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Prevalence and Educational Needs of Students with Intellectual Disability in India

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Abstract

This study examines the prevalence and educational needs of students with intellectual disability (ID) in India by integrating national evidence with school-level data from a Grade-10 cohort in Lucknow (N = 600). Using AAIDD criteria and the Indian rights framework (RTE, 2009; RPwD, 2016), we review epidemiological estimates, access disparities, and comorbidities, and report locally relevant prevalence patterns to guide programming. The Lucknow sample showed a mean age of 15.30 years and mean IQ of 78.20, with mutually exclusive categories indicating Borderline Intelligence (77.00%), Specific Learning Disability (9.17%), Intellectual Disability (7.00%), and Scholastic Backwardness (6.83%). Gender and school-type cross-tabulations revealed imbalances, with government and aided schools bearing larger shares of BI, SLD, and ID, underscoring the need to strengthen screening and supports in public systems. Synthesizing national policy mandates with these findings, we recommend a sustained child-find approach; standardized multidisciplinary assessment; IEPs with measurable annual and short-term objectives; Universal Design for Learning to diversify access, engagement, and assessment; and tiered assistive technology from low-tech visuals to AAC and tablet tools. Transition-oriented functional curricula, teacher professional development, and community outreach should address stigma and rural–urban gaps. Overall, the study demonstrates that evidence-aligned, IEP-centred, UDL-supported, and technology-enabled practices can convert enrolment into meaningful learning, while clarifying priorities for resource allocation and capacity-building.

Keywords: *intellectual disability; inclusive education; Universal Design for Learning; individualized education program; assistive technology; prevalence; India.*

1. Introduction

Intellectual disability (ID) is a global public health priority. Defined by significant limitations in both intellectual functioning and adaptive behaviour as expressed in conceptual, social, and practical adaptive skills (AAIDD, 2021), ID originates before age 18 and varies in severity. In India, ID causes 10.8% of the

burden of mental disorders, ranking third after depressive and anxiety disorders. Estimates of ID prevalence in India range from 1% to 3.2%, with individual studies reporting rates from 0.28% to 20%. Such variation complicates the allocation of resources, planning of services, and provision of evidence-based interventions for the affected individuals. ID is a vital issue for many low- and middle-income nations, including India. Students with ID face substantial barriers to learning because of their processing difficulties and experience pervasive discrimination throughout life. Most on the educational continuum receive no official support at all; the lack and inaccessibility of such provisions hinder equitable participation in education and society. ID therefore merits urgent attention at the national and state levels when formulating policies for estimation, planning, fitting curricula, choosing methods, and remediating provisions by age. The present study investigates the national prevalence and the educational needs of students with ID in India, enabling policy and practice recommendations.

1.1. Background and Rationale

Intellectual disabilities (ID) affect a large segment of the population in India. According to a meta-analysis, ID accounted for 10.8% of the overall burden of mental disorders, the highest among disability conditions. ID prevails during childhood and later ages and is associated with increased health care needs. Identification and intervention activities should therefore begin early, well before the age of 6. Yet the Global Burden of Diseases (GBD) 2016 dataset estimated that ID disability-adjusted life years (DALY) prevalence was 0.8% and years lived with disability (YLD) prevalence was 0.35%. Most policies to support individuals with ID date back to the early decades of independence (1874-1947) when the focus was on organizing workshops and schools with no legal backing for schooling or employment. The Right of Children to Free and Compulsory Education (RTE) Act (2009) and the Rights of Persons with Disabilities Act (RPWD) (2016) build on earlier efforts for individuals with disabilities. The 2009 Act provides free and compulsory education for all children aged 6 to 14 in a neighbourhood school. Integration strategies are defined for certain specified disabilities, including ID. The 2016 Act mandates nondiscriminatory, inclusive education in mainstream school settings to the extent possible at all levels up to 18 years. Still, most individuals with disabilities, including ID, drop out of school by age 15.

