Status of Participation in Daily Activities among Children and Adolescents with Intellectual Disabilities

By
Jannatul Mawa

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This thesis is submitted in total fulfilment of the requirements for the subject RESEARCH 2 & 3 and partial fulfilment of the requirements for the degree of

Bachelor of Science in Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Faculty of Medicine
University of Dhaka

Thesis completed by:

Jannatul Mawa
4th year, B.Sc. in Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Centre for the Rehabilitation of the Paralysed (CRP)
Chapain, Savar, Dhaka: 1343

……..
Signature

Supervisor's Name, Designation, and Signature

Name of the Supervisor

Nayan Kumer Chanda
Assistant Professor
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Centre for the Rehabilitation of the Paralysed (CRP)
Chapain, Savar, Dhaka: 1343

……..
Signature

Head of the Department's Name, Designation, and Signature

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Centre for the Rehabilitation of the Paralysed (CRP)
Chapain, Savar, Dhaka: 1343

……..
Signature

Board of Examiners

Prof. Sk. Moniruzzaman

Professor and Head

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

Centre for the Rehabilitation of the Paralysed (CRP)

Chapain, Savar, Dhaka: 1343

Signature

Dr. Md. Shakhaoat Hossain, PhD

Chairman & Associate Professor

Department of Public Health and Informatics

Jahangirnagar University

Savar, Dhaka-1342, Bangladesh.

Signature

Statement of Authorship

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Jannatul Mawa
4th year, B.Sc. in Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Centre for the Rehabilitation of the Paralysed (CRP)
CRP-Chapain, Savar, Dhaka-1343.

……
Signature

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Dedication

This thesis is lovingly dedicated to my parents, whose unconditional love, patience, and sacrifices have shaped every step of my journey. To my family, who believed in me even when I doubted myself. And to all the children and adolescents with Intellectual Disabilities, whose strength and resilience inspire this work. May this study contribute, in some way, to creating a more inclusive and supportive world for them.

I am also grateful to my cousin MD Mostofa Emam Kanon, Without his support, none of this would have been possible.

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List of Abbreviations

BHPI	Bangladesh Health Professions Institute
ID	Intellectual Disability
CASP	Child and Adolescent Scale of Participation
ICF	International Classification of Functioning, Disability and Health
LIMC	Low- and Middle-Income Countries
CRP	Centre for the Rehabilitation of the Paralysed
SD	Standard Deviation
SPSS	Statistical Package for the Social Sciences
PMP	Picture My Participation
CAPE	Children's Assessment of Participation and Enjoyment
PAC	Preferences for Activities of Children
PEM-CY	Participation and Environment Measure for Children and Youth
WHO	World Health Organization
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, 5th edition
IRB	Institutional Review Board
WMA	World Medical Association

Abstract

Background: Participation in daily activities is essential for children's development and well-being. However, children and adolescents with Intellectual Disabilities often face restricted participation due to cognitive, communication and environmental barriers, limiting their involvement at home, school and in the community. In Bangladesh, limited inclusive opportunities and a lack of empirical evidence highlight the need to understand their participation patterns to support effective interventions and inclusion.

Aim: To know the level of participation in daily activities among children and adolescents with Intellectual Disabilities.

Methods: This study followed cross-sectional study with forty children and adolescents with intellectual disabilities. Data was collected through Child and Adolescents with Intellectual Disabilities (CASP) scoring guidelines in face-to-face survey method among 40 parents with children and adolescents with intellectual disabilities. The data was analyzed by using the SPSS 20 version for descriptive analysis.

Results: The findings of this study indicate that children and adolescents with Intellectual Disabilities experience substantial participation restrictions across all domains of the CASP. The highest proportion of "Age expected" participation is reported in Home Participation (50%), School Participation is (15%) similarly restricted for most children. There is small participation in Home and Community Living Activities (7.5%). But there is no 'Age expected' participation in Neighborhood and Community Participation. Overall, the results demonstrate a consistently low level of functional participation among children and adolescents with ID in Bangladesh.

Conclusion: By identifying patterns of participation and the factors that influence them, this study aims to contribute evidence that can inform occupational therapy practice, promote inclusive strategies, and guide policy development in Bangladesh. The findings may support families, educators, and healthcare professionals in enhancing opportunities for meaningful engagement and improving the overall quality of life of children and adolescents with intellectual disabilities.

Keywords: Intellectual Disability, participation, daily activities, children and adolescents, CASP, Bangladesh.

CHAPTER I: INTRODUCTION

1.1 Background:

Participation is an essential component of childhood and adolescence, shaping how young people explore their environments, build skills, and develop social connections. The World Health Organization highlights participation as a core aspect of functioning and an indicator of overall health and well-being for individuals with disabilities (WHO, 2001; ICF Framework). Children and adolescents with Intellectual Disabilities (ID) often experience reduced participation because of limitations in intellectual functioning, communication, and adaptive behavior, combined with various environmental constraints (Williams et al., 2021). Intellectual Disability is characterized by significant impairments in intellectual and adaptive functioning that impact everyday performance, including learning, social interaction, and independent activities (Katz & Lazcano-Ponce,2008). These limitations frequently interfere with children's involvement in meaningful daily activities at home, school, and within the community. Research consistently shows that children with ID participate less frequently and in fewer types of activities compared to typically developing peers. For example, Taheri et al. (2016) found that children with ID engage minimally in social, recreational, and peer-based activities, often reporting fewer friendships and reduced involvement at school and in the community (Taheri et al., 2016). Similarly, King et al. (2013) noted significant restrictions in leisure and social participation among children with disabilities, resulting in limited opportunities for socialization and skill-building(King et al., 2013). Furthermore, barriers such as stigma, lack of accessible environments, financial constraints, and insufficient community support limit

participation opportunities for children with ID, especially in low- and middle-income contexts (Huus et al., 2021). These findings highlight the bi-directional nature of participation-reduced engagement can hinder skill development, while limited skills may further restrict participation. Studies from South Africa and India have also emphasized that children with ID desire more involvement in meaningful activities, but structural, social, and environmental barriers often prevent them from doing so (Dada et al., 2020). Williams et al. (2020) additionally reported that participation is closely linked to quality of life, with greater engagement contributing to improved emotional well-being and social functioning among children with developmental conditions (Williams et al., 2021). In Bangladesh, the prevalence of ID ranges from 3.8% to 6.7%, indicating a significant number of children requiring support (Dada et al., 2020).

Despite this, limited research exists regarding how these children participate in daily activities across home, school, and community settings. Cultural attitudes, stigmas, and lack of disability-friendly services may further restrict participation opportunities. Given the importance of participation in shaping children's development, autonomy, and social integration, it is essential to understand how children and adolescents with ID in Bangladesh are currently engaging in everyday life situations. This evidence can guide occupational therapy practice and support the creation of more inclusive and supportive environments.

1.2 Justification of the Study

Participation in daily activities is widely recognized as an important indicator of child development and overall well-being. Active involvement in home, school, and community environments enables children to develop independence, adaptive skills, and social competence. According to the International Classification of Functioning, Disability and Health (ICF), participation reflects an individual's involvement in life

situations and is influenced by both personal abilities and environmental factors (World Health Organization, 2001). Therefore, understanding participation patterns is essential for evaluating functional outcomes among children. Children and adolescents with intellectual disabilities often experience significant limitations in intellectual functioning and adaptive behavior, which may restrict their participation in everyday activities (Schalock et al., 2007). Previous research has shown that children with intellectual disabilities participate less frequently and in fewer types of activities compared to typically developing peers (King et al., 2013; Shields et al., 2014). Reduced participation has been associated with lower levels of functional independence and decreased quality of life (Williams et al., 2020). These findings highlight participation as a critical outcome variable in disability research.

Participation occurs across multiple domains, including self-care, leisure, school activities, and community involvement. Studies indicate that children with intellectual disabilities often demonstrate lower engagement in self-care routines and structured leisure activities due to cognitive and adaptive limitations (Williams et al., 2020). In school settings, difficulties in academic engagement and peer interaction may further limit participation (Shields et al., 2014). Community participation is also reported to be significantly restricted, often due to environmental barriers, lack of accessibility, and social attitudes (King et al., 2013).

As per student researcher's knowledge, the study is the first study in Bangladesh which has broadly focused on the participation in the daily activities among children and adolescents with intellectual disabilities. Therefore, the present study is justified as it aims to determine the status of participation in daily activities among children and adolescents with intellectual disabilities. Specifically, the study seeks to assess participation in self-care and leisure activities, examine community participation,

explore participation in school-related tasks, and measure participation in home and community living activities. The findings of this study may provide valuable information for healthcare professionals, educators, and policymakers to enhance participation opportunities and promote inclusive practices for children and adolescents with intellectual disabilities.

1.3 Operational Definitions

1.3.1 Intellectual Disability:

Intellectual Disability refers to a neurodevelopmental condition characterized by significant limitations in both intellectual functioning and adaptive behavior, which affect conceptual, social, and practical skills required for everyday life. Intellectual functioning includes reasoning, learning, and problem-solving abilities, while adaptive functioning involves communication, self-care, social participation, and independent living skills. These limitations originate during the developmental period and persist across the lifespan (Katz & Lazcano-Ponce, 2020; American Psychiatric Association, 2013).

1.3.2 Participation:

Participation is defined as involvement in everyday life situations and reflects both attendance in activities and engagement during those activities across different environments. In line with the International Classification of Functioning, Disability and Health (ICF), participation is understood as an interaction between individual abilities and environmental factors rather than solely a personal attribute (World Health Organization [WHO], 2001). Involvement in everyday life situations, including attendance and engagement at home, school, and in the community (King et al., 2013).

1.3.3 Daily activities:

Daily activities refer to routine and meaningful activities that individuals perform as part of everyday life. For children and adolescents, these activities include self-care tasks, social interaction, play and leisure, educational activities, household responsibilities, mobility, communication, and participation in community life (Williams et al., 2020). Activities such as self-care, mobility, communication, social interaction, education, leisure, and home or community living tasks (Williams et al., 2021).

1.3.4 Child and adolescents:

Child and adolescents are defined as individuals aged 5 to 19 years, corresponding to developmental stages commonly used in participation research and consistent with diagnostic and developmental guidelines (Taheri et al., 2016; American Psychiatric Association, 2013).

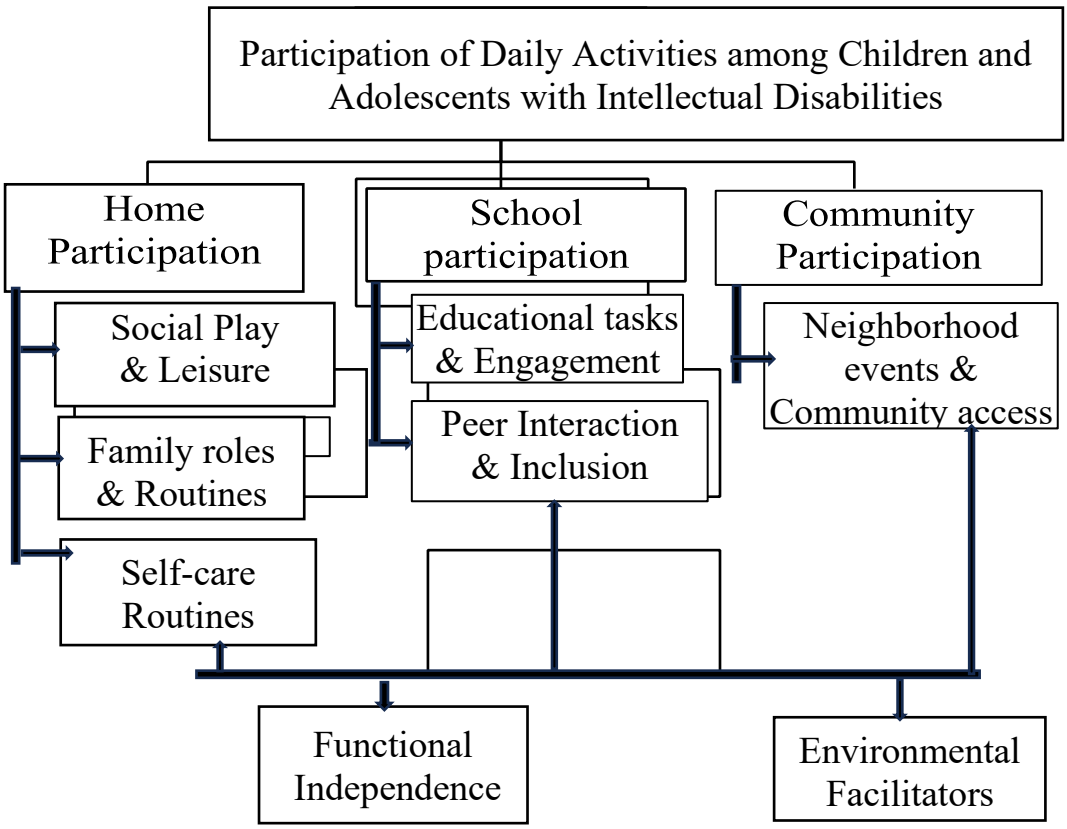
1.4 Aim of the Study

To know the level of participation in daily activities among children and adolescents with Intellectual Disabilities.

CHAPTER II: LITERATURE REVIEW

This chapter presents a critical review of existing literature related to the participation of children and adolescents with Intellectual Disabilities (ID) in daily activities. Participation is examined across multiple life contexts, including self-care and leisure activities, school participation, community participation, and home and community living activities. Data has been searched from the related database including PubMed, Sci-hub, Google Scholar. Key gaps of the findings were described at the end of the chapter.

Figure 2.1 Overview of Literature Review Findings



2.1 Home Participation

Home participation refers to a child's involvement in activities that occur within the family environment and includes social play and leisure, family roles and routines, and self-care routines. The home is often the primary context in which children with ID spend most of their time, making participation in this domain particularly important for early development, independence, and socialization (Williams et al., 2020).

2.1.1 Social Play and Leisure

Research shows that children with ID participate less frequently in play and leisure compared to their typically developing peers. According to Taheri et al. (2016) found that children with intellectual disability engage in fewer recreational and social activities, often reporting challenges in initiating play, sustaining interactions, and adapting to group activities due to cognitive, social, and communication limitations (Taheri et al., 2016). Similarly, King et al. (2013) reported that children with developmental disabilities participate in fewer leisure activities, experience reduced enjoyment, and face barriers related to confidence, motor skills, and environmental constraints (King et al., 2013). Leisure participation is also shaped by cultural expectations and environmental availability. Huus et al. (2021) showed that children in LMICs often lack access to safe play spaces, inclusive recreational programs, and supportive adults, limiting meaningful engagement in leisure activities (Dada et al., 2020).

2.1.2 Family Roles & Routines

Family routines provide opportunities for children to participate in shared activities, but children with ID often have fewer responsibilities at home. Williams et al. (2020) found that adaptive functioning levels strongly influence participation in home-related tasks, with children who have lower independence requiring more support for routine

responsibilities such as tidying, helping with chores, or organizing personal items (Williams et al., 2021). Additionally, financial stress and caregiver burden can influence participation at home. A review in your proposal highlighted that families of children with ID face significantly higher financial challenges, reducing opportunities for structured engagement in daily routines.

2.1.3 Self-care Routines

Self-care tasks such as dressing, bathing, feeding, and grooming are significantly affected in children with ID. Taheri et al. (2016) found that impairments in problem-solving, sequencing, and motor coordination restrict children's ability to complete self-care routines independently(Taheri et al., 2016). Williams et al. (2020) reported that self-care ability is one of the strongest predictors of overall participation and quality of life among children with developmental disabilities. Children with higher self-care independence also showed more involvement across home, school, and community domains (Williams et al., 2021).

2.2 School Participation

School participation includes involvement in learning activities, social interaction, and classroom routines. For children with ID, participation challenges in school environments can influence long-term academic and social development.

2.2.1 Educational Tasks & Engagement

King et al. (2013) found that children with disabilities, including ID, participate less in educational tasks such as group work, classroom discussions, and structured learning, often due to challenges in cognition, attention, and communication (King et al., 2013). Taheri et al. (2016) reported that many children with ID struggle to engage with peers during school activities, leading to social withdrawal and reduced motivation to participate (Taheri et al., 2016).

2.2.2 Peer Interaction & Inclusion

Peer interaction is a critical element of participation, yet children and adolescents with Intellectual Disabilities (ID) often experience reduced social inclusion. Taheri et al. (2016) reported that children with ID have fewer friendships and engage less in peer-based activities due to difficulties initiating and maintaining social interactions (Taheri et al., 2016). King et al. (2013) further noted that social engagement is one of the most restricted participation domains, influenced by low confidence, limited social skills, and fewer inclusive peer opportunities (King et al., 2013). Additionally, Huus et al. (2021) showed that negative societal attitudes and stigma in LMIC contexts contribute to peer rejection and exclusion, reducing opportunities for meaningful social participation (Dada et al., 2020).

