The Practices and Challenges of SNE Teachers on the Identification of Students with Intellectual Disabilities in Two Selected Primary Schools of Gondar City

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***Abstract**: The purpose of the present study was to document the current practices and challenges Teachers face in the identification of students with intellectual disabilities in primary schools. In this qualitative case study, six special needs education teachers currently engaged in supporting students with intellectual disabilities (SWID) were purposefully selected from those working in two public primary schools in Gondar city. The data was gathered through interviews, observations and consultation of relevant documents. A thematic analysis method was used to analyze and present the qualitative data and two major themes emerged. These are (1) the processes of identification of students with intellectual disabilities (SWID) where participant teachers of the two schools demonstrated their practices; and (2) the challenges teachers faced in the identification process. The findings indicated that the process of identification practices is based on teachers' own experiences rather than on standardized assessment tools. The findings of the study also showed that in addition to the absence of assessment tools, the lack of clear policy implementation guidelines and the lack of sufficient skill to identify SWID were found to be the major challenges. Based on the findings of the study, some practical implications are discussed for improving the current identification practice so that it would be possible to get their needs met.*

Keywords: Identification, Challenges, Intellectual disability, Practices, Special Needs Education, Teachers

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Introduction

The concept of disability has evolved over time and across cultures. According to scholars in the field (McDonagh, et al., 2018), society's conceptualization of disability changes in relation to the prevailing cultural, social, religious, and historical conditions. The concept of intellectual disabilities (ID), for example, has changed through time. The earlier pejorative terms included negative terms such as idiots, imbeciles, morons, feeble-minded, and the mentally retarded which are all insulting to the individuals and they have negative connotations that may harm the development of persons with intellectual disabilities. Today, the aforementioned derogatory terms are no longer in use because the names are associated with negative labelling that is manifested in creating stigma Keith, H. E. &. Keith, K. D. (2013). Based on a series of research findings and legislative acts, these harsh names are replaced by the current concept *Intellectual disability* (ID) (Carlson, 2010; Keith,. &. Keith, 2013).

Intellectual disability (ID) is now the most widely used phrase by professionals in many countries though there are still some other terminologies such as "Learning disability" being used in some countries like the UK to denote the same concept (McDonagh et al.,2018) though learning disability has quite a different meaning in the field. Unless terminologies are used carefully, they may become misleading and can affect the assessment, identification, and intervention efforts. Appropriate terminologies are important for better "understanding, modern diagnosis, communication among stakeholders, and to determine prevalence, tracking health status" (Schalock, Luckasson and Tassé, 3031, p. 21) and, of course, for designing appropriate intervention, among other things.

With the introduction of modern diagnostic and classification systems, there is now a better understanding of the concept of intellectual disability among scholars worldwide. There are, for example, three most commonly used diagnostic and classification systems that define

intellectual disability (ID); namely, the American Association on Intellectual and Developmental Disabilities (AAIDD) (Schalock, et al., 2921) the Diagnostic and Statistical Manual on Mental Disorders [DSM-5] (American Psychiatric Association, 2013) and the International Classification of Diseases (ICD-110 (World Health Organization, WHO, 2022). Countries may use different diagnosis and classification systems. For example, while APA's and AAIDD diagnostic manuals are being widely used to define disability in the United States and many other countries, Great Britain and Scandinavian countries often use the WHO's ICD Framework (Hardesty-Jaynes, 2021). AAIDD, which is the world's oldest, trans-disciplinary professional organization devoted to ID, has long been playing a decisive role in shaping the way many scholars conceptualize intellectual disability (Brue & Wilmshurst, 2016*).* The current AAIDD manual, *Intellectual Disability: Definition, Classification and Systems of Supports***,** defines intellectual disability as: *"a disability characterized by significant limitations both in intellectual functioning and adaptive behavior as expressed in conceptual, social, and practical adaptive skills; that originates during the developmental period" (Schalock, Luckasson and Tassé, 20211, p. 1).* This definition of ID was the result of continuous processes of identification practices and sound research work in other countries. Hence, this definition is taken to serve as a conceptual foundation for the present report of a study of the perspectives of SNE teachers on the current practice and challenges in the identification of SWID.

There is a standard procedure in many countries to first put in place some laws, policies, strategies, guidelines and relevant assessment instruments at the national level to provide information for teachers, parents and other professionals on the identification and determination of eligibility for special education services (Nebraska Department of Education, Office of Special Education, (2021). Such national or regional guidelines that provide a detailed description of identification procedures would enable schools to implement the guidelines by forming a team that includes the child's parents, regular classroom teacher, special needs education teacher, a school director, and at least one specialist, i.e.,

school psychologist, speech therapist, etc. (Nebraska Department of Education, 2021).

Accurate assessment and identification of intellectual disability (ID) requires clinical diagnosis and decision based on three basic criteria: the first one is having *impaired general intellectual functioning*, which is defined by full-scale Intelligence Quotient (IQ) scores falling two or more standard deviations below the mean for an individual's age group (National Academy of Sciences, 2015; Schalock et al., 2021). The second criterion is *impaired adaptive behavior.* It is assessed by age-appropriate adaptive scales on the *"basis of the individual's typical performance"* at different settings "not their maximum performance" in their community (Schalock, et al., 2021, p.2). *Age of onset* is the third criterion, for ID occurs during the developmental period (Braun, 2020; Schalock et al., 2021*)* that is, before the 22nd birthday, as operationally defined by the latest version of AAIDD manual (Schalock et al., 2021)

AAIDD has already published a framework for evaluating the severity of ID, which is called the Supports Intensity Scale that serves to classify children with ID as seeking intermittent, limited, extensive or pervasive supports. It focuses on the types and intensities of support needed to enable an individual to lead an independent life rather than defining severity in terms of deficits (National Academy of Sciences, 2015).

Although standardized, reliable and valid assessment tests (Robertson et al., 2009; Schalock et al., 2021) have been in use for decades, now professionals no longer rely on an individual's IQ test scores alone for the classification of ID. Instead of using only IQ tests, all the latest versions of three major diagnostic and classification systems (AAIDD, 12th Ed.; DSM-5 & ICD-11) take *significant limitations in adaptive behavior* as a diagnostic criterion for ID. This criterion is operationally defined as *representing a performance that is approximately standard deviations or more below the population mean (Tassé, Schalock, Thissen, Balboni, Bersani & Borthwick- Duffy, 2016, p. 4).*

Western standardized intelligence tests (such as IQ tests) are often criticized for their failure to take into account the actual conditions of the person undergoing evaluation; cultural disparities and insufficient opportunity to demonstrate the behavior being assessed (Texas Health and Human Services (2022). Similarly, Robertson et al. (2009) conclude, that a*ll domains of Western tests have some items which are culturally inappropriate for rural Africa (*Robertson et al., 2009, p. 22).

