

Best Inclusion Practices for Primary School Pupils with Special Education Needs

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Abstract

Over the last 40 years, there has been an increasing need to implement effective, inclusive school models, and these are often based on the principles emerging from the Salamanca Conference (1994) and the UNESCO *Guidelines on Inclusion* (2005). Although the current trend is to include students with special education needs (SEN) in a common school environment, the situation is still extremely heterogeneous: there are countries with inclusive school systems, others with partially inclusive models and others that resort to special schools. Many studies have tried to determine the most effective practices for promoting inclusive education, but their outcomes have been inconclusive. Using questionnaires and focus groups, this research project aims to determine which practices are more effective for promoting the inclusion of pupils with SEN in primary schools and, through a comparison of parents' and teachers' opinions, to work on improving school practices to enhance their efficacy. Data analysis shows that teachers and parents often have different beliefs regarding the most efficient method for promoting school inclusion. In this study, final-stage concordances and disagreements on the effectiveness of the implemented inclusive practices was discussed among groups of teachers and parents. This should lead to the design of methods of inclusion that are more suited to users' needs, as well as strategies of greater involvement/communication with families and local governments.

Keywords: inclusion, integration, Special Education Needs, disability, best practices, primary school

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Introduction

Accepting and integrating people with disabilities are recent phenomena, as those who were considered to be different and weak were excluded from public life and community until the 16th century. In the 1800s, people started to take care of neurasthenics and developmentally disabled individuals. There arose a new kind of attention for people considered to be ‘marked by nature’ from philanthropists, ecclesiastics and scholars, which made the work of Jean Mark Gaspard Itard (1774–1838) and other scholars possible. His educational relationship with ‘the boy from Aveyron’ is the archetype of special education, and allowed education for people with disabilities to develop between the French Revolution and the second decade of the 20th century. In the 1800s and 1900s, mutual assistance associations promoted pathways of social awareness, aiming to make people more conscious of issues related to disadvantaged childhoods and disabilities, and mass education in many countries highlighted learning difficulties in all pupils who exhibited some kind of deficit. Again, the establishment of experimental pedagogy, psychoanalysis, sociology, and medical and scientific progress contributed to a wider interest towards minors with disabilities. Thus, the request for a new school institution arose, and schools for pupils with difficulties were created in Poland, Denmark, Spain and Italy (Pavone, 2010). Moreover, the devastating consequences of World War II led to the worldwide acknowledgement of the necessity to safeguard those who lived in disadvantage (UN, 1993).

The first document in which human rights were ratified was *The Universal Declaration of Human Rights* (UN, 1948), which, in regard to education, reported that ‘Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory (...). Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace’ (art. 26). Harsh criticisms and political-ideological activism against the system in the 1960s triggered examinations of diversity, discrimination and social exclusion. This resulted in the de-institutionalisation of the disable, more comprehensively in Italy, and in a more limited manner in Europe, the United States and Canada (Ianes, 2007). Italy stands as the forerunner in the processes for school inclusion, closing down special schools in 1977 and welcoming pupils with special needs in common instructional settings.

The *Declaration on the Rights of Disabled Persons* (1975) and the *International Covenant of Civil and Political Rights* (1976) make explicit references to the need for each country to take proper actions to guarantee rights to the physically and psychologically disadvantaged. In the *World Programme of Action Concerning Disabled Persons* (UN, 1982), it is mentioned that for everyone to obtain full participation in social and political life, it is necessary for people with disabilities to live within the ‘normal’ contexts of community life. In 1994, delegates from 92 Nations and 25 International organizations took part in the World Conference on Special Education Needs in Salamanca, Spain, and signed a commitment to educate all people, ‘recognizing the necessity and urgency of providing education for children, youth and adults with special education needs within the regular education system’, in

the belief that 'regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all; moreover they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system' (UNESCO, 1994).

A remarkable contribution to a new definition of disability was provided by the *International Classification of Functioning, Disabilities and Health*, which was developed in 2001 by the World Health Organization (WHO) and acknowledged by the United Nations as one of the international classifications that effectively describes the health condition of an individual. According to this definition, disability is not ascribed to medical or psychiatric factors only, but is seen under a bio-psycho-social perspective, which means that a disability is nothing but the interaction of the individual's characteristics with the environment: a person becomes 'disabled' when their setting is not properly equipped.