2.3 Community Participation

Community participation includes attending events, playing outdoors, visiting shops, religious activities, and interacting with peers. This is consistently identified as the most restricted domain for children with ID.

2.3.1 Neighborhood Events and Community Access

Using the Picture My Participation tool, Huus et al. (2021) found that children with ID participate less in community gatherings, outdoor activities, and neighborhood interactions due to environmental inaccessibility, negative attitudes, transportation barriers, and safety concerns(Dada et al., 2020). Taheri et al. (2016) reported similar findings, noting reduced freedom of movement, fewer friendships, and limited opportunities for participation outside home or school environments (Taheri et al., 2016). Family factors also influence community involvement. Dada et al. (2020) emphasized that caregiver time, family routines, and limited awareness of inclusive activities restrict children's ability to join neighborhood events or community programs

(Dada et al., 2020).

2.4 Functional Independence

Functional independence-including self-care, communication, and task management-strongly influences children's participation levels. Williams et al. (2020) found that lower adaptive functioning is associated with reduced involvement across home, school, and community activities, with children requiring more caregiver support and showing lower participation scores (Williams et al., 2021). Similarly, Taheri et al. (2016) highlighted that difficulties with problem-solving, sequencing, and motor coordination limit children's ability to complete daily tasks independently(Taheri et al., 2016). These findings demonstrate that enhancing functional independence is essential for improving participation in daily routines.

2.5 Environmental Facilitators

Environmental conditions play a decisive role in enabling participation for children with ID. Huus et al. (2021) showed that supportive family environments, accessible community settings, and positive social attitudes significantly increase participation frequency and engagement (Dada et al.,2020). Dada et al. (2020) emphasized that structured family routines and consistent caregiver support can promote meaningful involvement in daily and community activities (Dada et al., 2020). King et al. (2013) also found that inclusive school practices-such as peer collaboration and adaptive teaching strategies-facilitate active participation among children with developmental disabilities (King et al., 2013). Together, these studies highlight that supportive environments can counteract participation barriers and enhance children's engagement across settings.

2.6 Key gaps of the study

- Most studies on participation among children with intellectual disabilities are conducted in high-income countries.
- Many studies focus on a single participation domain (e.g., leisure or community), rather than multiple domains together.
- Samples are often small and homogeneous, with limited representation of rural populations and socioeconomic diversity.
- There is no comprehensive, cross-setting participation profile (home, school, community, and daily living activities) for children with intellectual disabilities in Bangladesh.

CHAPTER III: METHODS

3.1 Study Question, Aim, Objective

3.1.1 Study Question

What is the status of participation in daily activities among children and adolescents with intellectual disabilities in Bangladesh?

3.1.2 Aim

To know the level of participation in daily activities among children and adolescents with Intellectual Disabilities.

3.1.3 Objective

- To assess participation in self-care and leisure activities among children and adolescents with intellectual disabilities.
- To know the community participation among children and adolescents with intellectual disabilities.
- To explore participation in school related tasks among children and adolescents with intellectual disabilities.
- To measure the participation in home and community living activities among children and adolescents with intellectual disabilities.

3.2 Study Design

3.2.1 Study Method

To accomplish the goals student researchers used Quantitative study design in this study. Quantitative research aims to quantify the data and generalize findings from a sample of a study from varied perspectives. It requires collecting data, analyzing and interpreting quantifiable data to prove the hypothesis produced in a specific study. Quantitative research relies on data collection and data analysis which is based on a

logical method with the focus on testing theory, influenced by empiricist and positivist ideologies (Bryman, 2016). Quantitative research describes the specific qualities and rather important differences to generate conclusions in research. Therefore, quantitative research creates more consideration about the problem. Researchers used the study design to collect numerical data from the research participants to achieve the aim and objectives of the research title.

3.2.2 Study Approach

Cross sectional approach has been chosen for this study. Student researchers can examine various variables simultaneously. These kinds of surveys are observational surveys that apply when the researcher plans to collect data from a sample of the target group at a specific time. A quantitative researcher can assess several variables at a specific time. In a cross-sectional survey data collection is from individuals who show similarity in all variables except those chosen for study. Multiple samples can be analyzed and compared by conducting a cross-sectional survey

3.3 Study Setting and Period (Study Setting and Period)

3.3.1 Study Setting

Student researchers conducted face-to-face surveys, and the data was collected from:

- Centre for the Rehabilitation of the paralysed (CRP), Chapain, Savar Dhaka - 1343
- Centre for the Rehabilitation of the paralysed (CRP), Mirpur, Dhaka -1206
- Rabia-Noor Mental Health Day Care Centre
- National Institute of Mental Health (NIMH)

3.3.2 Study Period

The study period was from 15th June 2025 to 15th December 2025 and the data collection period was from 15th August 2025 to 15th September 2025

3.4 Study Participant

3.4.1 Study population

The study population was the parent who has children and adolescents with intellectual disabilities with ages between 5 to 19 years.

3.4.2 Sampling Technique

The participant was recruited through purposive sampling technique based on inclusion and exclusion criteria. This Sampling technique includes non-probability selection of intentional selection of informants based on their ability to elucidate a specific theme, concept or phenomenon. This technique has helped to select participant with individual experiences. Additionally, this sampling technique offers a small group of participants with expertise knowledge (Patton & Quinn, 2015). Purposive sampling was an appropriate technique to determine the individual significance of the participants' experiences, since the goal of this study was to obtain a comprehensive understanding of lived experiences. Purposive sampling concentrates on individuals with a depth of knowledge (Creswell et al., 2018). Purposive sampling techniques allowed to easily collect data which will appropriate to the needs of this research.

3.4.3 Inclusion and Exclusion Criteria

3.4.3.1 Inclusion Criteria

- Children and adolescents with intellectual disability was diagnosed clinically.
- Children and adolescents with Intellectual Disability between ages of 5 to 19 years.
- Children and adolescents with Intellectual Disability with the opportunity to attend home, school and community life together.

3.4.3.2 Exclusion Criteria

- Either the parents or children and adolescents with severe health condition or any current sudden trauma that could passively affect child and adolescents in social participation.
- Child and adolescents who had psychiatric illness or cognitive impairment was excluded from the survey.

3.4.4 Sample size

The sample size for this study was estimated using the Cochran's formula:

$$n= \frac{z^2 \times pq}{d^2}$$

Here,

n= desired sample size

Z= the standard normal deviation usually set as 1.96, which corresponds to 95% Confidence Interval (CI)

d=0.05 degree of accuracy (level of significance/margin of error)

p= expected prevalence, 50% (often 0.5 is used for maximum variability)

q= (1-p) = (1-0.5) =0.5

Then, Z=1.96, p= 50, q= 0.5, d= 0.05

So, according to the equation,

$$n= \frac{z^2 \times pq}{d^2}$$

$$= \frac{(1.96) \times (1.96) \times 50 \times 0.5}{(0.05)^2}$$

=384.16

=385

According to this equation, the sample should be 385 participants. After matching the inclusion and exclusion criteria within a short period of time, the researcher reached 40 participants.

3.5 Ethical Considerations

Ethical principle for medical research has been developed by World Medical Association (WMA) as the Declaration of Helsinki involving human subjects and research on identifiable human material and data (WMA,2013).

3.5.1 Ethical clearance

Ethical clearance had taken from the Institutional Review Board (IRB) of Bangladesh Health Professions Institute (BHPI) through the department of Occupational Therapy, BHPI. The student researcher was explaining the purpose of the study before collecting information from participants and the ethical clearance was also included. Correspondingly, ethical permission has been taken from both the academic department of occupational therapy and clinical occupational therapy department.

3.5.2 Informed consent

Student researchers took every precaution to protect privacy and confidentiality of the research participants (WMA, 2013).

3.5.2.1 Information sheet

An Information sheet was given to all participants or may inform responsible family members to make sure participants are freely agreeing to participate (for more details check appendix B). Through the information sheet researchers will describe the aims, methods, funding sources, affiliated institutions and the benefits and risks of this study.

Additionally, all participants will have the right to refuse participation before the research would be conducted (WMA, 2013).

3.5.2.2 Consent form

After informing the procedure and goals of the study, student researcher took written consent from the participants before the survey. Student researcher was making sure the consent has been given in a physically and mentally capable state, after clearly understanding the information and will ensure willingness of consent (WMA, 2013).

3.5.2.3 Withdrawal

The study participants had the right to choose whether they want to participate or not or withdraw from participation. Student researcher was attached withdrawal form with information sheet (WMA, 2013). The participants could withdraw from participation within 1 week of the data collection.

3.5.3 Unequal relationship

There was no power relationship or any bias from the student researcher to the participants as the student researcher did not know the participants before conducting the study. Student researchers used a standardized questionnaire for each participant and showed neutral attitudes towards every participant.

3.5.4 Risk and Beneficence

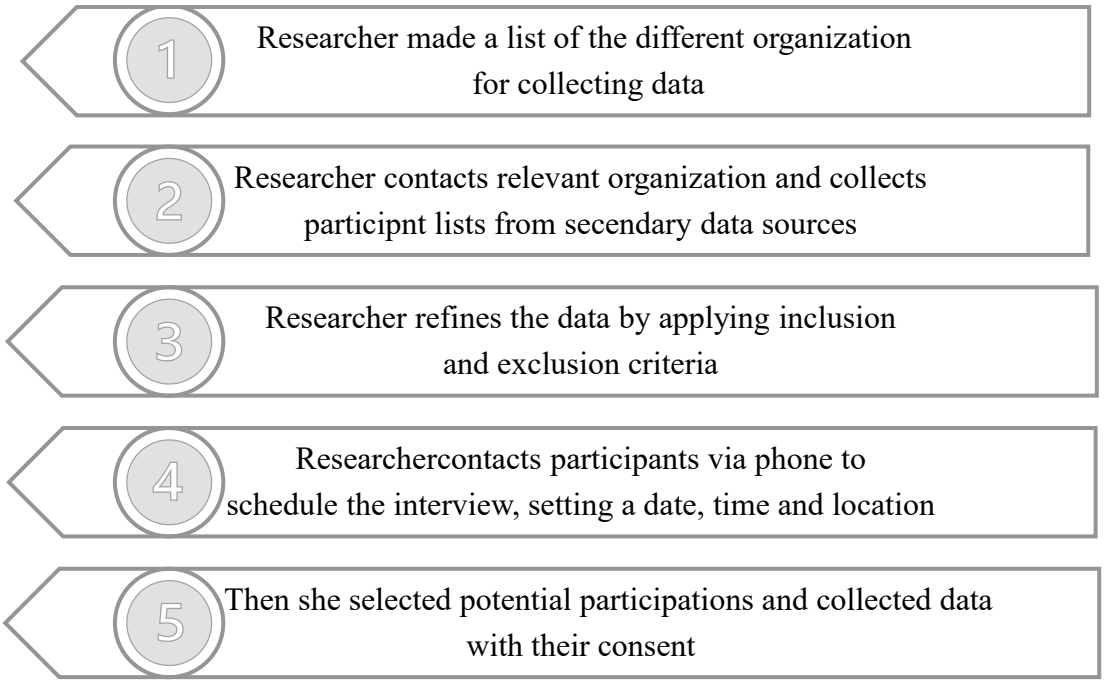
Researchers had a clear understanding about the risks and benefits of this study and continuously monitored any risk throughout the study. The study participant was free from any kinds of risks or foreseeable benefits. Researcher was assured that the study has no potential risks, burdens or benefits (WMA, 2013).

3.6 Data Collection Process:

3.6.1 Participant Recruitment Process

The student researcher was collected participant through purposive sampling technique. This technique helped the student researcher to select participant with individual experiences. Additionally, this sampling technique offers a small group of participants with expertise knowledge (Patton & Quinn, 2015). Purposive sampling was an appropriate technique to determine the individual significance of the participants' experiences, since the goal of this study was to obtain a comprehensive understanding of lived experiences. Purposive sampling concentrates on individuals with a depth of knowledge (Creswell et al., 2018).

Figure 3.6.1 Participant recruitment process



The participant recruitment process involved several systematic steps to ensure appropriate selection of participants. After preparing a list of potential participants based on the inclusion and exclusion criteria, informed consent was obtained by clearly explaining the purpose of the study. Participants were recruited using a purposive

sampling technique from the prepared list. The researcher asked the participants to select a convenient venue and time for conducting the interview through mutual discussion. The researcher then traveled to the selected location to collect data by conducting face-to-face interviews and expressed gratitude to the participants for their valuable participation.

3.6.2 Data Collection Method

Student researchers collected data through face-to-face survey methods. Face-to-face survey decreases biases and maintain quality of data. This survey was conducted through socio-demographic questionnaire, the Child and adolescent Scale of Participation (CASP) and Child and Adolescent Scale of Participation (CASP) Scoring Guidelines. The student researcher conducted this survey with closed-ended questions (Szolnoki & Hoffmann, 2013). The collected data was primary source of data as the data was collected for the first time and was original in character (Liamputtong & P., 2017).

3.6.3 Data Collection Instrument

The student researcher used Child and adolescent Scale of Participation (CASP) administration and scoring guidelines as data collection instruments.

Child and adolescent Scale of Participation (CASP)

The Child and Adolescent Scale of Participation (CASP) measure the extent to which children participate in home, school, and community activities compared to children of the same age as reported by family caregivers (Bedell, 2009). The CASP consists of 20 ordinal-scale items and four subsections: 1) Home Participation (6 items), 2) Community Participation (4 items), 3) School Participation (5 items), and 4) Home and Community Living Activities (5 items). The 20 items are rated on a four-point scale: Age Expected (Full participation) =4, Somewhat limited=3, Very limited=2, Unable=1

and Not Applicable. Most items are applicable to children who are five years and older as the CASP is used for school-aged children and older. Each CASP item examines a broad type of activity or life situation. Most items include examples of activities that fall within the broad life situation. Higher scores reflect greater age-expected participation. The CASP also includes open-ended questions that ask about effective strategies and support and barriers that affect participation (Bedell, 2009). Bangla version for this instrument has used previously developed Bangla version for CASP from Salma Akter Bristy, former student assistant at Friedrich Alexander University; Erlangen, Germany.

3.6.4 Field Test

The student researcher used previously developed Bangla version of CASP scale by Salma Akter Bristy for this study and made little changes with the assurance of previous translator as the previous version was combination of three scales e.g., CASP, CAFÉ & CFFS. The student researcher conducted field test with 2 parents with children with Intellectual Disability. According to the response pattern some changes have been made in socio-demographic questions for further surveys which have been effective for this study. Through this test student researchers experienced respondent's understanding those questions and learned simplified ways of asking questions to get more authentic responses for the current study.

3.7 Data Management

Data management was carried out using the Statistical Package for Social Sciences (SPSS) version 20. After data collection, the responses were checked for completeness and accuracy. The collected data was coded and entered SPSS for systematic organization and storage. Proper data cleaning procedures were followed to ensure consistency and reliability before conducting statistical analysis.

3.8 Data Analysis

Data analysis was performed to determine the level of participation among children and adolescents with intellectual disabilities across home, school, and community settings. Descriptive statistical analysis was conducted to summarize the scores and measures in an organized manner. The results were presented using tables and figures to facilitate clear interpretation and understanding.

3.9 Quality Control and Quality Assurance

Quality control and quality assurance were maintained throughout the study that appropriate for the study design that best suited with the aim and objectives of this study. The question was given to the participants attached with inform consent and provided one photocopy of information sheet to each participant. Student researchers briefed each question to each participant before answering. There was not any bias throughout the data collection process. The data collected was initially stored in SPSS for further analysis. The data was checked multiple times by the student researcher. No data has been manipulated or explored. Unauthorized access to this data did not happen. Proper utilization of the data was ensured.

CHAPTER IV: RESULTS

This chapter presents the findings of the study. The results are organized in tables and figures, with an exploration of the research objectives emphasizing the sociodemographic information and the status of participation in daily activities among children and adolescents with intellectual disabilities in Bangladesh.