In addition to the absence of eligibility guidelines and standardized instruments for identifying SWID, the lack of qualified professionals in the diagnosis of intellectual disability is yet another challenge for teachers and schools (Alnaim, 2016). Therefore, a team of experts including SNE teachers and parents are required to examine the child's developmental history as well as documentation of academic skills, for they *demonstrate how the intellectual disability adversely impacts the child's performance in his/her educational environment (*Baesler, 2013, p. 10) as part of the specific eligibility criteria for special educational services. That is, the team *should consider the child's case history, medical reports, teacher reports, school grades, and any other information* (Robinson, 2017, p. 8) to make effective identification.

Even if there is a reliable tool designed for identification and assessment, the question still remains: who conducts the identification? Earlier, medical diagnosis was very common but its use as the only assessment practice has been challenged. Although no one still denies the importance of medical diagnosis, its information is no longer *used as the sole basis for eligibility* decision-making (Nebraska Department of Education, 2021, p. 11.

Studies show that in some developing countries, there is a lack of policy guidelines (Faruk, 2020; Robertson, 2009) as well as internationally accepted and locally relevant assessment tools for identifying individuals with intellectual disabilities (Hardesty-Jaynes, 2021). Even those assessment tools already developed were not that effective. For example, after reviewing a number of screening tests that have been

constructed in developing countries to identify disabilities, Robertson et. al. (2009) found that their validity is of poor quality.

In low-income, developing and middle-income countries, there has recently been a growing trend of developing culturally sensitive screening tools. If this is the case, using standard tests developed from other cultures would not be that important. In the African context, for instance, especially in Uganda, SNE teachers have such experience in using self-made assessment forms to record functional areas and behaviors such as using toilets, personal hygiene, asking for help, etc. When the children started school, teachers would use these forms to help create a curriculum that would be appropriate for their learning and care (Lynch et al., 2024).

Nowadays, the identification process is carried out by a team of different professionals (Braun, 2020) including SNE teachers. In developing countries, however, teachers are reported to have mostly been engaged in assessing SWID on their own due to the limited resources and lack of professionals to conduct assessments (Braun, 2020) Compared to other professionals, teachers, especially SNE teachers are the closest people around to know more about their students' needs, for they spend much of their time with these children in school. Therefore, they can play a role in identifying SWID in collaboration with other professionals and parents.

In a situation where a formal identification team is organized, a regular teacher can at least refer a student to a team of professionals for further assessment. However, having no adequate knowledge on the assessment and identification procedure, many teachers are not competent enough to do that (Braun, 2020). This has also been a challenge even for SNE teachers working with SWID in Ethiopia (Girma, 2015; Nema, 2000).

The Ethiopian Context

Understanding the conceptualization of disability in the Ethiopian context is very important, for it has great implications to the process of identification of children with ID. Attitudes held by Ethiopian society towards people with intellectual disability (ID) have been similar to worldwide experience (Chanie, 2010; Nema, 2000). In Ethiopia, giving birth to a child with ID has long been viewed as punishment from God for the sins committed by the child's parents or ancestors (Chanie, 2010; Nema, 2000; Tirussew, 2005) This, according to (Ikram, 2018) can make the experience of dealing with a child with ID more distressing for parents and, of course, for teachers as well. As a result, parents of children with disabilities including those with ID have been ashamed of their children and often hide them from the public eye, for the high stigma is associated with disabilities in the Ethiopian culture (Girma, 2015; Ikram, 2018; Tirussew, 2005).

In addition to the "lack of transparency to matters related to disability in Ethiopian culture" (Girma, 2015, p.191) the absence of accurate current statistics on intellectual disability in Ethiopia can also be attributed to a lack of standardized and culturally relevant assessment tools (Chanie, 2010; Girma, 2015; Nema, 2000) for identifying SWID. This also makes the effort to have a clear definition of ID more complicated. As is often the case in some African countries, children rarely get a formal diagnosis for disability in Ethiopia (Vuuren et al., 2021). Moreover, negative labelling, prejudice and derogatory terms have been widely used in the Ethiopian community. More specifically the pejorative Amharic terms "DEDEB", "KEWUS", "JIL", KIL, MOGN", NEHOLEL" (Nema, 2000, p. 13) have been commonly used in Ethiopia to refer to people with ID, which are almost equivalent to English terms like "idiot," "crazy," "fool," "moron" "imbecile," "feeble-minded."

Children with intellectual disabilities are one of the most disadvantaged groups in Ethiopian society (Nema, 2000, Tizita, 2014). They had few opportunities to participation in any area of life including education. For example, the education of children with ID in Ethiopia did not start until the government officially launched the program in 1988. There have been, of course, some attempts to support these children by foreign missionaries since 1986 (Nema, 2000). To properly address the problems observed in making education accessible for all including those with ID, the Ethiopian government has taken some important policy measures.

The UN Convention on the Rights of Persons with Disabilities [CRPD] (United Nations, 2006) was signed in 2007 and ratified in 2010 by the Ethiopian government. This convention affirms that States should ensure that learners with disabilities such as those with ID should not be excluded from mainstream schools based on their disability (Iyassu & McKinnon, 2021). Among the national legal and policy documents, the Education and Training Policy (Transitional Government of Ethiopia, 1994) was a significant one. The policy was based on the law of the land (the Constitution), and it was revised recently (MOE, 2021a). Then a series of educational strategies were introduced such as the special needs/inclusive education strategy produced by the Ministry of Education (2006), its revised version (MOE, 2012) and a ten-year Master Plan for Special Needs/Inclusive Education (MOE, 2012) that gives direction to the implementation of Special Needs/Inclusive Education at the federal level.

Following the introduction of these policies and legal instruments, tremendous progress has been made at all levels of the education system. For example, special classes for children with disabilities including those with ID have flourished all over Ethiopia, and institutions for training SNE teachers up to PhD level have been organized. As a result, an increase in the enrollment of children with disabilities was observed (MOE, 2012, 2016) at all levels of education.