Many studies (Pijl & Pijl, 1998; Winzer & Mazurek, 2000; Canevaro, D'Alonzo, Ianes & Caldin, 2011) show that if appropriate conditions for learning are created, students with disabilities learn more in mainstream schools than in special ones. Furthermore, it has to be remembered that the differentiation of educational settings implies rising of social and financial costs, starting from the constant growth in certifications of pupils with SEN. Finally, some surveys show that adjusting the curricula and organization of mainstream schools, with the aim of including students with SEN, produces overall advantages in the educational system (Fiorin, 2007; D'Alessio, 2011)

Integration and inclusion

Today, the terms *integration* and *inclusion* are often used as synonyms, although there are scholars who investigated the differences between the two. The word integration implies that there has to be a certain degree of adaptation of children with disabilities or special needs to a system/setting that is not designed for them; moreover, an assimilation perspective impregnates integration, implying that a child with special needs has to become like 'the others' (Canevaro, 2009; Dovigo, 2007).

The term inclusion mirrors the belief that everyone is a member of the community and adds value to it, and politics and society should adjust to the diversity of individuals. The traditional school system should be altered to favour the centrality of the student, with references to a complex model of disability in which learning is associated with problematic situations which develop the protagonists, the creation of social and personal representations, and the reduction of stereotypes. This is why the concept of inclusion has a primarily social connotation (Pavone, 2010; Caldin, 2013). According to D'Alessio (2005), integration is strictly related to the learning environment and to the students with disabilities individually; interventions are then made on behalf of the students, and then on their context; a psychological and compensatory model of disability and a medical response prevail. Conversely, inclusion focuses on the global consideration of educational, social and political settings. It considers all the students and intervenes first in regard to the context, and then on behalf of the individuals. Finally, the medical responses to disability are turned into ordinary ones, making reference to the social model of disability and to the feeling of empowerment, which

puts people with disabilities and their families at the centre of the decisional making process.

In the UNESCO *Guidelines for Inclusion* (2005), four key elements feature strongly in the definition of inclusion:

Inclusion is a process, a never-ending search to find new ways of responding to diversity; it is about learning how to live with and how to learn from differences. Inclusion is concerned with the identification and the removal of barriers. Inclusion is about the presence, participation and achievements of all students. Inclusion involves a particular emphasis on groups of learners at risk of marginalization, exclusion or underachievement, which implies a responsibility to ensure that these groups are carefully monitored and, where necessary, measures are taken to ensure their presence, participation and achievement in the education system.

Current situation

The *World Report on Disability* (2011), produced by the WHO and the World Bank, provides us with a global perspective of disabilities. Around 1 billion out of 7 billion people live with disabilities, and children with disabilities have fewer opportunities to access education than their peers without disabilities. The percentage of children with disabilities who have access to education ranges from 10% in India to 60% in Indonesia. One of the most evident consequences of the lack of education is the endurance of poverty in adulthood. The inclusion of children with disabilities in common educational settings is seen as highly desirable to ensure equal opportunities and to guarantee human rights. Moreover, economically speaking, it represents the choice with the lowest costs.

A reconnaissance of the different school realities highlights the three ways with which Europe attempts to honour the right of education for students with disabilities:

- the one-directional approach, belonging to those countries where students with disabilities have access to ordinary schools (e.g., Italy, Norway and Sweden);
- the multi-directional approach, adopted in countries like France, where medical-educative institutions, special schools and special classes in ordinary schools coexist;
- the bidirectional approach, which considers two different educational systems: one for pupils and students with disabilities, and another attended by neurotypicals (Lascioli, 2012).

Statistics by the Ministero dell'Istruzione, Università e Ricerca (MIUR) show that in Italy, in 2012, there were 103,000 students with disabilities in State schools, plus 10,000 in scuole paritarie (private schools recognised by the State), 300,000 students with learning difficulties, 80,000 with attention deficit hyperactivity disorder (ADHD), and 200,000 borderline students, which collectively accounts for 8% of the total school population. Schools are required to provide appropriate educational plans for pupils who experience difficult family or economic situations, or belong to different ethnic groups, to enhance their potential and help them overcome learning difficulties.

