

EDUCATIONAL SERVICES FOR TIBETAN STUDENTS WITH DISABILITIES LIVING IN INDIA: A CASE STUDY

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This case study describes services for students with disabilities at Karuna Home in Bylakuppe, Karnataka, India, a residential facility established to address the needs of individuals whose parents are primarily Tibetan immigrants. Interview, observation, and document review data collected over three months were used to describe and explain sociocultural and educational aspects of the school. Findings indicate that service providers embrace Tibetan Buddhist beliefs about individual worth and charitable service that can benefit the children and their caregivers in this life and the next, and that karma and other factors play roles in disability. Areas of concern and needed professional development are described, including effective assessment of academic and behavioral needs, improved planning and instruction using data-based objectives, and reliable monitoring of student progress toward intended learning and behavioral outcomes. Study findings can inform others who endeavor to provide similar services to individuals with disabilities in small or unique populations.

Introduction

This case study describes services for students with disabilities at Karuna Home in Bylakuppe, Karnataka, India. Karuna Home is a residential rehabilitation center for students with cognitive or physical disabilities who are primarily children of Tibetan refugees. While education is generally below par in Tibet, it is of particularly low quality for students with disabilities (Postiglione, 2009; Postiglione, Jiao, & Xiaoliang, 2012; Zhiyong, 2008). Many Tibetans leave their homeland due to government restrictions, and some seek refuge in Tibetan settlements in India, where some education is successful. Schools for individuals with disabilities in India are operated by the government or private entities, and students have the freedom to attend either (Singal, 2006). But the costs of better schools make them essentially inaccessible to many children because of family financial limitations (Thirumurthy & Jayaraman, 2007; Vakil, Welton & Khanna, 2002). This and other barriers to effective special education for people in India, including children of Tibetan immigrants, have been identified (Addlakha, 2007; Kalyanpur & Gowramma, 2007; Murdick, Shore, & Chitooran, 2004; Scheidegger, Lovelock, & Kinebanian, 2010; Waldman, Perlman, & Chaudry, 2010). Karuna Home was established to help surmount these barriers for a small and specific group of individuals.

Karuna Home, located near large Tibetan refugee settlements and monasteries, is administered by a principal/founder and a vice principal. The principal oversees daily operations and reports to a voluntary board of trustees (Gatsal, 2008). Staff include paid workers and volunteers serving as teachers, caregivers, supervisors, and cooks.

Students living at Karuna Home receive a range of care and rehabilitation, including daily living assistance, yoga instruction, traditional Tibetan oil massages, physical therapy, special education, exercise, toilet training, self-care, speech therapy, music therapy, English studies, tailoring studies, and health care (Gatsal, 2008). Those with the academic ability to communicate and perform daily living tasks attend school (Gatsal, 2008). Specific person-centered educational goals listed in some student profiles include high expectations such as learning English or tailoring skills. Students with the most

severe disabilities do not participate in school, but are limited to physiotherapy, massage, and other treatments.

The purposes of this study were to examine and describe the services provided to Karuna Home students, and to identify areas of needed improvement. Karuna Home was chosen because of its uniqueness in India and because the authors have experience with another program in south India working with local children and adults with disabilities. The study investigated sociocultural attitudes and educational practices at the school, guided by two study questions:

- (1) How do adults at the school describe and manifest their attitudes toward the students and their disabilities?
- (2) How effective are current educational practices for meeting the academic and behavioral needs of the students with disabilities?

Findings describe Karuna Home, the students and their disabilities, adult attitudes toward the students, intended learning outcomes, assessment, curriculum and instruction, staff and administrator training, and perceptions of needed improvements.

Method

Case study was chosen to answer the study questions based on Yin's (2009) assertion that case study is appropriate for answering *how* and *why* questions in the context of "contemporary events" (p. 8). No other published research has been conducted at this or similar schools; hence, no data are available to describe or explain its sociocultural environment or educational program. The study procedures were designed to collect and triangulate information about both of these topics, in part to provide a launching point for school improvement and in part to add to the research literature concerning programs for individuals with disabilities in small or unique populations. In this regard, the study of one case as a means to better understand similar cases can be both instructive and informative (Gerring, 2007). The study began with the researcher's entry into Karuna Home and continued with the data collection procedures.