However, there are still some policy gaps in the objective and implementation of the education system. According to the Ministry of Education's (MOE, 2012) evaluation, the first SNE/IE strategy was not given due attention to the development and application of screening and assessment tools. The consistent failure to develop a strategy for the assessment and identification of SWID led the Ministry of Education to plan yet another strategy for "early identification and placement of children with special needs in order to increase access to education for these children (MOE, 2021a, p. 88), which was not been realized at the moment of conducting this study. Cognizant of the failure to meet the ever-increasing demand for educational opportunities for citizens with special needs, the Federal Government still reaffirmed its commitment to provide education and training for people with special needs based on their needs. The recently introduced education and training policy (MOE, 2021a), for example, states that *appropriate education and training shall be provided for persons with disabilities citizens based on the level and type of disability* (p.77).

Despite the considerable progress observed in the education of students with special needs, including those with ID, there is still much to improve. These gaps were documented by some evaluation reports at federal and regional levels. For example, as indicated in the Education Statistics Annual Abstract (MOE, 2021b), the enrollment rate in children with disabilities is still low at all levels of education structure.

The problem is more serious in the Amhara region, where this study was conducted, in terms of Gross Enrollment Ratio (GER): only 0.5 at the Pre-Primary level and 3.8% at the Primary and Middle school level (MOE, 2021b). This low enrollment rate of learners with special educational needs is attributed to various factors such as poor identification mechanisms, and lack of qualified multidisciplinary professionals to conduct the identification and assessment of children with disability (MOE, 2016). The needs of children with ID have not properly been identified, assessed and intervened (Asaye & Daniel, 2023); as a result, several SWIDs were placed in one grade level and

were made to stay for many years without academic or vocational progress. This calls for a study to understand the current practices and challenges from SNE teachers' perspectives at the primary school level.

Statement of the Problem

The role of SNE teachers in Ethiopia, as indicated in the strategy (MOE, 2012) is to assess and identify students' needs, difficulties, and potentials, and provide appropriate support for children attending special and regular mainstream classes. Despite SNE teachers' vital role in the effective implementation of special needs/inclusive education, their experience in identification, assessment and intervention is under-researched and not well understood. There are, of course, very few studies (Asaye & Daniel, 2023; Nema, 2000) conducted on issues related to the identification of SWID in Ethiopia but they are not much related to the scope of the present study. One important study (Nema, 2000) was conducted years ago with the aim of identifying and determining the primary adaptive and maladaptive behavioral characteristics of children with ID in the Ethiopian context. After finding out the absence of assessment tools for identifying SWID, and observing some challenges teachers faced in identifying these children, the study tried to develop an adaptive behavior scale that was intended to support SNE teachers in screening and identifying children with ID, which has not yet been utilized in schools.

The very recent study also showed the lack of formal assessment tools, which could partially be explained by the absence of "special educational needs policy implementation framework necessary to enforce the provision of early identification…for children with intellectual disability (Asaye & Daniel, 2023, p. 82).

This lack of well-formulated screening tools has also been identified as one of the major problems in the Amhara region (Tewodros, 2004). Now the issue to address is how SNE teachers currently make identification of SWID in schools. As the kind of assessment being used in primary

schools for identifying SWID is not yet explored and known in Ethiopia; this study then tried to find out the current practices of identification of students with intellectual disabilities.

Therefore, the main purpose of the present study was to understand the current practices and challenges of identification of children with ID from SNE teachers' perspectives at primary schools of Gondar city administration, Amhara region. The study then tried to answer the following basic research questions:

1. How do SNE teachers identify students with intellectual disabilities (SWID)?
2. What challenges do SNE teachers face in identifying SWID?

Research Approach

This study is part of a larger research project (dissertation) on teachers' experiences in teaching SWID in primary schools in Gondar City for partial fulfilment of the requirements for a PhD program in Special Needs Education. The main purpose of the present study was to understand SNE teachers' perspectives on the identification practice of SWID. A qualitative research approach based on the constructivist paradigm (Creswell, 2013) is used to guide this study. Unlike the positivist/post-positivist paradigm, the constructivist paradigm assumes that reality is socially constructed; that is, there is no such thing as a single, observable reality. Rather, there are multiple realities or interpretations of a single phenomenon (Merriam & Tisdell, 2016). Qualitative research is based on the assumption that reality is holistic, multidimensional, and subject to constant changes (Creswell, 2013).

Therefore, it seems there is no appropriate research approach other than a qualitative research methodology to understand the views of SNE teachers about their current practice of identifying SWID. That is why a qualitative research approach is selected to understand the issue under investigation.

Research Design

A qualitative case study research design is appropriate to guide the study (Stake, 2006; Yin, 2014). A case study, according to Yin (2014), is an “empirical inquiry that investigates a phenomenon in depth and within its real-life context” (p.18). This design was selected as the most appropriate design for it enables to explore the complex social phenomena Yin (2014) and focuses on "understanding" (Merriam, 2009) teachers' experiences and practices in the identification of SWID in primary schools.

This study would especially be best approached through a multiple case study research design (Creswell, 2013; Stake, 2006; Yin, 2014, 2018), where more than one case is taken to create a rich and detailed description. The results of the case study research design can facilitate a deeper understanding of experiences within a context, which in the current study was an educational setting. This design allows an in-depth exploration of teachers' school experience with regard to their practice of identifying SWID holistically (Merriam, 2009).

Research Site

The research was conducted at two selected primary schools that are under the jurisdiction of Gondar city administration, located 724 km northwest of Addis Ababa. There were five primary schools with special units/resource centers and one special primary special school for the blind in the city at the moment of data collection for this study. But out of the five special units, only two of them were fully functional and organized classes for students with different disabilities. The rest had less organized resource centers with no special classes to serve students with special needs, especially those with ID. In fact, only two primary schools organized special units within their compound and were teaching SWID.

Besides, the researcher had easy access to the schools and kept in touch with the participants for as much time as it took to collect data. Although students in the two special units typically had three major types of disabilities (i.e., visual, hearing, and intellectual), those with intellectual disabilities were the primary area of interest for the present study. The team particularly focused on teachers' practice of identification of SWID because these children had long been among the most excluded groups from both social life and educational opportunities. In fact, according to a study (Tizita, 2014) conducted on the prejudice and discrimination against people with disabilities in Addis Ababa, the level of prejudice and discrimination against people with ID was stronger than those with other types of disabilities.

