Students With Specific Learning Difficulties: What Happens to Pedagogical Evaluation When “Something is not Quite Right Regarding Inclusion in Schools”?

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Abstract

Pedagogical evaluation of students with special educational needs in primary and secondary education poses an insoluble problem even at this day and age. This is made evident every time that “something is not quite right regarding inclusion in schools” in the cases of students that have been diagnosed with specific learning difficulties (dyslexia). Our entry refers to the problem of attendance, teaching and evaluating students with diagnosed specific learning difficulties known as dyslexia, dyscalculia, dysgraphia and dysorthographia in primary and secondary education, over the time span of the years 2000-2011. In our methodology, we utilized a sample of 200 cases of dyslexia over the course of the years 2002-2010, as well as bibliographical retrospect. In our results we were able to identify cases that had been diagnosed with dyslexia while, in reality, there were other special needs lurking, the coexistence of which in the same case was actually of greater significance as far as the course of teaching/learning was concerned. Additionally, even in cases of students where the content of the multidisciplinary diagnosis referred to specific learning difficulties, these were “non-existent”, while special educational needs concerned inclusion problems because the difficulties of learning had not been taken into account, a direct result of other diagnoses. The vast majority of them did not mention a single thing about specific learning difficulties according to disorders of Autistic Spectrum Disorder (ASD) or child/adolescent deviant behavior due to parental negligence, parental abuse or instances of inter-domestic violence.

Keywords: specific learning difficulties (dyslexia), pedagogical evaluation, school inclusion.

1. Introduction2

1.1 Theoretical background

Over the last four decades (Critchley, 1981) extensive progress on matters of special education has been made. Both the attendance and the evaluation of students with special educational needs in primary and secondary education have earned the understanding of the

1 PhD student.
2 Abbreviations: Mental Health Centers (MHC), Medico-Pedagogical Centers (MPC), Diagnostic Assessment and Support Centers (DASC), Centers of Differentiation Diagnosis and Support (DDSC), Special Educational Needs (SEN).

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educators as well as the examiners, regarding their capabilities. Nevertheless, there is an insoluble problem lingering within school environment (Christakis, 2011). This is made evident every time that “something is not quite right regarding inclusion in schools” (Drossinou-Korea et al., 2016) in the cases of students that have been diagnosed with specific learning difficulties (dyslexia) (Drossinou-Korea et al., 2017). Existing doubts (Christopoulou & Zoniou-Sideris, 2012) raise questions regarding the validity, deontology, pedagogic principles, educational and practical exploitation as well as the engagement of parents, scientists and special educators. The philosophy of the regulative texts (Law 3699, 2008) wholeheartedly supports the idea that inclusion refers to individuals with special educational needs, with which category we affiliate individuals who, for the entirety or a part of their attendance in school, face important learning difficulties due to sensory, mental, cognitive, growth problems. The same mentality applies to individuals with psychological and neurologic disorders. All aforementioned factors have been deemed by the interdisciplinary evaluation as particularly problematic as far as the adaptation and learning of said individuals within the school environment is concerned. Students with disabilities and special educational needs are considered in particular those who suffer from inherent impairments like mental retardation, sensory disabilities of sight (blind, amblyopic with poor vision), sensory disabilities of hearing (deaf, hearing loss), body-kinetical disabilities, chronic incurable diseases, infringement of speech, special educational difficulties like dyslexia, dyscalculia, dysgrafía, dysorthographia, attention deficit syndrome with or without hyperactivity (Drossinou & Chatziigeorgiou, 2007), evolutionary disorders in the autistic spectrum (Papageorgiou, 2005), psychological disorders and multiple disabilities.

- Specific learning difficulties (dyslexia).
- Pedagogical evaluation.
- Inclusion in schools.

According to the teacher’s book (Ministry of Education, 2009) of the special education educator approximately 14% of students faces difficulties in learning which may be heavily attributed to inherent causality or environmental or in some cases (like cases of child abuse) both. Moreover, 10% of school population faces severe problems in reading, writing and dictation while some of these cases are dyslectic (Critchley, 1981; Nicolson, Fawcett & Dean, 2001). From the retrospection of bibliography, we can deduce that dyslexia is related in 80% of the cases with neurological malfunctions. Difficulties in reading and writing are a direct result of atypical brain development as can be confirmed by a multitude of behavioral and neuropsychological researches. Despite the extensive research attempts, findings keep being incohesive and inconsistent with one another. The special disorder of reading, also known as dyslexia, is “a disorder that becomes evident from the difficulty of learning how to read, despite standard teaching practices, adequate intelligence and social-cultural opportunities”. One in ten children face some form of dyslexia (World Health Organization, 1993), while approximately in 4% of the cases, the gravity of the disorder is particularly high (American Psychiatric Association, 2013).