1.2. Scope, Definitions, and Key Concepts

Intellectual disability (ID) refers to a condition characterized by limitations in intellectual functioning and adaptive behavior that originates during the developmental period. Individuals with ID may experience difficulties with conceptual skills such as academic ability, communication, and self-direction, as well as challenges in social or practical skills. ID encompasses a range of severity levels based on individual capabilities and support needs, classified as mild, moderate, severe, or profound. The term “intellectual disability” is used consistent with the United Nations Convention on the Rights of Persons with Disabilities. Students with ID are classified according to the severity of their condition, which is primarily determined by the level of support required.

Countries around the world focus on inclusive education (IE) for individuals with ID. IE is defined as adapting the general education system to accommodate all children’s needs. Inclusive education brings

children with diverse backgrounds into general schools in an effort to unlearn prejudices, attitudes, and practices that support segregation. The Government of India has also emphasized IE in policy initiatives such as the Right of Children to Free and Compulsory Education Act of 2009 (RTE Act) and the Rights of Persons with Disabilities Act of 2016. The RTE Act recognizes and values that a child's educational needs vary based on socioeconomic status and other factors National Policy for Persons with Disabilities, 2006. The UNESCO International Bureau of Education (2007) promotes the principles of universal design for learning, which advocate for wider-reaching inclusion.

2. Prevalence and Demographic Profile of Intellectual Disability in India

The epidemiological relevance of intellectual disability (ID) extends beyond its burden of disease is among the top ten conditions responsible for years lived with disability in India according to the Global Burden of Disease study. Expanding access to inclusive education for children with ID therefore has significant social and educational implications. An increased understanding of educational needs aligns with government objectives to improve access to quality schooling for all students and informs the selection of relevant skills and competencies for ID. The contribution of children with ID to the overall disability burden further underscores the importance of designing effective educational and service strategies for this group. The 2005 UN Convention on the Rights of Persons with Disabilities (CRPD) establishes the right to inclusive education; the 2016 Rights of Persons with Disabilities Act mandates that appropriate education be ensured; and the 2009–2030 National Policy on Education envisages provision of free and quality education to all children, specifically mentioning ID along with several other disabilities and disorders. Despite these commitments, the Education for All Global Monitoring Report warns that not only are children with ID among those least likely to be in school, but there is also a significant access gap in such education for those attending school.

2.1. Epidemiological Estimates and Trends

The pre- and post-independence estimates of prevalence of individuals with intellectual disability (ID) in India are lackluster due to poor indicator definition, availability of poor tools, and the necessary follow-ups among the districts. A recent meta-analysis of the soon-to-be-60-year-old studies of the ID prevalence has reported broadly a 2% country-wide average with a downward adjustment of 1.4%

More uncertainty would accompany any analysis of trends over 60 years. Some scholars have pointed out that most surveys targeted an age-group below 10. National and state governments have instituted various screening programs, but no periodic estimates of ID prevalence have been compiled since the mid-1990s. The right of children with disabilities to free and compulsory education up to 14 years of age has been guaranteed under the right to education (RTE) Act, 2009, which in turn is covered under the right of persons with disabilities (RPWD) Act. The integrated school approach adopted by states, particularly Tamil Nadu, for implementing the act indicates the compliance of these two acts and could be a guiding force to onward mass awareness, public screening for early identification, and curricular planning for better participation. Under the provision of the RTE Act, an increasing number of children with ID are entering the educational system, but it is still not enough to come under inclusive education. The importance of

widespread mapping on prevailing curricular demand cannot be denied, and having the screening facility in working institutions for providing periodic low-cost follow-ups is equally important where many children never come back afresh after the first report.

2.2. Regional Variations and Data Gaps

Estimates indicate that approximately 46% of individuals with intellectual disability (ID) in India are recorded as currently attending school, encompassing both regular and special education settings. However, a significant portion of these students are reported as having either not received any formal education or having prematurely dropped out without completing the prescribed normal school programme. Moreover, striking regional disparities characterize the accessibility of educational opportunities for individuals with ID across states and union territories. Between 2009 and 2019, the proportion of ID students who remained enrolled in schools dropped sharply from 57% to 31%, coinciding with the withdrawal of the Central government scheme and nationwide data on ID participation in educational provisions that remained essentially unavailable in the interim. The existing anomalies in educational provision for individuals with ID raise serious concerns regarding the capacity of the Indian educational eco-system to address national demands projected for the foreseeable future.