Table 4.1:

Distribution of sociodemographic *characteristics of the participants:*

Variable	Category	Frequency n (40)	Percentage (%)
Gender	Male	32	80.0%
	Female	8	20.0%
Age	5-12 Years	19	47.5%
	13-20 Years	21	52.5%
	Mean = 12.10 Years, SD (± 3.7413), Median = 13.00, Minimum = 5 Years, Maximum = 19 Years		
Religion	Muslim	38	95%
	Hindu	2	5%
Residential area	Urban	7	17.5%^
	Semi-Urban	3	7.5%
	Rural	27	75.0%
Total number of family member	2-5 Persons	28	70.0%
	6-9 Persons	12	30.0%
Number of earning	1-2	39	97.5%

member	3-4	1	2.5%
Monthly household income	10000	24	60.0%
	20000	5	12.5%
	30000	4	10.0%
	>30000	7	17.5%
Age at which ID was diagnosed	1-10 Years	35	87.5%
	11-20 Years	5	12.5%
Family members have long time mental illness	Yes	8	20%
	No	32	80%

Table 4.1 indicates the socio-demographic information about age distribution highlights that 52.5% (n= 21) child was within 13 to 20 years, while the remaining 47.5% (n=19) child was within 5 to 12 years. Overall, the child in this study had a mean age was 12.10 years, Std. deviation ±3.7413, median age 13.00 years. The findings show that the minimum age of the child was 5 years whereas the maximum age was 19 years. Most of the child in the study were male 80.0% (n = 32), whereas female made up a smaller proportion 20.0% (n = 8). A large number of child lived in rural areas 75.0% (n = 27), with fewer living in urban 17.5% (n = 7) or semi-urban 7.5% (n = 3) communities. This table also clearly shows that majority 87.5% (n=35) of child were diagnosed with Intellectual Disability within 1 to 10 years and only a small number 12.5% (n=5) child were diagnosed with Intellectual Disability within 11 to 20 years. This table also shows that most of the 80.0% (n=32) child did not have any family history of mental illness. However, a few proportion 20.0% (n=8) reported that at least one family member has a long-time mental health condition.

Table 4.2: Level of participation for Intellectual Disability

Participation	n Percentage (%)				
	Age expected	Somewhat limited	Very limited	Unable	Not applicable
Home Participation					
Social, play, leisure with family	1(2.5)	9(22.5)	29(72.5)	1(2.5)	-
Social, play, leisure with friends	2(5.0)	7(17.5)	29(72.5)	2(5.0)	-
Family chores, responsibilities and decisions at home	2(5.0)	7(17.5)	27(67.5)	4(10.0)	-
Self-care	6(15.0)	7(17.5)	24(60.0)	3(7.5)	-
Moving about in and around home	6(15.0)	9(22.5)	23(57.5)	2(5.0)	-
Communication	3(7.5)	8(20.0)	27(67.5)	2(5.0)	-
Neighborhood and Community Participation					
Social, play, leisure with friends	-	9(22.5)	30(75.0)	1(2.5)	-
Structured events	-	10(25.0)	29(72.5)	1(2.5)	-
Moving around the neighborhood and community	-	9(22.5)	29(72.5)	1(2.5)	-
Communication	-	9(22.5)	30(75.0)	1(2.5)	-
School Participation					
Educational activities	2(5.00	1(2.5)	21(52.5)	15(37.5)	1(2.5)
Social, play, recreational activities with peer	1(2.5)	1(2.5)	21(52.5)	16(40.0)	1(2.5)
Moving around	1(2.5)	1(2.5)	21(52.5)	16(40.0)	1(2.5)
Using educational materials	1(2.5)	1(2.5)	21(52.5)	16(40.0)	1(2.5)
Communication	1(2.5)	1(2.5)	24(60.0)	13(32.5)	1(1.5)
Home and Community Living Activities					
Household activities	1(2.5)	7(17.5)	23(57.5)	8(20.0)	1(2.5)
Shopping and managing money		7(17.5)	25(62.5)	8(20.0)	-
Managing daily schedule	2(5.0)	7(17.5)	24(60.0)	7(17.5)	-
Using transportation	-	6(15.0)	28(70.0)	6(15.0)	-
Work activities and responsibilities	-	7(17.5)	26(65.0)	6(15.0)	1(2.5)

Table 4.2 illustrated the domains of participation where the largest percentage 75% (n=30) of participants has identified as their child 'very limited ' in "social, play, or leisure activities with friends in the neighborhood and community" and " communicating with other children and adults in the neighborhood and community " 72.5% (n=29) children was 'very limited ' in "social, play, or leisure activities with family members at home " and "social, play, or leisure activities with friends at home " and " structured events and activities in the neighborhood and community " and " moving around the neighborhood and community " . Although 70.0% (n=28) parents reported that their child has 'very limited ' in "using transportation to get around in the community". Parents also reported that 67.5% (n=27) child has 'very limited ' in " family chores, responsibilities and decisions at home " and " communicating with other children and adults at home". 65.0% (n=26) parents reported that their child has 'very limited' in "work activities and responsibilities " and 62.5% (n=25) parents reported that their child has 'very limited' in "shopping and managing money". Another 60.0% (n=24) parents reported that their child has 'very limited' in "self-care activities" and "communicating with other children and adults at school" and "managing daily schedule". 57.5% (n=23) parents reported that their child has 'very limited' in "moving about in and around the home" and "household activities". Another 52.5% (n=21) parents reported that their child has 'very limited' in" educational activities with other children in his or her classroom at school" and "social, play and recreational activities with other children at school" and "moving around at school" and "using educational materials and equipment that are available to other children in his or her classroom/s or that have been modified for your child". 40.0% (n=16) parents reported that their child has 'unable' in "social, play, recreational activities with other children at school" and "moving around at school" and "using educational materials and equipment that are

available to other children in his or her classroom/s or that have been modified for your child". 37% (n=15) parents reported that their child has 'Unable' in "educational activities with other children in his or her classroom at school" and 32.5% (n=13) child has 'unable' in "communicating with other children and adults at school". 25.0% (n=10) child has 'somewhat limited' in "structured events and activities in the neighborhood and community" and 22.5% (n=9) child has 'somewhat limited' in "social, play or leisure activities with family members at home" and "moving about in and around the home" and "social, play or leisure activities with friends in the neighborhood and community" and "moving around the neighborhood and community" and "communicating with other children and adults in the neighborhood and community". Another 15% (n=6) parents reported that their child where 'age expected' participation in "self-care activities" and "moving about in and around the home" and another 2.5% (n=1) parents reported that their child has 'not applicable' in "educational activities with other children in his or her classroom at school" and "social, play and recreational activities with other children at school" and "moving around at school" and "using educational materials and equipment that are available to other children in his or her classroom/s or that have been modified for your child" and "communicating with other children and adults at school" and "household activities" and "work activities and responsibilities".

Figure 4.3

Participation for all four domains according to CASP Score

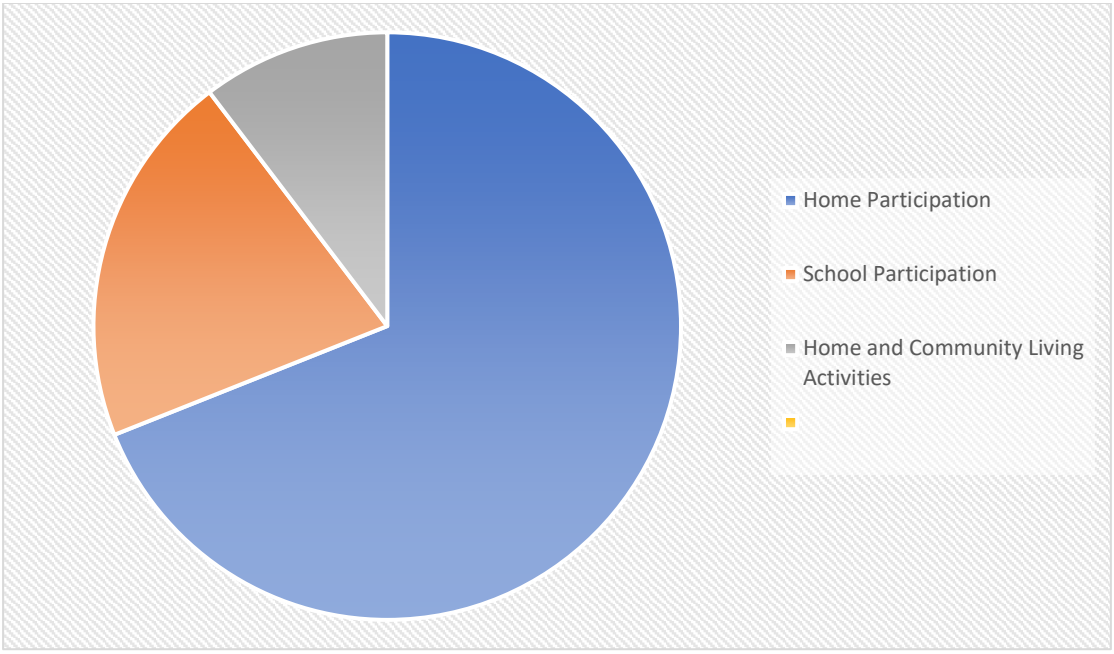


Figure 4.3 indicates total level of participation according to domains of CASP Score. However, this figure presents the highest level of 'Age expected' participation (50%) is home participation which indicates that the children are most engaged in activities within their home environment. Similarly, School Participation (15%) is also high and the Home and Community Living Activities (7.5%) which is comparatively lower and the lowest level of participation is seen is this figure, but there is no 'Age expected' participation in Neighborhood and Community Participation.

CHAPTER V: DISCUSSION

This study examined the status of participation in daily activities among children and adolescents with Intellectual Disabilities (ID) in Bangladesh using the Child and Adolescent Scale of Participation (CASP). The findings demonstrate that participation across home, school, and community settings is substantially restricted for the majority of children. These results are consistent with global and LMIC-based research, which has consistently reported lower levels of participation among children with intellectual disabilities compared to typically developing peers (King et al., 2013; Taheri et al., 2016). The findings of the present study reinforce the understanding that participation restriction is a multidimensional issue influenced by individual functional limitations and contextual barriers.

Participation, as defined by the International Classification of Functioning, Disability and Health (ICF), refers to involvement in life situations and reflects how individuals engage in real-life contexts (World Health Organization, 2001). The ICF framework emphasizes that participation is shaped by the interaction between body functions, activity performance, personal factors, and environmental conditions. Therefore, the restricted participation observed in this study should not be interpreted solely because of cognitive limitations but rather as the result of a complex interaction between individual abilities and environmental constraints.

The results of this study show that most children were very limited in social, play, and leisure activities both at home and in the community. These findings align closely with Taheri et al. (2016), who reported that children and adolescents with ID often experience difficulties initiating and maintaining social interactions, leading to fewer peer relationships and limited participation in recreational activities. Similarly, King et

al. (2013) found reduced engagement in leisure and social participation due to limited social skills, reduced self-confidence, and environmental barriers. Shields et al. (2014) also observed that children with intellectual disabilities participate less frequently in physical and social activities outside school settings. The consistently low involvement in peer-related activities in this study suggests that social participation remains one of the most vulnerable domains for children with ID in Bangladesh.

Leisure participation plays a critical role in developing social competence, emotional regulation, and self-esteem. Reduced engagement in structured and unstructured leisure activities may increase the risk of social isolation and limit opportunities for practicing communication and interaction skills. In many cultural contexts, including Bangladesh, social play and peer interaction are central components of childhood development. Therefore, restricted leisure participation may have long-term psychosocial implications.

Community participation was found to be the most restricted domain, particularly in neighborhood events, communication within the community, and mobility-related activities such as transportation use. These findings parallel those of Huus et al. (2021), who documented that environmental barriers, stigma, safety concerns, and transportation difficulties significantly reduce community participation among children with disabilities in LMIC settings. Dada et al. (2020) similarly emphasized that family routines, caregiver availability, and societal attitudes shape children's opportunities for community engagement.

Community environments often demand higher levels of independence, mobility, and social interaction, which may present additional challenges for children with intellectual disabilities. Limited public accessibility, absence of inclusive recreational programs, and negative societal attitudes may further reduce opportunities for

engagement. In the Bangladeshi context, where infrastructural and social support systems for children with disabilities remain limited, community participation restrictions may be more pronounced. Reduced community engagement can hinder social inclusion, limit exposure to diverse life experiences, and restrict development of autonomy.

School participation was also significantly limited across educational, recreational, and communication activities. More than half of the children were rated as “very limited” in classroom engagement, interaction with peers, and use of educational materials. These findings support King et al. (2013), who reported that cognitive and communication difficulties interfere with academic participation and group-based learning among children with ID. Taheri et al. (2016) similarly observed reduced school participation associated with peer exclusion and limited educational support.

School environments are essential contexts for social learning and cognitive development. According to the ICF framework (World Health Organization, 2001), participation in educational settings depends not only on intellectual ability but also on environmental supports such as inclusive teaching strategies, individualized accommodations, and peer acceptance. Huus et al. (2021) emphasized that insufficient teacher training and lack of inclusive resources can negatively affect participation in school contexts. Therefore, the restricted school participation observed in this study may reflect gaps in inclusive education practices and limited institutional support systems.

Home participation was also significantly restricted, particularly in family responsibilities, communication, and self-care activities. Williams et al. (2020) found that functional independence strongly predicts participation levels, with lower adaptive

functioning associated with reduced engagement in daily home tasks. The present findings support this relationship, as many children were rated as “very limited” in self-care routines, household contributions, and task management. Schalock et al. (2007) noted that limitations in adaptive behavior significantly affect practical skill development, which may explain the restricted home participation observed.

Cultural norms and parenting practices may also influence home participation patterns. In some families, children with disabilities may be overprotected due to safety concerns or societal stigma. Dada et al. (2020) suggested that caregiver perceptions and family routines play a significant role in shaping participation opportunities. In Bangladesh, financial constraints and limited awareness about promoting independence may further restrict children’s involvement in home routines.

Overall, the findings indicate that participation restrictions for children with ID in Bangladesh are multidimensional and influenced by personal, environmental, and social factors. The consistent pattern of limited participation across home, school, and community settings reflects the interconnected nature of participation domains. Reduced functional independence may limit school engagement, which in turn may affect community participation and social inclusion.

The findings of this study are consistent with international literature demonstrating reduced participation among children with intellectual disabilities (King et al., 2013; Taheri et al., 2016; Williams et al., 2020). However, this study contributes important context-specific evidence from Bangladesh, where comprehensive participation research has been limited. By using a standardized measure such as CASP, the study provides a structured cross-domain profile of participation that highlights areas requiring targeted intervention.

The results underscore the need for integrated intervention strategies that address both functional skill development and environmental modification. Occupational therapy interventions focusing on self-care skills, social participation training, and community-based practice may enhance independence. Inclusive educational policies and teacher training programs may improve school participation. Community awareness initiatives and improved accessibility may reduce environmental barriers.

Participation is closely associated with quality of life and long-term independence (Williams et al., 2020). Therefore, addressing participation restrictions is essential for promoting holistic development among children and adolescents with intellectual disabilities. The present study provides foundational evidence to inform rehabilitation planning, inclusive policy development, and future research in Bangladesh.

CHAPTER VI: CONCLUSION

6.1 Strength and Limitation

6.1.1 Strengths of the Study

- Use of a Standardized Participation Tool (CASP):

  The study used the Child and Adolescent Scale of Participation (CASP), an internationally recognized and validated instrument. This strengthened the accuracy and comparability of participation scores across different activity domains.

- Focus on a Multi-Domain Participation Profile:

  Unlike many studies that examine only school or leisure activities, this research assessed participation across home, school, community and daily-living activities, providing a comprehensive understanding of the participation patterns of children with Intellectual Disabilities in Bangladesh.

- Context-Specific Evidence for Bangladesh:

  There is a scarcity of research on participation among children with ID in Bangladesh. This study contributes original data and fills an important gap by providing relevant evidence that can guide occupational therapy practice, service planning, and policy development.

- Caregiver-Based Reporting Ensured Rich, Accurate Information:

  Parents and caregivers who observe children across multiple settings provide detailed insights into children's daily functioning. This strengthened the reliability of the reported participation patterns.

- Representative Sample from Multiple Centers:

  Selecting participants from several schools and service centers allowed inclusion of children from different socio-economic and cultural backgrounds, improving the generalizability of the findings within similar contexts.

- Ethically Sound and Feasible Design:

  The cross-sectional design was easy for families to participate in, required minimal time and posed no risk, ensuring ethical integrity and smooth data collection.

6.1.2 Limitations of the Study

- Small Sample Size (n = 40):

  Although adequate for an undergraduate project, the sample size limits generalizability to the wider population of children with Intellectual Disabilities in Bangladesh.

- Use of Single Informant (Caregiver Report):

  All participation scores were based on caregiver interviews. Parent perceptions may be influenced by stress, expectations, or personal bias, which may affect the accuracy of reporting.

- Limited Representation of Severity Levels:

  Only children and adolescents with mild to moderate ID were included. Therefore, the results do not reflect participation challenges experienced by children with severe or profound intellectual disabilities.

- No Direct Child Self-Report:

  Tools like PMP or CAPE allow child perspectives, but this study relied solely on caregiver responses. Children's personal experiences, preferences and motivation could not be captured directly.

- Environmental Context Not Measured Quantitatively:

  Although environmental barriers were discussed in the literature review, the study did not include a structured environmental assessment tool (e.g., PEM-CY). This restricts deeper analysis of contextual factors influencing participation.

6.2 Practice Implication

6.2.1 Recommendation for future practice

1. Strengthening Occupational Therapy Interventions

Participation restrictions identified across home, school, and community domains indicate the need for targeted, occupation-based interventions.

