



State Council of Educational Research and Training
(An autonomous body under Directorate of Education, Govt. of NCT of Delhi)
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Guidelines for NEP 2020 Implementation

Checklist for Screening /Identification of Children with Special Needs

Task No 170 as per SARTHAQ Document

The National Education Policy (NEP) 2020 emphasizes the importance of inclusive education. Early identification of children with special needs is a critical step toward providing tailored interventions and support that cater to their unique requirements. To support the implementation of Task No. 170 under NEP 2020 and SARTHAQ, this comprehensive checklist serves as a tool to screen and identify children with various disabilities. By systematically evaluating indicators across multiple domains such as physical, cognitive, sensory, and behavioral abilities, the checklist helps educators, caregivers, and professionals recognize specific challenges and design appropriate interventions. This process not only fosters an inclusive learning environment but also contributes to the holistic development of every child.

1. Checklist for Locomotors Disability

S. No.	Indicators	Yes	No
1.	The child prefers to remain seated.		
2.	The child faces difficulties in moving or using its body parts / limbs		
3.	The child faces difficulty in coordinating body parts		
4.	The body of the child may have any part/s undeveloped/absent/amputated.		
5.	The child walks unevenly/ with a jerk/ makes improper use of heels?		
6.	The child walks using crutches/ with any support		

2. Checklist for Cerebral Palsy

S. No.	Indicators	Yes	No
1.	The child prefers to remain seated.		
2.	The child faces difficulties in moving or using its body parts / limbs		
3.	The child faces difficulty in coordinating body parts		
4.	The body of the child may have any part/s undeveloped/absent/amputated.		
5.	The child walks unevenly/ with a jerk/ makes improper use of heels?		

6.	The child walks using crutches/ with any support		
7.	The child faces difficulties in performing gross motor skills? <ul style="list-style-type: none"> • Standing • Jumping • Bending • Sitting • Dance movements • Lifting • Any Other 		
8.	The child faces difficulties in performing fine motor skills: <ul style="list-style-type: none"> • Coloring, • picking, • grasping, • Cutting • Writing • Pasting • Holding • Placing objects • Any other 		
9.	The child struggles in controlling voluntary/involuntary movements.		
10.	The child has an improper Gait (unsteady walk), <ul style="list-style-type: none"> • posture, • drooling • balancing • Any other 		
11.	The child faces problem in holding and placing objects, cutting, pasting etc. (eye and hand coordination)		
12.	The child finds it hard in performing self-help skills and for maintaining hygiene etc. that cause concern.		
13.	The child has trouble while talking and breathing simultaneously.		
14.	The child has difficulty in speaking/unclear speech.		
15.	Body parts of the child are either too rigid or too loose.		

3. Checklist for Dwarfism

S. No.	Indicators	Yes	No
1.	Head is large with a prominent forehead in proportion to the rest of the body.		
2.	The child has short arms and legs, particularly the upper arm and legs.		

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3.	Feet of the child are flat, short and broad/ Clubbed feet		
4.	The child has limited elbow mobility.		
5.	The child has short fingers, often with wide separation between the middle and ring finger.		
6.	The child has bowed/ curved legs.		
7.	The child has a swaying of the lower back.		
8.	The nose bridge of the child is flattened.		
9.	The child has hunching of upper curvature of the spine.		
10.	The child has swelling and pain in joints		
11.	The growth rate of the child is slower than normal.		
12.	The height of the adult is around 3 feet to just over 4 feet(122cm).		

4. Checklist for Muscular Dystrophy

S. No.	Indicators	Yes	No
1.	The child faces difficulty in balancing the body/ falls oftenly.		
2.	The child face difficulty in <ul style="list-style-type: none"> • Walking • Sit ups • Jumping • Running • Swallowing • climbing 		
3.	The child walks on toes.		
4.	The child starts avoiding participation in curricular or co-curricular activities.		