2.3. Comorbidity and Associated Risk Factors

Intellectual disability (ID) often occurs with additional conditions. In India, approximately 10% of those with ID have psicopathologies, specially anxiety and depression. Comorbidity influences support needs and service delivery: pre-existing medical issues may hinder the development of key adaptive skills, and the education system tends to prioritize straightforward cases.

Psycho-social and socio-demographic factors also shape accessibility to educational opportunities. Parental socio-economic status affects access to ID-related services and instructional support, whereas care-giver knowledge, awareness, and attitude are strongly associated with support-seeking behaviour. In particular, stigma deters utilization of available care. Addressing those challenges may improve lifetime inclusion and decrease the need for specialized supervision.

3. Educational Landscape for Students with Intellectual Disability

Intellectual disability (ID) entails significant limitations in both intellectual capacity and adaptive behavior that originates before age 18. In the Indian context, where epidemiological and demographic factors shape the evolution of needs, it may further be defined as a general mental capacity, represented on a continuum of four functional levels: mild, moderate, severe, and profound. Given the multidimensional nature of ID, a broad definition of education encompasses learning through formal schooling, independent living, or social relationships. Fully adapted curricula may sometimes be required. Such adjustments rely on familiarization with a range of evidence-based measures that advance specific learners' diverse yet interdependent trajectories; appraisal includes formal assessments, observations in natural settings, and individual learning charts.

Within the rights-based international and domestic legal landscape, national and state-level policy lays a foundation of entitlement to inclusive schooling a specific provision underscored by the new State Policy of Education 2022. Mandatory coverage encompasses children from class 1 to 8, with rights to many forms of instruction; inclusive education barely features among provisions dedicated to specialized and vocational training. Coverage above grade 8 remains uncertain across States, with national policy remaining silent on curricula for grades 9 to 12. Hence discussion of curriculum adaptation and relevant tools of progress monitoring dovetails with educational and institutional provisions.

3.1. Policy Framework and Legal Mandates

The Indian constitutional framework provides rights to persons with disabilities. Various policies and legislation encompass a multitude of precepts that promote inclusive education among students with disabilities. The national legislation or policy frame that supports inclusive education for students with disabilities both at the elementary and secondary level includes, but is not limited to, the following: the Right to Free and Compulsory Education Act (RTE) 2009; the National Policy for Persons with Disabilities 2006; the Rights of Persons with Disabilities Act 2016; and the National Policy on Education 1986 (as modified in 1992). The inclusion of children with disabilities from other than specific category of disabilities at elementary level is well supported at the national level. These disabilities include visual impairment, hearing impairment, physical disabilities, and behaviourial challenges (learning disability and words like dyslexia). However, there is hardly any mention of having the inclusive education for children with ID (continuous presence of lower intellectual functioning) at the elementary level. At the secondary education level, even the above national policy does not provide any inclusive facilities for such children. These gaps at the national policy level are also present at the state policy level.

3.2. Accessibility of Inclusive Education

The Right of Children to Free and Compulsory Education (RTE) Act, 2009, and the Rights of Persons with Disabilities (RPwD) Act, 2016, emphasise inclusive education for children with disabilities. To this end, these laws focus government attention on ensuring access for all learners without any restriction. But depending on who is defined as a ‘child’ and what ‘access’ comprises, a wide range of system-level inabilities can enter the decision-making process. Children with intellectual disabilities, for example, typically display a diverse and formidable combination of needs in their family, community and physical health domains. Addressing these through community, lifestyle or systemic modes can be expected to divert effort away from establishing the much-sought educational progress that eligibility for schooling is intended to foster. It is therefore useful to delineate and assess current arrangements that establish the presence, form and perceived realisation of this objective. A combination of administrative and survey data offers this possibility, not only relating it explicitly to the notion of ‘inclusive education’ proclaimed in central legislative texts but also to the importance of deciding whether location within an institution qualifies as ‘access’ or whether specific explicit access to a broader set of opportunities is required.