OT practitioners should focus on:

- Enhancing functional independence (self-care, task sequencing, communication).
- Supporting social participation by teaching social skills and peer interaction strategies.
- Providing family-centered training to help caregivers support participation at home.

2. Promoting Inclusive School Environments

The study found limited participation in school activities, highlighting the need for:

- Training teachers on inclusive teaching strategies.
- Encouraging peer-support programs that promote social inclusion.
- Advocating for classroom modifications and assistive tools that align with children's cognitive and adaptive abilities.

3. Encouraging Community-Based Participation Programs

Since community participation was the most restricted domain OT practitioners and

organizations should:

- Develop community recreation programs tailored for children with ID.
- Advocate for accessible public spaces and safe neighborhood environments.
- Conduct awareness campaigns to reduce stigma and negative attitudes affecting community participation.

4. Enhancing Family Empowerment and Support

Caregivers play a central role in participation.

The study suggests the need for:

- Parent training in daily-living skill development.
- Counseling services to manage caregiver stress.
- Resource-sharing networks among families to support community involvement.

5. Applying the ICF Framework in Practice

Given the multidimensional nature of participation restrictions, therapists should use the ICF model to assess:

- Personal factors (communication, independence)
- Environmental barriers (stigma, accessibility)
- Activity demands

This holistic approach will help therapists design interventions that address both functional skills and contextual barriers.

6.2.2 Recommendations for Future research

1. Increase Sample Size and Diversity

Future studies should include a larger and more diverse sample to improve generalizability. Including children from rural settings, different socio-economic backgrounds and various service centers may better represent Bangladesh’s population.

2. Use Multi-Informant and Mixed-Methods Designs

Relying only on caregiver reports limits understanding. Future research should be incorporated:

- Child self-reports (using PMP, CAPE/PAC)
- Teacher perspectives
- Direct observation

Mixed-methods approaches can provide richer, more nuanced data on participation experiences.

3. Explore Environmental and Cultural Barriers Quantitatively

Given that environmental factors strongly influence participation, future research should include:

- Standardized environmental assessment tools (e.g., PEM-CY)
- Analysis of community accessibility, stigma, and parental attitudes

This was clarifying how different barriers shape participation outcomes in Bangladesh.

4. Evaluate Participation-Based Interventions

There is a need for studies that test the effectiveness of:

- School-based inclusion programs
- Social skills training
- Parent-led intervention models
- Community recreational programs

Intervention studies will inform evidence-based strategies to enhance participation.

5. Conduct Longitudinal Studies

Cross-sectional data provide a snapshot but longitudinal research could show how participation changes over time and identify factors that support long-term

improvement.

6.3 Conclusion

This study examined the participation patterns of children and adolescents with Intellectual Disabilities in Bangladesh across home, school, and community environments using the Child and Adolescent Scale of Participation (CASP). The findings indicate that participation is significantly restricted in all domains, with the most substantial limitations observed in community engagement, peer interaction, and school-related activities. Home participation, including self-care and family responsibilities, was also considerably limited, reflecting challenges in functional independence and daily living skills.

The results are consistent with international research showing that children with ID experience reduced participation due to a combination of personal factors such as cognitive limitations, communication difficulties, and poor executive functioning and environmental barriers, including stigma, limited accessibility, and inadequate inclusive opportunities. These influences appear equally prevalent in the Bangladeshi context, suggesting that participation restrictions are shaped by both individual needs and broader societal conditions.

This study contributes essential context-specific evidence to the limited body of research on participation among children with Intellectual Disabilities in Bangladesh. By highlighting the specific domains in which participation is most affected, the study underscores the need for targeted occupational therapy interventions, improved school inclusion practices, family-centered support, and community-level modifications that

promote accessibility and social inclusion.

Overall, the findings reinforce that participation is multidimensional and deeply embedded within the interplay of personal abilities and environmental opportunities. Strengthening participation requires coordinated efforts across homes, schools, therapeutic services, and communities. This study provides a foundation for such efforts and offers meaningful direction for future research and clinical practice aimed at enhancing the daily lives and developmental outcomes of children and adolescents with Intellectual Disabilities.

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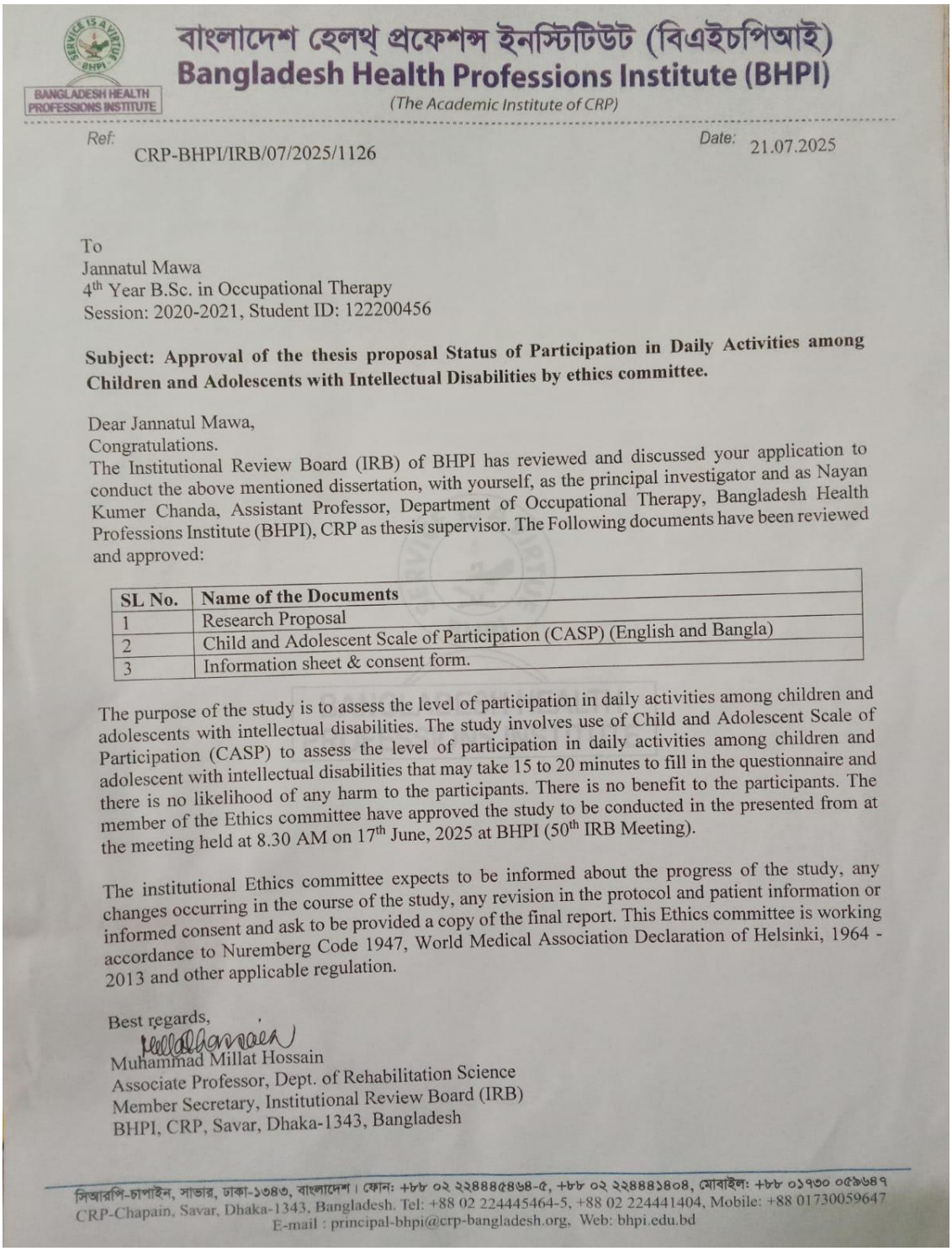
APPENDICES

Appendix A: Approval / Permission Letter

Ethical Approval Letter from IRB



বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)

Ref: CRP-BHPI/IRB/07/2025/1126 Date: 21.07.2025

To
Jannatul Mawa
4th Year B.Sc. in Occupational Therapy
Session: 2020-2021, Student ID: 122200456

Subject: Approval of the thesis proposal Status of Participation in Daily Activities among Children and Adolescents with Intellectual Disabilities by ethics committee.

Dear Jannatul Mawa,
Congratulations.
The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above mentioned dissertation, with yourself, as the principal investigator and as Nayan Kumer Chanda, Assistant Professor, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP as thesis supervisor. The Following documents have been reviewed and approved:

SL No.	Name of the Documents
1	Research Proposal
2	Child and Adolescent Scale of Participation (CASP) (English and Bangla)
3	Information sheet & consent form.

The purpose of the study is to assess the level of participation in daily activities among children and adolescents with intellectual disabilities. The study involves use of Child and Adolescent Scale of Participation (CASP) to assess the level of participation in daily activities among children and adolescent with intellectual disabilities that may take 15 to 20 minutes to fill in the questionnaire and there is no likelihood of any harm to the participants. There is no benefit to the participants. The member of the Ethics committee have approved the study to be conducted in the presented from at the meeting held at 8.30 AM on 17th June, 2025 at BHPI (50th IRB Meeting).

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,
Muhammad Millat Hossain
Associate Professor, Dept. of Rehabilitation Science
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647
E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd

Permission Letter

Date:24-06-2025
The Chairman
Institutional Review Board (IRB)
Bangladesh Health Professions Institute (BHPI)
CRP-Savar, Dhaka-1343, Bangladesh

Subject: **Application for review and ethical approval.**

Sir,

With due respect I would like to draw your kind attention that I am a student of B.Sc. in Occupational Therapy at Centre for the Rehabilitation of the Paralysed (CRP). I would like to conduct athesistitled, "Status of participation in daily activities among children and adolescents with intellectual disabilities'' with myself, as the principal investigator/author and Nayan Kumer Chanda, Assistant Professor, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP as my thesis supervisor. The purpose of the study is toassess the level participation in daily activities among children and adolescents with intellectual disabilities.

Child and Adolescent Scale of Participation (CASP) Scale will be used in the study that will take about 15 to 20 minutes. Other related information will be collected from the Sociodemographic Questionnaire. Data collectors will receive informed consents from all participants. Any data collected will be kept confidential.

Therefore, I look forward to having your approval for the thesis proposal and to start data collection. I also assure you that I will maintain all the requirements for study.

Sincerely yours,

Mawa

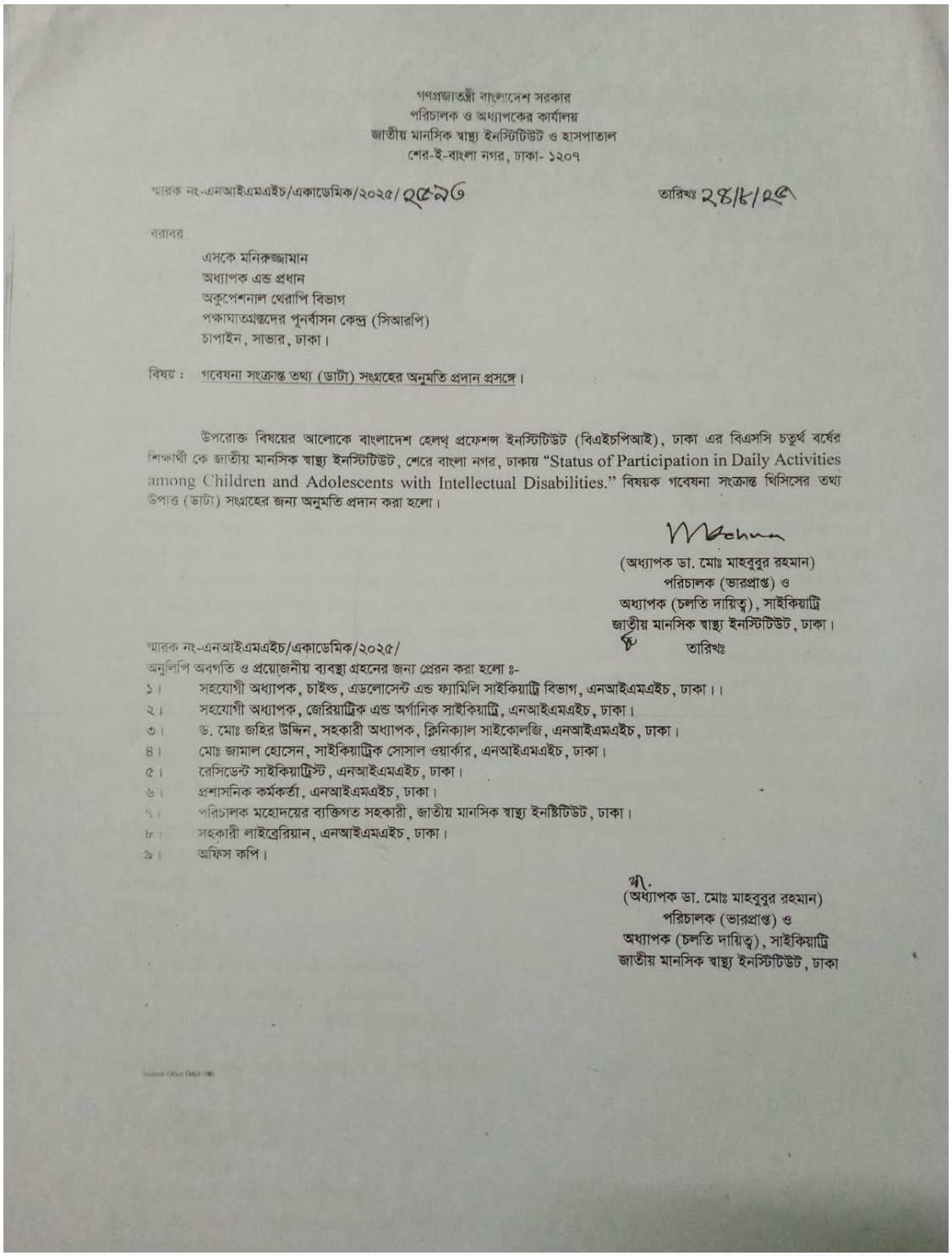
Jannatul Mawa
4th Year B.Sc. in Occupational Therapy
Session: 2020-2021, Student ID:122200456
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

Recommendation from the thesis supervisor/concerned authority:

Nayan 1594

Nayan Kumer Chanda
Assistant Professor
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

Permission letter from NIMH



গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
পরিচালক ও অধ্যাপকের কার্যালয়
জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট ও হাসপাতাল
শের-ই-বাংলা নগর, ঢাকা- ১২০৭

স্মারক নং-এনআইএমএইচ/একাডেমিক/২০২৫/২৫৯৬ তারিখঃ ২৪/৪/২৫

বরাবর

এসকে মনিরুজ্জামান
অধ্যাপক এন্ড প্রধান
অকুপেশনাল থেরাপি বিভাগ
পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্র (সিআরপি)
চাপাইন, সাভার, ঢাকা।

বিষয় : গবেষনা সংক্রান্ত তথ্য (ডাটা) সংগ্রহের অনুমতি প্রদান প্রসঙ্গে।

উপরোক্ত বিষয়ের আলোকে বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), ঢাকা এর বিএসসি চতুর্থ বর্ষের শিক্ষার্থী কে জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, শেরে বাংলা নগর, ঢাকায় "Status of Participation in Daily Activities among Children and Adolescents with Intellectual Disabilities." বিষয়ক গবেষনা সংক্রান্ত থিসিসের তথ্য উপাত্ত (ডাটা) সংগ্রহের জন্য অনুমতি প্রদান করা হলো।

(অধ্যাপক ডা. মোঃ মাহবুবুর রহমান)
পরিচালক (ভারপ্রাপ্ত) ও
অধ্যাপক (চলতি দায়িত্ব), সাইকিয়াট্রি
জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা।