5. Checklist for Leprosy Cured

S. No.	Indicators	Yes	No
1.	There are rashes on the skin commonly found on the face, wrist, elbows, knees and spread evenly.		
2.	The child complains of loss of sensation in hands or feet.		
3.	The child has ulcers on the feet soles.		
4.	The lesions on skin are lighter than the child's original skin colors and they don't heal fast.		
5.	The skin of the child is thick, stiff and/or dry.		
6.	The child has painless swelling on the face.		

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7.	The child has lost eyebrows and/ or eyelids.		
8.	There is swelling of the eyes of the child.		
9.	The child complains of a problem in vision.		
10.	The child's nerves of arms and legs are enlarged or are damaged permanently.		
11.	The child has chronic nasal congestion /or frequent bleeding of the nose.		
12.	The fingers or toes of the child are lost or are leading to disfigurement.		

6. Checklist for Acid Attack Victim

S. No.	Indicators	Yes	No
1.	There are permanent scars on the face and body of the child.		
2.	The facial parts of the child are shrunk and deformed.		
3.	The child faces difficulty in: <ul style="list-style-type: none"> • Vision • Hearing • Swallowing • Speaking • Breathing • Eating • Drinking 		

7. Checklist for Low Vision / Visual Impairment

S. No.	Indicators	Yes	No
1.	The child experiences difficulty in reading from the board, while sitting in the front row.		
2.	The child takes help from the peers while taking notes from the blackboard.		
3.	While reading, the child keeps the book too close or too far.		
4.	The child is unable to write in the space given in the notebook.		
5.	The child has difficulty in recognizing people and objects (within 1 meter).		
6.	The child faces difficulty in tracking moving objects.		
7.	The child is unable to differentiate between different objects /colors.		
8.	The child faces difficulty in recognizing numbers, symbols/ shapes and patterns.		
9.	The child faces difficulty in tracing directions.		
10.	Variation in lighting often confuses the child.		
11.	The child is unable to reach the object/place at a distance of 14 feet.		

12.	The child is unable to understand the 2-D representation of any object.		
13.	The child faces difficulty in focusing due to improper eye movement.		
14.	The child faces difficulty in identifying facial expressions/actions .		
15.	The child complains of headache while doing fine work.		
16.	The child has watering eyes/frequent blinking/squinting/ irritation/redness in eyes.		
17.	The child often bumps/hits objects or people.		

8. Checklist for Hearing Impairment

S. No.	Indicators	Yes	No
1.	Child faces difficulty in following the verbal instruction.		
2.	The child turns his/her head towards the sound for listening.		
3.	Child favors one ear for listening.		
4.	Child prefers to listen from a closer distance.		
5.	The child is unresponsive when called from the back or from distance.		
6.	The child gives staring looks while listening.		
7.	The child has limited vocabulary and often mispronounces words.		
8.	Speech is either too loud or soft.		
9.	The child enjoys audio videos with loud sound.		
10.	The child asks to repeat the instructions oftenly.		
11.	The child prefers to answer questions only in words (not in sentences).		
12.	The child complains about frequent pain/irritation in ears.		
13.	There is a discharge from the ear(s).		

9. Checklist for Speech Impairment

S. No.	Indicators	Yes	No
1.	The child produces inappropriate sounds in speech.		
2.	The child has excessive stammering.		
3.	The child lacks meaningful speech.		
4.	The child has an inability to learn the correct sound and use correct speech.		
5.	The child is having abnormal breaks/pauses and sounds in words and expressions.		

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6.	There are frequent involuntary pauses during speech.		
7.	The child uses words improperly and their meaning		
8.	The child feels difficulty in expressing own ideas		
9.	The child makes grammatical errors during speech		
10.	The child exhibit problems in speech sounds : <ul style="list-style-type: none"> • Addition of sounds • Omission of sounds • Substitution of sounds • Distortion of sounds of words 		
11.	There is problem with the voice : <ul style="list-style-type: none"> • Pitch • Loudness 		

10. Checklist for Intellectual Disability

S. No.	Indicators	Yes	No
1.	The child has delayed developmental milestones.		
2.	The child has difficulty in performing the following activities independently: – <ul style="list-style-type: none"> • Eating, • Dressing • Grooming • Toilet activity • Any others (Age appropriate) 		
3.	The child has difficulty in understanding the instructions.		
4.	The attention span of the child is short		
5.	The child faces difficulty in expressing oneself.		
6.	The child has trouble adjusting to group activities.		
7.	The child needs repeated instructions to perform any task.		
8.	The child doesn't mingle with peers of the same age group.		
9.	The child has difficulty in performing curricular and co-curricular activities.		
10.	The child shows undesirable behaviour as per the age.		

