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IMPROVEMENT RESEARCH THROUGH INCLUSIVE SCHOOL - IRIS REFLECTIONS ABOUT ASSESSMENT AND INTERVENTION WITH STUDENTS WITH SPECIAL EDUCATIONAL NEEDS

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SUMMARY

Eleven years after the Salamanca declaration inclusive education is still a faraway concept for many schools and teachers in Europe.

The objective of IRIS is to develop a multidimensional approach to improve the teaching and learning of all pupils. We believe that to improve teaching and learning we need to develop a new attitude, based in research and focalised on an understanding of pupils' strengths and needs. This will support effective planning and intervention, including the use of the IEP, for all children in the inclusive classroom.

These study focalise the main options to support Inclusive Education of children with Special Educational Needs – ICF and Index of Inclusion – and discuss their contributes and limitations to improve inclusive practice. Finally, we discuss the implications of such discussion to teachers training and practice.

Key words: Inclusive school, Inclusive assessment, SEN, ICF, Index of Inclusion, Training teachers

INTRODUCTION

Since 1994 a important mark for the children with special educational needs- the Declaration of Salamanca proclaims School for All or Inclusive School defended the children and youths with special educational needs' right to come to regular schools, focused on the fact that it must be the school and the teachers to adequate and to be able to work with those needs (César, 2003; Correia, 2001, 2003, 2005; Costa, 1996; Marchesi, 2001; Morgado, 1999; Niza, 96; Sternberg & Grigorenko, 2003; Warwick, 2001). Inclusion started to develop strategies to promote the diversity, focused on the student's interest, in order to have answers for his individual needs.

While the integration tried to valorise the environment where the learning takes place, the inclusion goes far and tries to adjust the individual's learning needs, adapting the teaching to those needs.

Based on the recent changing's of Portuguese legislation and tools to asses students with Special Educational Needs (SEN), this study will discuss how to improve:

I- The development assessment tool for teachers identifies, evaluate and monitor the intervention with students with SEN in a inclusive model.

II- The development of IEP (Individualized Educational Plan) that complements the inclusive approach to students' development and learning in educational context.

Starting from the tools - ICF (International Classification of Functionality) and the Index for the Inclusion - tools that we consider important to the extent that, though structurally and conceptually different, have already implemented an important official in some European countries (e.g. Portugal or Ireland, favouring the ICF, others such as Spain favouring the Index).

Integrated however in our systemic view, these conceptual differences not appear to us necessarily opposing, to the extent that:

• The first (ICF) could serve as a model for the organization of an instrument focused on child –Though a look outside and a partial view because essentially functional, can help systematize information not to diagnose but to look closely for many different aspects of functioning;

• And the second may serve as the basis for a model to which we want to move-centred in the reflection of the different contexts about themselves - open expansive and inclusive approach to a dynamically on the evaluation and the educational intervention;

We believe that the consideration of these two dimensions of the Instrument for Identification / Characterization will allow finding a better understanding of the situation based in guidelines not only in the individual intervention but in their own contexts, too.

I. ANALYSIS OF EXISTENT TOOLS

A. ICF

In his introduction ICF is presented as a general and objective classification to provide a unified and standardized language as a structure of work for the description of the health and

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states related to health (ICF, p.7) and, Further on, specifies that also considers components of welfare related to health such as education and work. Assuming that this clearly considers the areas of health and areas related to health, described based on the perspective of the body, the individual and society organized by two basic lists: Roles and Structures of the Body and Activities and Participation.

In general, as the document itself indicates, the ICF could be a practical and useful system that can be applied by several users in the health policy (ICF, p.9), but is actually a tool for inducing educational quality and change, or innovation, with practical applications.

ICF is a quantitative, descriptive and diagnosis tool based primarily on an individual (Even allowing its contextualization, but not both his questioning). It seems to us that, despite being an instrument that may involve some risks if used indiscriminately or to whom by the general population it is addressed our project (Teachers and educators), and also present, in our view, some weaknesses (particularly by focusing mainly on aspects descriptive and functional, it is not open to other more dynamic, interactive and comprehensive) is however well systematized and with a certain level official implementation of some European countries.

So the ICF – International Classification of Functioning, Disability and Health, aims to create a unified and standardized language, as well as a structure of work for the description of health and the states related to health. In ICF the term functionality is fundamental. Citing the ICF itself, we can say that this document enables the "description of situations related to the functionality of the human being and its restrictions and serves as a framework for organizing this information. "

According to words of the document, we should mention that the functionality of a 'person in a specific field is a complex interaction or relationship between the condition of health and contextual factors (i.e. environmental factors and personal). There is a dynamic interaction between these entities: an interaction element can, potentially, modify one or more other elements. "The ICF approaches bio-psycho-social of disability and functionality, addressing the subject in a biological, psychological and social way.