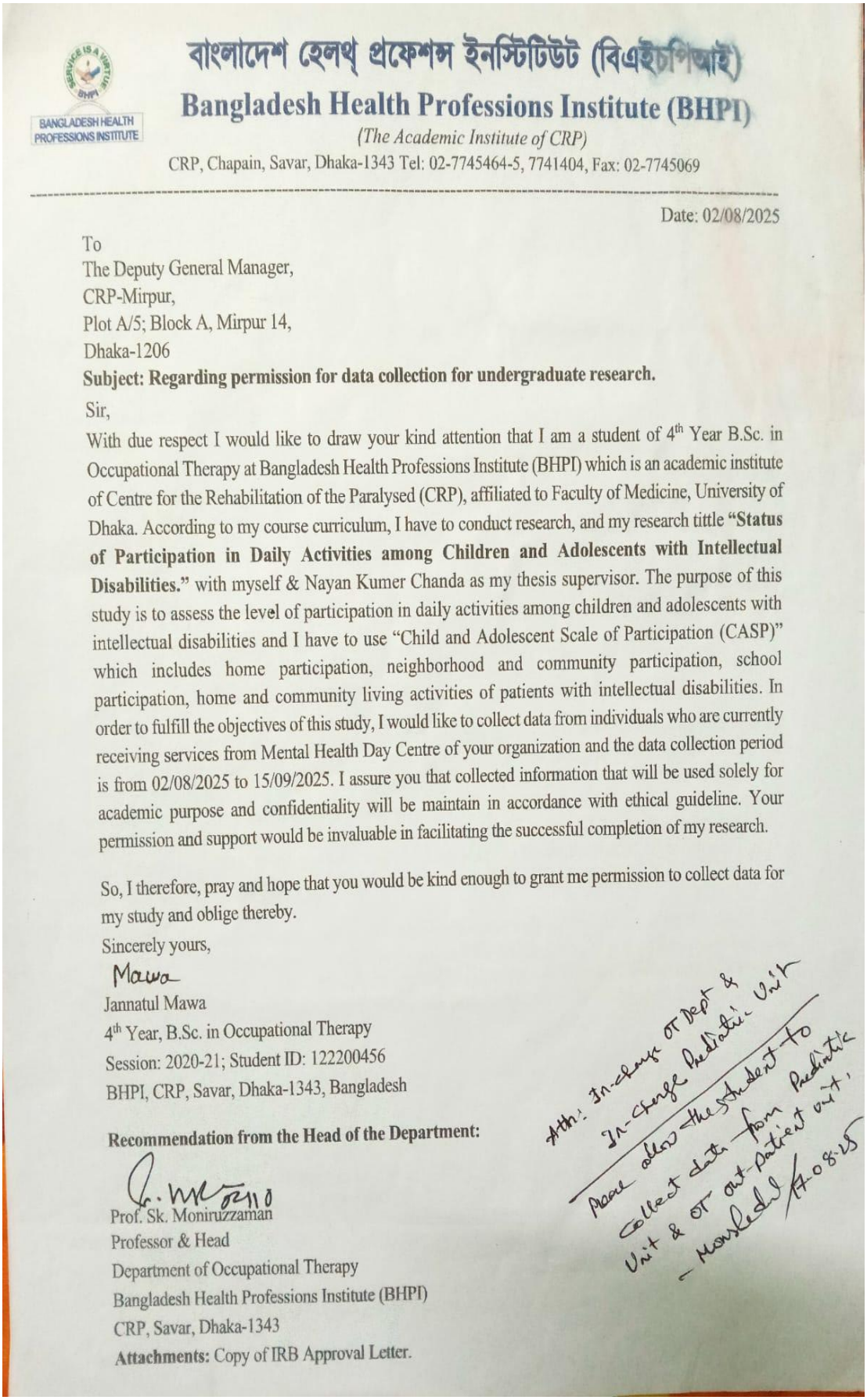
স্মারক নং-এনআইএমএইচ/একাডেমিক/২০২৫/ তারিখঃ

অনুলিপি অবগতি ও প্রয়োজনীয় ব্যবস্থা গ্রহনের জন্য প্রেরন করা হলো ঃ-

১। সহযোগী অধ্যাপক, চাইল্ড, এডলোসেন্ট এন্ড ফ্যামিলি সাইকিয়াট্রি বিভাগ, এনআইএমএইচ, ঢাকা।।
২। সহযোগী অধ্যাপক, জেরিয়াট্রিক এন্ড অর্গানিক সাইকিয়াট্রি, এনআইএমএইচ, ঢাকা।
৩। ড. মোঃ জহির উদ্দিন, সহকারী অধ্যাপক, ক্লিনিক্যাল সাইকোলজি, এনআইএমএইচ, ঢাকা।
৪। মোঃ জামাল হোসেন, সাইকিয়াট্রিক সোসাল ওয়ার্কার, এনআইএমএইচ, ঢাকা।
৫। রেসিডেন্ট সাইকিয়াট্রিস্ট, এনআইএমএইচ, ঢাকা।
৬। প্রশাসনিক কর্মকর্তা, এনআইএমএইচ, ঢাকা।
৭। পরিচালক মহোদয়ের ব্যক্তিগত সহকারী, জাতীয় মানসিক স্বাস্থ্য ইনষ্টিটিউট, ঢাকা।
৮। সহকারী লাইব্রেরিয়ান, এনআইএমএইচ, ঢাকা।
৯। অফিস কপি।

(অধ্যাপক ডা. মোঃ মাহবুবুর রহমান)
পরিচালক (ভারপ্রাপ্ত) ও
অধ্যাপক (চলতি দায়িত্ব), সাইকিয়াট্রি
জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা

Permission letter from CRP-Mirpur



বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)

Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 02/08/2025

To
The Deputy General Manager,
CRP-Mirpur,
Plot A/5; Block A, Mirpur 14,
Dhaka-1206

Subject: Regarding permission for data collection for undergraduate research.

Sir,

With due respect I would like to draw your kind attention that I am a student of 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of Centre for the Rehabilitation of the Paralysed (CRP), affiliated to Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research tittle **"Status of Participation in Daily Activities among Children and Adolescents with Intellectual Disabilities."** with myself & Nayan Kumer Chanda as my thesis supervisor. The purpose of this study is to assess the level of participation in daily activities among children and adolescents with intellectual disabilities and I have to use "Child and Adolescent Scale of Participation (CASP)" which includes home participation, neighborhood and community participation, school participation, home and community living activities of patients with intellectual disabilities. In order to fulfill the objectives of this study, I would like to collect data from individuals who are currently receiving services from Mental Health Day Centre of your organization and the data collection period is from 02/08/2025 to 15/09/2025. I assure you that collected information that will be used solely for academic purpose and confidentiality will be maintain in accordance with ethical guideline. Your permission and support would be invaluable in facilitating the successful completion of my research.

So, I therefore, pray and hope that you would be kind enough to grant me permission to collect data for my study and oblige thereby.

Sincerely yours,

Mawa

Jannatul Mawa
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21; Student ID: 122200456
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

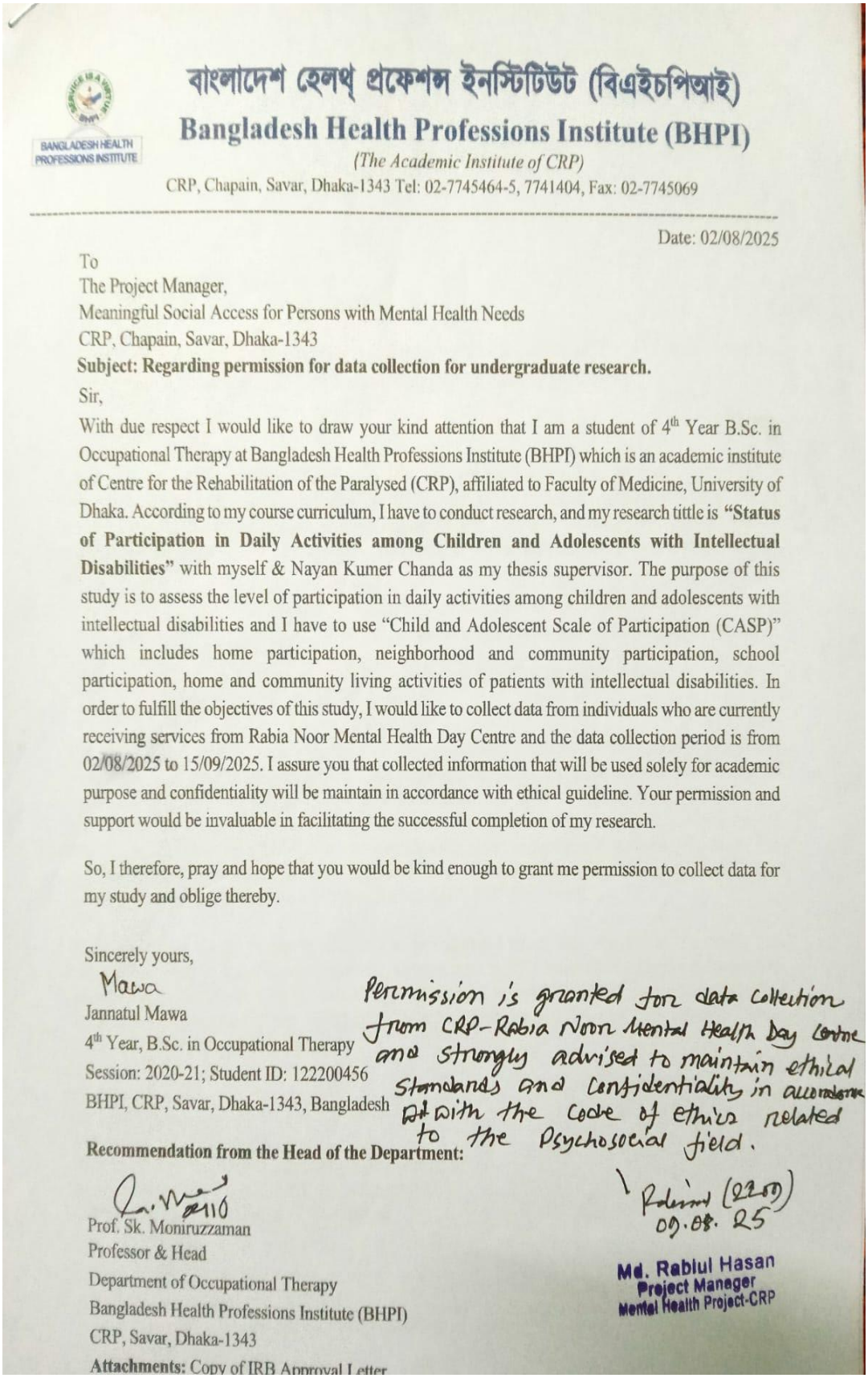
Recommendation from the Head of the Department:

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

Attachments: Copy of IRB Approval Letter.

4th: In-charge OT Dept & In-charge Pediatric Unit
Please allow the student to collect data from Pediatric Unit & OT out-patient unit.
- Mosaddek 4.08.25

Permission letter from Meaningful Social Access for Persons with Mental Health Needs



বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)

Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 02/08/2025

To
The Project Manager,
Meaningful Social Access for Persons with Mental Health Needs
CRP, Chapain, Savar, Dhaka-1343

Subject: Regarding permission for data collection for undergraduate research.

Sir,

With due respect I would like to draw your kind attention that I am a student of 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of Centre for the Rehabilitation of the Paralysed (CRP), affiliated to Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research tittle is **"Status of Participation in Daily Activities among Children and Adolescents with Intellectual Disabilities"** with myself & Nayan Kumer Chanda as my thesis supervisor. The purpose of this study is to assess the level of participation in daily activities among children and adolescents with intellectual disabilities and I have to use "Child and Adolescent Scale of Participation (CASP)" which includes home participation, neighborhood and community participation, school participation, home and community living activities of patients with intellectual disabilities. In order to fulfill the objectives of this study, I would like to collect data from individuals who are currently receiving services from Rabia Noor Mental Health Day Centre and the data collection period is from 02/08/2025 to 15/09/2025. I assure you that collected information that will be used solely for academic purpose and confidentiality will be maintain in accordance with ethical guideline. Your permission and support would be invaluable in facilitating the successful completion of my research.

So, I therefore, pray and hope that you would be kind enough to grant me permission to collect data for my study and oblige thereby.

Sincerely yours,
Mawa
Jannatul Mawa
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21; Student ID: 122200456
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Permission is granted for data collection from CRP-Rabia Noor Mental Health Day Centre and strongly advised to maintain ethical standards and confidentiality in accordance with the code of ethics related to the Psychosocial field.

Recommendation from the Head of the Department:

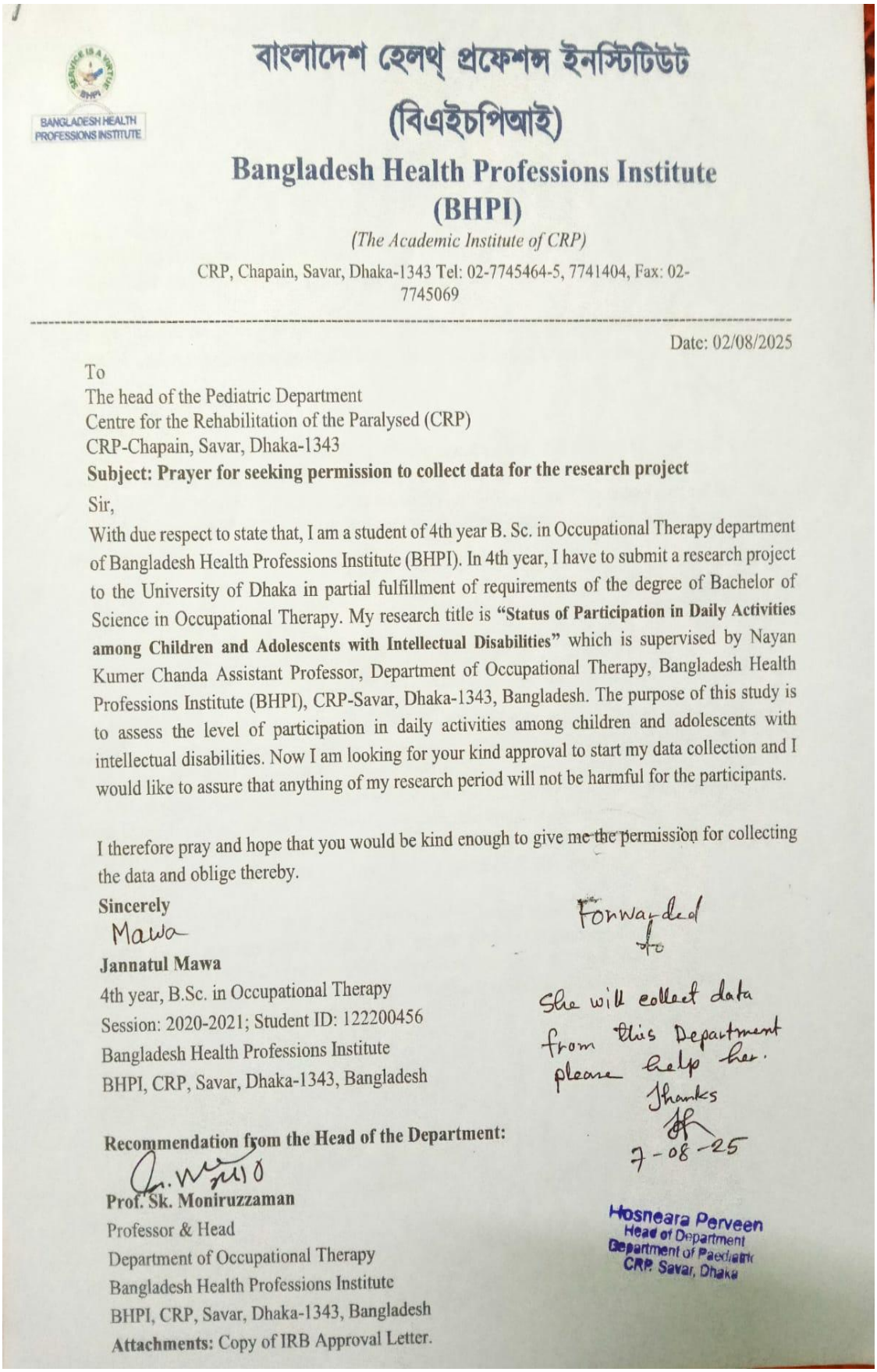
Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

Rabiul (2250)
09.08.25

Md. Rabiul Hasan
Project Manager
Mental Health Project-CRP

Attachments: Copy of IRB Approval Letter

Permission letter from Pediatric Department



বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট

(বিএইচপিআই)

Bangladesh Health Professions Institute

(BHPI)

(The Academic Institute of CRP)

CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 02/08/2025

To
The head of the Pediatric Department
Centre for the Rehabilitation of the Paralysed (CRP)
CRP-Chapain, Savar, Dhaka-1343

Subject: Prayer for seeking permission to collect data for the research project

Sir,

With due respect to state that, I am a student of 4th year B. Sc. in Occupational Therapy department of Bangladesh Health Professions Institute (BHPI). In 4th year, I have to submit a research project to the University of Dhaka in partial fulfillment of requirements of the degree of Bachelor of Science in Occupational Therapy. My research title is **"Status of Participation in Daily Activities among Children and Adolescents with Intellectual Disabilities"** which is supervised by Nayan Kumer Chanda Assistant Professor, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP-Savar, Dhaka-1343, Bangladesh. The purpose of this study is to assess the level of participation in daily activities among children and adolescents with intellectual disabilities. Now I am looking for your kind approval to start my data collection and I would like to assure that anything of my research period will not be harmful for the participants.

I therefore pray and hope that you would be kind enough to give me the permission for collecting the data and oblige thereby.