11. Checklist for Specific Learning Disability

S. No.	Indicators	Yes	No
1.	The child struggles in associating symbols and sound.		

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2.	The child has a short attention span.		
3.	The child has difficulty in performing curricular and co-curricular activities.		
4.	The child faces difficulty in: <ul style="list-style-type: none"> • Arithmetic calculation • Reading • Writing • Mathematical reasoning 		
5.	The child confuses with the directions/ left and right		
6.	The child faces difficulty in organizing things for example organizing by shape, color or size.		
7.	The child faces difficulty in memorizing any concept.		
8.	The child faces difficulty in following a specific sequence of instructions.		
9.	The child doesn't sit / stays at a place for a longer period.		

12. Checklist for Autism Spectrum Disorder

S. No.	Indicators	Yes	No
1.	The child avoids or makes little or inconsistent eye contact.		
2.	The child shows repeated odd or rigid behavior: <ul style="list-style-type: none"> • Rocking, • Spinning, • Hand flapping • Any other 		
3.	The child gets upset by a change in routine or in a new setting.		
4.	The child likes to stay/ play in isolation.		
5.	The child doesn't mingle with the same age peer group.		
6.	The child is unable to express that he/she is upset/angry/in pain.		

13. Checklist for Mental Illness

S. No.	Indicators	Yes	No
1.	The child often shows mood swings.		
2.	The child faces difficulty in maintaining relationships and friendship.		
3.	The Child shows behavior of excessive fears or worries.		
4.	The Child shows behavior of extreme feelings of guilt		

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5.	The child shows: <ul style="list-style-type: none"> Eating disorder (Over/less) Sleeping disorder(over/less) 		
6.	The child feels restlessness/ tiredness.		
7.	The child frequently complains of headache.		
8.	The child has low self esteem and confidence.		
9.	The child ignores personal grooming and hygiene.		
10.	The child shows uncommon behaviour relative to other children of the same age group.		
11.	The child shows self or other injury behaviour.		
12.	The child shows inability to cope with daily problems		

14. Checklist for Chronic Neurological Multiple Sclerosis

S.No	Indicators	Yes	No
1.	The child complains about numbness or weakness in limbs		
2.	The child faces difficulty in bending the neck.		
3.	The child has difficulty in balancing/coordinating body parts.		
4.	The child shows progressive difficulty in : <ul style="list-style-type: none"> independent walking Vision Bowel and bladder function Speech 		
5.	The child often has muscle/ body pain.		
6.	The child suffers from vertigo.		
7.	The child complains of dizziness.		

15. Checklist for Parkinson's Disease (Chiefly affecting middle-aged and elderly aged persons)

S. No.	Indicators	Yes	No
1.	The child is slow in voluntary movements like walking.		
2.	The child shows very less facial expressions.		
3.	The child exhibits pill rolling movement of thumb and finger		
4.	The child has shaky movement in hands/other body parts.		

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5.	The child has rigid/stiff muscles.		
6.	The child has stooped posture (when the head is bowed and shoulders slumped).		
7.	There is loss of involuntary movements like: <ul style="list-style-type: none"> • Blinking • Smiling • Swinging arms when walking • Drooling 		
8.	The writing of the child becomes progressively smaller .		
9.	The voice becomes softer.		
10.	The child has memory problems like dementia.		
11.	The child complains disturbed sleep.		