School One (S1) is one of the oldest schools in Gondar It was founded in 1934E.C (1941) and now has different programs including pre-primary, general education, special needs education and adult education programs. The school housed the special unit which was the oldest one in the city that was organized in 1988 by E.C (1996) to serve students with special needs, primarily those with visual impairment, hearing impairment and intellectual disabilities.

School Two (S2) is located in one of the sub-cities of Gondar. It was first established in 1939 E.C (1946). It had six blocks, one of which was being used as a special unit, where students with three major types of disabilities were being taught.

From the data obtained through interviews, observation and the review of students' admission records, it was found that there were three major types of disability categories in the two special units. The total number of students with special needs being served in the two schools in the 2022/2023 academic year was 104 (male 72, female 32), of which the majority or 58 were those with intellectual disabilities. School 1 was serving 32 (19 male and 13 female)) students and school 2 was also teaching 16 (9 male and 7 female) students with intellectual disabilities in their special units.

Participants

A purposeful sampling technique (Paton 2015) was employed to select the two schools and the teachers to understand their views on the current identification practice of SWID. Purposeful sampling is based on the assumption that the investigator wants to understand and gain insight into the phenomenon of interest and therefore should select a sample from which one can learn most (Paton, 2015). The SNE teachers were a point of focus because they were the only professionals at the moment who were mostly engaged in the identification of SWID in both schools. Besides, they were more knowledgeable about the issue than the regular teachers and other stakeholders including parents. Their participation would have made the study more reliable and valid. Some criteria were employed to select the participants (Creswell, 2013). These criteria, which we believe are critical to getting rich and relevant information from experienced SNE teachers, include: that the teacher should be working as a special education teacher in a public primary school, has at least three years of experience working with SWID and finally the one who is willing to participate in the study. Since qualitative research mainly focuses on interpretation and meaning, not on generalization, just nine special needs education (SNE) teachers who were teaching SWID were first selected purposefully as potential samples from nineteen SNE teachers in the two primary schools. Ultimately due to data saturation (Hennink, & Kaiser, 2022), a condition

where the participants give no more new information, we were forced to take only six participants as final samples.

Table 1. ***Demographic Characteristics of SNE Teachers in the Two Schools***

Qualification	School 1			School 2			Total		
	M	F	Total	M	F	Total	M	F	Total
1st degree	1	10	11	1	3	4	2	13	15
2nd degree	0	2	2	0	2	2	0	4	4
Total	1	12	13	1	5	6	2	17	19

Source: Field data (2022); M=Male; F= Female

As indicated in Table 1 above, there are only two male teachers and all of the remaining teachers are female. Regarding the educational background of all 19 SNE teachers, 15 hold a first degree, and four hold a second degree in SNE. All participants were veteran SNE teachers who taught SWID for 7 to 25 years.

In other words, among the nine teacher participants, only one teacher was male and the rest were females. From all SNE teachers in the two schools, six participants were selected as a sample, of which three were from school 1 (all female) and three participants were from school 2 (one male and two female). All participants graduated from SNE departments of different teacher education colleges and universities in the country and served as members of the identification committee in their respective schools on different occasions.

Data Collection Instruments

Data collection instruments in this study included semi-structured interviews, observation checklists and document analyses. They will be discussed below.

*Semi-structured interview***:** The main data collection instrument used in this study was a *semi-structured interview guide* which helped to find out what was *"in and on someone else's mind"* (Patton, 2015, p. 426). It also gave more insight into the meanings individuals assign to issues and the complexity of their experiences, attitudes, and behaviors (Merriam & Tisdell, 2016). In order to gain a contextual understanding of the participants (Seidman, 2006), a semi-structured interview guide was developed based on the research questions and an extensive review of literature specific to the identification of intellectual disability. The interview questions were developed in English and then translated into the Amharic language to make communication easier with participants. Such open-ended questions were used to explore the teachers' views in depth on the current practice of identification of SWID in their respective schools.

To validate the data collection instruments, the researcher consulted two researchers and SNE experts from the University of Gondar to review their content appropriateness accuracy and relevance in terms of the research questions of the study as well as to obtain insights and suggestions on the interview guide. The experts were also required to comment on the wording, order and flow of each question item as well as conceptual fallacies. After getting some feedback from the experts, some interview questions were revised slightly for clarity.

Then the researcher conducted the interviews in person in each school setting, especially in a place that was convenient to participants. The interview was audio recorded using a digital recorder after getting their consent and then it was transcribed.

Observation Checklist: Another instrument employed in this study was the observation checklist. The purpose of the observation was to gain additional information about the classroom environment, and the actual process of identification of students with intellectual disabilities (SWID).

The observation data was documented by taking notes on every activity performed during the identification of SWID, as well as the interactions between students and teachers in the classroom.

To remain unbiased and refrain from influencing students' and teachers' behaviors, the researcher conducted classroom observations as "an outsider of the group under study…recording data without direct involvement with activity or people" (Creswell, 2013, p. 167). The researcher primarily attended the identification session at the beginning of the school year in the two schools while the committee members conducted the assessment to identify and admit those who were suspected of having an intellectual disability. The session took about an hour. Furthermore, each participant teacher was observed during the same 30-minute class session mostly in the morning sessions as all students with special needs were scheduled to learn in the morning shift. The observation was done just after interviews were conducted with each participant to complement what was learned through interviews hence allowing a more comprehensive view of the schools' practice of identifying SWID. I always had my research question in mind during the course of observation.

Document analysis: To ensure how comparable and reliable, the data collected through methods already mentioned *document review* was yet another means of data collection for the study. Documents were used to triangulate (cross-checking). The main documents reviewed for the study included relevant official policy documents at the national and regional levels, students' medical reports, referral letters, documents that show the current identification procedure or criteria for SWID at the school level and college course syllabuses (SNIE course syllabus).

Methods of Data Analysis

To gain a deeper insight into participants' views regarding their practice of identification of SWID, a thorough data analysis was critical. Thematic Analysis technique was appropriate for this study because it allowed us to identify patterns and themes within the data set that transcended the participants' perceptions (Braun & Clarke, 2006, 2013). Three distinct sets of qualitative data (the SNE teachers' interviews, classroom observation and document analysis data) were analyzed and combined using the six-step analysis process (Braun & Clarke, 2013).