After school autonomy was ratified in Italy with decree of the President of the

Republic (DPR) 275/99, schools became more capable of interpreting the educational requests of their students, and they managed to respond to the requests in a flexible manner. Moreover, schools had the opportunity to confront other subjects involved in the formative process at the local level. The directive on BES (Bisogni Educativi Speciali, SEN in English) of 2012 acknowledges the value of personalized teaching within the class, in connection with the social and civic community, through the guarantee of cultural, professional and economic resources (Moliterni, 2013).

Main criticalities in the current inclusive school system in Italy

Criticisms of integrative systems, with a specific reference to Italy, were made by Meijer and Abbring (1994), Mittler (2000) and Ainscow (2000), who observed that in common educational settings, there was no attempt to reorganize contexts nor to focus on learning goals and teaching skills useful to all students, as would be expected in an inclusive system. Similar remarks, but referring to international settings, are present in the UNESCO *Guidelines*, which state that changes in special education have not been accompanied by parallel changes in school organization, curricula and learning/teaching strategies, which is one of the biggest barriers to the success of inclusive school policies. There is a need for widespread school reforms, as well as for the development of pedagogy, so that a synergy between these factors leads to a positive response to individual diversities, such that they do not remain as problems, but as opportunities for learning/teaching processes (UNESCO, 2005).

Annual reports by the Italian Premiership highlight the following criticisms:

- The endurance of middle-low educational goals for students with disabilities;
- Lasting difficulties of integration for the bearers of complex disabilities;
- The lack of process, outcomes and structural standards for the quality of inclusion;
- The need for a better definition of the competences of educational, social and health professionals (Pavone, 2014)

Some scholars strongly maintain that schools were left alone to face the demand for more commitment towards educational urgencies (personal and social disadvantages, deviances, drug addiction, etc.) without providing them with the means and tools to improve educational and training quality. The increasing inequality in social expenditure allocations has contributed to this problem, and requests for more expenditures for educational processes have not been granted (Moliterni, 2013; Iosa, 2013).

It is known that school systems that achieve better results are those that are allocated a higher percentage of the gross national product, and in Italy there has not been adequate investments in training and organizational conditions to build an effective educational action. The same policy, which has paid little attention to student welfare, has also not addressed the removal of cultural barriers amid the increasing prevalence of ethnic and cultural racism (Iosa, 2013).

Despite the indication of the implementation of personalized study plans, there has been an increase in the number of pupils per class and a decrease in teachers' co-working hours in the last years. This compromised the possibility of implementing diversification of educational strategies such as open classes, group work, peer

tutoring, cooperative learning, meta-cognitive processes development and others, which, combined with weekly planning teachers' hours, stood out as primary school proficiency indicators, according to TIMSS and PIRLS data (Moliterni, 2009).

Again: in Italy there is no official protocol on quality indicators for school inclusion; this lack of supervision prevents from highlighting situations of excellence as well as from recording dysfunctional realities. The development of research to collect reliable data and best practices on the complexity of the educational processes is therefore needed, for the stimulation of improving virtuous pathways (Caldin, 2013).

The study

The present study consists of a survey of teachers and parents of pupils with SEN in primary schools in the region of Sardinia (Italy), and it has three main aims:

1. providing a definition of *best practices* in school settings;
2. providing evidence of practices promoting the inclusion of children with SEN in primary schools;
3. recording teachers' and parents' opinions about the inclusion practices they have experienced to highlight the strengths and weaknesses of the current system and to generate hypotheses for improvement.

Research tools included focus groups and questionnaires. This means that the study has qualitative features regarding the analysis and interpretation of the focus groups, and quantitative features in its statistical analysis of the questionnaires.

Because this study arose from the need to collecting more information on the practices of inclusion of pupils with SEN, and because the researcher investigated facts as they happened, the study can be classified as descriptive research (Baldacci & Frabboni, 2001). Its final goal is to provide workers in the educational sector with useful information to improve their practices, as educational research is meant to do (Mortari, 2011).