Advantages to use ICF

In making an assessment based on ICF, this goes against the demands of an assessment dynamic, interactive and multidimensional of NEE. It is not intended only label the person concerned. It is, yes, this assessment guide for intervention with the child. In addition to identifying the limiters endogenous to the student, also identified the exogenous limiters. We can thus guide our intervention for these limiters (the context), seeking overcome the barriers that arise to the activity and participation of the student and optimizing the facilitators to the same activity and participation.

The assessment done by International Classification of functionality requires the involvement and contribution of professionals from different areas. They therefore to be multidisciplinary teams of which should be part teacher (special education and regular education), psychologists, technical, social service, professional teams of school health and other factors which intervened or will intervene with the child , not forgetting elements of the family.

One of the advantages of this type of evaluation is that all stages of the process (collection of information, analysis of information and decision-making), is made jointly by the entire team even though, of course, are defined tasks for each of the elements that is.

Another of the advantages is that you can point how better coordinate structures such as education and health, education and employment because, in applying all the same language, communication is easier and, therefore, the intervention with the child.

However, this model also has some limitations. One is situated at the very formation of multidisciplinary teams and consistent operation of the whole process of evaluation based on the ICF.

The still ignorance of this document in areas such as social security, labour, economics, social policy and even Education and Health, put the question of its application. So, the use of the ICF contributed to the decrease of subjectivity, because even though each technician to have the technical language of their specific area of training, with the CIF, all have to use the same language. That is, the ICF has the advantage of creating a common language for all the technicians who deal with this type of people, facilitating the teamwork.

The discussion/intervention of the case by the various technicians has the great advantage of the same only be seen as the responsibility of a coach, (which will ask for help to another "almost as a favour to the case"), and switch being a multidisciplinary team, in which there is sharing of information and in which each has its specific intervention, but converging with the work outlined and discussed in a team. The instruments (roadmap for the evaluation and results of evaluation) provided to be used based on the ICF help systematize the case because, through them, which takes place the items to assess/gather information, it is the distribution of work by technicians, the materials list is the use and the timing of the tasks. With these tools the team is brought to the systematization of the case, focusing its attention on the most important aspects.

By using these instruments came the need to build an instrument to request information to other services. We then an instrument that we be very useful for the future because the need was felt of Education and Health, (since in our group were represented these two Ministries), to create a document that serve as a facilitator of communication among the services with a view to solving the problem in a swift and effective. For this communication is made in the best form will be necessary for the technical services dominate the language of ICF.

So far what happened often was that the requested aid for Health Education in the way that felt more convenient, but that it was often unclear to Health In turn Health responded in the way that felt more convenient, but it would not meet the needs of Education. The services were not the same language. As a result of the services we wear, with expenditures of time and with little visible results. The major consequence of this situation was not able to give the most appropriate response, despite the involvement and commitment of services.

B. INDEX FOR INCLUSION

The index for the inclusion is behind a model essentially social nature that seeks to identify the barriers that the school can put to learning and participation and presents a set of materials which aim to assist schools in the process of exploiting the differences, ensuring the inclusion of all and promoting high levels of success in a broader perspective than ICF (that is concerned essentially with the characterization of states of health). Its objective is the development of schools in order to eliminate barriers which are as barriers to learning and participation of all, and more socio-cultural, preventing the fragmentation and social exclusion and, in this sense, looking set priorities for the phases of development and its development in terms of inclusive perspective that goes far beyond the people with health problems or disabled.

The focus of this paper is placed on building schools as inclusive a milestone favourable to ensure equal opportunities and full participation, contributing to a more personalized education,

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fostering collaboration among all members of the scholarly community. Contributing thus to build a more inclusive and democratic society.

Thus, its fundamental objective is to create cultures, develop policies and develop inclusive practices that respond to the diversity of pupils taking into account all the educational needs, whether that nature are (health, education, social, cultural), avoiding labelling the stereotype and the barriers that commonly arise in the learning and development of the students.

To meet the objectives of the proposed index is the development of the process in stages: the first aimed at the exploitation and analysis of the index, the second the exploitation and analysis of the school, the third to draw up a development plan for the school with a guidance inclusive, the fourth implementation of the aspects of development and likely the fifth, the review of the process followed to the index.

So it seems to be an important document and, in a real work in very difficult implementation in schools, by requiring internal questioning a look inside instead of looking out, a real reflective work, involving active and creative.