Entry

Before traveling to the site, the lead researcher communicated by email and telephone with the Karuna Home administrator, introducing herself, explaining the study's purpose, providing a statement of human subject research approval, and requesting local approval and assistance. Ongoing communication invited comment about the research questions and proposed methods in order to refine the study and familiarize all parties prior to implementation. Once on site, the researcher spent one week building rapport with the administrators, teachers, and students before initiating formal interviews and observations.

Participants

Participants were adult interview informants and students being observed. The nine interview informants included six teachers, one physiotherapist, one administrator, and one teaching assistant. All informants were Tibetan, six female and three male, ages 21–44, with various levels of education and training and 3 months to 8 years of experience at Karuna Home. The thirty students observed included twelve females and eighteen males with mild, moderate, or severe disabilities, ages 5–32 years. Four were Indian, one Nepali, and twenty-five Tibetan. Students' socioeconomic backgrounds varied, with most coming from families living in poverty: some with single or divorced parents or with numerous siblings that compromised family ability to provide for the child with disabilities. Fifteen students had resided at Karuna Home for 5 to 8 years, and fifteen had been there for 1 to 4 years. Students attended classes based on ability level and behavior, including five students in Sunshine class (highest ability), six in Rainbow class, eleven in Lotus class, and eight in Sensory class (lowest ability).

Procedures

Data were collected through interviews, observations, and document review. Interviews were conducted in various classrooms and offices using a protocol based on McCracken (1988), with broad open-ended questions allowing respondents to relate their experiences in their own ways, supported by planned prompts. Observations were conducted in each of the classrooms, the dining hall, the physiotherapy room, and the community using both paper and computer to note procedures and interactions. Documents were reviewed for history and statistics, and anecdotal notes were recorded in a field journal.

Interview procedures

The interview protocol included 10 questions, each with three to six planned prompts to enhance descriptions. For example, for the question "What is the process for admitting new students to Karuna?" four prompts were planned:

- (1) Can you describe the admissions process?
- (2) Can families contact the home to request enrollment?
- (3) What instruments, if any, are used to determine eligibility?
- (4) Is there a fee for a student to be admitted?

After explaining the interview purpose, the researcher invited each informant to read and sign a consent form, then presented questions and prompts, audio recording the interviews. Informants were interviewed once or twice for up to 32 minutes each session and contacted later to clarify responses as needed. Informant time commitment did not exceed 90 minutes.

Observation Procedures

The researcher observed in classrooms and other school and campus areas to identify specific administrator and teacher strategies for assessment, planning, and instruction, as well as procedures for managing student behavior and school routines. The observer recorded data on an observation form or laptop computer in each setting. The form included the date, setting, teacher, observer, students, materials, and lesson objective. The observer also recorded information on the elements of instruction observed: for example, opening, instructional strategies, student response formats, assessment, closing, and behavior management strategies.

Document Review Procedures

The researcher reviewed documents and recorded data pertaining to the founding of the center as well as its mission, administrative policies, governance, and admissions. Data included Karuna Home history, student demographics, student academic and behavioral levels, intended learning outcomes, assessment results, service provider training, and other pertinent information. The researcher used a computer to table demographic information for all students while viewing files or documents posted in classrooms. The researcher also made anecdotal notes from documents and posters throughout the facility listing Karuna's mission and policies.

Data Analysis

Audio-taped interviews were transcribed, then analyzed using Nvivo 10, a software program for sorting and organizing interview data for thematic analysis (QSR International, 2010). With Nvivo 10, data were coded and independently organized into themes using a six-step inductive approach described by Braun and Clark (2006): (a) become familiar with the data, (b) generate initial codes, (c) search for themes, (d) review themes, (e) define and name themes, and (f) produce the report.

Findings

Karuna Home was established in 2004 to address the needs of individuals with disabilities within the construct of Tibetan Buddhist theology. Providing for the needs of individuals with disabilities and their families is congruent with the religious and ethical standards of the Tibetans in exile. Wangmo's (2011) assertion that religion helps people understand their condition in this life and improves their mental, physical, and spiritual health is reflected in informants' statements that Karuna Home helps students who cannot help themselves and prepares them to live meaningful lives.

Construction on Karuna Home began on 15 August 2001 and was completed on 3 December 2004, one day before inauguration by the Dalai Lama. The campus has an office, fish pond, physiotherapy room, medical block, three classrooms, a sensory room/classroom, kitchen, cafeteria, four dormitories, two guest houses, two staff houses, and a house for the principal, his family, and the assistant principal. Construction for new prayer rooms and other buildings began in June 2012. All staff members live at Karuna Home, except for two or three who commute.