Specific learning difficulties (dyslexia) oftentimes coexist with Attention-Deficit /Hyperactivity Disorder (ADHD). Children suffering from ADHD (Weiss & Hechtman, 1993) are at a severe disadvantage in several functional aspects like: academic performance, social development and family relationships while there is evidence which supports the notion that 50-65% of children who have ADHD (Kalanjzi-Azizi, Angelis & Efthathiou, 2005; Drossinou & Chatziigeorgiou, 2007), keep showing symptoms of the disorder in adulthood. The student problems of these children affect the school career as well as the activities of everyday life which demand reading or writing skills (Markakis & Drossinou, 2001; Drossinou-Korea & Panopoulos Nik, 2017).

Complex cognitive, emotional and social difficulties, deviant behavior, abuse, negligence and domestic violence (Bandura, 1973, 1990; Christakis, 2011) are some additional
problematic factors that show up a lot in school communities. The constantly increasing school violence, in the form of bullying, is not developed on its own, independently of what happens in the family, at school and in the social surroundings in general. Students, victims and offenders alike, reflect the family and societal environment in which they grow up (Drossinou, 2003, 2009). Among the usual causes of violence (the most prevalent of which are psychological and societal), we mention the negative role of the family due to rejection, abuse, survival through acquisition of force, social learning (Bandura, 1973, 1990) modern day media (television, internet). However, we know that violence is transferred to the streets from school and out there, students become potential transgressors, who abuse and destroy.

The aim of our study is to highlight issues that affect inclusion (Ainscow, Dyson & Weiner, 2013; Avramidis & Norwich, 2002) and refer to the validity, deontology, pedagogic principles, educational and practical exploitation as well as the engagement of parents, scientists and special educators (Drossinou-Korea & Kydoniatou, 2016). In particular, what is going on with pedagogical evaluation when “something is not quite right regarding inclusion in schools” in the cases of students that have been diagnosed with specific learning difficulties (dyslexia).

1.2 The problem – Hypotheses

Taking under consideration the knowledge that we have acquired during the last years on the domain of interdisciplinary collaboration, in which the request for deeper understanding of the learning mechanisms and cognitive development of children with special educational needs is highlighted, we discuss the specific targets of the current study (Avramidis & Kalyva, 2006). Biological factor appears to play an important role in maturation and obtainment of school readiness for children (Nicolson, Fawcett & Dean, 2001). Modern techniques of brain depiction promote this new scientific effort, in addition to revealing “hidden” procedures and mechanisms that take place in our brain. Still, having the knowledge around the learning capacity of students through targeted activities concerning cognitive alertness someone could utilize their interests even if they diverge from what we consider “normal”. Furthermore, the educational challenge with integrational applications highlights that students learn how to become aware, how to control their bodies and how to develop skills in simple or complex movements which promote their autonomy and cognitive procedure at its peak (performance-wise, expressively, experientially and interactively). In some cases particularly we tend to approach carefully the interaction between factors that coexist in the integrational process and they may hinder accession/integration of students with dyslexia. In between them we may assume that dyslexia coexists with complex cognitive, sentimental and social difficulties, delinquency, mistreatment, parental negligence and abandonment or domestic abuse.

![Figure 1. Targeted Learning Readiness Activities: Books – special educational needs (SEN) (Ministry of Education, 2009a, b)]
2. Methodology

2.1 Study plan

Field study in special education utilizes participatory observation and monitoring of attendance and evaluation problems of the students with special educational needs, focusing on the study of regulations in other European countries with the sole purpose of proceeding in relative suggestions in the context of our obligations, at the Pedagogical Institute in the period of time between 2002 and 2010 from the position of special educational difficulties. On this plan we took under consideration that the Ministerial Decisions report that “the consultation or diagnosis is not approved for any other cognitive difficulty or disability that is not included in the text of those specific Decisions” despite the fact that they are based on fundamental principles concerning integrational and inclusive education, which are ratified by the Greek Constitution and the International Treaty on Children’s Rights. We underline that the Greek State’s obligation is to “reinforce...all those in need of help and special protection, depending on their respective abilities” recognizing the right for special educational support that must be protected by the Ministry of Education regulations on the children.

2.2 The sample

In our methodology (Avramidis & Kalyva, 2006) we included 200 cases of students diagnosed with dyslexia aged between 10.6 and 16.6 having a grade point average of 14.6. The procedure of documents’ concentration utilized at their best all of the following: research tools, phone conversation recordings, personal reports and private meetings with parents, teachers for the SEN, educators and specialists with emphasis on the educational management of SEN at the school community (Table 1). We note that the anonymity of all those providing us with material for our study was preserved and that the cases were given a protocol number (from 1 to 200), they were registered and finally, they were studied by chance.