Methodology

After the recognition of specific literature, to focus on issues related to the topic, five schools were chosen to participate in the survey. These provided a rather varied population, as there were two schools in Sassari, the main city of North Sardinia, one attended mainly by children from families originating from Sardinia, and the other with a high proportion of children from immigrant families (Chinese, Pakistani, Moroccan and others), and three schools from villages of about 14,000, 7,000 and 3,000 inhabitants in the district of Sassari. These school are labelled, not in the above mentioned order, school A, B, C, D and E.

Three focus groups were conducted with teachers from schools A, B and D, to build a questionnaire to administer to both teachers and parents of pupils with SEN from the five schools. Focus groups focused firstly on what teachers mean by 'best practice' at school, which was necessary because there was no such definition in the literature. Focus groups examined what inclusion means for teachers, on the strategies/activities that, in the teachers' experience, promote school inclusion, and on the factors that prevent inclusion. As previously stated, focus group results were used to design a

questionnaire. The questionnaire was administered to a sample of 17 teachers from another primary school to test its clarity and, if needed, to adjust its wording.

The final questionnaire consisted of a preliminary part comprising anonymous statistical data (e.g., teacher's age, years of work experience, pupil's age, school year attended by the pupils, etc.). It then presented four questions containing items with which the teachers and parents had to agree, according to a Likert scale (not at all, a little, enough, a lot and similar). Of the four questions, the first two were about parents' and teachers' opinions and experiences to be confronted. The latter two were only for teachers and were intended to check the coherence between teachers' beliefs and school practices. In Italy, the school year starts in the middle of September, thus, the questionnaires, which were distributed in November and December of 2013, were not administered to parents of pupils from year 1 because the researcher thought they did not have enough experience about inclusion practices.

After the questionnaires were analysed, another four focus groups were conducted with teachers and parents from schools A and C to discuss the main divergences between their opinions to find out the reasons for the disagreement and promote hypotheses for improvement. At the moment of the European Conference on Education by Iafor (July 2014), the focus group analysis was not yet completed; therefore, partial results are presented.

The study plans to inform teachers and parents involved in the survey regarding the outcomes; this is planned to take place in October 2014.

Results

In regard to the first research aim, which is the provision of a definition of *best practices* in education, it emerged that what takes place in school settings has to be: *successful*, which means that it has to produce positive effects on children, and/or on their families, and/or on teachers. This success has to be perceived to some extent, even if only by teachers' observations, and may affect curricular outcomes, social abilities, and the pupils' wellness in general; *sharable* between school professionals, *adaptable* to different situations, and *transferable* to different contexts. Finally, to promote teaching improvement, they should be *part of a research process*, and, therefore, *recorded* to show progress and provide the opportunity to analyse its strengths and weaknesses.

Questionnaires and focus group

The questionnaire completion rate among teachers was 63.9%, of which 70.6% were curricular teachers and 23.4% were support teachers; 57% of parents' questionnaires were returned

School	A	B	C	D	E	Total
Curricular teachers	43	21	24	47	52	187
Support teachers	13	2	10	10	14	49
Total	56	23	34	57	66	236

Returned questionnaires	34	18	20	46	33	151
%	60.7%	78.2%	58.8%	80,7%	50%	63.9%

School	A	B	C	D	E	Total
Parents of pupils with SEN	24	6	22	33	36	121
Returned questionnaires	12	4	14	21	18	69
%	50%	66.6%	63.6%	63.6%	50%	57%

The main results are shown below, question by question; detailed questions and results are reported in the tables at the end of the paper.

Question 1: ‘How useful do you think these items are for the inclusion of pupils with SEN?’

For teachers, the most frequent responses were: *experience sharing with other teachers* (option ‘a lot’ chosen by 79.33%), *teachers’ professional recurrent training* (75.33%), and *teachers’ personal experiences* (78%). The items that had the lowest level of appreciation for their usefulness were *implementation of ministerial recommendations* (‘a little’ useful for 13.33% of teachers, plus 0.66% who chose ‘not at all’ useful) and *implementation of values from the POF* (Piano dell’Offerta Formativa, the document that displays each school’s formative offer) (‘a little’ useful, chosen by 5.33%).