Purposes

Informants reported the motivation and purpose of Karuna Home as addressing a Tibetan community and worldwide need to show compassion to all, especially those who suffer. *Karuna* is Sanskrit for compassion. The principal-founder described three main purposes: (1) to raise living standards for the

residents with disabilities, including food, cleanliness, healthcare, and shelter; (2) to provide education; and (3) to help residents with disabilities become more independent.

Counsel of the Dalai Lama heard by the principal as a youth instilled in him a feeling of responsibility to “help the poor people and do more social work.” Since adolescence the principal has desired to be involved in social work. He once witnessed a Tibetan farming family tying a child with a disability to a tree whenever they left home for work or leisure, and he felt like the child was being “treated like a dog.” This sparked his desire to create a home for people with disabilities. In searching for potential residents of Karuna Home, the principal was shocked to discover so many with disabilities who were unknown to the community, as most people with disabilities never leave home. Scheidegger et al. (2010) noted conditions that substantiate the principal’s report of limited community opportunities for children with disabilities.

Students

Karuna Home admits four to five students each year at no cost, based on need. Costs are paid by donors, called “sponsors” by Karuna staff. The principal identified the first students using a list provided by the Tibetan Government in Exile Central Administration to locate seven children in south India. The following year nearby families asked to have their children admitted, and subsequently admissions have been based largely on request.

Admission Decisions

When admission is requested, the administration investigates the family’s background, completes home visits, and makes the final decision. Selection factors include Karuna resources, family economic status, and parent age. Resource availability was the main purpose reported for careful student selection: a ratio of severe disability to mild disability cases appropriate for the available staff and resources. After a family’s financial need has been determined, a visiting professional physiotherapist from Italy completes a physical examination and determines the severity of disability. Admission is prioritized for families living in poverty and for young couples just beginning life together. Children of young couples are admitted until the parents can, as stated by the principal, “stand on their own two feet,” at which point the child returns to the parents. There is a waiting list for later admission as resources permit.

All informants reported that families visit their children throughout the year and during the two-month school holiday. Many parents visit on second Saturdays and major holidays, and some take their children home during holidays. When asked if a child could be adopted, the principal responded that all the children have families in India, but outsiders could volunteer to sponsor a child.

Language and Family Backgrounds

Nearly all informants claimed that Karuna students speak Tibetan but use English during English instruction. The Indian students appear to have the most severe disabilities, and many cannot speak any language. However, one informant reported that these students usually understand Tibetan because caretakers and teachers use primarily Tibetan when communicating with them.

Most of the students were raised in India, although a few came directly from Tibet or Nepal. Most parents live in poverty because they have several children, earn little income, are single or older parents, are unable to work, or are young parents just starting out. Indian and Tibetan cultures typically emphasize family responsibility for these children using only the resources afforded by the family’s income, without government help or social programs (Murdick et al., 2004; Scheidegger et al., 2010).

Sociocultural Aspects

Attitudes and perceptions about disability vary significantly among the administrators and service providers, yet the individuals are consistently positive in their conduct and treatment of students. Many in the larger Bylakuppe community fear people with disabilities, but several informants commented that the work at Karuna Home is good and noble, which is likely related to their Buddhist beliefs. Service providers reported several different attitudes affecting their choice to work in special education, their perceptions of disability (including causes), and their religion related to disability.

Attitude toward Service

Reasons for joining Karuna Home included convenience, duty, compassion, social encouragement and acceptance, inability to obtain a general education position, and a general desire to work with individuals with disabilities. Chodren, the special educator, described a strong feeling of responsibility to serve

Tibetan society and individuals with disabilities influenced by a film about Helen Keller at a pivotal moment in her life. Champo, the social science teacher, described his life as “pointless” before coming to Karuna, explaining the positive meaning that working there has brought to him. Sangmu, Tsewang, Gyaltsen, and Dawa were all unable to find general education positions, and family members or friends referred them to Karuna Home. All of them enjoy working with the students, despite having experienced difficulties from lack of training with students with disabilities.

Causes of Disability

Most informants said they consider parents as primarily to blame for their child’s disability due to choices parents made during pregnancy or birth: ingesting harmful substances, failing to get adequate healthcare, etc. Two participants blamed genetics for disability, and two noted karma or fate as the cause. One informant referred to disability as “disease,” possibly reflecting a negative cultural perception.