2.3 Classification

The data was classified based on different evaluation agencies, as it is presented on Table 1 with diagnoses that had been certified from Mental Health Centers (MHC), Medico-Pedagogical Centers (MPC), Diagnostic Assessment and Support Centers (DASC), Centers of Differentiation Diagnosis and Support (CDDS) (Law 3699/2008). Moreover, the references and the attributance of regulative texts which were mentioned in signed reports as Laws and Presidential Decrees were also taken into account.

<table>
<thead>
<tr>
<th>N=200 students, aged 10.6, 16.6 with a great point average of 14.7 with diagnosis of dyslexia from:</th>
<th>Mental Health Centers (MHC)</th>
<th>Medico-Pedagogical Centers (MPC)</th>
<th>Diagnostic Assessment and Support Centers (DASC)</th>
<th>Centers of Differentiation Diagnosis and Support (DDSC)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific student difficulties (dyslexia)</td>
<td>70</td>
<td>30</td>
<td>70</td>
<td>30</td>
<td>200</td>
</tr>
<tr>
<td>Description of other special educational needs that coexist in the same diagnosis as dyslexia: Complex cognitive, emotional and social difficulties</td>
<td>30</td>
<td>10</td>
<td>30</td>
<td>10</td>
<td>80</td>
</tr>
</tbody>
</table>
### 2.4 Evaluation

Through the bibliographic research of regulative texts that have been written by the state in order to regulate matters of evaluation of students with special educational needs, we noted that they are orientated towards inclusion (Drossinou-Korea et al., 2017). Teaching takes place without being connected to evaluation, in stark contrast; the evaluation and the exams with emphasis on high-schools, colleges, vocational schools form the dominant tendency. Through careful research of the decrees and the regulations that aim at optimization we can deduce that the notion of differentiated teaching, the planning of teaching in an explicitly modified way that suits students with special educational needs and complex difficulties, is absent (Christakis, 2011; Drossinou-Korea, 2017). According to them, there is no foresight on the teaching treatment and alternative evaluation of students with complex cognitive, emotional and social difficulties, delinquency due to abuse, parental negligence and abandonment or domestic violence. From the aforementioned, the correlation of factors that coexist during the pedagogical evaluation of students with diagnosed special educational difficulties (dyslexia) but are neither evaluated nor pinpointed is highlighted.

From Table 1 we can notice, regarding the allocation of the sample, the following:

1. 70% of the sample of the research which was diagnosed with dyslexia, 35% from the Mental Health Centers (MHC) and 35% from the Diagnostic Assessment and Support Centers (DASC) manifested coexistence of other factors during the evaluation. It was mentioned, separately for every agency, that 42.85% had complex cognitive, emotional and social difficulties, 14.2% had been mistreated or were cases of parental negligence and abandonment or were living in environments of domestic violence, 14.2% had demonstrated delinquent behavior, 14.2% had autism and 14.2% had mental retardation.

2. 30% of the sample of the research with diagnosis of dyslexia, 15% by Medico-Pedagogical Centers (MPC) and 15% by Centers of Differentiation Diagnosis and Support (DDSC) manifested coexistence of other factors during the evaluation. It was mentioned, separately for every agency, that 33.3% had complex cognitive, emotional and social difficulties, for the MPC 16.6% and for the DDSC 33.3% had been mistreated or were cases of parental negligence and abandonment or were living in environments of domestic violence. Furthermore, for the MPC 16.6% and for the DDSC 6% had demonstrated delinquent behavior and 16.6% for both of them had autism.

### 2.5 Limitations of the study

The sample of the students who had been diagnosed by Centers of Differentiation Diagnosis and Support was a limited one because these agencies had been functional for a short period of time, less than three years since the respective law.

In addition, another limitation (Avramidis & Norwich, 2002) lies in the fact that, among the students that had been diagnosed with dyslexia, there were some for which the parents...
or the educators may not have mentioned the existence of complex cognitive, mental, emotional and social difficulties, delinquency due to mistreatment, parental negligence and abandonment or domestic violence.

Finally, there is the limitation that special educational needs are expressed when children manifest inability or a specific disability so that examination through alternative means can be carried out in the future when it is deemed necessary (Drossinou-Korea & Kydoniatou, 2016).