In answering the same question, 69.56% of parents thought that *teachers’ professional recurrent training* is a very useful item for the inclusion of pupils with SEN; *family participation in work plan design and implementation for pupils* was in second place (68.11%), followed by *experience sharing with other experts* (62.31%) and *teachers’ personal experiences* (57.97%). In regard to negative opinions, no item was clearly predominant.

The first recorded divergence came from the item *family participation in work plan design and implementation for pupils*, which was in second place in regard to its usefulness to parents, but was only in sixth place on teachers’ questionnaires. This seems to be due to the fact that many teachers consider family indications useful to build the study plan, but methodology and time for educational goals is held to be a competence of teachers only.

‘[family participation] can be useful if you have to work on autonomy, to do together at school and at home as well, [...] but if you have to work on methodology, it is the teachers’ duty, not the family’s’ FG4_4

‘I don’t think it is appropriate [for the family] to intervene in the teaching’ FG4_5

Parents seem to be confident in the teachers’ skills:

‘I’ve given them all my trust; I’ve seen my son’s improvement. Sometimes he has

difficulties at home, but at school, the teachers know how to help him.’ FG5_4
‘We do trust teachers enough. When I was called to sign the PEI, it was thoroughly read to me.’ FG5_2

Another controversial aspect to be discussed was the item *experience sharing between teachers and other professionals*, which was in third place, in terms of importance, to parents, but did not seem to be very important for teachers. When questioned about this, some teachers listed experiences occurred with therapists, whom they believe undermine their own professionalism, while others acknowledge the parents’ need to be encouraged by many sides, and the therapists work can be helpful in this way. Teachers strongly asserted that school and therapists have different aims; the former works on socialization and abilities, and the latter works on medical rehabilitation.

‘School has different goals [from the therapists’ ones], different methodologies, different times; we cannot implement therapy here, it is not the right place, but when parents say there is no collaboration, they mean we should engage in therapy.’ FG4_1

‘They start assuming that first there is the centre that follows the child, and school comes after. Sometimes teachers are not informed on the day the child will be absent because they have therapy to do. We can adjust to it if they want to collaborate.’ FG4_9

‘We are always available to collaborate, we attended all the meetings, explained what we do at school, show notebooks [...] but we NEVER received feedback on what they do.’ FG4_1

On their side, parents maintained that there is little chance for school and other specialized structures to communicate, and many times rehabilitation is not sufficient.

‘They did not manage to get in touch with each other... I mean, the doctor called and couldn’t be put through to the teacher and vice versa’ FG5_3

‘I had to hand the letter [the certificate] over to the teacher and that was all. I don’t know if the specialists talked to the teacher or not, but I don’t think so.’ FG5_4

‘As for speech therapy, they give an amount of hours that is only enough to start the process, after that nothing else.’ FG5_2

‘My son is on the list; he did speech therapy two years ago and we’re still awaiting to re-start the treatment.’ FG5_3

‘We’d need continuous interventions.’ FG5_2

Question 2: ‘How much do you think these items affect school integration?’

85.33% of teachers believed that *communicating difficulties and needs with the teachers* affects school integration ‘a lot’; which was followed by: *receiving gratification for the work done* (80.66%) and *having the opportunity to respect their own attention time* (78%). Conversely, what was considered to have the least affect on school integration was: *making use of rooms with specific equipment*, which was

considered to 'little' affect school integration by 6% of teachers, *spending time with schoolmates outside school* ('a little', chosen by 4% of teachers), and *knowing whom to address for their own needs* (3.33%).

As for parents, what affects integration of pupils with SEN 'a lot' was, in first place, *having the opportunity to respect their own attention time* (66.66%); in second place, *knowing whom to address for their own needs* (62.31%), then *being able to move freely in the school areas and communicating difficulties and needs with the teachers* (both with 56.52%). What least affected school integration was, according to parents, *spending time with schoolmates outside school* (8% 'not affect at all' and 23.18% affects 'a little'), *making use of rooms with specific equipment* (10.14% for 'not at all' and 11.59% for 'a little'), and *having schoolmates and their families attentive to the needs of pupils with SEN* (5.79% replying 'not affecting at all' and 7.24% stating that it had 'a little' affect).

