However, despite these provisions, NIOS faces critical limitations. Its open-schooling model inherently restricts access to essential academic resources like teachers, laboratories, and libraries, which are crucial for an inclusive learning environment. Furthermore, the absence of peer interaction and reliance on self-directed learning pose additional challenges, particularly for students with disabilities who may require structured support systems and social integration for optimal educational outcomes.

c. UGC & AICTE:

The UGC’s Accessibility Guidelines (June 2022) advocate for inclusive higher education through accessible curricula, teaching, assessment, and examination systems. Provisions include flexible curriculum design, materials in Braille and Indian Sign Language (ISL), scribes, extra time in exams, and financial support via the National Fellowship for Persons with Disabilities (NFPwD). Institutions must also ensure accessible infrastructure and set up Grievance Redressal Mechanisms.

The AICTE’s 2022 Guidelines similarly call for Equal Opportunity Facilitation Cells (EOFPCs) and recommend inclusive infrastructure, Universal Design practices, Sign Language Interpreters, digital accessibility, and exam accommodations. Institutions are advised to allocate separate budgets for disability inclusion and align their efforts with UGC standards.

Despite these comprehensive frameworks, implementation remains inconsistent. Lack of awareness, weak compliance mechanisms, and fragmented directives from regulatory bodies hamper progress. With limited budget allocations and infrastructural challenges, the vision of inclusive education remains under-realized—more a blueprint than a built reality.

d. NEP 2020:

India's education landscape, particularly with the National Education Policy (NEP) 2020, is undergoing a transformation towards an inclusive system where students with and without disabilities learn together. This involves adapting teaching, learning, and infrastructure to meet diverse needs, aiming for an equitable society.

Despite these policy initiatives, significant challenges hinder inclusive higher education in India:

- **Low Enrollment:** Only about 0.2% of higher education students have disabilities, a decline from previous years, with a sharp drop from secondary to higher education.
- **Stigma and Attitudes:** Students with disabilities often face prejudice and discrimination from staff and peers due to societal biases, impacting their participation.
- **Inaccessible Infrastructure:** Many institutions have outdated physical infrastructure, lacking essential elements like ramps, suitable elevators, and accessible restrooms, which severely limits mobility.
- **Limited Resources & Support:** There's a scarcity of accessible educational materials (e.g., braille, digital formats), appropriate technical equipment, and crucial support services like sign language interpreters.
- **Lack of Trained Professionals:** There's an insufficient number of educators with cross-disability training and professionals equipped to manage inclusive education services.
- **Policy Gaps & Compliance:** Inconsistent policies across different governing bodies and a lack of strict compliance mechanisms mean inclusion often remains an "optional" endeavor rather than a mandated right.
- **Budgetary Issues:** Insufficient dedicated budgetary allocations further impede the implementation of inclusive practices.

To address these, key recommendations and initiatives include:

- **Policy & Governance:** Standardizing policies, mandating permanent disability support for staff positions, and ensuring clear budgetary allocations are critical. The University Grants Commission (UGC) and All India Council for Technical Education (AICTE) have issued comprehensive guidelines covering accessible infrastructure, curriculum, teaching-learning processes, and examination systems.

- **Accessibility & Resources:** Implementing Universal Design for Learning (UDL), providing assistive technologies, and converting instructional materials into accessible formats, utilizing platforms like Sugamya Pustakalaya, are essential steps.
- **Training & Sensitization:** Large-scale training and sensitization programs for all stakeholders, including teachers, administrative staff, and peers, are crucial to foster inclusive environments and pedagogies.
- **Financial Support:** The National Fellowship for Persons with Disabilities provides financial assistance for M.Phil./Ph.D. courses, including fellowship, contingency, and escort/reader assistance.
- **Student Empowerment:** Offering bridge courses, providing self-advocacy training, and increasing the representation of people with disabilities in decision-making roles and faculty positions are vital for systemic change.

These frameworks reflect good intent, but the lack of uniformity and monitoring has prevented widespread and consistent implementation.

3. Diagnosis & Certification

Diagnosis of LDs involves IQ assessments, psychoeducational evaluations, and clinical reviews by certified professionals. (Sharma & Singh, 2023) However, access is skewed towards urban centres, and expertise is limited. Conditions like APD and NVLD remain underdiagnosed due to limited awareness and tools. (Rao & Kalyan, 2021). Certification, needed for academic accommodations, varies widely across states and institutions. (Jain & Rao, 2022) Even with certification, students may be denied support due to bureaucratic hurdles or institutional reluctance, often requiring re-evaluation or additional documentation, causing emotional distress and academic disadvantage.