4. Assessment, Identification, and Diagnostic Practices

In several parts of India, assessment practices and identification criteria for intellectual disability differ across states. These differences affect screening availability, the selection of implementing personnel, and the choice of appropriate assessment tools. Individuals are often identified without formal evaluations due to the limited availability of assessment instruments, which contradicts universal access to education guaranteed by the Right to Education Act 2009. The Rights of Persons with Disabilities Act 2016 mandates specific assessment tools that must be culturally appropriate and fulfil national educational policy requirements. As children with intellectual disability progress through school, it becomes essential to track their development to inform subsequent instruction. These progress-monitoring practices align with other inclusive-education reform proposals in the country.

Fifteen criteria are used to identify applicants as having intellectual disability. The most widely adopted definition is consistent with the formulation in the Rights of Persons with Disabilities Act 2016: "a condition of arrested or incomplete development of the mind of a person which results in subnormality of intelligence." The subnormality of intelligence must be associated with concurrent impairment of adaptive behaviour and must originate before the age of eighteen years.

4.1. Screening and Eligibility Criteria

Screening and eligibility criteria in India involve measures undertaken to include people with disabilities, including intellectual disabilities. The government has incorporated provisions for early intervention and inclusion of individuals with intellectual disabilities into mainstream schools. In 2012, students with autism, cerebral palsy, intellectual impairment, and multiple disabilities were allowed to opt for home-schooling if access to traditional education was difficult. This option is meant to support access to education for those unable to attend mainstream schools due to resource limitations.

Intellectual disability (ID) is characterized by limitations in intellectual functioning and adaptive behaviour that originate during the developmental period, significantly affecting functioning in one or more activities of daily living (i.e. adaptive behaviour). ID encompasses a wide spectrum of functioning, with reference to the level of support required for daily living (American Association on Intellectual and Developmental Disabilities, 2010). Four levels of ID are typically recognized: mild (45–55 to 50–60 IQ), moderate (35–40 to 50–55 IQ), severe (20–25 to 35–40 IQ), and profound (below 20–25 IQ). A state-level survey in 2014 (Maharashtra) estimated ID prevalence rates of 0.27% overall (0.12% mild; 0.07% moderate; 0.08% severe; 0.01% profound).

In 1986, the first national policy statement provided direction for the education of children with disabilities. The policy mandates the provision of early intervention, with screening and identification to commence at birth. The Right of Children to Free and Compulsory Education Act (2009) formalized India's commitment to provision of free and compulsory education for children with disabilities. Five per cent of enrolment capacity of all educational institutions is to be reserved for children with disabilities for admission to different levels of education. The Rights of Persons with Disabilities Act (2016) prohibits discrimination

against persons with disabilities in the field of education, and mandates the inclusion of children with disabilities in mainstream education.

4.2. Assessment Tools and Cultural Relevance

Developmentally appropriate instruments must be used to establish policies and processes relating to children. India has several incomplete policies on inclusion of specialised needs, like the Right to Education Act and the Rights of Persons with Disability Act, which designates th0se with “intellectual disability” as learning impaired. The rights framework of education and rehabilitation must be adapted to cover definitions, processes, instruments, and training procedures; and therefore intellectual disability needs to be defined and addressed for inclusion. The key goal in meeting this system is documenting the different phases characterising Intellectual Developmental Disorder, which is associated with the intellectual functioning and requires a graded approach but attracts much less attention. Scientific progress in identifying the profile, developmental changes and core vision operating through various Intellectual Developmental Disorder types has been vast. It should be possible to design a scheme able to allocate devices from a normative perspective toward screening instruments for basic inclusion criteria.

4.3. Progress Monitoring and Outcome Measures

Monitoring student progress and measuring outcomes are” indispensable for evaluating impactful educational practices”. Three measurement types can help trace and report students’ advancement in academic learning, functional skills, and social-emotional experience from baseline through ongoing instruction. Such insights can inform curriculum, educational approaches, and literacy planning while clarifying action taken and progress attained. Instruction is a major determinant of learning; modifications in these areas should significantly affect student achievement.

Tracking learning gains, functional-skills acquisition, and social development indicates whether students are making substantial progress and whether instructional adaptations are enhancing that growth. These components relate directly to curriculum planning, methodology selection, and literacy rules. Moreover, documenting progress in these dimensions for individuals and groups helps communicate educational expectations and achievements, addressing outreach goals. Instruction affects learning; teaching and support adjustments are expected to influence student outcomes.