16. Checklist for Hemophilia

S. No.	Indicators	Yes	No
1.	The child has spontaneous bleeding.		
2.	The blood doesn't stop/clot during blood injury.		
3.	The child suffers from swelling/pain/ tightness of joints.		
4.	The child gets bruises(blue spots with pain) on the skin very soon.		
5.	The child have frequent nose bleeds and it is often difficult to stop		

17. Checklist for Sickle Cell Disorder

S. No.	Indicators	Yes	No
1.	The child is anemic.		
2.	The child frequently complains of pain in the body (especially in chest, abdomen and joints).		
3.	The child feels fatigue most of the time.		
4.	The child has difficulty in breathing.		
5.	The child often suffers from swelling in the hands and feet's.		
6.	The child has delayed growth.		

18. Checklist for Thalassemia

S. No.	Indicators	Yes	No
1.	The child has pale skin.		
2.	The child gets tired excessively very soon.		

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3.	The child has bone deformities, especially on the face.		
4.	The child has a poor appetite.		
5.	The child is prone to infections.		
6.	The child shows delayed growth and development.		

19. Checklist for Multiple Disabilities

S. No.	Indicators	Yes	No
1.	The child has poor short term memory.		
2.	The child struggles in memorizing any concept.		
3.	The child faces problem in processing/organizing information		
4.	The child has difficulty expressing own ideas.		
5.	The child tends to substitute or omit sounds of words in speech.		
6.	The child faces difficulty in carrying out ADL.		
7.	The child often shows temper/tantrums.		
8.	The child exhibits behaviors : <ul style="list-style-type: none"> • Fearful • Impulsive • Self injurious • Isolation 		
9.	The child has difficulty in generalizing skills from one situation to another		
10.	The child faces difficulty in locating direction of sound.		
11.	The child may have medical problems like: <ul style="list-style-type: none"> • Seizures • Sensory loss • Hydrocephalus • Sclerosis 		
12.	The child is physically clumsy and awkward.		
13.	The child has difficulty in maintaining good relationships with others.		
14.	The child feels safe in a seated position.		
15.	The child has limited communication skills.		
16.	The child gives inconsistent responses to stimuli.		
17.	The child has delayed motor skills.		
18.	The child faces difficulty in exploring the environment in a meaningful way.		

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20. Checklist for Deaf-blindness

S. No.	Indicators	Yes	No
1.	Child have trouble in Vision : <ul style="list-style-type: none"> • Eyes appears different from usual look • Squeeze eyes together to look something closely • Keep looking at the moving fingers/papers • Often bumps into objects • often complain about too much/ too little light 		
2.	Child struggles in communication: <ul style="list-style-type: none"> • Face difficulty to understand what's going around him • does not have complete information about auditory and visual stimuli • Have restricted means to express oneself – thoughts and ideas • have poor social relationships • not eager to communicate 		
3.	Child has problem in body postures and mobility: <ul style="list-style-type: none"> • Tends to gather his body tightly • Tilt head to one side or bend down • Have very rigid/stiff or floppy body • Unsmooth hand movements • unpleasant gait 		
4.	Child has difficulty in hearing : <ul style="list-style-type: none"> • prefers to watch TV loud • Speaks loudly • needs instructions to be repeated • Takes time to respond when called from behind or in noisy venue • struggles to discriminate sounds of vehicles • prefers to remain quiet and isolated 		
5.	Child shows odd Behaviours <ul style="list-style-type: none"> • rocking of body • moving head side to side • Does not like to be touched • Pokes /rubs the eyes • flap fingers • hit own ears • gaze lights • no regularity in sleep / sleep patterns 		

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6.	The child faces difficulty in identifying facial expressions/actions .		
7.	Learning is hard for the child <ul style="list-style-type: none"> • concept development is slow • Feels hard to recalling event/ objects/activities going around • Inadequate participation in activities • poor interaction in learning process 		

The "Checklist for Screening and Identification of Children with Special Needs" is a vital resource for educators, caregivers, and stakeholders committed to fostering inclusive education. By facilitating early identification and tailored interventions, this checklist ensures that children with special needs receive the support they require to thrive academically, socially, and emotionally. It aligns with NEP 2020's vision of equity and inclusivity, empowering children with disabilities to achieve their full potential and contribute meaningfully to society. Through collaborative efforts, this initiative will bridge gaps in education, creating a more inclusive and equitable system that leaves no child behind.


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