In India, the diagnosis and certification of learning disorders especially for accessing higher education support follow a dual pathway involving formal medical certification and institutional needs assessment. The diagnostic process typically begins when teachers or parents notice persistent difficulties in reading, writing, or math. Students are referred to specialists such as clinical psychologists, developmental pediatricians, or psychiatrists for a psycho-educational evaluation, often using tools like the WISC, NIMHANS Index, or Woodcock-Johnson tests. A diagnosis is made based on DSM-5 criteria, ensuring the difficulty is not due to bad instruction or

sensory impairments. For students to avail accommodations or benefits like the National Fellowship for Persons with Disabilities, they must obtain a disability certificate (typically for 40% or more disability, as per the RPWD Act, 2016), issued by government hospitals, RCI-registered professionals, or national-level institutions. Once admitted, Higher Education Institutions (HEIs) are expected to conduct a Needs Assessment often through an internal committee or in collaboration with external bodies like Composite Regional Centres to identify specific academic and campus-living accommodations. This assessment is flexible and can be revisited if needs evolve.

India's diagnosis and certification system for students with disabilities in higher education is marked by several systemic issues. Policy frameworks, including the NEP 2020, lack clear definitions and often exclude conditions like autism and other cognitive disabilities. There is a shortage of trained professionals for higher education, with most certification programs focused on school-level support. Additionally, most diagnostic tests used in India lack constructive and predictive validity and are not designed or normed for Indian students, raising concerns about accuracy and fairness. Data gaps and limited research on inclusive higher education hinder informed policymaking. Stigma and attitudinal barriers persist, discouraging disclosure and participation. Inconsistencies across legal frameworks, such as the RPwD Act and AICTE guidelines, contribute to confusion and weak implementation. Assessment frameworks like National Assessment and Accreditation Council (NAAC) overly emphasize infrastructure while neglecting pedagogical inclusion. (Sharma & Singh, 2023). Rigid merit-based admission criteria further disadvantage students with disabilities. These gaps collectively create a fragmented and inaccessible system in higher education.

4. School-Level Practices

In India, the support mechanisms for students with learning disorders and disabilities vary across educational boards, often hindered by systemic inconsistencies that compromise meaningful inclusion. Boards such as CBSE and CISCE offer a range of accommodations extra time, scribes, oral testing, and modified assessments for students with benchmark disabilities, contingent upon valid certification from recognised medical authorities. Concessions include use of technology, subject exemptions, alternate question papers, and infrastructural support such as accessible exam centres and fee waivers. However, these remain inconsistently applied. In contrast, international

boards like IB and IGCSE integrate inclusivity into pedagogy through flexible curricula and Universal Design for Learning (UDL), whereas Indian boards often emphasises rote learning and standardised assessments, leaving little scope for diverse learners. Beyond policy, implementation suffers from poor awareness, administrative hurdles for parents seeking certification, and entrenched social stigma, which discourages disclosure and reinforces marginalisation. Educators are frequently undertrained, with B.Ed. curricula offering only vague guidance on disability, and school counsellors or disability specialists are rarely available. Despite recommendations by UGC and AICTE for greater inclusivity in curriculum and teaching practices, a lack of accountability persists. Policy fragmentation, limited monitoring, and the NAAC's focus on physical infrastructure over pedagogical reform further reduce inclusion to a box-ticking exercise. Compounding this, the absence of budgetary allocation and limited data or research on disability in higher education impedes evidence-based interventions. In practice, the current system resembles a patchwork of tokenistic accommodations ramps added to an outdated structure without the systemic redesign necessary for holistic accessibility and equity in Indian education.

5. Higher Education: Universities & Colleges

India's higher education system, comprising public and private universities, exhibits a stark contrast in the implementation of inclusive education policies. While national regulations such as the Rights of Persons with Disabilities (RPWD) Act, 2016 mandate equal access and reasonable accommodations, the practical realities differ significantly across institutions.