Sincerely
Mawa
Jannatul Mawa
4th year, B.Sc. in Occupational Therapy
Session: 2020-2021; Student ID: 122200456
Bangladesh Health Professions Institute
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Forwarded to

She will collect data from this Department please help her.
Thanks
7-08-25

Hosneara Perveen
Head of Department
Department of Paediatric
CRP, Savar, Dhaka

Recommendation from the Head of the Department:

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute
BHPI, CRP, Savar, Dhaka-1343, Bangladesh
Attachments: Copy of IRB Approval Letter.

Permission letter from Occupational Therapy Department CRP

Date:03/08/2025

To

Head of the Department,

Occupational Therapy Department

Centre for the Rehabilitation of Paralysed-CRP,

Chapain, Savar, Dhaka-1343, Bangladesh.

Subject: Regarding permission for data collection for undergraduate research.

Sir,

With due respect I would like to draw your kind attention that I am a student of 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of Centre for the Rehabilitation of the Paralysed (CRP), affiliated to Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research tittle is "**Status of Participation in Daily Activities among Children and Adolescents with Intellectual Disabilities"** with myself & Nayan Kumer Chanda as my thesis supervisor. The aim of my study is to assess the level of participation in daily activities among children and adolescents with intellectual disabilities. In order to fulfill the objectives of this study, I would like to collect data from the Occupational Therapy Department -CRP, Savar. I assure you that collected information that will be used solely for academic purpose and confidentiality will be maintain in accordance with ethical guideline. Your permission and support would be invaluable in facilitating the successful completion of my research.

So, I therefore, pray and hope that you would be kind enough to grant me permission to collect data for my study and oblige thereby.

Sincerely yours,

Mawa

Jannatul Mawa

4th Year, B.Sc. in Occupational Therapy

Session: 2020-21; Student ID:

122200456

Bangladesh Health Professions Institute

(BHPI) CRP, Savar, Dhaka-1343

Approved 1560 08/08/2025 MD. TAUHIDUL ISLAM Consultant-OT & Head Occupational Therapy Dept. CRP, Savar, Dhaka-1343

Recommendation from the Head of the Department:

Prof. Sk. Moniruzzaman

Professor & Head

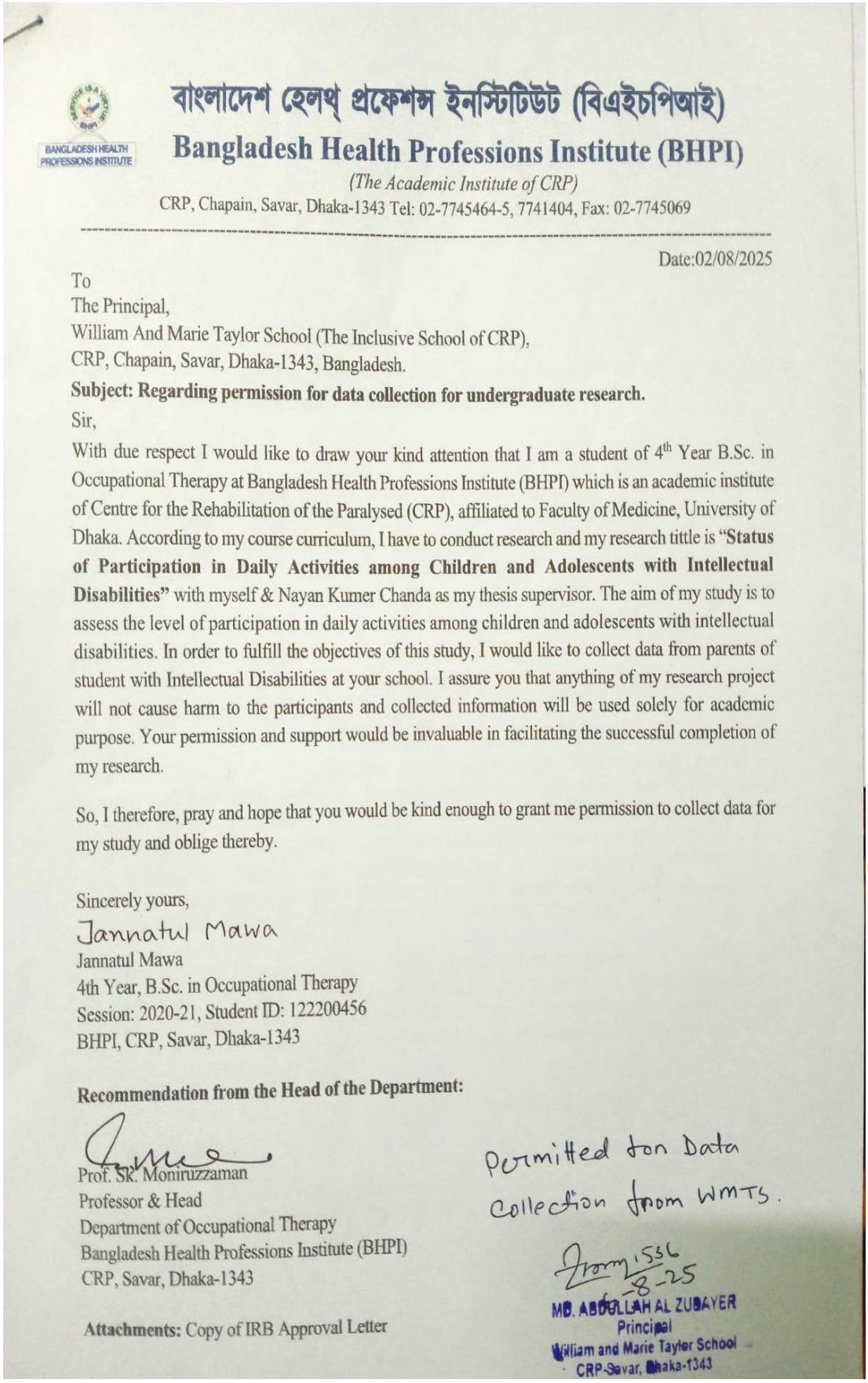
Department of Occupational Therapy

Bangladesh Health Professions Institute

(BHPI) CRP, Savar, Dhaka-1343

Attachments: Copy of IRB Approval Letter.

Permission letter from WMTS



বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)

Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date:02/08/2025

To
The Principal,
William And Marie Taylor School (The Inclusive School of CRP),
CRP, Chapain, Savar, Dhaka-1343, Bangladesh.

Subject: Regarding permission for data collection for undergraduate research.

Sir,

With due respect I would like to draw your kind attention that I am a student of 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of Centre for the Rehabilitation of the Paralysed (CRP), affiliated to Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research and my research tittle is "**Status of Participation in Daily Activities among Children and Adolescents with Intellectual Disabilities"** with myself & Nayan Kumer Chanda as my thesis supervisor. The aim of my study is to assess the level of participation in daily activities among children and adolescents with intellectual disabilities. In order to fulfill the objectives of this study, I would like to collect data from parents of student with Intellectual Disabilities at your school. I assure you that anything of my research project will not cause harm to the participants and collected information will be used solely for academic purpose. Your permission and support would be invaluable in facilitating the successful completion of my research.

So, I therefore, pray and hope that you would be kind enough to grant me permission to collect data for my study and oblige thereby.

Sincerely yours,
Jannatul Mawa
Jannatul Mawa
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: 122200456
BHPI, CRP, Savar, Dhaka-1343

Recommendation from the Head of the Department:

Prof. SK. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

Attachments: Copy of IRB Approval Letter

Permitted for Data Collection from WMTS.

From 1556
6-8-25
MD. ABDULLAH AL ZUBAYER
Principal
William and Marie Taylor School
CRP-Savar, Dhaka-1343

Appendix B: Information Sheet & Consent Form & Withdrawal Form (English Version)

Information Sheet

Research Title: " Status of participation in daily activities among children and adolescents with intellectual disabilities**"**

Student Investigator	Jannatul Mawa 4th year, B.Sc. in Occupational Therapy Bangladesh Health Professions Institute (BHPI) CRP, Savar, Dhaka -1343
Principal Investigator	Nayan Kumer Chanda Assistant Professor Department of Occupational Therapy Bangladesh Health Professions Institute (BHPI) CRP, Savar, Dhaka -1343

This information sheet is for you to keep.

What is the purpose of this research?

The "Status of participation in daily activities among children and adolescents with intellectual disabilities" is to investigate and gain a comprehensive understanding of the participation in everyday activities by children and adolescents diagnosed with intellectual disabilities the study aims to assess the level of participation in daily activities among children and adolescents with intellectual disabilities. By focusing on the status of participation, the research seeks to provide insights to contribute to the development of strategies.

What does the research involve?

Participants are invited to a structured interview with a student investigator. The interview will discuss participation in daily activities such as, self- care, school participation, and participation in leisure activities.

Why were you chosen for this research?

Your participation is valued because you have firsthand experience dealing with the status of participation due to intellectual disabilities.

Source of funding:

The research has been carried out on a self-funded basis.

Consenting to participate in the project and withdrawing from the research:

The research requires your approval though a consent from, which you must sign and submit during the interview. Your participation is voluntary and there is no obligation to grant consent. If you withdraw before the data analysis phase, there will be no negative consequences. Your decision to refrain from answering specific questions will also have no adverse effects. Your comfort and autonomy are our top priorities

throughout the process.

Possible benefits and risks to participants:

Participation in this research may not be a direct benefit, but the information gathered will enhance rehabilitation services for children with intellectual disabilities. The research is designed with low risk, but potential psychological discomfort may occur due to sharing experiences. If it arises during the interview, the student researcher will minimize it in the following way:

You will be given a reminder that participation is voluntary, you can withdraw from it anytime you want.

The researcher will offer a break during the interview if the discomforts impact the interview. Additionally, the researcher will discuss re-scheduling the interview if you prefer to continue later.

Confidentiality:

The study will maintain confidentiality of all participant details, with their name not disclosed in any published documentation. A unique code will be used for deidentification after interviews, ensuring anonymous data analysis. The original interview transcripts, featuring the participant's name, will only be accessible to the researchers, ensuring high privacy and security.

Storage of data:

The data collected will be stored in a password-protected computer and cloud system, accessible only to the researchers, and physical copies will be kept in locked filing cabinets at the Centre for the Rehabilitation of the Paralysed (CRP) for strict confidentiality.

Results:

This research will combine interviews and data from interviews to create a comprehensive Descriptive report. Highlights may be published in scholarly journals or conference proceedings. For a concise summary, contact project investigators using the provided contact details. The study's outcomes may also be featured in conference proceedings.

Complaints:

If you have any concerns or complaints about the research's conduct, you are welcome to contact the supervisor,

Student investigator: Jannatul Mawa

4th Year B.Sc. in Occupational Therapy

Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka -1343

Session: 2020-2021

Call: 01918-022054

E-mail: mawaot24@gmail.com

Principal Investigator: Nayan Kumer Chanda

Assistant Professor

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka -1343

Call: 01735-296444

Email: nayanchanda2020@gmail.com

Consent Form

Research Title: "Status of Participation in Daily Activities among Children and Adolescents with Intellectual Disabilities**"**

Name of the researcher: Jannatul Mawa

Please tick to confirm:

I confirm that I have read and understand the information sheet for the above study.	☐
I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	☐
I understand that participation is voluntary and that I am free to withdraw my child at any time, without giving any reason, without his/her medical or legal rights being affected.	☐
I understand that relevant sections of any medical notes and data collected during the study may be reviewed by other individuals for the purposes of the study.	☐
I agree to provide information to the researcher (s) on the understanding that my same will not use without my permission.	☐
I agree to participate in this study under the conditions set out in the information sheet.	☐

Name of the participant: _____ Sign or,

Thumb impression: _____

Sign of the researcher:_____

Date: _____/_____/_____

Withdrawal Form

Research title: Status of Participation in Daily Activities among Children and Adolescents with Intellectual Disabilities.

Student investigator: Jannatul Mawa

I,_____

(the participant), wish to WITHDRAW my consent to the use of data arising from my participation. Dam rising from my participation must NOT be used in this research project as described in the Information and Consent Form. I understand that data arising from my participation will be destroyed provided this request is received within four weeks of the completion of my participation in this project. I understand that this notification will be retained together with my consent form as evidence of the withdrawal of my consent to use the data I have provided specifically for this research project.

Name of participant: _____

Signature of: _____ participant or,

Thumb impression: _____

Date: _____/_____/_____

Appendix B: Information Sheet & Consent Form & Withdrawal Form (Bangla Version)

তথ্যপত্র:

শিরোনাম: "বুদ্ধিপ্রতিবন্ধী শিশু ও কিশোর-কিশোরীদের দৈনন্দিন কার্যক্রমে অংশগ্রহণের অবস্থা"

ছাত্রী গবেষক: জান্নাতুল মাওয়া

চতুর্থ বর্ষ, বি.এস.সি ইন অকুপেশনাল থেরাপি

বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)

সিআরপি, সাভার, ঢাকা -১৩৪৩

গবেষণার তত্ত্বাবধায়ক: নয়ন কুমার চন্দ

সহকারী অধ্যাপক

অকুপেশনাল থেরাপি বিভাগ

বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)

সিআরপি, সাভার, ঢাকা -১৩৪৩

গবেষণার উদ্দেশ্য কী?

“বুদ্ধিপ্রতিবন্ধী শিশু ও কিশোর-কিশোরীদের দৈনন্দিন কার্যক্রমে অংশগ্রহণের অবস্থা” হল বুদ্ধিভিত্তিক অক্ষমতা নির্ণয় করা শিশুদের পেশাগত অংশগ্রহণ সম্পর্কে একটি ব্যাপক ধারণা অর্জন এবং অনুসন্ধান করা। এই গবেষণার লক্ষ্য হল বুদ্ধিভিত্তিক অক্ষমতা সম্পন্ন শিশুদের মধ্যে পেশাগত অংশগ্রহণের মাত্রা এবং ধরণ মূল্যায়ন করা এবং তাদের দৈনন্দিন কাজকর্মের সাথে জড়িত থাকার কারণগুলি সনাক্ত করা। পেশাগত অংশগ্রহণের অবস্থার উপর দৃষ্টি নিবদ্ধ করে, গবেষণাটি কৌশলগুলির উন্নয়নে অবদান রাখার জন্য ধারণা প্রদানের চেষ্টা করে।

গবেষণায় কী জড়িত?

অংশগ্রহণকারীদের একজন শিক্ষার্থী গবেষকের সাথে একটি আধা-গঠনযুক্ত সাক্ষাৎকারে অংশগ্রহণের জন্য আমন্ত্রণ জানানো হয়েছে। সাক্ষাৎকারে দৈনন্দিন জীবনযাপন, নিজের যত্ন, বিদ্যালয়ের অংশগ্রহণ এবং অবসর কার্যকলাপে অংশগ্রহণের মতো বিষয় নিয়ে আলোচনা করা হবে।

আপনাকে কেন এই গবেষণার জন্য নির্বাচন করা হয়েছে?