Tracking learning growth, functional-skill acquisition, and social-behavior progress indicates whether students are advancing substantially or merely maintaining the status quo. These targets influence curriculum planning, instructional approaches, and pedagogy selection. Recording change over time also clarifies educational expectations, relates broadly to communication objectives, and helps counter misconceptions regarding slow development at lower functionality levels, related to the mistaken belief that no continuous growth should occur.

5. Curriculum, Teaching Practices, and Learning Supports

An overview of educational approaches and adaptations for students with ID in India. These address policy expectations for inclusion, outline multiple means of engaging with the curriculum, identify strategies effective for teaching these students, and specify learning supports interacting with other contexts.

The central curricular aim for students with ID is the acquisition of functional skills for managing daily life and participation in the community. Curricula are adapted by focusing on the relevant domains and by broadening expected outcomes, with shorter learning cycles and, in some cases, co-developed goals with students' families. Universal Design for Learning principles guide the identification of the means through which students access the modified curricula. Evidence-based strategies supporting the learning of students with ID include explicit instruction, peer-assisted learning, multisensory approaches, and enhancing engagement in collaborative tasks. Such strategies should be incorporated in pre-service teacher training and later reinforced through professional development opportunities. Supporting devices and tools, the allocation of adequate resources, and their proper funding are necessary to enable curriculum adaptations and the implementation of effective strategies.

5.1. Curriculum Adaptation and Universal Design for Learning

Adaptation of curriculum is one of the preconditions for inclusion (Peterson, 2018). The Right of Persons with Disabilities Act (RPWD Act) highlights inclusive education for persons with disabilities as a significant goal. Attempts to realise this mandate are ongoing. The challenge is how best to adapt the curriculum to meet the needs of all learners, especially those with intellectual disability. Universal Design for Learning (UDL) provides guidance in this regard. Curriculum adaptation aims to provide pupils with opportunities to access the curriculum they are entitled to and achieve learning outcomes aligned with their functional levels. Curriculum adaptation means modifying aspects of the ongoing curriculum, determining goals and objectives appropriate to pupils who need them, or beginning with those pupils' own baseline objectives while remaining connected to the mainstream curriculum. UDL helps educators reduce barriers that impede learning while providing multiple means of engagement, representation, and action and expression. It promotes the adoption of these adaptations through accessible approaches, materials, media, and resources. UDL is a framework introduced in 1998 that supports designing learning environments to accommodate wide-ranging student differences, promoting access, engagement, and achievement for all learners.

5.2. Evidence-Based Teaching Strategies

Inclusive education incorporates children with intellectual disabilities into mainstream schools for all or part of their education. Teaching strategies that have been shown to work for these learners include explicit instruction (gaining attention, presenting information and modelling, guiding practice, checking for understanding, and providing feedback), peer-assisted learning, and collaborative teaching. Lakhan (2013) states that the following factors must be addressed for full inclusion: awareness among stakeholders,

availability of trained teachers, availability of educational materials, co-participation of families in the process, and a favourable suitability of the school environment and physical accessibility.

5.3. Assistive Technologies and Resource Allocation

Assistive technology includes tools, devices, services, and strategies that allow individuals to perform tasks or access materials they otherwise could not undertake or access as efficiently. Various appropriate assistive technology (AT) resources are available including software, hardware, computerized systems, devices, and mechanical aids to support students with.

Educational material aids include early literacy apps, e-books, special keyboards, and audio materials that provide greater access to reading materials. Improved communication aids such as speech-generating devices, books with symbols or pictures, symbol-based communication applications supporting text-to-speech provisions, and low-tech communication boards can help students express their needs. Instructional and skill development aids for teaching skills and tracking progress include tools such as graphic organizers, speech-to-text capabilities, word-prediction features, instructional videos, and visual schedule systems. Special multimedia tools for class presentations help students communicate messages and ideas more effectively. Locations to obtain relevant educational aids include the National Institute of Open Schooling, NCERT, CIET, SCERT, colleges of teacher education and YouTube. Assistive technology is part of the inclusive education system and therefore is vital to students with ID. Availability and quality should be examined regularly. International laws regarding children's rights, disabilities, education, inclusive policies, and teaching and learning help establish a framework for inclusive practices.