In questions 3 and 4, which were for teachers only, the rate of questions that were not answered increased to 16% (in questions 1 and 2 the maximum was 4%); these questions were concerned with what teachers actually did in class during the 2012 school year.

Question 3: *How often during the last school year did you [implement specific activities]?* 10% of teachers never *planned activities in collaboration between curricular and support teachers*, 24% did it 1 or 2 times per week (16% of them did not answer); 50% of them *re-elaborated and personalized activities any time it was considered appropriate* and 23.33% did it 1 or 2 times per week; 24% of teachers *changed class organization* 1 or 2 times per week, while 52.66% did it at any time that was appropriate.

Question 4: *How many times, during the last school year, did you [carry out the following practices]?* It emerged that 30% of teachers never *collaborated with other professionals*, and 42% did it 1 or 2 times (throughout the whole school year); 42.66% never *noted in official papers successful practices of inclusion*, and 32% of them never *made reference to ministerial recommendations or values from the POF*. In regard to families, 29.33% of teachers *had moments of comparison or collaboration with the families to plan interventions at school or at home* more than 5 times, and 28.66% had them 3 or 4 times (10% did not answer); 38.66% *made use of inclusion practices learnt from others or taken from their previous experience, in different contexts or situations*, 5 or more times, and 19.33% did it 3 or 4 times (12% did not answer).

It emerged that ministerial recommendations are difficult to put into practice because teachers work alone in a class with too many pupils, of which at least 4 or 5 need special education.

'We cannot implement these recommendations. I should have more hours in the presence of another teacher. I am alone with 24 pupils. It's impossible. We do what we can, but this is not what children need.' FG4_8

'5 or 6 children need them [personalized activities].' FG4_3

'[in the ministerial guidelines] there are a lot of beautiful words, but they do not find confirmation.' FG4_9

Discussion

Experience sharing between teachers, professional training and personal experience are deemed very important for the implementation of school inclusion practices. This suggests that recording successful practices, which was not done by 42.6% of teachers, may be of benefit to all the school operators. Again, the literature shows that there is not appropriate teacher training on this issue, although the importance given to it indicates that a bigger allocation of financial resources to this cost element would be welcome. Nevertheless, it has to be considered how teachers, families and other professionals might be of real help to the children, which boundaries do not have to be crossed by them, and how it is possible to enhance each ones' resources, always with the children's good in mind.

The results from the second question show that the relational side is preeminent for children to feel welcomed at school, as well as having personalized work plans (communicating difficulties and needs with the teachers, receiving gratification for the work done, having the opportunity to respect their own attention time, and knowing whom to address for their own needs are what were considered to have the greatest affects on school inclusion, for both teachers and parents). On the negative side, teachers pointed out that crowded classes and the lack of co-working hours hindered inclusions. They also complained of a shortage of basic necessities, and they thought that schools should guarantee the provisions of such necessities to their students.

Most teachers maintained that the Government is far from classroom life when developing guidelines for the useful and effective implementation of educational theories, and that it was not adaptable when facing the complex and heterogeneous realities of schools. As for improvement indications, parents would need more support to help their children outside school, in terms of knowledge and human resources that they can rely on, and teachers are available for collaboration with other professionals if this is done on a peer-to-peer basis.

This study is intended to provide scholars, teachers and anyone interested in the topic with information about what works better and what has to be improved for the inclusion of pupils with SEN in schools. It relates to a small number of primary schools in North Sardinia, yet its outcomes can serve as a cause for reflection and as a comparison with other schools in Italy. The debate is still open and needs more research to obtain more definitive results.