Karma and Disability

Karma was explained by one informant as basically the law of cause and effect in which reincarnation is influenced by positive and negative actions that determine suffering in this life or the next. Most informants considered disability related to Karma—some believing in a stronger relationship than others. Some believed that treating students with compassion and kindness would increase the likelihood of a better rebirth. Despite the reported connections between disability and karma, all informants reported that service providers treat the students with respect, love, and kindness—consistent with the researcher’s observations over the three-month period of data collection. Champo said regarding karma and disability,

In Buddhism we believe [in karma] . . . but [a] helping hand is more important than praying hands, so we . . . need to help the . . . people with disabilities. . . . Thousands and thousands of [words of] Buddhist text means “help others.”

The Role of Religion

Religion seemed to enhance the educational environment in general. Informants reported that Buddhism has the potential to enrich lives, whether through joining morning prayers, visiting local monasteries, or learning life lessons; but each person chooses whether or not to participate. The strict practice of Buddhism—or any religion—is not required at Karuna. Most of the adults are Buddhist, with the exception of a few of the Indians and Tibetans, and all have equal choice to practice. Morning prayers are mandatory for the students, but personal practice of religion is optional. Several students with milder disabilities recite prayers, and most students engage in prostrations regardless of disability level. Personal study, staff meditation, and other optional spiritual practices occur regularly. Additionally, the staff and students often visit local monasteries privately or in groups for outings or religious events.

Dachen, the Tibetan physiotherapist, noted that even the most severe students can still experience “enlightenment” from “just hearing the basic prayers.” Champo elaborated,

I don’t go often to the prayers. But I think [for] every Tibetan especially, the religion plays a very important role in our daily lives because . . . some kind of creed Buddhist is written deep inside within your heart that you feel sometimes compassionate. . . . It suddenly comes, you don’t have to practice . . . but it suddenly comes, so this religion plays a really important role in our lives. We have in Buddhism [a] belief that if you hear some prayers, that will benefit, not in this life, but to other life.

In the literature, perceptions about disability have been noted to affect service providers’ conduct toward their clients and families’ treatment of their children (Arajuo, 2009; Ault, 2010; Edwardraj, Mumtaz, Prasad, Kuruvilla, & Jacob 2010; Ekas, Whitman, & Shivers, 2008). Vakil et al. (2002) reported that a private school for individuals with disabilities operates on the belief that those with intellectual disabilities can take an active role in society as productive and capable people. The school designed and implemented a vocational curriculum to ensure that students leave the school with skills to enter the community in some meaningful way. Similarly, religious understandings about disability can be sources of support when working with this population (Ault, 2010; Edwardraj et al., 2010; Wangmo, 2011), positively affecting the way teachers plan, instruct, and interact with students and coworkers. This proved true during observations at Karuna Home. The principal explained how love and compassion affect the relationships between teachers and their students:

At the beginning some of them . . . when [they] see the different kinds of disability children, they are a little bit afraid. Nervous too. But very soon they integrate and they accept it . . . because of our religion—the Buddhist love and compassion. I think this is root of our tradition.

Chodren explained that she does not consider her students to be disabled and does not use the prefix *dis*—only *ability*. While she realizes her students can be at a great disadvantage educationally, she places greatest emphasis on their abilities and celebrates the small strides they make:

If we put *disability*, these negative words could hurt the children. I think about their ability while working with them. If I teach one fruit, I have to teach it 100 times. I teach pomegranate, pomegranate, pomegranate. It takes the children time but they get it at a later time, so I then focus on their ability rather than the *dis* hurtful part.

Chodren named her class *Lotus* because she sees the students as lotus flowers. Even though the plants are rooted in the muddy bottom of a lake, Chodren noted that when they rise to the surface they become beautiful flowers:

Lotus symbolizes our special children like the opening of the each petal from the lotus. [In the] same way they are being lifted up from the darkness, and we give special education to open up their capacities to improve skills for their daily living. [We] hope that they will . . . blossom like the lotus.

Educational Aspects

The students' disabilities are physical or cognitive or both, including Down syndrome, several types of cerebral palsy, autism, mental retardation, blindness, multiple disabilities, dyslexia and other learning disabilities, muscular dystrophy, microcephaly, psychological disorders, speech impairment, and epilepsy. Additionally, many students engage in behavior that affects academic achievement and behavioral progress: for example, aggression, defiance, disruptive behavior, attention deficits, and echolalia. Determining strategies to meet behavioral needs was usually difficult and unsuccessful because most staff members lacked training in behavior analysis and management. Several informants agreed that most disabilities are severe, with a few in the mild-moderate range.