II. ASSESSMENT TOOL

It is in this context that, following the publication of DL N. 6 from 2001 (Portugal), relating to new types of curriculum management, respectively, in teaching at primary and secondary school, which limited the mode of Special Education of SEN with prolonged character, Minister of Education, puts the following definition of such concept:

"They are students with *Special educational needs*
who experience prolonged
serious difficulties in the process of learning and
participation in the contexts school, family and community,
arising from the interaction between environmental factors (physical,
social and attitudes) and the sharp limitations of grade level
its operation in one or more of the following areas:
Sensory (vision and hearing); Motor; Cognitive; Communication,
Language and speech; Emotional and personality."[1]

This definition it is already a dynamic model of interaction person / environment, that the degree of involvement and level of performance in the activities of individual results from interactions and mutual influences that constantly are established between the environment and the person being necessary, therefore, be attentive to the different dimensions under review. An evaluation of this kind brings us directly to the issues related to the evaluation of SEN, a perspective which includes both variables of different types and taking into account the results of the interactions between them that are established.

The evaluation of SEN from the ICF, will lie in identifying the profile of
Functionality of the student relation to the functions and structure of

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[1] In, Min Ministério da Educação – Direcção Geral de Inovação e Desenvolvimento Curricular (2007). ICF - Avaliação e Intervenção na Área das NEE, Lisboa: Ministério da Educação (pg 13).

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Body and the activity and involvement and environmental factors that
Can function as barriers or facilitators of the same
Functionality. To this end, take will be to select,
Previously, the categories that in each component will be
Subject to classification, and by reference the categories
In the checklist and the specific condition of each
Child / Young.[2]

On how to assess, should be safeguarded when the specific manner as every professional performs his duties despite being able to share, in a team, the sources and instruments of assessment to be used in the process of gathering the information by which, each, was responsible. For the purpose of planning the process of collecting information has been made a working document (see anexo1) called roadmap for the evaluation includes a description of the current situation of the student, as well as the identification of the elements of the multidisciplinary team that will carry out the evaluation and still, the selection of the categories for each component of the ICF will be subject to classification and aspects relating to how each element of the multidisciplinary team will proceed to collect the necessary information to the same classification.

Given this proposal from ICF, and the reflexive review from Index, our perspective towards the creation of an instrument to identify, assess and intervene with children with SEN based in a inclusive approach that reflects teachers and schools needs focalize the combination of these two instruments. So, the characterization of the Child and systemic situation could be done by organizing an instrument with two dimensions: one centred on the characterization of the student with needs and another focused on the characterization of contexts of learning and development.

Therefore it seems possible and important that, for the construction of an instrument for individual characterization of the child and identification of skills / needs / weaknesses is part of the appeal to the ICF integrating however some more qualitative dimensions of order and not functional (e.g., engaged symbolic content and others).

For the construction of a tool for characterization of the Contexts (interactive) would be important not only the referenced Index of Inclusion, but also assumptions as checklists and guidelines that promote a common language between the teachers and other professionals.

a) Functional diagnosis

Based on previous observations we suggest that the first dimension (the individual) of assessment tool (the instrument of identification/characterization) arises from an adaptation of the ICF, more specifically the Checklist developed in Portugal, by Minister of Education[3]. In the classification from the proposal of 2nd stage, we consider introducing some parameters, particularly:

1. Functions of the Body
   - (Mental Global Functions) - b130 - Functions of energy and impulses

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[2] In, Ministério da Educação – Direcção Geral de Inovação e Desenvolvimento Curricular (2007). ICF - *Avaliação e Intervenção na Área das NEE*, Lisboa: Ministério da Educação (pg 16-17).
[3] In, Ministério da Educação – Direcção Geral de Inovação e Desenvolvimento Curricular (2007). ICF - *Avaliação e Intervenção na Área das NEE*, Lisboa: Ministério da Educação.

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- (Specific Functions Mental) - b176 - For complex sequence of movements -b180- For personal experience and time
- (Functions voice and speaks) - b340-... Other forms of vocalization
- (Functions of Respiratory Syst.) - b455- Tolerance to exercise ...

2. Activity and Participation -

- (Learning and Knowledge) – d135 – Repeat - d179 – Application of knowledge
- (Tasks and general requirements) - d240 - Dealing with stress and other psychological demands.
- (Communication) - d320 - Communicate/receive messages using sign and language
- (Mobility) - d465- Go using any type of equipment
- (Domestic Life) - d660- Helping others - d760 – Family relationship
- (Economic life) - d860 - Basic economic Transactions
- (Life Community, Social and Civic) - d940 - Human Rights

3. Environmental Factors

- (Support and Relationships) - e315 - Extended Family - E350-Pets
- (Attitudes) - e415-Members of the extended family - E430 - Individual attitudes of people in a position of authority

b. Questionnaire with options for the qualitative characterization of the student by the teachers.