3. Results

In our results, we noted several cases that had been diagnosed and classified as students with dyslexia while there were other special needs lurking, the coexistence of which in the same case was actually of greater significance as far as the course of teaching/learning was concerned (Markakis & Drossinou, 2001). The notion of “inability” seems to be taken into account selectively for students with dyslexia whereas other students that have a hard time coping with school life and the learning procedure in general are left without an official diagnosis. Among them, we should include students with emotional difficulties that are expressed through delinquency, extreme aggression, negative feelings, fear, low self-esteem, depression, antisocial behavior, denial to cooperate, violent conflicts. These students often live in an environment with social difficulties and their attendance, teaching and evaluation seems to not be “seriously” taken into account. According to studies, juvenile delinquency (Drossinou, 2003, 2009) is a direct result of domestic violence and can be traced to children of school age that accumulate vast amounts of emotional problems and behavior and live in harsh family and societal conditions.

In Table 1 and in Frame 1 we can see increase tendencies in cases of students with complex cognitive, emotional and social difficulties due to a lack of mental care services within the frame of the school. This results in the non-timely diagnosis and management of problems of students within the school community which are created by parental mistreatment, negligence or domestic violence. Furthermore, we can notice a “reluctance” of the educational staff, as we know it in special education, to support students with complex difficulties through inclusive educational practices. Teachers and educators of special education only partly support the cognitive difficulties of students that refer to academic skills like writing, reading, math and refer to “experts” for behavioral problems (Markakis & Drossinou, 2001). By doing so, social inclusion and the realization of school inclusive programs through the teaching process are loathed since they are left out of that very same teaching process that aims at altering deviant behavior through interventions of teaching differentiations (Drossinou-Korea et al., 2016).

Frame 1. Evaluation of problems in learning from diagnostical services with emphasis on the Specific Learning Difficulties (Dyslexia)
DASC and MHC as it can be seen in Frame 1 have evaluated the majority of the student cases that we happened upon during our research. What is impressive is the fact that parents had sought out other diagnostic agencies with the insurance booklet and had “consumed” services in order to obtain the much sought-after “degree” of dyslexia. The fewest cases had been evaluated by the MPC, which had more child-psychiatric or psychodynamic ways of approaching and highlighting the student difficulties and their rationale.

The mental health centers had consulted in 70 cases of students with special educational difficulties (dyslexia), noting the highest percentages against the other controversial educational needs.

4. Conversation – Original conclusions

Our conclusions and thoughts for further discussion diffuse through our opinions included in the national texts for the Children’s Rights Protection, constituting part of the common law while in the meantime they aim at the protection and accessible education providing “equal opportunities” for all the children (Ministry of Education – Pedagogical Institute, 2009a; Drossinou-Korea, 2007; Christakis, 2013; Drossinou-Korea et al., 2016, 2017). Based on this principle, the State drafts positive actions, enacts obligatory application of the laws and regulations concerning special education and finally, it develops services that apply effective educational inclusive policies. The main goal refers to specially drafted pedagogical procedures that satisfy the particular needs of all the children with disabilities or special educational needs. In our original conclusion we underline the difficulty both for the school community and the family to accept the problem’s existence which stigmatizes. Parents and educators deny to “characterize” the whole condition/situation with its proper name and they tend to generally categorize everything under the “dyslexia umbrella”. The term “dyslexia” appears to be conceptually neat, socially acceptable, politically correct and in the meantime it also suggests the “cultural deficit” at the level of the school life. On the other side, diagnostic capturing of the problem as a result of dyslexia serves as a means of concealment of the dysfunctional domestic structure that is exonerated from its wrongful choices relative to its identity and to its social role. This is how many contradictory cases of students diagnosed with special educational difficulties (dyslexia) were nonexistent and special educational needs concerned different controversial problems such as Pervasive Developmental Disorder, Autism Spectrum (Drossinou-Korea & Kydoniatou, 2016; Drossinou & Chatzigeorgiou, 2007) or delinquency because of parental negligence or parental abuse or domestic violence (Drossinou, 2003, 2009). It is notable to underline that various educators in spite of the fact that they are certified in use of educational tools which utilize the interests of the children even if they diverge from the standards that school community reproduces as a norm, appear to understand their social mission in favor of the students with special educational needs whose cause at school is attributed to inherent damage (Critchley, 1981, Drossinou-Korea, 2007; Ministry of Education – Pedagogical Institute, 2009b; Christakis, 2011).

In conclusion, we strongly believe that the problem for what is happening with the pedagogical evaluation when “something is not quite right regarding inclusion in schools” requires to be studied further, more extensively and in greater detail targeting on tutoring and equal opportunities in education under the proper adjustments, teaching differentiations and exploring while reevaluating all the alternative facilities provided by the school. In the same context of having all the children’s, with disabilities or with special educational needs, rights protected we can express emphatically our demand for right protection of students with complex cognitive, sentimental and social difficulties, delinquency because of abuse, parental negligence and abandonment or because of domestic violence.
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