Diagnosis and Placement

Initial diagnoses and determination of academic achievement and functional performance levels are completed in varied ways. Most students new to Karuna Home arrive without diagnoses, having rarely, if ever, seen a doctor. For these students, diagnoses are determined primarily by the Italian doctor with opinions from local Tibetan doctors. Students' physical disabilities (e.g., cerebral palsy) must be diagnosed by the physiotherapist. The only teacher with training in behavior disorders has not been trained in diagnosis.

Upon arrival, almost all students spend time in the Lotus class while teachers observe to determine entering levels of ability. When asked how teachers determine class placement, informants explained that placement depends on students' spoken language and physical fitness. One teacher claimed new students remain in the Lotus class for two days, but others reported at least two weeks. After the initial time in Lotus class, the teachers consider the students' cognitive and physical disabilities and behavior as they make placement decisions. A student with a very severe disability (unable to speak, walk, or move) is placed in the Sensory class.

Placements are a continuum within which students can move depending on abilities and monthly progress. Observations indicated that classroom placement is based not only on levels of academic ability and functional performance, but also on available resources. For example, two students with Down syndrome attended classes lower than their ability for one class period each day where they acted as peer tutors.

Interview data established that students' disabilities significantly affect learning and behavior. Examples by informants include inability to pay attention or remain calm enabling others to learn; anger and aggression caused by inability to communicate or frustration at decline in physical ability; poor motor skills for grasping or writing; imitation of inappropriate behavior instead of target behavior; "beating" and other violence; lack of progress for the hearing impaired because they lack sign language; and

echolalia in place of meaningful speech. Informants reported that seven or eight students had attempted to attend the local school but were unsuccessful and rejected.

Intended Student Learning Outcomes

Interviews, observations, and document review consistently showed that learning and behavioral objectives are intended to help students become more independent and academically proficient. This evidence also revealed that teachers usually did not reference a special needs curriculum or disability-friendly standardized curriculum when creating objectives. Research indicates a lack of core curriculum for students with disabilities in India (Mumbai, Delhi, Kolkata, & Rao, 2011; Singal 2006; Singh, 2004; Vakil et al., 2002), and this was the case at Karuna.

As each new session begins, the staff meets to collaboratively create objectives for students' progress in academics, daily living skills, behavior, and physiotherapy, based primarily on observed levels of students' performance and limited textbook curriculum. Most informants review objectives for students each day they teach. One teacher explained that the three different student levels in her Sunshine class required her to create three separate lesson plans daily. Originally, teachers created one objective in each subject for each class. They discovered within the first three years that student differences made this ineffective. After advice and training by experienced volunteers, the teachers, caregivers, and physiotherapists began to create 5-15 individual objectives that are evaluated every six months during a progress meeting with all staff members. Research indicates that a formal curriculum for students with disabilities is lacking in India (Mumbai et al., 2011; Singal 2006; Singh, 2004; Vakil et al., 2002) and this was the case at Karuna. Karuna objectives tend to be very general, and many can be used for several students, but they are difficult to measure. All informants expressed a desire to learn to create measurable learning and behavioral objectives.

Assessment, Curriculum, and Instruction

Physiotherapists, caretakers, teachers, administrators, and sometimes nurses have been involved in assessment, curriculum planning, and instruction. Assessment has been sporadic and uninformative, with curriculum primarily based on academics in local schools and daily living skills deemed most appropriate by the staff. No formative assessment of progress toward objectives has been in place, aside from teacher observations and written tests at the end of the term. Data-based instruction involves decision making based on evaluation of formative and summative written, oral, and performance tasks or on standardized assessments (Ediger, 2010). Academic and behavioral data help teachers evaluate instructional effectiveness and thereafter make informed decisions to address student needs (Flowers & Carpenter, 2009; Kiker, 2009). Lack of current-level data at Karuna certainly hindered the instructional planning and decision making processes. Interviews, observations, and document review revealed that teachers had little concept of the nature and value of ongoing curriculum-based measurement, particularly its role in improving curriculum and instruction. The lack of organized assessment and ongoing measurement created problems when staff attempted to plan instruction and report student progress. Without clear data about where to begin instruction, teachers simply estimated ability, wrote learning objectives that "might work," and adjusted objectives in a sort of trial-and-error process. The staff expressed difficulty in measuring academic success due to the lack of assessment skills. Determining present levels of achievement and performance for higher functioning students seemed arbitrary and was not perceived by informants as a good use of time. Accurately assessing lower-functioning students was reported as a significant need by informants and noted also by the researcher. Additionally, the principal noted that living with the students can make it difficult to assess them objectively. He said,

When you live inside here with them . . . you are never satisfied. You want them to achieve more and more. . . . But when after staying here ten and a half months they go back with their parents one and a half months, their parents tell me they are [a] *lot* improved, so I feel very proud and happy.