Public universities like the University of Delhi (DU), Indian Institutes of Technology (IITs), and Indian Institutes of Management (IIMs) have formal policies promoting inclusion on paper but lack implementation. Most have Disability Support Cells (DSCs), as directed by the University Grants Commission (UGC), tasked with facilitating support for students with disabilities. However, these cells often suffer from chronic underfunding, lack of trained personnel, and poor institutional coordination; therefore, failing to deliver the desired output.

A real life example of this gap between policy and practice is the case of a student at DU who was diagnosed with dysgraphia, a specific learning disability that affects writing ability. Despite presenting valid medical documentation and requesting a scribe for examinations, the university administration denied the provision. The refusal not only violated the student's legal rights under the RPWD Act but also reflected a broader institutional intolerance to non-visible disabilities. This

case highlights the prevalent challenges faced by students with learning disabilities, especially in public institutions.

In contrast, private institutions such as Ashoka University, Krea University, Shiv Nadar University, and O.P. Jindal Global University have emerged as more proactive and structured in their approach to inclusion. With greater financial resources and administrative autonomy, these universities have instituted comprehensive support systems.

For instance, Ashoka University's Office of Learning Support (OLS) offers personalized academic accommodation, including assistive technology, deadline extensions, and regular counseling. Shiv Nadar University's Centre for Inclusion similarly provides academic coaching, flexible assessments, and access to learning tools. Krea and Jindal have also institutionalized mental health support and faculty training in inclusive pedagogy.

6. Methodology

a. Literature Review

This paper adopts a qualitative review methodology, synthesizing insights from a range of secondary sources including government policy documents, academic journal articles, official education board guidelines, NGO reports, institutional white papers, and firsthand media case studies. Key policy texts analyzed include the *Rights of Persons with Disabilities Act, 2016*, the *National Education Policy (NEP) 2020*, guidelines issued by the UGC, AICTE, CBSE, and NIOS, and international standards such as the Americans with Disabilities Act (ADA) and the UK Disabled Students' Allowance (DSA) scheme.

To ensure depth and relevance, the review focused on materials published between 2015 and 2024, using databases such as JSTOR, Google Scholar, PubMed, and ERIC, along with official websites of Indian educational institutions. Reports by organizations such as UNICEF India, NCERT, Rehabilitation Council of India (RCI), and National Institute for the Empowerment of Persons with Multiple Disabilities (NIEPMD) were critically examined to understand the implementation gaps in policy.

Further, the study analyzed case-based examples from mainstream and vernacular media, highlighting ground-level challenges faced by students with LDs in both public and private institutions. Specific attention was given to court cases, personal testimonies, and Right to

Information (RTI)-based findings that expose discrepancies in accommodation provisions and institutional accountability.

Where possible, the review triangulated findings across multiple sources to identify recurring patterns, systemic barriers, and examples of best practices. Comparative insights from global education systems particularly the US and UK were used as benchmarks to evaluate India's inclusivity framework in higher education.

b. Secondary Research

Although information on disability support facilities is available on university websites and official portals, the author found significant gaps between stated provisions and ground reality.

Table 2: Facilities as Reported on University Websites & Public Domain

Facility Category	Public Universities (Reported)	Private Universities (Reported)	Notable Features Claimed
Assistive Technology	Widely claimed (JAWS, screen readers, audiobooks, e-learning platforms)	Widely claimed (digital learning support, assistive apps, screen readers)	Online learning compatibility, ICT-enabled classrooms
Access Infrastructure	Reported as universal: ramps, elevators, accessible washrooms, disability-friendly hostels	Reported as universal: barrier-free campuses, lifts, accessible housing	Multiple Top colleges in Delhi, Mumbai University list ramps/toilets; Private campuses claim modern accessibility design
Academic Accommodations	Claimed provision of scribes, exam accommodations, Braille material, extended time	Claimed provision of scribes, exam accommodations, personalized plans	Most universities list "scribe policy" and "supportive exam arrangements"
Mental Health & Neurodiversity	Counseling centers, workshops, peer support groups	Dedicated counseling units, neurodiversity support cells	Stress management workshops, mental health clubs
Inclusive Pedagogy & Classrooms	Reported use of Braille books, large-print material, resource persons for LD	Inclusive education cells, individualized education plans	Ashoka & Jindal highlight Office of Learning Support / Inclusive Education Cell
Peer & Counseling Support	Peer mentoring programs, Equal Opportunity Cells (EOCs), faculty sensitization	Counseling centers, faculty mentoring, career support	DU's Equal Opportunity Cell frequently highlighted
Policy Infrastructure	Presence of Equal Opportunity Cell (EOC) or Disability Support Cell in all central/state universities	Presence of Office of Learning Support / Disability Resource Center in top private institutions	Many claim "compliance with RPwD Act 2016"