6. Challenges, Barriers, and Facilitators in Indian Context

Disparities in resources, such as infrastructure, equipment, and availability of specialists contribute to an uneven educational landscape in India, while stigma associated with intellectual disabilities hampers awareness and acceptance. Addressing these issues is important for improving inclusion and is related to a sustainable infrastructure and funding strategies linked to the broader policy framework.

Rural–urban gaps and differing access to services create barriers. Capacity constraints in rural areas lead to a smaller choice of service providers, few activities and consultants outside school hours, unavailability of support services in pre-school, and weak networking. Public schools usually cannot provide any available special services. Besides lack of consideration for inclusive education, numerous other factors hinder implementation, such as inadequate service networks and insufficient awareness of inclusion.

6.1. Resource Disparities and Rural-Urban Gaps

Access to adequate resources remains the primary challenge for implementing inclusion policies at the national level. Material, human, and service resources related to educational institutions, service providers, and support services are grossly insufficient, and the urban-rural divide intensifies the impact of these disparities. Efforts have been made to encourage community involvement, and the participatory approach has been recognized as pivotal for promoting inclusion. However, the majority of the student population and potential service providers reside in rural areas, where fewer resource centers, managerial

personnel, and school-based support teachers are available. Consequently, the national-level recommendations for, and expectations of, inclusion remain unmet and unattainable, as numerous stakeholders are compelled to operate at a mere survival level.

6.2. Stigma, Awareness, and Community Attitudes

This assessment of community attitudes and awareness about individuals with intellectual disabilities (ID) demonstrates that stigma and discrimination exist at the sociocultural level in India. Public sentiment towards individuals with ID directly impacts the implementation of inclusive educational and socioeconomic policies. Attitudes and beliefs regarding disability are shaped by many factors, including caste, poverty, family structure, religious beliefs, and level of education. Individuals from communities with limited economic, physical, and social resources may be less aware of disability rights and legislation and, consequently, less inclined towards inclusion.

6.3. Teacher Training and Professional Development

Current educational structures, curricula, pedagogical practices, and assessment tools used in India are increasingly aligned with the global shift towards inclusive education. Nevertheless, the absence of strategic, comprehensive, and systemic plans and policies hinders the meaningful operationalisation of inclusive education. Despite various legislative frameworks, reviews and comments consistently highlight the lack of awareness among stakeholders of the importance of teacher training related to inclusive education. The broad range of educational tasks expected of teachers working with students identified as having an ID requires effective pre-service and in-service training. Teacher training and professional development on assessment tools, curriculum adaptation, teaching methodologies, and support for students with an ID are therefore urgent and feasible considerations for the Indian context.

7. Methods

The study drew on a mixed sample of **N = 600** Grade-10 students from government, aided, and private schools in Lucknow, Uttar Pradesh.

Age (years) was recorded from school registers. General intellectual functioning was assessed with a MISIC-equivalent IQ measure. Based on academic performance and psycho-educational screening, students were classified into four mutually exclusive categories: Specific Learning Disability (SLD), Intellectual Disability (ID), Borderline Intelligence (BI), and Scholastic Backwardness (SB).

We report descriptive statistics (age, IQ) and category-wise prevalence. For programmatic planning, we present cross-tabulations by gender and school type (government, aided, private).

Results

(1) Descriptive Profile (Age and IQ) : The Lucknow sample showed a mean age of **15.30 years** (SD = 0.72; range 14–18). Mean IQ was 78.20 (SD = 7.90; range 52–104), indicating a large proportion of students in the borderline to low-average band consistent with the need for classroom adaptations and individualized supports.

Table 1. Descriptive statistics of age and IQ (Lucknow sample, N = 600)

Measure	N	Range	Minimum	Maximum	Mean	Std. Deviation
Age (years)	600	14–18	14	18	15.30	0.72
IQ score	600	52.0–104.0	52.0	104.0	78.20	7.90

(2) Category-wise Prevalence (Mutually Exclusive Groups)

The category distribution (summing to N = 600) indicates BI as the largest group (77.00%), with SLD at 9.17%, ID at 7.00%, and SB at 6.83%.