Fig. 1: question 1 details and results

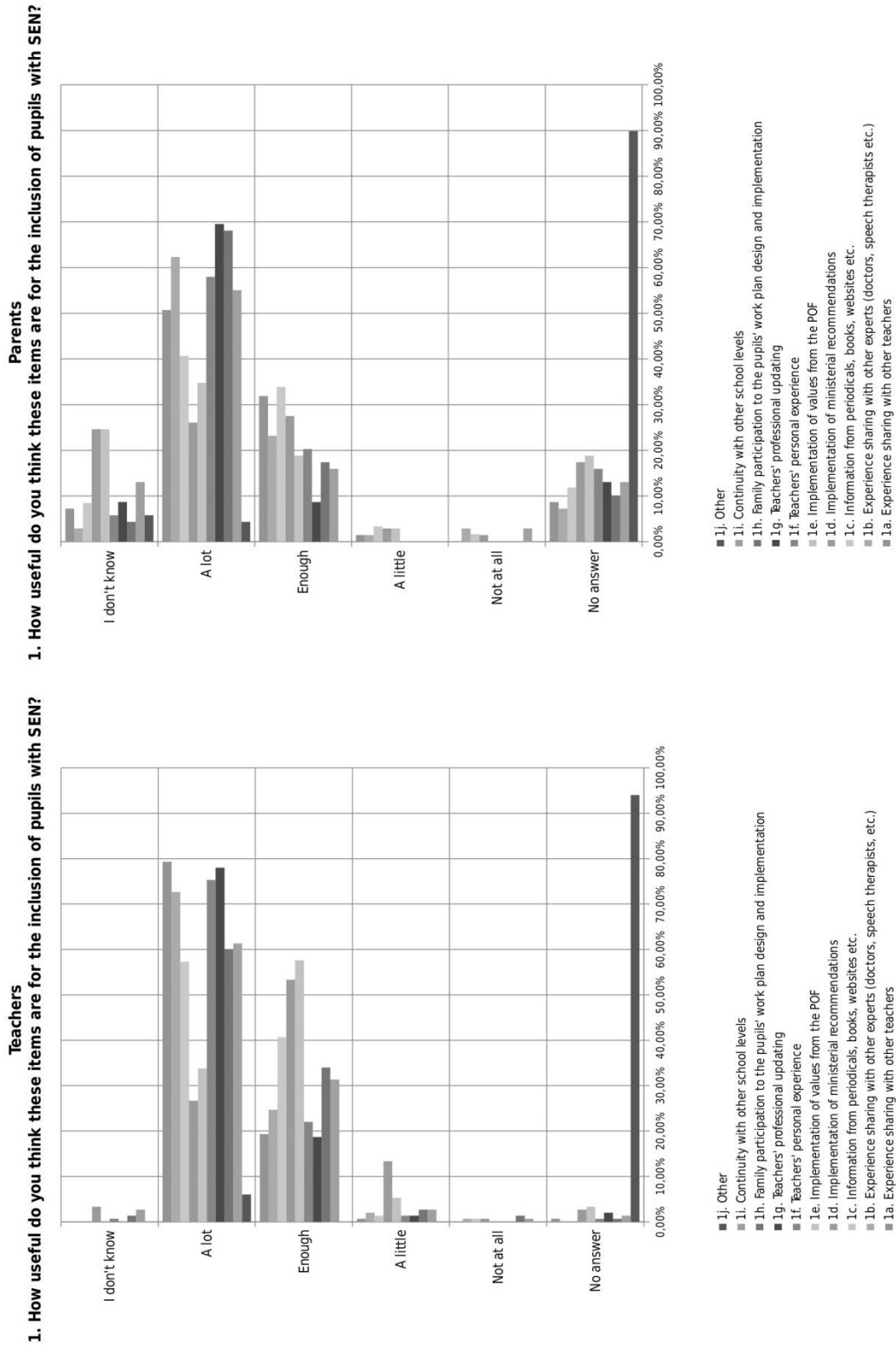
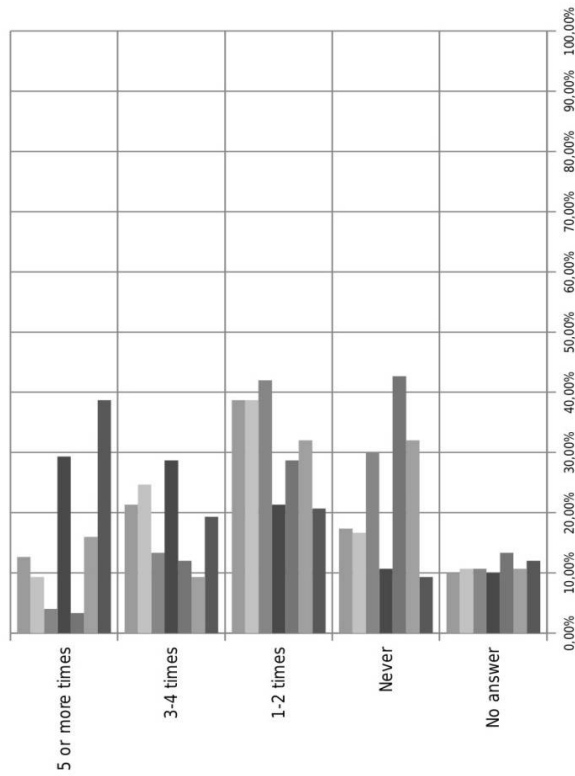