To verify, the author directly contacted **34 leading state universities, technology institutes, business schools, medical and engineering colleges**, along with **16 public universities**, asking about the availability of facilities across key categories:

- Assistive Technology (JAWS, screen readers, audiobooks)
- Access Infrastructure (ramps, elevators, accessible toilets/hostels)
- Academic Accommodations (extra time, scribes, alternative exam formats)
- Mental Health & Neurodiversity Support
- Inclusive Pedagogy & Classrooms
- Peer & Counseling Support

Table 3: Institutional Response Rates

University Type	Contacted	Responses Received	Affirmative about Core Facilities (scribes, exam policy, Braille, campus access, mental health)
State Universities (incl. tech, business, medical, engineering)	34	11	11
Private Universities	16	9	9
Total	50	20	20

Out of these, only **11 state universities** and **9 private universities** affirmed providing core facilities such as scribes, supportive exam policies, Braille material, accessible classrooms, campus access, and mental health support.

c. Primary Research Design

The author conducted a **primary survey** through Google Form questionnaires, reaching out to **100 students and families** with learning disabilities across high school and graduate levels.

Sample Size & Demographics

The study surveyed a total of **100 students** with formally diagnosed learning disabilities, comprising **64 males** and **56 females**.

i. **Application Choices:**

- **8 males and 23 females** applied **only to public universities**, citing the affordability gap between public and private institutions.
- **28 males and 32 females** were in the process of applying during the study period.
- The **remaining respondents** were already enrolled in universities.

ii. **Table 4: Sample Demographics**

Variable	Count	% of Sample
Total Students Surveyed	100	100%
Male	64	64%
Female	56	56%
Application Choices		
– Applied only to Public Universities (8 M, 23 F)	31	31%
– Currently Applying (28 M, 32 F)	60	60%
– Already Enrolled	9	9%

(Note: Sample skewed towards urban middle/upper-class families with access to diagnosis & digital tools.)

iii. **Socio-Economic Context**

It is important to note that the **sample primarily came from urban middle-class and upper-middle-class families**. This demographic was more likely to:

- **Access diagnosis and certification** for conditions such as dysgraphia, dyscalculia, ADHD, and dyslexia — which remains a privilege in the Indian context due to uneven availability of specialized psychologists and clinical services.
- **Engage with formal support systems**, such as disability resource centers, counseling services, and assistive technology.
- **Participate in online surveys** (through Google Forms), which may exclude students from rural or lower-income backgrounds who face additional barriers such as lack of digital access or awareness.

iv. **This methodology demonstrates that secondary data alone cannot capture lived accessibility realities. Only through a triangulation of institutional verification and student/family surveys could the extent of the gap be revealed.**

v. Table 5: Disability-Specific Responses

Disorder	% of Sample	Public Universities Response	Private Universities Response
Dysgraphia (25%)	25%	0% allowed scribes in entrance; 30% allowed scribes in exams	Same
Dyscalculia (15%)	15%	0% allowed scribes in entrance; 30% allowed scribes in exams	Same
ADHD (12%)	12%	12% had special educators	28% had special educators
Dyslexia (13%)	13%	12% had special educators	28% had special educators
Auditory Processing Disorder (3%)	3%	34% had assistive devices, no specialist aid	34% had assistive devices, no specialist aid
Language Processing Disorder (7%)	7%	34% had assistive devices, no specialist aid	34% had assistive devices, no specialist aid
Nonverbal Learning Disorder (8%)	8%	34% had assistive devices, no specialist aid	34% had assistive devices, no specialist aid
Visual/Motor Deficit (7%)	7%	25% had mobility support	25% had mobility support

vi. Table 6: Facility Coverage Across Universities

Facility Type	Public Universities (% providing)	Private Universities (% providing)
Scribes for Entrance Exams	0%	0%
Scribes for Regular Exams	30%	30%
Special Educators (ADHD, Dyslexia)	12%	28%
Assistive Devices (APD, LPD, NVLD)	34%	34%
Mobility Facilities (Visual/Motor Deficit)	25%	25%

vii. Interpretation

The survey clearly shows a **gap between policy and practice**. While disability support cells exist on paper, the **real-world implementation is fragmented and inconsistent**.