Each set of data was examined independently for each of the three steps. For example, Braun & Clarke (2013) state that familiarizing ourselves with the data through repeated reading of the transcripts was the initial step in the analysis process. Therefore, before coding, we first went through each interview to get a general understanding of the information. Subsequently, we examined each of the six interview transcripts side-by-side. After reading each transcript independently, we made a list of words or phrases that kept coming up as codes. Meanwhile, we noticed that patterns were starting to emerge from the data and were coded using descriptive codes. Then, steps four through six involved comparing and combining the analyses of the various codes and categories which ultimately formed major themes.

Ethical Considerations

Due consideration was given to ethical issues such as observing the confidentiality principle to protect participants from any type of harm. To avoid potential ethical issues, participants were first informed about the purpose of the study, the research procedures, expected benefits, and their right to withdraw from the study at any time. This helped us win their trust and get their informed consent. We, for example, used no participants' or schools' actual names in the report but instead, we assigned letters and numbers to teacher participants (e.g., T1, T2 T3…) and schools (S1, S2) to observe the principle of confidentiality. To

maintain the scholarly and scientific standard of the study, we also strictly followed some ethical standards developed by the American Psychological Association (APA) (2020) publication manual.

Trustworthiness of the Study

To ensure the quality or trustworthiness of this study, we used such strategies as credibility, dependability, transferability and confirmability, which are equivalent to quantitative terms such as internal validity, reliability, external validity, and objectivity respectively (Lincoln & Guba, 2000, cited in Merriam (2009). For example, to observe the credibility principle and maintain the accuracy of responses from each participant (Merriam & Tisdell, 2016), we consistently applied such specific strategies as member checks with the participants as well as triangulation throughout the data collection and analysis process. In applying the triangulation strategy, I used multiple methods of data collection tools (interview, observation and document review) and multiple sources of data by cross-checking the results obtained from different participants.

Member checking is a strategy that directly involves input from the participants to check the accuracy of a researcher's findings (Creswell, 2013), participants were provided with interview transcriptions and preliminary themes in the course of the study for feedback. They also made suggestions to ensure that their experiences were fully captured (Merriam, 2009). Finally, I shared the final report and requested them to read and comment for accuracy. Almost all of them agreed on the accuracy of the transcripts and the findings of the study.

I attempted to reduce the effect of my presence on the participant by trying to stay in the schools/special units as long as possible and conducting repeated observations at least twice for each class session. But it was just once that I observed the identification of SWID in both schools at the beginning of the school year. Furthermore, the findings of

the research were also described in depth using illustrative vignettes (quotes) from participants.

Findings and Discussion

The main purpose of this article was to explore the current practice of identification of SWID in two sampled primary schools of Gondar City from SNE teachers' perspectives. The findings are presented based on the research questions as well as the themes that evolved as the data analysis was underway.

The analyses of the data regarding the views of SNE teachers on the current practice of identification of SWID in the primary schools in Gondar City led to the emergence of two distinct themes that included:

1. ***Processes of identification of children with ID***. The sub-themes include *the availability of a team of experts*, and *identification and referral procedures*.

2. ***Challenges Faced.*** The sub-themes include *the lack of clear policy guidelines, lack of multidisciplinary professionals*; *lack of assessment tools for identification*; *insufficient knowledge among team members;* and *misidentification of students.*

The findings would then be discussed with some illustrative vignettes taken from teachers' interviews that are integrated with the data collected through observation and document review.

Theme 1: Processes of Identification of Students with ID

Three sub-themes, from which this major theme is formed, are discussed below and show some actual practices being done in the two sample public primary schools.

Sub-theme 1. Availability of a Team of Experts. In Ethiopia, regular classroom teachers are expected to first conduct screening of learners with special educational needs (LSEN) in their classrooms. These teachers may refer those students who had the preliminary screening to specialists (SNE teachers and others) for further assessment (MOE, 2012). The need to form a committee that conducts further assessment and identification of LSEN including SWID, has been clearly stated in the Amhara Regional Education Bureau guideline (Amhara Regional Education Bureau [AREB], 2010). It requires a multidisciplinary team or "committee" to execute the whole process of identification of SWID at the school level. In this regard, participants from School 1, for example, stated the presence of such a committee in their school:

> *The committee consists of such members as the school director, the woreda health expert, representative of parents of students with special needs, SNE teacher and the unit coordinator.*
>
> *The school forms an ad hoc committee at the beginning of the school year to identify and register students who may have some type of disability.* (T5).

Indeed, most participants reported that they are doing their best to identify SWID by making use of their rich experience.

On the other hand, participants from school 2 commented on the nominal role of the committee in the school at the moment: … *Our school used to form a strong committee for identifying students with special needs in general and those with ID in particular though the committee is not that functional. It is usually only SNE teachers, who often do the identification* (T1 from school 2).

> *In principle, there is a committee which is supposed to conduct the assessment and identification of students with special educational needs in general and those students with intellectual disabilities in particular. But we don't consistently do it in a team (T3.)*

The idea of identification of LSEN by schools, not by medical diagnosis alone, has been supported by previous studies. In fact, now it takes a team of professionals (Mapunda et al., 2017), including SNE teachers to identify these children. Although the information gained from medical diagnosis is important, it is no longer "used as the sole basis for eligibility" (Nebraska Department of Education, 2021, p. 11). The findings revealed that except SNE teachers there were no other multidisciplinary team members involved in identification and diagnoses. This indicates that SWID may not be appropriately identified, assessed and supported.

Sub-theme 2. Identification and Referral Procedure

Concerning the specific processes of identification of SWID being done at the school level, participants shared their perspectives:

The identification process takes place in two phases. The first one is done by SNE teachers alone and it is more of a registration than identification. The second identification is conducted by a committee already formed for identification just before the class begins. (T5 of school 1)

> *Identification is mostly done at the beginning of the school year during registration and admission of new entry students In principle, it is a committee that conducts the assessment and identification of students with special educational needs in general and those students with intellectual disabilities in particular.* (T3 from school 2)

> *We sometimes get some SWID through referrals from the regular schools and/or classrooms without presenting any academic records* (T4 of school 1).

The participants of this study further elaborated on the specific mechanisms and detailed activities during the identification:

> *We first ask some questions that we believe are basic that can be answered by everyone such as telling us their full names, the names of their loved ones, etc. If the child gives unrelated answers to the questions, then we will register them as having possible symptoms of ID and admit them to SWID' classroom.* (T1 of school 2)

> *If these children are found to have very different physical appearances then we also decide to register and assign them to a class designated for SWID. That is how we all do in identifying and admitting students with ID* (T6 from school1).