The checklist should be complemented by a questionnaire for recording quality (not quantity) of personal factors important to understanding the potential of the individual in his relationship with and with others, including data in its history of development, family and school. The listing below this would be an area open to be completed by the teachers or technicians.

This listing will also include data (described openly or structured in scales visual/analogy), about domains as:

1. Expressive and behavioral

- What are the preferred channels expressive
- If involved in a situation and how playful
- The contents (symbolic or otherwise) or preferred more frequent situation in playful or another
- The standard reaction
- The more this type of humor

2. Relational

- The attitude most often in relation to the adult (teacher or other)
- The attitude most often in connection with peers
- The dynamics of the individual in the group

c. Tool to assess contexts

Another dimension of the tool (the Interactive/Contextual) it would develop in conjunction with the items of the 'environmental factors' and' personal factors' proposals adapted from the Index and

instruments. Here it would include for example, according to the various contexts, the inverse of the items' level relational 'earlier, for example:

- The most common attitude of the adult (teacher / other) in relation to the subject
- The most common attitude of peers in relation to the subject
- The dynamics of the group with the individual

III. ABOUT IEP

The general objective ICF presents as a classification of components described in detail related to the health and state of health. At an educational intervention, since 1980, a characterization based on components of health it is not enough. It was noted that children with the same symptoms in terms of health had very different levels of competence, determined by multiple factors as personal, family and environmental, and it became evident for the need of individualized intervention to respond to the diversity and the use of a more systemic model to allow an intervention more effective.

The index for the inclusion is behind a model essentially social nature that seeks to identify the barriers that the school can put to learning and participation Its objective is the development of schools in order to eliminate barriers which are as barriers to learning and participation in all, and more socio-cultural, preventing the fragmentation and social exclusion and, in this sense, looking set priorities for the phases of development and its development in terms of inclusive perspective that goes far beyond the people with health problems or with disabilities. Thus, its fundamental objective is to create cultures, develop policies and develop inclusive practices that respond to the diversity of pupils taking into account all the educational needs, whether that nature are (health, education, social, cultural), avoiding stereotype and the barriers that commonly arise in the learning and development of the students.

The analysis of both documents allows us to see significant differences in the underlying prospects for its conceptualisation. In the case of ICF emphasis focuses on comprehensive diagnoses of states of health of individuals, in the case of Index focuses on the structure of the school and its development to promote an inclusive education and for all.

In terms of implementation, in our view, the ICF will determine the restriction of the number of children and young people who may have the support and resources of the educational structures and the community to focus entirely on components related to health. Rather the index, with the central concern for equality of opportunity for all, adopting a perspective that seeks respond, in addition to the issues related to health, the components of socio-cultural nature, extending the assistance to a wide range and diverse the problematic.

An analysis of the two documents note, however, that is not considered a fundamental component, that is how to respond to the wide range of problems that can identify ICF (to a limited extent), or to the methodology that may be adopted by the inclusive school.

We believe it is essential to design models of response, and the development of Individual Educational Plans may, continuing the experience already developed, constitute itself as a suitable to the needs of each subject, their skills and capabilities, including the de - so adjusted in context surrounding for which the necessary resources are mobilized. Furthermore, IEP's can be a tool that improves communication, cooperation and interaction between the various actors involved with each case, allowing a concerted intervention and improve development and learning.

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Taking into account the contributions of both documents believe that by adopting a systemic perspective, the Individual Educational Plans could adopt a structure involving the following components:

- Phase 1- Collection of information (data for individual characterization, characterization data for socio-family and socio-educational data).
- Phase 2- Psycho-educational evaluation (assessment of skills in the various fields of development, learning and academic
- Phase 3- Characterization of the socio-educational, and environmental education
- Phase 4- Planning of the intervention (determination of educational needs, objectives, activities, human and material resources, creation of teams of intervention)
- Phase 5 – Definition of procedures for intervention and agents involved (technical, family, community)
- Phase 6- Evaluation multidisciplinary periodic - reassessment and redesign of intervention

It is in this context that the emerging plans/programs of assistance could focus the children's needs/potential, not only the conditions of health of the subject but of their skills and potential, in spite of them.