Table 2. Prevalence by category (Lucknow sample, N = 600)

Category	F (count)	% of N
Specific Learning Disability (SLD)	55	9.17
Intellectual Disability (ID)	42	7.00
Borderline Intelligence (BI)	462	77.00
Scholastic Backwardness (SB	41	6.83

The very high BI proportion suggests many students struggle to keep up with the pace/complexity of the grade-level curriculum; targeted **IEPs**, **UDL-based presentation and assessment**, and greater emphasis on **functional academics** are warranted. The SLD/ID proportions also justify dedicated resource support, assistive technology, and access to speech/occupational/behavioral services as needed.

(3) Gender-wise Distribution

Gender cross-tabs help identify where early screening and tailored support may be most beneficial. In this sample, BI and SLD skewed slightly toward males; ID and SB also show observable gender differences.

Table 3.1. Gender-wise distribution by category (Lucknow sample, N = 600)

Category	Male	Female	Total	% of N
Specific Learning Disability (SLD)	28	27	55	9.17
Intellectual Disability (ID)	23	19	42	7.00
Borderline Intelligence (BI)	274	188	462	77.00
Scholastic Backwardness	35	6	41	6.83

(SB)				

4) School-type-wise Distribution

Distribution by school type (government, aided, private) indicates practically relevant differences for resource planning especially for BI and SLD/ID coverage. Government and aided schools carry a larger share, underscoring the need to strengthen screening, IEP coverage, and teacher support systems there.

Table 3.2 School-type-wise distribution by category (Lucknow sample, N = 600)

Category	Government	Aided	Private	Total	% of N
Specific Learning Disability (SLD)	33	13	9	55	9.17
Intellectual Disability (ID)	22	11	9	42	7.00
Borderline Intelligence (BI)	261	143	58	462	77.00
Scholastic Backwardness (SB)	24	13	4	41	6.83

In the Indian context, educational implications center on instituting early identification and robust IEP processes within schools. A sustained “child-find” approach, followed by multidisciplinary evaluation, should feed into standardized IEP templates that articulate measurable annual and short-term objectives, with monthly progress monitoring through curriculum-based measures. Classroom practice ought to be anchored in Universal Design for Learning so that content, participation, and assessment are offered through multiple pathways; teachers can operationalize this with task analysis, visual schedules, flexible response formats, extended time, and reduced-distraction environments. Complementary assistive supports should span low-tech prompts and token systems to high-tech AAC and tablet-based tools, alongside speech, occupational, and behavioral interventions where warranted. Finally, transition planning needs to start by the upper grades, integrating life-skills, pre-vocational modules, and workplace readiness, while ensuring flexible assessment accommodations and alternative pathways so that learners with ID can progress toward meaningful educational and employment outcomes.

In the Lucknow sample, the dominant BI proportion (77%) alongside notable SLD (9.17%) and ID (7.00%) underscores the urgency of IEP-centered, UDL-supported, and technology-enabled inclusive practices. Gender and school-type patterns strengthen the case for targeted screening, resource teachers, teacher training, and parent counselling aligned with India’s inclusive-education policy environment.

8. Conclusion

The findings highlight that intellectual disability (ID) in India remains a significant educational and social concern, requiring urgent systemic attention. The prevalence rate of 7% in the Lucknow sample, along with a dominant proportion of students with borderline intelligence (77%), underscores the pressing need for

inclusive, evidence-based educational practices. Variations across gender and school types indicate disparities in access, awareness, and support mechanisms. The data call for early screening, individualized education plans (IEPs), and implementation of Universal Design for Learning (UDL) principles to ensure equitable learning opportunities. Strengthening teacher training, resource allocation, and multidisciplinary support systems is crucial to meet diverse learner needs. Assistive technologies, both low- and high-tech, should be integrated with life-skills and vocational modules to promote functional independence. Transition planning from secondary education to adulthood must focus on social participation and employability. Addressing stigma, building community awareness, and bridging rural–urban gaps are vital for realizing inclusive education goals. Overall, the study reinforces the necessity of a coordinated national strategy combining early identification, curriculum adaptation, and professional development to ensure that students with intellectual disabilities can access quality education and achieve meaningful life outcomes.

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