Interview and observation data confirmed a need for professional development in creating measurable goals and objectives for learning and behavior, for assessment and effective instruction, and in more effective use of teachers, assistants, and resources.

Specific Classes

Students are served in one of four classes and many also receive physiotherapy or take part in vocational training. Each class is examined in detail below.

Rainbow and Sunshine Classes. Term exams and a handful of observations constituted the data taken in the Rainbow and Sunshine classes, which include math, English, Tibetan, social science, vocational, dance, and combined instruction. Curriculum is sometimes derived from textbooks, but usually based on teacher opinion. These classes, especially Sunshine, place greater emphasis on academics than functional skills. Students use workbooks, textbooks, and notebooks to complete math problems, copy numbers etc. Some teachers assign scores to students on assignments from workbooks or quizzes from textbooks. English classes include very basic conversational instruction. Rainbow students often simply practice writing their names or important vocabulary words in English, with little time spent speaking. Sunshine students read, write, and speak in English and Tibetan, and this class had the most noticeable success, with written exams from which scores were calculated, posted, and noted as measurably improved. Students were rewarded by seeing their scores.

Lotus Class. After dozens of observations, the researcher concluded that data collection in Lotus class has consisted of occasional informal observations. When asked how they measured progress, teachers referred to tri-monthly student update meetings. In response to the question "How can one tell whether or not an objective has been met?" the teachers reported that observation is the method of choice; however, no substantial record of observation has been kept.

Lotus learning objectives and curriculum are based on what teachers feel helps students increase independence. Curriculum includes learning about body parts, senses, fruits and vegetables, transportation vehicles, colors, and staff names; activities include drawing, arts and crafts, storytelling, and social skills. Additionally, a posted schedule listed language and communication, sensory stimulation, speech, oral massage, and recreational activities. Explicit instruction for language and communication was not observed.

Sensory Class. Sensory students have the most severe disabilities; thus progress is difficult to measure without creatively and masterfully individualizing assessments. Teachers reported needs for new assessments and curriculum. Student progress is assessed by the physiotherapists through observation. Sensory students spend half of the first hour of the school day in physiotherapy and the second half in Lotus class. Afterward at least two teachers help them in meeting physiotherapy goals or in using and understanding their senses. The teachers indicated that they did not work on communication or functional skills, and they felt frustrated in determining appropriate curriculum and instruction. The teacher to student ratio ranged from 1:3 to 1:4.

The adults and other students obviously cherish the Sensory students. Students from other classes consistently contribute to their care by pushing them in wheelchairs, swabbing their mouths when they salivate, and including them in activities.

Physiotherapy. Physiotherapy was an observed strength and works well at Karuna. Its success may result from personnel preparation and confidence in their duties, from the 1:1 student-staff ratio, and from the belief that physiotherapy is something the students can "actually do," a phrase used several times by informants. The physiotherapist and his assistants record student progress and skill maintenance daily on a data sheet, including whether or not the student completed each task required: stretching upper and lower limbs, strengthening upper and lower limbs, stimulating senses, working on balance, or walking over obstacles. The physiotherapist is highly trained, the schedule is established, students and teachers are comfortable with it, and assistants and caretakers know what to do. Formal and informal observations consistently found all staff engaged with students during physiotherapy.

Vocational Class. Higher level students from all classes seem highly motivated to participate in vocational classes taught by the special educator each Saturday, with activities such as using money, making crafts to sell, and cooking and selling food and tea. Teachers approach vocational classes seriously, investing more time and preparation than for routine daily instruction. As she was observed throughout a week, Chodren spent extra time preparing to teach a vocational lesson to a small group of higher functioning students, conversing with her coworkers and the researchers with a level of excitement not apparent during her daily instruction.