বুদ্ধিবৃত্তিক অক্ষমতার কারণে পেশাগত অংশগ্রহণের অবস্থা নিয়ে আপনার প্রত্যক্ষ অভিজ্ঞতা থাকার কারণে আপনার অংশগ্রহণ মূল্যবান।

ফান্ডিং এর উৎস:

গবেষণাটি স্ব-অর্থায়নে পরিচালিত হয়েছে।

প্রকল্পে অংশগ্রহণে সম্মতি এবং গবেষণা থেকে প্রত্যাহার:

গবেষণার জন্য আপনার অনুমোদনের প্রয়োজন, যার জন্য আপনাকে সাক্ষাৎকারের সময় একটি সম্মতিপত্র স্বাক্ষর করে জমা দিতে হবে। আপনার অংশগ্রহণ স্বেচ্ছায় এবং সম্মতি প্রদানে কোনো বাধ্যবাধকতা নেই। আপনি যদি ডেটা বিশ্লেষণ পর্বের আগে প্রত্যাহার করেন, তবে এর কোনো নেতিবাচক পরিণতি হবে না। নির্দিষ্ট প্রশ্নের উত্তর দেওয়া থেকে বিরত থাকার আপনার সিদ্ধান্তে কোনো বিরূপ প্রভাব ফেলবে না। এই প্রক্রিয়া চলাকালীন আপনার স্বাধীনতা আমাদের প্রধান অগ্রাধিকার।

অংশগ্রহণকারীদের সম্ভাব্য সুবিধা এবং ঝুঁকি:

এই গবেষণায় অংশগ্রহণ সরাসরি কোনো সুবিধা নাও দিতে পারে, তবে সংগৃহীত তথ্য বুদ্ধিবিকাশজনিত প্রতিবন্ধী শিশুদের জন্য পুনর্বাসন পরিষেবা বৃদ্ধি করবে। গবেষণাটি কম ঝুঁকির সাথে ডিজাইন করা হয়েছে, তবে অভিজ্ঞতা শেয়ার করার কারণে কিছু মানসিক অস্বস্তি হতে পারে। সাক্ষাৎকারের সময় এমন কিছু ঘটলে, শিক্ষার্থী গবেষক নিম্নলিখিত উপায়ে তা কমিয়ে আনবেন:

আপনাকে মনে করিয়ে দেওয়া হবে যে অংশগ্রহণটি স্বেচ্ছামূলক, আপনি যেকোনো সময় এটি থেকে নিজেকে প্রত্যাহার করতে পারেন। গবেষক সাক্ষাৎকারের সময় বিরতি দেবেন যদি অস্বস্তি সাক্ষাৎকারকে প্রভাবিত করে। এছাড়াও, আপনি পরে চালিয়ে যেতে পছন্দ করলে গবেষক পুনরায় সময়সূচী নিয়ে আলোচনা করবেন।

গোপনীয়তা:

অধ্যয়নটি সমস্ত অংশগ্রহণকারীর তথ্যের গোপনীয়তা বজায় রাখবে, তাদের নাম কোনো প্রকাশিত

নথিতে প্রকাশ করা হবে না। সাক্ষাৎকারের পরে পরিচয় প্রকাশ না করার জন্য একটি অনন্য কোড ব্যবহার করা হবে, যা বেনামী ডেটা বিশ্লেষণ নিশ্চিত করবে। অংশগ্রহণকারীর নাম সম্বলিত মূল সাক্ষাৎকারের প্রতিলিপি শুধুমাত্র গবেষকদের কাছেই থাকবে, যা গোপনীয়তা এবং নিরাপত্তা নিশ্চিত করবে।

তথ্য সংরক্ষণ:

সংগৃহীত তথ্য একটি পাসওয়ার্ড-সুরক্ষিত কম্পিউটার এবং ক্লাউড সিস্টেমে সংরক্ষণ করা হবে, যা শুধুমাত্র গবেষকদের কাছে থাকবে, এবং কঠোর গোপনীয়তার জন্য মূল কপিগুলি পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্র (CRP) এর লক করা ফাইলিং ক্যাবিনেটে রাখা হবে।

ফলাফল:

এই গবেষণাটি সাক্ষাৎকার এবং সাক্ষাৎকার থেকে প্রাপ্ত তথ্য একত্রিত করে একটি বিস্তৃত বর্ণনামূলক প্রতিবেদন তৈরি করবে। হাইলাইটগুলি জার্নাল বা সম্মেলনের কার্যবিবরণীতে প্রকাশিত হতে পারে। একটি সংক্ষিপ্ত সারাংশের জন্য, প্রদত্ত যোগাযোগের বিবরণ ব্যবহার করে প্রকল্প তদন্তকারীদের সাথে যোগাযোগ করুন। গবেষণার ফলাফলগুলি সম্মেলনের কার্যবিবরণীতেও প্রদর্শিত হতে পারে।

অভিযোগ:

গবেষণার পরিচালনা সম্পর্কে আপনার যদি কোনও উদ্বেগ বা অভিযোগ থাকে, তাহলে যোগাযোগের জন্য, নিচের ঠিকানায় যোগাযোগ করতে অনুরোধ করা হলো:

ছাত্রী গবেষক: জান্নাতুল মাওয়া

চতুর্থ বর্ষ, বি.এস.সি ইন অকুপেশনাল থেরাপি

বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), সিআরপি, সাভার, ঢাকা -১৩৪৩

সেশন: ২০২০-২০২১

ফোন নম্বর: ০১৯১৮০২২০৫৪

ই-মেইল: mawaot24@gmail.com

গবেষণার তত্ত্বাবধায়ক: নয়ন কুমার চন্দ

সহকারী অধ্যাপক

অকুপেশনাল থেরাপি বিভাগ

বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), সিআরপি, সাভার, ঢাকা -১৩৪৩

ফোন নম্বর: ০১৭৩৫-২৯৬৪৪৪

ই-মেইল: nayanchanda2020@gmail.com

সম্মতিপত্র

গবেষণার শিরোনাম: "বুদ্ধিপ্রতিবন্ধী শিশু ও কিশোর-কিশোরীদের দৈনন্দিন কার্যক্রমে অংশগ্রহণের অবস্থা"

ছাত্রী গবেষক: জান্নাতুল মাওয়া

অনুগ্রহ করে ডান পাশের ঘরে টিক দিন নিশ্চিত করার জন্য:

আমি নিশ্চিত করছি যে আমি উপরের গবেষণার তথ্যপত্রটি পড়েছি এবং বুঝেছি।	☐
আমি তথ্যটি বিবেচনার সুযোগ পেয়েছি, প্রশ্ন করার সুযোগ পেয়েছি এবং সন্তোষজনকভাবে তার উত্তর পেয়েছি।	☐
আমি বুঝতে পারছি যে এই গবেষণায় অংশগ্রহণ স্বেচ্ছামূলক এবং আমি যে কোনো সময় প্রত্যাহার করতে পারি, কোনো কারণ না দেখিয়েও, এবং এতে চিকিৎসা বা আইনগত অধিকার প্রভাবিত হবে না।	☐
আমি বুঝতে পারছি যে এই গবেষণার উদ্দেশ্যে প্রয়োজনীয় হলে, চিকিৎসা নোট এবং সংগৃহীত তথ্যের সংশ্লিষ্ট অংশ অন্য কেউ পর্যালোচনা করতে পারেন।	☐
আমি সম্মত হচ্ছি যে গবেষক/গবেষকগণকে তথ্য প্রদান করব এই শর্তে যে আমার নাম আমার অনুমতি ছাড়া ব্যবহার করা হবে না।	☐
আমি তথ্যপত্রে বর্ণিত শর্ত অনুযায়ী এই গবেষণায় অংশগ্রহণে সম্মত হচ্ছি।	☐

অংশগ্রহণকারীর নাম:

স্বাক্ষর/আঙুলের ছাপ:

গবেষকের স্বাক্ষর:

তারিখ: __ __/ __ __ / __ __

সম্মতি প্রত্যাহারের পত্র

গবেষণার শিরোনাম: "বুদ্ধিপ্রতিবন্ধী শিশু ও কিশোর-কিশোরীদের দৈনন্দিন কার্যক্রমে অংশগ্রহণের অবস্থা"

ছাত্রী গবেষক: জান্নাতুল মাওয়া

আমি, (অংশগ্রহণকারী), আমার অংশগ্রহণের ফলে প্রাপ্ত তথ্য ব্যবহারের জন্য আমার সম্মতি প্রত্যাহার করতে ইচ্ছুক। তথ্য এবং সম্মতিপত্রে বর্ণিত এই গবেষণা প্রকল্পে আমার অংশগ্রহণের ফলে প্রাপ্ত তথ্য ব্যবহার করা যাবে না। আমি বুঝতে পারছি যে আমার অংশগ্রহণের সমাপ্তির চার সপ্তাহের মধ্যে এই অনুরোধ পাওয়া গেলে আমার অংশগ্রহণ থেকে প্রাপ্ত তথ্য বাতিল করা হবে। আমি বুঝতে পারছি যে এই বিজ্ঞপ্তিটি আমার সম্মতিপত্রের সাথে আমার তথ্য ব্যবহারের সম্মতি প্রত্যাহারের প্রমাণ হিসাবে রাখা হবে যা আমি বিশেষভাবে এই গবেষণা প্রকল্পের জন্য সরবরাহ করেছি।

অংশগ্রহণকারীর নাম: _____

স্বাক্ষর: _____

গবেষকের স্বাক্ষর: _____

তারিখ: _____/_____/_____

Appendix C: Questionnaire

Child's name _____

Child & Adolescent

Scale of Participation (CASP)

- Instructions -

1. **This scale asks questions about your child's participation in activities and events at home, school and the community. There also are a few questions that ask about strategies, assistive devices or modifications that are used or have been done to help your child participate if this is needed.**
2. **There are no right or wrong answers. You will have to choose, and in some cases write, the answer that best describes your child's participation and things that help or interfere with his or her participation. If you are not sure about how to answer a question, give your best guess.**

Thank you!

Your name _____

Your relationship to child _____

Date you completed survey_____

(Month / Day / Year)

We are interested in finding out about the activities that your child participates in at home, school and in the community.

You will be asked about your child's current level of participation with activities as compared to other children his or her age. For each item, choose one of the following responses:

- ***Age expected (Full participation),* your child participates in the activities the same as or more than other children his or her age. [*With or without assistive devices or equipment*]**
- ***Somewhat limited*, your child participates in the activities somewhat less than other children his or her age [*Your child may also need occasional supervision or assistance*]**
- ***Very limited,* your child participates in the activities much less than other children his or her age. [*Your child may also need a lot of supervision or assistance*]**
- ***Unable*, your child can not participate in the activities, although other children his or her age do participate.**
- ***Not applicable,* other children your child's age would not be expected to participate in the activities.**

***Please select <u>one</u> answer by placing an X in <u>one</u> of the boxes next to each item. If you are not sure, choose your best guess*.**

Compared to other children your child's age, what is your child's current level of participation in the following activities? **HOME PARTICIPATION**	**Age expected**	**Somewhat limited**	**Very limited**	**Unable**	**Not applicable**
1) Social, play or leisure activities with family members at home (e.g., games, hobbies, "hanging out")					
2) Social, play or leisure activities with friends at home (can include conversations on the phone or internet)					
3) Family chores, responsibilities and decisions at home (*For younger children* this may be getting things or putting things away when asked or helping with small parts of household chores; *For older children* this may be more involvement in household chores and decisions about family activities and plans)					
4) Self-care activities (e.g., eating, dressing, bathing, combing or brushing hair, using the toilet)					
5) Moving about in and around the home					
6) Communicating with other children and adults at home					

Compared to other children your child's age, what is your child's current level of participation in the following activities? **NEIGHBORHOOD AND COMMUNITY PARTICIPATION**	**Age expected**	**Somewhat limited**	**Very limited**	**Unable**	**Not applicable**
7) Social, play, or leisure activities with friends in the neighborhood and community (e.g., casual games, "hanging out," going to public places like a movie theater, park or restaurant)					
8) Structured events and activities in the neighborhood and community (e.g., team sports, clubs, holiday or religious events, concerts, parades and fairs)					
9) Moving around the neighborhood and community (e.g., public buildings, parks, restaurants, movies) [*Please consider your child's primary way of moving around, NOT his or her use of transportation*]					
10) Communicating with other children and adults in the neighborhood and community					

Answer the following 5 questions if your child attends school or another structured educational program such as an early intervention program or day care center. <u>Please specify</u> the type of program your child is attending here:					
Compared to other children your child's age, what is your child's current level of participation in the following activities? **SCHOOL PARTICIPATION**	**Age expected**	**Somewhat limited**	**Very limited**	**Unable**	**Not applicable**
11) Educational (academic) activities with other children in his or her classroom at school					
12) Social, play and recreational activities with other children at school **(e.g., "hanging out," sports, clubs, hobbies, creative arts, lunchtime or recess activities)**					
13) Moving around at school (e.g., to get to and use bathroom, playground, cafeteria, library or other rooms and things that are available to other children his or her age)					
14) Using educational materials and equipment that are available to other children in his or her classroom/s or that have been **modified for your child (e.g., books, computers, chairs and desks)**					
15) Communicating with other children and adults at school					

16) Household activities (e.g., preparing some meals, doing laundry, washing dishes)					
17) Shopping and managing money (e.g., shopping at stores, figuring out correct change)					
18) Managing daily schedule (e.g., doing and completing daily activities on time; organizing and adjusting time and schedule when needed)					
19) Using transportation to get around in the community (e.g., to and from school, work, social or leisure activities) [*Driving vehicle or using public transportation*]					
20) Work activities and responsibilities (e.g., completion of work tasks, punctuality, attendance and getting along with supervisors and co-workers)					

21.a. Please describe the type of things that interfere with your child's participation in the abovementioned activities (e.g., things that your child does or that others do; or things about your home, school or community) [*Please write clearly*]:

21.b. Please describe the type of things that help with your child's participation in the abovementioned activities (e.g., things that your child does or that others do; or things about your home, school or community). [*Please write clearly*]:

22. Does your child currently use any assistive devices or equipment to help him or her participate (e.g., adapted eating utensils, shower chair, note-taker for school, daily planner, computer)?

□ Yes □ No

[If Yes], please identify:

23. Have any changes been made to your home, community or the school (or work) setting to help your child participate (e.g., rearranging furniture and materials, adjusting lighting or noise levels, building a ramp or other physical structures)?

□ Yes □ No

চাইল্ড এন্ড অ্যাডোলেস্সেন্টস স্কেল অফ পারটিসিপেশন (সিএএসপি) :

নিম্নলিখিত কার্যক্রমে আপনার সন্তানের বর্তমান অংশগ্রহনের মাত্রা কি, তার সমবয়সী অন্য শিশুদের তুলনায়? **বাড়িতে অংশগ্রহণ**	**প্রত্যাশিত বয়সী**	**কিছুটা সীমাবদ্ধতা**	**খুব সীমাবদ্ধতা**	**অক্ষম**	**প্রযোজ্য নয়**
১) বাড়িতে পরিবারের সদস্যদের সাথে খেলাধুলা, অবসর বা দলবদ্ধ কাজ (উদা-গেমস, শখ, ঘুরাফেরা)					
২) বাড়িতে বন্ধুদের সাথে খেলাধুলা, অবসর বা দলবদ্ধ কাজ (ফোনে বা ইন্টারনেটে কথোপকথন অন্তর্ভুক্ত)					
৩) বাড়িতে টুকিটাকি পারিবারিক দায়িত্ব ও সিদ্ধান্ত (ছোটদের জন্য যেমন কিছু নিয়ে আসা বা রেখে আসা বা পরিবারে টুকিটাকি কাজ করা, বয়স্কদের জন্য যেমন পরিবারে বিভিন্ন সিদ্ধান্ত, পরিকল্পনা এবং সাংসারিক কাজে জড়িত থাকা)					
৪) স্ব-যত্ন কার্যক্রম/ কাজ (উদাহরণ খাওয়া-দাওয়া, জামা কাপড় পড়া, গোসল করা, চুল					

আঁচড়ানো, টয়লেট ব্যবহার)					
৫) বাড়ির ভিতরে এবং চারপাশে ঘুরা					
৬) বাড়িতে বড়দের সাথে এবং অন্য শিশুদের সাথে যোগাযোগ রাখা					

নিম্নলিখিত কার্যক্রমে আপনার সন্তানের বর্তমান অংশগ্রহনের মাত্রা কি, তার সমবয়সী অন্য শিশুদের তুলনায়? **পাড়া-প্রতিবেশী ও সামাজিক অংশগ্রহণ**	**প্রত্যাশিত বয়সী**	**কিছুটা সীমাবদ্ধতা**	**খুব সীমাবদ্ধতা**	**অক্ষম**	**প্রযোজ্য নয়**
৭) পাড়া ও সমাজে বন্ধুদের সাথে সামাজিক, খেলা বা বিনোদনমূলক কার্যক্রমে অংশগ্রহণ (যেমন: নিত্যদিনের খেলা, আড্ডা দেওয়া, সিনেমা হল, পার্ক বা রেস্টুরেন্টে যাওয়া)					
৮) পাড়ায় ও সমাজে সংগঠিত কার্যক্রম ও অনুষ্ঠানে অংশগ্রহণ (যেমন: দলগত খেলাধুলা, ক্লাব, উৎসব বা ধর্মীয় অনুষ্ঠান, কনসার্ট, শোভাযাত্রা এবং মেলা)					

৯) পাড়ায় ও সমাজের ভেতরে আশেপাশে ঘুরা (যেমন: সরকারি ভবন, পার্ক, রেস্টুরেন্ট, সিনেমা হল)					
১০) পাড়া ও সমাজে অন্যান্য শিশু এবং বয়স্কদের সাথে যোগযোগ					

নিম্নে ৫ টি প্রশ্নের উত্তর দিতে হবে যদি আপনার সন্তান স্কুলে যায় অথবা অন্য কোন শিক্ষামূলক প্রোগ্রাম যেমন- প্রারম্ভিক চিকিৎসা প্রোগ্রাম অথবা ডে কেয়ার সেন্টার। দয়া করে সুনির্দিষ্টভাবে উল্লেখ করুন আপনার শিশুটি কোন ধরনের প্রোগ্রামে অংশগ্রহন করছে।					
নিম্নলিখিত কার্যক্রমে আপনার সন্তানের বর্তমান অংশগ্রহনের মাত্রা কি, তার সমবয়সী অন্য শিশুদের তুলনায়? **স্কুলে অংশগ্রহণ**	**প্রত্যাশিত বয়সী**	**কিছুটা সীমাবদ্ধতা**	**খুব সীমাবদ্ধতা**	**অক্ষম**	**প্রযোজ্য নয়**
১১) তার স্কুলে ক্লাশের অন্যান্য বাচ্চাদের সাথে তার শিক্ষামূলক (একডেমিক) কাজকর্ম					
১২) স্কুলে অন্যান্য বাচ্চাদের সাথে তার খেলাধূলা, যোগযোগ এবং বিনোদনমূলক কাজ (উদাহরণ ঘুরাফেরা, খেলা, ক্লাব, শখ, সৃজনশীল। শিল্পকলা, দুপুরে খাওয়া অথবা ছুটি কার্যকলাপ)					