The terms functionality and inability, that return and become central in the ICF, were also abandoned, and the declaration of Salamanca given the significant contribution in this area. The goal was to adopt a language less stereotypical and more inclusive, enhancing the skills of the subject so positive, and from them, promote an inclusion that exceed the areas of the school to take a social dimension wider.

In general, as the document itself indicates, the ICF could be a practical and useful system that can be applied by several users in the health policy (ICF, p.9), but is actually a tool for inducing educational quality and change, or innovation.

IV. IMPLICATIONS

The Index for Inclusion is an instrument which refers to the construction of an Inclusive School, which requires significant changes at the school level now, to move for equal opportunities and full participation through a more individualized education and Personalized.

All this must have underlying effective cooperation of all members of the School Community. They should identify the specific needs of each child based on education for all, with all and for each. The family plays a key role working with the School team as the Index proposes.

The Index presupposes thus a collaborative work through a set of materials to support the development of inclusive schools. These materials to improve the educational performance by motivating the team teaching to share and build new educational proposals according to the specific characteristics of their school and its students, carrying to the analysis of the possibilities for improving the learning and the participation of any student in every environment of the school.

According to Howard Gardner (1999), it is important that we get the biggest benefit of individual skills, helping students to develop their intellectual capacities, and, to this end, instead of using the assessment only as a way to classify, approve or disapprove pupils, this should be used to inform the students on their ability and, tell the teacher about how much is being learned. So, the level of assessment, it is not a product of the educational process, but part of the educational process and the

curriculum, telling the whole time so that the curriculum must be developed. Thus, schools should not offer a standardized education but try to guarantee that each child receives the education that fosters their individual potential.

As for the educational environment, Gardner points to the fact that, although the state schools prepare students for life, life certainly is not limited to problem-solving logically and verbally. So suggests that schools promote knowledge of various basic disciplines, which require that their students use such knowledge to solve problems and perform tasks related to life in the community to which they belong. This could promote the development of individual combinations of competences, from the systematic evaluation of the potential of each, improving an INCLUSIVE ASSESSMENT, and consequently a INCLUSIVE INTERVENTION, in a INCLUSIVE SCHOOL that will be FOR ALL.

So, appropriate training of teachers for Inclusive School Inclusive is a necessary and urgent task. In such school, we need teachers that addresses a huge area of knowledge, master a range of skills and strategies to assist and enable development of learning potential from all the students. As proposed Hegarty (2007) founded and expanded the understanding of the cause for which a student submits amended difficulty is the point of confluence and the link between the world of knowledge and the skills, and between competence and experience. This understanding is based on the theory - which is to be renewed and enriched over the working life of the teacher - and it is established, nourished and refined by experience - that it enables the development of a basic intuition that guide the interpretation of the evaluation and the planning of the intervention.

It is for this multifaceted understanding that we can contribute to the development of a model for evaluation - intervention – teacher training that articulates the various dimensions of the issue, calling the student with different problems to a level of the subsystems that interact with him. Thinking a model of evaluation where, between the moments of assessment and intervention, could occur a creative and reflective moment about the meanings of assessment and intervention practice, is essentially in order to developing new attitudes toward inclusive school and different students.

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Inclusive Learning and Teaching in Higher Education: A synthesis of research. York: Higher Education Academy. 9. From employability to inclusivity. Â Inclusive Assessment - refers to the design and use of fair and effective assessment methods and practices that enable all students to demonstrate to their full potential what they know, understand and can do. Â There are excellent examples of tutors supporting students with specialised tutorials, but by moving to an inclusive assessment approach in which all students can participate, the requirement for many different alternative assessments is reduced or eliminated, and the â€˜MAP studentsâ€™ no longer feel excluded from the main group. â€¢ A self-assessment/self-reflection tool for IECE settings as support for IECE practitioners. â€¢ A project synthesis report, based on evidence from all project activities. It will highlight key issues and factors which facilitate quality IECE. Â implementation and assessment. However, the pre-school often interacted with the parents as another agency in the community outside the ECE setting. It is therefore also part of the factors inside the fourth ring). â€¢ A curriculum designed for all childrenâ€™s needs. Schools most frequently use the inclusion model for selected students with mild to moderate special needs.[1] Fully inclusive schools, which are rare, do not separate "general education" and "special education" programs; instead, the school is restructured so that all students learn together.[2]. Inclusive education differs from the 'integration' or 'mainstreaming' model of education, which tended to be concerned principally with disability and special educational needs, and learners changing or becoming 'ready for' or deserving of accommodatio...Â A premium is placed upon full participation by students with disabilities and upon respect for their social, civil, and educational rights.