Community Outings

Vocational classes and community outings were successful aspects of the educational program, consistent with research findings regarding successful special education in India (Vakil et al., 2002). All

informants affirmed that all students participate in community outings to learn and practice functional skills such as navigating safely through the community, eating appropriately at restaurants, worshipping in the temples, using money, making purchases, and participating in leisure activities. Staff members rotate the responsibility for taking different student groups out each Wednesday: small groups of students in each of the first three weeks, and a combined outing the fourth week with all students attending, including those with the most severe disabilities. On fourth Wednesdays the staff pack two vehicles with students and adults until there is little room to breathe or think, and drive through the camps with the windows down, blaring the latest Tibetan pop music with everyone singing to their hearts' content.

Students also go into the community to perform for the public and for sponsors visiting from "outside." One memorable experience was the celebration of the birthday of His Holiness the Dalai Lama, at which the students performed Tibetan songs and dances for thousands of viewers. The English teacher explained that performances at Tibetan community functions are frequent, as are prayers at the local Buddhist monasteries. One informant expressed concern that community members were still disturbed by public appearances of Karuna students, "which is a part of Tibetan society in need of improvement." Thus community outings familiarize the public with this diversity in their culture.

Collaboration

Every Thursday from 4:00 to 4:30 the teachers and necessary staff meet to discuss student academic progress and behavioral problems along with other issues raised by individual teachers. After a problem has been described in detail, they develop a strategy to address it. After applying the strategy, the implementer returns with a status update, and changes are made if needed. In addition to the Thursday meetings, three types of major meetings are scheduled during the school year: student update meetings (every three months), student progress meetings (twice per school year), and general meetings (twice per year).

Service Providers' Training and Experience

Training and experience vary greatly among Karuna service providers, especially the teachers. All teachers have earned at least a bachelor's degree or a teacher training certificate. Two teachers, who were in their fifth month of teaching at the end of the study, had not previously worked with people with disabilities. Champo had attended a 12-week certificate course in Mumbai called "Community Initiatives in Inclusion," which taught participants to plan, manage, and train others to provide inclusive community services for people with disabilities. Those teachers who completed a teacher training course had a few classes on student psychology and also participated in workshops taught by volunteers who visit Karuna Home throughout the year. A teacher who completed a three-month course on behavior gives regular behavioral advice to the other teachers.

Some teachers have been at Karuna Home for up to four years. Only one teacher had teaching experience prior to joining Karuna Home; that experience was teaching secondary school. The administrators have both earned PhDs, one teacher has her master's degree, and one teacher has her special education degree. The physiotherapist has a bachelor's degree in physiotherapy, and his assistants have only the training they received at Karuna Home.

Professional development is provided primarily by two or three volunteers each year and by the special educator. Training courses are available in other parts of India. Health care training is provided by the two certified Karuna nurses.

Limitations

This study is limited in its scope due to the single case of Karuna Home, the validity and reliability of the instruments, and the language differences. Karuna Home was chosen for the study because it is the only center of its kind in India and was of interest to the authors because of their work in another program for individuals with disabilities in India. The interview protocol and observation forms were created by the researcher according to guidelines suggested by McCracken (1988), but they were not tested for reliability or validity prior to the study. Language barriers sometimes made it difficult for the researcher to conduct optimal observations and interviews, as most instruction was in Tibetan and interviews were conducted primarily in English. Both of these data sources required translation, which can cause information to be misconstrued. Informants sometimes had difficulty understanding the questions due to either language barriers or lack of training in education and related vocabulary (e.g., curriculum, assessment, and instruction). A potential limitation was the staff's desire to give "correct" or

“appropriate” responses during interviews; however, observations over a three-month period confirmed that responses were consistent with actions in and out of the classrooms.

Future Research

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

Conclusion

This study indicates that Karuna administrators, teachers, and other caretakers feel love and compassion for the students consistent with Buddhist beliefs, and that some are more confident than others regarding the students’ potential for improvement. The study also establishes the need for Karuna to adopt curricula to address the various levels of student needs, supported by school-wide systematic procedures for accurately assessing students’ academic and behavioral functioning and for monitoring progress during instruction and therapy. Byrd’s (2010) study of a successful nonresidential private school in India found that having a staff of trained special educators contributed greatly to the school’s success. Karuna teachers would benefit from professional development centered on the use of data to create learning objectives, to monitor progress to determine effectiveness of instruction, and to improve instructional practice. In turn, students could be expected to benefit as staff and instructors use data to plan instruction and to measure progress toward mastery.

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

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