১৩) স্কুলে আশেপাশে ঘুরা (উদাহরণ বাথরুমে যাওয়া এবং ব্যবহার করা, খেলার মাঠ, ক্যাফেটেরিয়া, লাইব্রেরী, বিভিন্ন রুম বা তাদের বয়সী বিভিন্ন জিনিস যা তার জন্য সহজলভ্য					
১৪) ক্লাশরুমে অন্য বাচ্চার জন্য সহজলভ্য যন্ত্রপাতি বা উপকরণ শিশুরা ব্যবহার করে বা সেটা শিশুর জন্য পরিবর্তিত। (উদাহরণ বই, কম্পিউটার, চেয়ার এবং ডেস্ক)।					
১৫) স্কুলে অন্যান্য শিশু এবং বয়স্কদের সাথে যোগযোগ					

নিম্নলিখিত কার্যক্রমে আপনার সন্তানের বর্তমান অংশগ্রহনের মাত্রা কি, তার সমবয়সী অন্য শিশুদের তুলনায়? বাড়ি এবং সামাজিক জীবনের কাজকর্ম	**প্রত্যাশিত বয়সী**	**কিছুটা সীমাবদ্ধতা**	**খুব সীমাবদ্ধতা**	**অক্ষম**	**প্রযোজ্য নয়**
১৬) পারিবারিক কার্যক্রম (উদাহরণ খাবার তৈরী করা, লন্ড্রি বা কাপড় ধোঁয়া, থালাবাটি ধৌত করা)।					

১৭) কেনাকাটা এবং অর্থ ব্যবস্থাপনা (উদাহরণ দোকানে কেনাকাটা এবং সঠিক পরিবর্তন বুঝা)					
১৮) দৈনন্দিন সময়তালিকা পরিচালনা করা (উদাহরণ সময়ের কাজ সময়ে শেষ করা এবং প্রয়োজনমত সময় এবং তালিকা সমন্বয় করা)।					
১৯) পরিবহন ব্যবহার করে সমাজে আশে পাশে ঘুরা (উদাহরণ স্কুলে যাওয়া এবং আসা, বিনোদনমূলক কাজ করা)					
২০) **কাজ ও দায়িত্ব (যেমন: কাজ সম্পন্ন করা, সময় মেনে চলা, এবং সুপারভাইজার ও সহকর্মীদের সাথে ভালো সম্পর্ক বজায় রাখা)**					

২১. ক) উপরে উল্লেখিত কাজকর্মে অংশগ্রহন করতে যা আপনার সন্তানকে বাঁধা প্রদান করে তা অনুগ্রহপূর্বক বর্ণনা করুন (উদাহরণ যা বাচ্চা করে, যা তার পরিবার, বন্ধুগণ অথবা শিক্ষামূলক বা পূণর্বাসন পেশাদার ব্যক্তি করতে সাহায্য করে)।

২১. খ) উপরে উল্লেখিত কাজকর্মে অংশগ্রহন করতে যা আপনার সন্তানকে সাহায্য করে তা অনুগ্রহপূর্বক বর্ণনা করুন (উদাহরণ যা বাচ্চা করে, যা তার পরিবার, বন্ধুগণ অথবা শিক্ষামূলক বা পূণর্বাসন পেশাদার ব্যক্তি করতে সাহায্য করে)।

২২) আপনার সন্ধান কি বর্তমানে কোন এসিস্টিভ ডিভাইস বা সহায়ক দ্রব্য ব্যবহার করে যা তাকে

অংশগ্রহণে সাহায্য করে? (উদাহরণ অভিযোজিত খাবারের পাত্র, গোসলের চেয়ার, স্কুলের টীকা সংগ্রাহক, দৈনিক পরিকল্পক, কম্পিউটার)।

□ হ্যাঁ □ না

যদি হ্যাঁ হয়, বর্ণনা করুনঃ

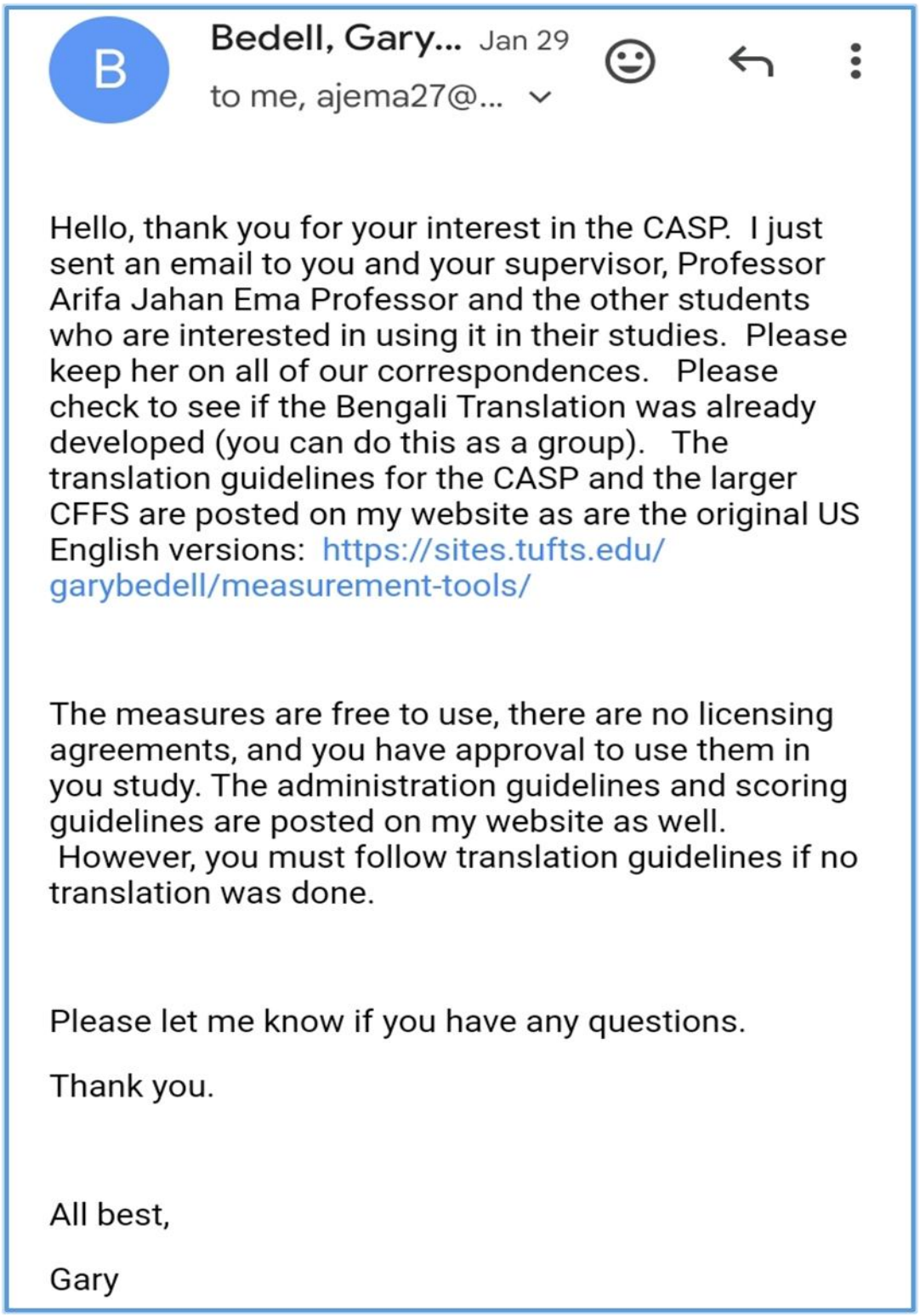
২৩) আপনি কি আপনার বাড়িতে, সমাজে, স্কুলে বা কর্মক্ষেত্রে আপনার বাচ্চার অংশগ্রহনে সহায়তার জন্য কোন পরিবর্তন করেছেন?

(উদাহরণ দ্রব্যাদি বা আসাবাবপত্র পূণর্বিন্যস্ত, আলো বা শব্দের মাত্রা সমন্বয় করা, ভবনে র‍্যাম্প বা কাঠামোগত পরিবর্তন)

□ হ্যাঁ □ না

যদি হ্যাঁ হয়, বর্ণনা করুনঃ

Appendix D: Queries regarding permission and scoring of Child and Adolescent Scale of Participation (CASP)



Bedell, Gary... Jan 29

to me, ajema27@...

Hello, thank you for your interest in the CASP. I just sent an email to you and your supervisor, Professor Arifa Jahan Ema Professor and the other students who are interested in using it in their studies. Please keep her on all of our correspondences. Please check to see if the Bengali Translation was already developed (you can do this as a group). The translation guidelines for the CASP and the larger CFFS are posted on my website as are the original US English versions: https://sites.tufts.edu/garybedell/measurement-tools/

The measures are free to use, there are no licensing agreements, and you have approval to use them in you study. The administration guidelines and scoring guidelines are posted on my website as well. However, you must follow translation guidelines if no translation was done.

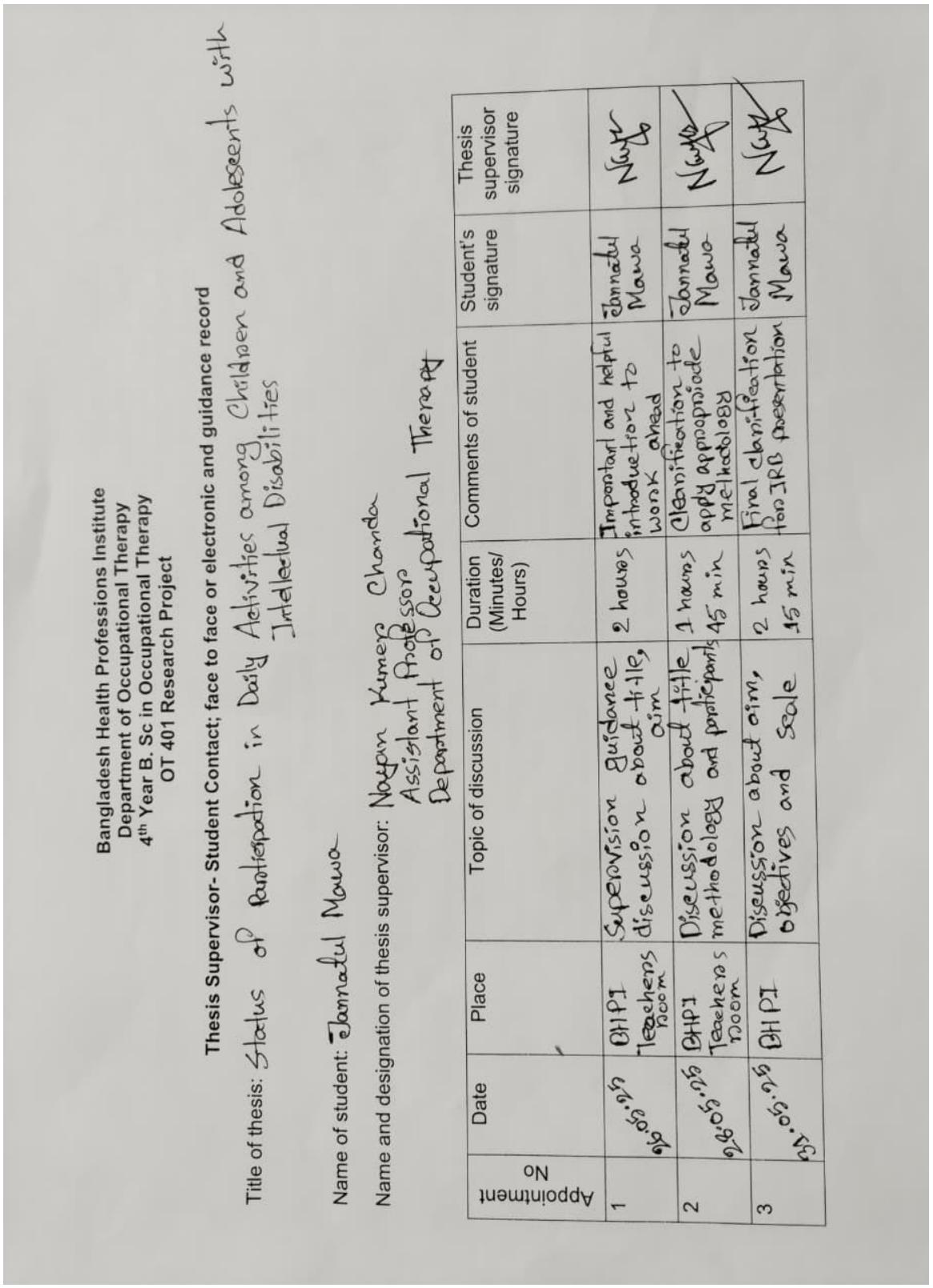
Please let me know if you have any questions.

Thank you.

All best,

Gary

Appendix E: Supervisor Contact Schedule



Bangladesh Health Professions Institute
Department of Occupational Therapy
4th Year B. Sc in Occupational Therapy
OT 401 Research Project

Thesis Supervisor- Student Contact; face to face or electronic and guidance record

Title of thesis: Status of Participation in Daily Activities among Children and Adolescents with Intellectual Disabilities

Name of student: Jannatul Mawa

Name and designation of thesis supervisor: Nayan Kumer Chanda
Assistant Professor
Department of Occupational Therapy

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/ Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	26.05.25	BHPI Teachers room	Supervision guidance discussion about title, aim	2 hours	Important and helpful introduction for to work ahead	Jannatul Mawa	Nayan
2	26.05.25	BHPI Teachers room	Discussion about title methodology and participants	1 hours 45 min	Clarification to apply appropriate methodology	Jannatul Mawa	Nayan
3	27.05.25	BHPI	Discussion about aim, objectives and scale	2 hours 15 min	Final clarification for IRB presentation	Jannatul Mawa	Nayan

4	1-06-25	BHPI	Discussion about methodology	1 hours 45 min	It was effective for my research procedure	Jannatul Mawa	
5	15-06-25	BHPI	Discussion about proposal presentation	1 hours 30 min	Final discussion for IRB presentation	Jannatul Mawa	
6	17-06-25	BHPI	Feedback about proposal presentation and title modification	2 hours 20 min	I have received all feedback and guidance on discussion topics	Jannatul Mawa	
7	24-06-25	BHPI	Feedback and connection IRB approval letter	1 hours 30 min	I understand my mistake and trying to overcome it	Jannatul Mawa	
8	26-06-25	BHPI	Discussion about Socio-demographic questionnaire	2 hours 40 min	I was very happy to introduce with a new strategies	Jannatul Mawa	
9	30-06-25	BHPI	Feedback and connection on Sociodemographic questionnaire	2 hours 30 min	I understand my mistake and trying to solve it	Jannatul Mawa	
10	03-07-25	BHPI	Guidance regarding data collection tool translation	2 hours 15 min	Clearification on the process about data collection tool translation	Jannatul Mawa	
11	8-07-25	BHPI	Feedback and connection on data collection tool translation	1 hours 30 min	I provide my full afford to maintain procedure to translate data collection tool	Jannatul Mawa	
12	29-07-25	BHPI	Discussion about literature review	2 hours 30 min	I provide my full afford to understand literature review	Jannatul Mawa	
13	03-08-25	BHPI	Feedback and guidance on literature review	2 hours 15 min	I understand my mistake and trying to solve it	Jannatul Mawa	
14	14-08-25	BHPI	Discussion and guidance on data collection approval	2 hours 30 min	Cleanefication about the process of data collection	Jannatul Mawa	

15	15-09-25	BHPI	Routine update on data collection progress and problems	2 hours 15 min	Sir appreciate my work and I felt good and slowly understand my mistakes.	Jannatul Mawa	
16	27-09-25	BHPI	Discussion about variable set and data entry	1 hours 30 min	I understand the process of variable set and data entry	Jannatul Mawa	
17	11-11-25	BHPI	Data analysis guidline on spss	2 hours 45 min	I was very happy to introduce with new strategies	Jannatul Mawa	
18	08-12-25	BHPI	Feedback and cunnection on result writing	2 hours 30 min	I did connection of some mistakes and formatting of my result section.	Jannatul Mawa	
19	10-01-26	BHPI	Comprehensive feedback on 1st draft	2 hours 30 min	I understand all my mistakes and determin to solve it	Jannatul Mawa	
20	14-01-26	BHPI	Follow up on feedback regarding 1st draft	1 hours 30 min	I understand all my major and minor mistake and connect it	Jannatul Mawa	

Note:

1. Appointment number will cover at least a total of 40 hours; applicable only for face to face contact with the supervisors.
2. Students will require submitting this completed record during submission your final thesis.