The analysis of the interview and observation data, which had been collected when the identification was being carried out at the beginning of the school year in the two selected schools, suggests that there are some similarities and differences in the procedure of identifying SWID. Both schools have some procedures to follow despite the absence of clear policy guidelines on specific procedures for identifying SWID. For example, forming a team of professionals which consists of a special unit coordinator (as chairperson), the regular classroom teacher, special education teachers, a health professional, the school principal or the vice principal and the student's parent as members. This team was meant to run the identification process in the two schools.

In actual practice, however, both schools have no consistent and sufficiently organized team for the identification process, where school 2 is less organized compared to school 1. In fact, it was SNE teachers who

more often engaged in identifying students with all types of disabilities including SWID in both schools. Furthermore, the sampled two schools have no formal referral procedure for SWIDs.

Referral is a formal process involving the completion of a referral form to be submitted to a team of professionals (Salvia et al., 2010). However; referral may come from a teacher's observations, a parent's request, or the student's own request.

Participants of this study reported that regular teachers from the surrounding schools (including the school where the special unit is located), occasionally send these students to the special unit for special educational services.

The study, therefore, shows that although there is no formal and consistent referral system as such, there was some referral practice which begins when teachers find a student who is academically struggling during instruction in the classroom or whenever a child repeats in the same class for more than two years.

Regularly send students with possible ID to the special unit with no written documents such as students' academic records. It was also observed that in most cases, it was parents of SWID who often brought them to the special unit at the beginning of the year for registration as was reported by participants.

This finding is supported by other studies Sanchez et al. (2010). In principle, the identification and referral process begins when a student in the regular classroom shows some learning difficulties. Then teachers first "share their concerns with fellow teachers to compare the student's performance across subjects and to obtain advice from colleagues" (Sanchez et al., 2010, p. 8) and later refer the student to a team of professionals that includes SNE teachers.

However, we have not found many instances of best practices in the identification and referral service in the two selected schools. The data of the present study, in fact, show that the existing practices in these schools are less organized and arbitrary. This can be due to some challenges the schools/teachers were facing.

Theme 2: Challenges SNE Teachers Faced in the Identification of SWID

Analysis of the data also resulted in five sub-themes subsumed under theme two.

Sub-theme 1. Lack of clear policy guidelines for identification of SWIDs: As previous studies show, identification and classification of intellectual disability is basically done on the basis of the criteria outlined by standard manuals as well as the laws and policy guidelines designed by a given country (Sanchez et al., 2010; Tafla et al., 2021). In many countries, formal assessment, identification and referral are usually done based on policy guidelines developed at the national level that will be adopted at the school level (Sanchez et al., 2010; Schalock et al., 2021; Tafla et al., 2021).

As has it been mentioned earlier, a series of national policy documents and strategies have been introduced to make education accessible for all children in Ethiopia. In addition, some international conventions and frameworks have also been ratified by Ethiopian Government. The 1994 Ethiopian Education and Training Policy (ETP), which has long been used (now revised), for example, has some specific objectives that are relevant to the education of individuals with special needs.

In its recently revised Educational and Training Policy document (MOE, 2021a), which is expected to meet the challenges of the 21st century, the government has reaffirmed its commitment: "Appropriate education and training shall be provided for persons with disabilities citizens based on the level and type of disability" (MOE, 2021a, p. 77). To implement this,

the policy put in place a clear strategy: “A system of organization and implementation which enables persons with disabilities citizens to acquire education and training appropriate to the type and level of their disability shall be strengthened” (MOE, 2021a, p. 78).

These policy measures have brought lots of changes at all levels of the education system (MOE, 2012, 2016). However, there was no clear policy guideline or strategy for the identification and referral system for students with special needs, especially those with ID though the problem has long been recognized (MOE, 2012). This lack of clear policy guidelines and implementation strategy with regard to the identification of SWID was also reported by participants from the two schools. As participants from School1 pointed out, they know only one general guideline that gives direction on all aspects of educational services at the regional level but not specifically on the identification of students with intellectual disabilities (SWID):

> *There is one regional document that gives some direction on who should make identification of children with disabilities, including those with ID. But it doesn’t say a word on how to go about it. (T4).*

> *We make use of only the old guideline developed by the Amhara Regional Education Bureau, though it lacks some clarity and details (T5).*

Participants from *School 2* also emphasized the absence of policy guidelines in general: *There is no clear policy document on how to identify and admit children.* (T2).

Similarly, T3 added *I have never seen any policy guidelines or specific identification procedures for SWID.*

Considering her school context, one participant from school 2 summarized what other participants from both schools had said: *Our*

school has no clearly written policy on the purpose or procedure of identification of students with ID but we follow regional education guidelines, which also has no clear direction on how to go about it (T1).

This has been corroborated by the data reviewed from local policy documents. Much of the policy documents are very general and there is no specific guideline on how to identify SWID. The consistent failure to develop a strategy for the assessment and identification of learners with special educational needs (LSEN) led the Ministry of Education to plan the development of assessment guidelines for "early identification and placement of children with special needs, in order to increase access to education for these children" (MOE, 2021b, p. 88), which again has not been realized at the moment of writing this study. The Amhara Regional Education Bureau's guideline, for example, was introduced 14 years ago and has no clear direction on how to assess and identification of SWID. It lacks details on how to do the assessment and identification. It only states the required number and profile of identification committee members, class size for students with disability, etc., (Amhara Regional Education Bureau, [AREB], 2010) but not on the criteria or procedure of identification of SWID.

This led to the inconsistency in the implementation of policy guidelines across schools. Above all, schools and those professionals involved in the identification of SWID including SNE teachers faced problems in doing their job effectively with responsibility and accountability. My (the corresponding author) observations during the actual identification process in the schools also showed the challenges teachers were facing. Since there were no criteria for identifying and determining eligibility for special education services, the schools assign any student who is suspected of having some type of disability, with the exception of visual and hearing impairment, into a class designated for SWID. Generally, even though there are some national policies and strategies to make education accessible for all in Ethiopia, there are no specific guidelines on the assessment and identification of students with special needs in general and those with ID in particular (Asaye & Daniel, 2023). As a

result, its implementation is not consistent across schools. This has been clearly stated in the federal government's documents (MOE, 2012, 16).