- Universities almost uniformly **deny scribes for entrance exams**, limiting access at the very gateway to higher education.
- Special educators are scarce, with **private universities slightly ahead of public ones**, but still serving a small fraction.
- Assistive devices are relatively more common (34%), but without trained specialists, they remain underutilized.
- Physical accessibility infrastructure (ramps, elevators, washrooms) is present in some institutions, but integration with academic and mental health support remains weak.

viii. Reliability & Validity of the Data

To ensure the robustness of findings, the study adopted a **triangulation approach** combining institutional verification with primary student surveys.

- **Institutional Triangulation:**
 - Data collected from **official university websites** was cross-checked through **direct email correspondence** with **34 state universities** and **16 private universities**.
 - While only **20 institutions (11 state, 9 private)** responded affirmatively about their disability support provisions, this provided a benchmark against which self-reported website claims could be evaluated.
- **Respondent Verification:**
 - Student participants were required to confirm **formal certification of learning disabilities** (such as dysgraphia, dyscalculia, dyslexia, ADHD).
 - This minimized the risk of self-misclassification and improved the **validity of disability-specific responses**.
- **Cross-Section of Educational Stages:**
 - The sample included students at **different transition points**:
 - Those applying for admission.
 - Those in the middle of the application process.
 - Those already enrolled in universities.
 - This allowed the study to capture both **anticipatory barriers** (e.g., scribes in entrance exams) and **experiential barriers** (e.g., exam accommodations, assistive devices).

- **Consistency of Findings:**

- Across both institutional responses and student/family surveys, a consistent pattern emerged: **scribes and accommodations were rarely granted for entrance exams**, while classroom and exam accommodations within universities remained **partial and inconsistent**.
- This consistency strengthens the **reliability of the study's conclusions** despite sample limitations.

ix. Limitations of Sample

While the study provides valuable insights into the accessibility gap in Indian higher education, the sample is not fully representative of the national student population.

- **Socio-Economic Skew:**

- The **100 students surveyed** largely came from **urban middle-class and upper-middle-class families**.
- These groups have greater access to **diagnostic evaluations**, certified reports of learning disabilities, and the financial/social capital to seek accommodations.

- **Exclusion of Rural & Low-Income Students:**

- Students from rural or economically weaker backgrounds were underrepresented.
- This group often faces additional structural barriers, including **lack of diagnostic infrastructure, awareness, digital access, and advocacy networks**.
- As a result, the challenges faced by these students are likely **more severe** than those captured in this survey.

- **Survey Mode Bias:**

- The use of **Google Forms** favored respondents with reliable internet access and digital literacy, inadvertently excluding those without such access.

- **Gender Balance:**

- Although the sample included **64 males and 56 females**, the representation does not account for **non-binary or gender-diverse identities**, which may intersect with disability differently.

7. Comparative Analysis

Global models like the U.S. and U.K. provide strong legal and financial frameworks for inclusive education, contrasting sharply with India's limited implementation. The U.S. Americans with Disabilities Act (ADA) enforces mandatory "reasonable accommodations" across educational institutions with federal oversight, while the U.K.'s Disabled Students' Allowance (DSA) offers financial support for diagnosis, assistive technology, and specialist tutors. These systems emphasize enforceability and individualized support, ensuring accessibility is not just policy but practice.

In India, despite progressive legislation like the Rights of Persons with Disabilities (RPWD) Act, 2016, implementation remains inconsistent and underfunded. Key challenges include a lack of trained educators, inadequate infrastructure, and limited budget. Accreditation institutions such as NAAC and NIRF often focus on physical access without addressing curriculum design, assessment flexibility, or institutional attitudes. Without structural investment, legal enforcement, and a shift in mindset, inclusion risks becoming a checkbox exercise rather than a lived reality.