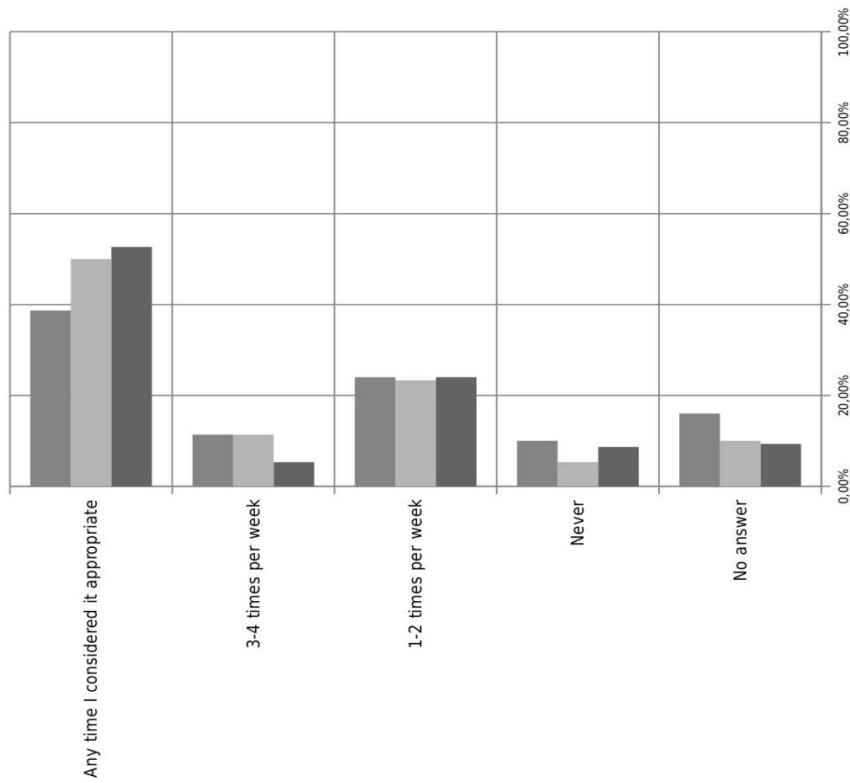
Fig. 3: questions 3 and 4 details and results

4. How often, during last school year, did you



- 4g. Make use of inclusive practices, learnt from others or taken from your previous experience, in different contexts or situations?
- 4f. Make reference, in your intervention, to ministerial indications or indications from the POF?
- 4e. Note in official papers successful practices for the inclusion of pupils with SEN?
- 4d. Have moments of comparison/collaboration with families, to plan interventions at school/at home?
- 4c. Have moments of collaboration with other organizations?
- 4b. Participate in research/debate groups with parents, therapists etc.?
- 4a. Inform yourself or took part in seminars, refresher courses etc.?

3. How often, during last school year, did you



- 3c. Change class organization (groups, one-to-one, individual)?
- 3b. Re-elaborate and personalize activities?
- 3a. Plan activities and collaborate with the curricular teacher and the support teacher?

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