Sub-theme 2. Lack of Multidisciplinary Professionals: A team of experts including SNE teachers and parents are required to examine the child's developmental history as well as documentation of academic skills as part of the specific eligibility criteria for special educational services. That is, the team "should consider the child's case history, medical reports, teacher reports, school grades, and any other information" (Robinson, 2017, p. 8) to make effective identification. Even though there is an attempt to form a team in these sample schools, the major responsibility of identifying SWID mainly rests on SNE teachers as described by SNE teachers from School 1:

> *Despite the existing literature that requires the presence of school psychologists to be responsible for screening and supporting SWID, there has never been one since the special unit opened in our school. Even the health experts don't help us much in identifying SWID* (T6).

> *We invite them simply because the regional guideline requires their presence as members of the team. Besides, they often fail to come on the day when the identification is done* (T5).

Participants working in School 2 also went further and added:

> *No permanent formally organized team exists in our school. It's just an ad hoc committee with no defined role description* (T1).

> *The committee is just nominal. It is we, the SNE teachers, who usually do the identification* (T3).

As to the role of SNE teachers in the identification and instruction of SWID, one participant from school 1 stated succinctly: *… I feel that my role is to do simple registration with no clear standard tool for identification and just looking after them, by herding them all in my classroom* (T6).

The role of parents was reported by the teachers to just provide information about their children's background but have less participation in the decision-making process as committee members. Despite their presence in the team during identification, parents' participation was limited because of their lack of specific knowledge and skill regarding the identification of SWID as was confirmed by the field observation made during the identification process in one school.

Parents are crucial for identification processes. The teams organized for identification purposes in the two schools, however, had no adequate professionals and defined roles. So, it was the SNE teachers who were mainly doing the identification as it was reported by most participants. This was confirmed from the visit made to the schools. It was learned that the composition of committee members is arbitrary and is not even in line with what the regional guideline requires. In fact, in School 1, where the identification was carried out in a team, only three out of five expected team members were present during the second phase of identification. This lack of qualified professionals in the identification of SWID as a challenge for teachers and schools is also supported by past studies (Alnaim, 2016).

Sub-theme 3. Lack of Assessment Tools for Identifying SWID: As already indicated in the literature review section, using standardized assessment tests for identifying children with ID is important (Robertson et al., 2009; Schalock, et al., 2921). In Ethiopia, however, there is no internationally accepted and locally relevant specific assessment tool for identifying individuals with intellectual disabilities (MOE, 2006). That was what a teacher from School 1 reported during the interview:

> *We entirely depend on our experiences and on what we learned about some symptoms of ID in college. After all, we have no standardized tool for identifying SWID. Each team member asks any question to students that comes to their mind* (T4).

As a participant from *school 2* said, *the absence of a specific identification instrument for SWID at the federal level is the most serious challenge we face. We don't have any assessment tool for identifying SWID at the school level (T1).*

In addition to identification, participants were also asked if they use formal assessment to evaluate students' performance in the classroom. Almost all participants responded in the negative. Admitting that she does not use a formal assessment to evaluate students' performance, T5 from school 1, for example, reflected: *We have already developed a format to follow students' progress monthly across subjects with no grade attached. It is just a kind of follow-up exercise.*

All participants similarly admitted that their decision on the identification of students with ID depends on very few and less organized questions and less structured observation of the physical features of a child. During my school visit, I also observed that any member of the team asked questions offhandedly, i.e., the questions posed for children were very general and they were not systematically organized in advance, let alone have the required validity and reliability.

To sum up, while using standardized assessment tests for identifying children with ID is critical (Robertson et al., 2009; Schalock, et al., 2921), the study revealed that there is no standard and locally relevant specific assessment tool for identifying individuals with intellectual disabilities, in which has already been supported by previous studies conducted in the Ethiopian context (Asaye & Daniel, 2023; MOE, 2016; Nema, 2000; Tirussew, 2005;). This made the teachers involved in this study had hard time identifying SWID as was reported by participants during the

interview. Due to lack of locally relevant standard assessment tests at federal and regional levels, the assessments that are being used in the two schools (such as random and less organized questions as well as observing the physical features of the child alone) do not appear to be valid and reliable to identify the complex individual characteristics of SWID. This finding is in line with similar studies in the past (Faruk, 2020; Hardesty-Jaynes, 2021; Robertson, 2009).

Sub-theme 4: Insufficient Knowledge Among *Team Members Involved in the Identification of SWID:*

Another serious challenge facing professionals involved in the schools' identification teams is the lack of adequate knowledge and skill in the identification and referral procedure of SWID. Although regular teachers, for example, have a role to play in the identification and assessment of SWID, they do not have an organized and consistent system of monitoring and providing detailed academic records when they refer these students. One participant from *school1,* for example**,** explained: "*Since they have no basic knowledge to identify and refer SWID to their classroom, regular classroom teachers just sent these students to us without any document on their academic records*" (T5)". The problem is also observed even among SNE teachers. As one participant admitted, "*For that matter, even we (SNE teachers) are not that qualified to assess and identify children SWID scientifically. You know why? Honestly speaking, we lack the necessary skills to do that*" (T6).

Almost all participants frankly reflected that they had a lack of specific knowledge and skills to identify this group of students. Most participants explained that the problem arises due, largely, to the gap between theoretical courses they learned at colleges and the actual practice on the ground (in schools). In fact, as one participant from school 2 commented, their insufficient professional knowledge clearly affected the identification of SWID:

> *Our decision on the identification of SWID, basically, depends on our experiences as well as on what we learned in college many years ago. Even the courses I took in college were not adequate, for they were more of theoretical and few in number (just one course at diploma and one at BA degree level).* (T3)

Another teacher from school 1 also added: "*To your surprise, in my 25 years of teaching career, I have never even received any in-service training, specifically, on how to identify and teach SWID* (T4). All participants from the two schools have reported having received no in-service training on the identification of or teaching SWID and they admitted that they conducted the identification based mainly on their experience. The result shows that most of the participants felt ill-equipped to identify SWID, for they believe that their college preparation programs focused more on the theoretical content areas than on practical skills. This has been in line with other studies already done on the issue, that is, when colleges only teach special needs education theoretically, their graduates will fail to conduct assessment and identification exercises properly (Mapunda, et al., 2017). Furthermore, the inadequate preparations of teachers, who are supposed to shoulder this complex task, "may increase the risk for academic neglect". (Hardesty-Jaynes, 2021, p. 44)

Sub-theme 5 Misidentification of SWID: Some students were found to be at risk of misidentification because it was difficult for teachers to properly identify the type and severity of the condition. Failure to have a guideline or instruments at the national level may be one of the factors for misidentification or wrong identification, which, in turn, leads to wrong and arbitrary decisions on students' eligibility for services and, more importantly, it can ultimately result in stigmatization and unnecessary labelling which has life-long implications for students identified as having ID (Robinson, 2017). Misidentification can also have some other negative consequences on students such as the ones most participants reported: Misplacement and lack of appropriate support.