8. Key Challenges

Despite the introduction and attempts to inculcate transformative reforms in our education system, several challenges are still faced by PwDs for obtaining equitable opportunities and quality education. Some of major factors hindering this inclusion are as follows:

- Faculty training in India for inclusive education faces several shortcomings. Pre-service B.Ed. programmes offer vague and insufficient training, failing to equip educators with diverse skills like Indian Sign Language or Braille. Inadequate one-year in-service certifications are also insufficient. Attitudinal barriers and lack of sensitisation among staff are pervasive. Furthermore, training often lacks specialty training for diverse disabilities.
- Stigma poses a significant barrier to inclusive education in India. Students with disabilities frequently encounter attitudinal barriers, stereotypical assumptions, and discrimination from teachers, staff, and fellow students, especially in Indian society where intelligence is viewed in a traditional sense. Families often overlook the presence of LD due to societal shame and hence delay seeking help.
- In India, certification for learning disorders faces inconsistencies due to divergent policies and varied guidelines across different authorities. Schools and students are often unaware

of correct procedures for seeking exemptions. Diagnosis is hampered by a scarcity of trained professionals and vague teacher training, with educators not qualified to diagnose conditions. There's also a lack of clear national guidelines for identification and assessment.

- Budgetary problems significantly hinder inclusive education in India. A decline in Central government investment increases the financial burden on states, worsened by a lack of transparency in state budgets regarding fund allocation and utilisation. Higher education, including its inclusive components, remains highly unfunded as major portions of funds are diverted to school education, thereby impacting quality and access for students with disabilities.
- Most Indian educational institutions operate with outdated physical, digital, and informational infrastructures, creating major barriers to access. Campuses often lack ramps, elevators, or accessible restrooms, while digital platforms remain incompatible with assistive technologies. Learning materials are rarely adapted into accessible formats like Braille or audio. This absence of inclusive design undermines the goals of the RPWD Act (2016) and perpetuates exclusion of students with disabilities.

These challenges cumulatively marginalize students with LDs and undermine India's goal of inclusive education.

9. Recommendations

- **Mandatory Disability Support Cells (DSCs):**

All Higher Education Institutions (HEIs) must establish fully staffed Disability Support Cells (DSCs) with trained professionals, including special educators, clinical psychologists, and sign language interpreters. These cells should oversee individual needs assessments, ensure academic accommodations, and coordinate support services. A dedicated budget and periodic performance reviews should be mandated by UGC and AICTE.

- **Unified Guidelines & Legal Clarity:**

The UGC, AICTE, and Rehabilitation Council of India (RCI) must collaboratively

release **uniform, binding guidelines** detailing accommodations for students with LDs, including standard timelines, documentation requirements, and exam flexibility.

- **Annual Accessibility Audits:**

Introduce mandatory third-party **accessibility audits** covering physical, digital, curricular, and administrative inclusion for all institutions. The **NAAC** evaluation frameworks must integrate inclusion metrics beyond infrastructure, emphasizing pedagogical innovation and student feedback.

- **Inclusive Pedagogy & Faculty Sensitization:**

Launch **nationwide sensitization programs** to train faculty and staff on inclusive teaching methods, stigma reduction, and classroom adaptations. B.Ed. and M.Ed. programs should include robust modules on LDs, Universal Design for Learning (UDL), and differentiated instruction.

- **Assistive Technology & Learning Tools:**

HEIs must ensure access to **assistive technologies** like screen readers, speech-to-text software, audio books, and captioned lectures. Government platforms like **Sugamya Pustakalaya** should be expanded and made integral to digital learning management systems (LMS) in universities.

- **Financial Aid & Diagnostic Support:**

Extend **government-funded support** for early diagnosis, psychoeducational evaluations, and learning support tools. Scholarships such as the **National Fellowship for PwDs** must be broadened and streamlined. Institutions should maintain emergency funds for support services and counseling.

- **Public Awareness & Destigmatization Campaigns:**

The Ministry of Education must lead sustained campaigns across media, schools, and communities to **destigmatize learning disabilities**, promote early screening, and foster a culture of inclusion.

- Taking inspiration from the UK government, provisions should be made to offer **Disabled Students Allowance (DSA)** which provides financial support for assistive technology, note-takers, mentoring, and diagnostic assessments. India could implement a similar central fund to help students access diagnostic services, learning support, and digital tools irrespective of their economic background.

- U.S. universities increasingly adopt **Universal Design for Learning (UDL)** principles, ensuring teaching materials are accessible from the start through multimodal content (text, audio, visual), flexible assessments, and built-in accessibility tools. Indian HEIs could institutionalize UDL by revising NAAC and UGC guidelines to reward such pedagogical inclusion.