Category 1. Misplacement of students was one of the challenges teachers face as a result of misidentification of students as statements of many participants from both schools clearly explained: *We are often forced to register and assign children with any type of disabilities in SWID's classroom mainly because the school does not afford to have more classrooms for students with other types of disabilities. We just admit them all in a single class* (T6).

Years ago, I found one student assigned in my class referred by a regular teacher who believed that the student had behavioral disorder. Ultimately, the student was found to be gifted, instead. You can imagine what a gifted student can learn sitting among children with ID (T1).

Generally, most of the participants felt that the process of identification and placement of SWID in both schools at the moment was not done accurately. This was also confirmed from the actual classroom observation. It was found out that SNE teachers had difficulty differentiating SWID from other similar disabilities like autism, learning disability, speech disorders, EBD, etc., and yet they teach them in a class assigned only for SWID as if all students were having ID.

This, according to participants, has posed challenges to their instructional approaches and made students' learning more difficult because they all are labelled as SWID. As one participant said: *Teaching SWID in special classrooms is very difficult, for they have different levels of disability, let alone adding those with other disability categories together in a class assigned for SWID. After all, it is not an inclusive classroom.* (T6). In fact, with the exception of students with visual and hearing impairments, who have their own separate classrooms, students with another category of disabilities were usually assigned to a classroom designated for SWID. The reasons why the two schools assigned only one classroom for SWID were reported to be due to a lack of SNE teachers, a shortage of classrooms, and other facilities.

Category 2. Lack of proper instructional support: Studies recommend that the first identification of students with ID should be done by the regular teachers through observation during their classroom instruction and then they refer them to SNE teachers or other relevant professionals for further assessment and identification as well as placement and intervention purposes (Braun, 2020; Ikram, 2018; Raj, 2016; Tafla et al., 2021). In principle, it is also stated in the Ethiopian national policy documents that the regular classroom teachers are expected to first conduct screening of learners with special educational needs (LSEN) in their classrooms. These teachers may refer the preliminary screening to specialists (SNE teachers and others) for further assessment (MOE, 2012). As revealed from school observation and the interview made with teacher participants in the two sample schools, however, SWID were first identified and placed directly into special classes from day one of the school year. They don't get any instructional support in the regular classroom. Participants of school 1, for example, said:

> *SWID, even those with mild levels of disability, are often identified by SNE teachers during the registration time and assigned right into SWID classroom without experiencing some sort of prior intervention* (T4).

T3 from school 2 also admitted that SWID were not getting appropriate instructional support after identification and placement in the special unit:

> *Even after being assigned to the SWID's classroom, they don't get appropriate educational support based on their individualized education plan (IEP), for I personally have no adequate skill and time to design one.* (T3)

Furthermore, all SNE teachers who were teaching SWID also have other classes to attend - classes for visual impairment and hearing impairment. In this regard, T4 of School 1, explained:

> *I don't apply Individual Educational Plan (IEP) for SWID, which I think is impractical because of lack of skill in developing such a plan and, above all, having too much workload. You know, I have 40 SWID in this classroom alone.*

It would then be clear that these students are less likely to benefit from classroom instruction, for they had no chance of having appropriate instruction based on their unique needs. The problem becomes more complicated when we examine the Amhara Regional Education official guideline that declares: that i*f SWID are unable to develop the capacity to learn in an integrated classroom in four years' time, they will be sent back to their family* (Amhara Regional Education Bureau,, 2010, p. 172).

Generally, when students are inaccurately identified as having ID, the label and the education services can do more harm than good for those misidentified students.

Limitations and Further Research

This qualitative case study has some limitations that call for further research. Since sample selection was limited to only six SNE teachers and the identification team members just from two schools, the findings are limited to this participant group and their context. It cannot, therefore, be generalized to other schools in the city or the region. Hence, future research may use large-scale studies by including the perspectives of other members of the identification team such as parents of SWID, school principals and health experts.

Conclusions

This study focused on SNE teachers' views on their practices of identification of SWID in primary schools. Qualitative data were then collected and analyzed and based on which major findings or themes emerged. Based on these findings, it is possible to conclude that SNE teachers have a good understanding of what it takes to identify these students but we have not found many instances of effective practices in the identification and referral service in the two selected schools. The data of the present study, in fact, show that the existing practices in these schools are less organized and arbitrary.

This can be due to challenges the schools/teachers faced such as lack of clear policy guidelines, lack of a well-organized team of experts at the school level, and the absence of standard assessment tools for identification of SWID.

This study also reveals that the SNE teachers who are working with SWID lack skills in scientific procedures in assessing and identifying this group of students which could partially be explained by the lack of in-service training.

Implications for Practice

The findings show that the current assessment for the identification of SWID in Gondar City is fraught with a number of problems. If the current practices in the area of identification of SWID are not improved, it will be difficult to achieve the stated goals of creating equal access to education for all children at the federal or regional level. This study, therefore, suggests that clear and comprehensive policy implementation guidelines should be put in place at the federal and regional levels so that schools will be able to develop their own functioning and objective assessment mechanisms for identifying SWID. As the assessment and identification of SWID has a lot to do with eligibility decisions and the ensuing measures of allocating resources, the existence of such regulations and

guidelines is critical. It can also resolve such challenges as the lack of an organized team of experts and, the absence of assessment tools that are facing teachers in the implementation of identifying SWID at the school level.

The study also suggests that standard and culturally relevant assessment tools that could be used for identifying SWID at the school level should be developed at the federal level as was the case with the development of early-grade reading assessment. As the findings of the study show, teachers involved in the identification of SWID had no sufficient skills to do their job effectively. This calls for further study on the effectiveness of the curriculum of teacher education colleges about preparing SNE teachers, particularly on the identification of SWID as this was beyond the scope of the present study.

The local education authority (Woreda) is also expected to organize a series of workshops in collaboration with schools and nearby colleges to update teachers' professional and practical skills in the identification of SWID. Finally, the study suggests that it would be essential for SNE teachers to keep themselves updated with the current knowledge and skills on identifying SWID by reading the latest literature and sharing each other's experiences.

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