These steps can institutionalize support and embed inclusion in the academic ecosystem.

10. Conclusion

India's inclusive education policies for students with learning disabilities are progressive on paper but deeply flawed in execution. The NEP 2020 calls for barrier-free access and equal opportunity, yet real change demands more than legislation, it requires consistent implementation, resource allocation, and cultural transformation.

The current model marginalizes learners with LDs through underdiagnosis, inadequate support, and lack of accountability. By embedding inclusive practices into mainstream policy and pedagogy, India can transform education into a truly equitable space.

It is time for a unified national vision—one that centers learning diversity as strength, not deviation.

Sources:

1. https://ijrar.com/upload_issue/ijrar_issue_694.pdf
2. Government of India. (2016). *The Rights of Persons with Disabilities Act, 2016*. Ministry of Law and Justice. Retrieved from https://legislative.gov.in/sites/default/files/A2016-49_1.pdf
3. Government of India. (2016). *The Rights of Persons with Disabilities Act, 2016*. Ministry of Social Justice and Empowerment.
4. Jain, P., & Rao, M. (2022). Barriers to inclusive higher education in India. *International Journal of Inclusive Education*, 26(4), 412–428.
5. Ministry of Education. (2020). *National Education Policy 2020*. Government of India.
6. National Center for Learning Disabilities. (2025). *Understanding learning and attention issues*. <https://www.ncld.org>
7. Sharma, R., & Singh, A. (2023). Understanding learning disabilities in India: Challenges and interventions. *Indian Journal of Special Education*, 41(2), 89–104.
8. UNESCO. (2021). *State of education for children with disabilities in India*. United Nations Educational, Scientific and Cultural Organization.

9. Provisions For Learners With Disabilities During Nios Examinations (NIOS)-
[https://www.nios.ac.in/departmentsunits/evaluation/general-and-specific-relaxations-\(disability-wise\)-during-nios-examination.aspx](https://www.nios.ac.in/departmentsunits/evaluation/general-and-specific-relaxations-(disability-wise)-during-nios-examination.aspx)
10. RPWD Act, 2016 Government of India. (2016). *The Rights of Persons with Disabilities Act, 2016*. Ministry of Law and Justice. https://legislative.gov.in/sites/default/files/A2016-49_1.pdf
11. National Fellowship for Persons with Disabilities (NFPwD) University Grants Commission (UGC). (n.d.). *National Fellowship for Persons with Disabilities (NFPwD)*<https://www.ugc.gov.in>
12. Ministry of Education. (2020). *National Education Policy 2020*. Government of India. https://www.education.gov.in/sites/upload_files/mhrd/files/NEP_Final_English_0.pdf
13. University Grants Commission. (2022). *Accessibility guidelines and standards for higher education institutions and universities*.
https://www.ugc.ac.in/pdfnews/1881104_Accessibility-Guidelines.pdf
14. All India Council for Technical Education. (2022). *Guidelines for inclusive education for all including persons with disabilities*.<https://www.aicte-india.org>
15. National Institute of Mental Health and Neurosciences (NIMHANS). (n.d.). *Specific Learning Disabilities Assessment Battery*. <https://nimhans.ac.in>
16. ADA National Network. <https://adata.org/learn-about-ada>
17. ADA GOV. <https://www.ada.gov/>
18. Rehabilitation Council of India (RCI). (n.d.). <https://rehabcouncil.nic.in>
19. Americans with Disabilities Act (ADA) (1990). *Americans with Disabilities Act*.
20. UK Disabled Students' Allowance (DSA) (2024). *Disabled Students' Allowance: Guidance*. <https://www.gov.uk/disabled-students-allowances>
21. https://www.ejsss.net.in/article_html.php?did=13496&issueno=0
22. https://arxiv.org/abs/2305.11057?utm_source=chatgpt.com
23. https://www.researchgate.net/publication/362421122_Experiences_of_Students_with_Disabilities_in_Indian_Higher_Education_An_Interpretative_Phenomenological_Study
24. https://www.ashoka.edu.in/wp-content/uploads/2021/09/White-Paper-Future-of-Disability-Inclusion-in-Higher-Education.pdf?utm_source=chatgpt.com