

PEDAGOGY OF PUPILS WITH SPECIFIC LEARNING DISABILITIES

Pedagogika uczniów ze specyficznymi trudnościami w uczeniu się

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Introduction

Currently, the topic of education of children with special educational needs is a very current topic thanks to the inclusive era. Although according to the available literature we already know from the past that learning disorders as such have accompanied humanity since time immemorial. In his book *Specific learning disabilities* Krejčová, Bodnárová¹ writes: "Specific learning disabilities are with a high probability as old as humanity itself". The path to understanding and perception by the public, and above all by the pedagogues of the student, SPU has undergone considerable development and is constantly evolving. "Learning disabilities is a term denoting a heterogeneous group of difficulties that manifest themselves in the acquisition and use of speech, reading, writing, listening and mathematics. These difficulties have an individual character and arise on the basis of dysfunctions of the central nervous system. Although learning disabilities may appear concurrently with other handicapping conditions (e.g. sensory disabilities, mental retardation, behavioral disorders) or external influences (e.g. cultural differences, insufficient or disproportionate guidance), learning disabilities are not a direct consequence of these conditions or influences." Zelinková² despite the fact that specific learning disabilities can manifest in connection with other prerequisites that are a handicap for individuals (for example, mental retardation, behavioral disorders) or external influences (for example, a different culture, unbalanced neglected management), learning disorders do not become a direct consequence of the aforementioned handicaps or influences.^{3, 4}

Specific learning disabilities come to the fore in lay society mainly for the reason that, at the slightest failure of a child, his parents automatically refer to specific learning disabilities and claim that their child suffers from some kind of learning disability.⁵

Michalová,⁶ in his book *Specific Learning Disabilities* states: "The development of views on the issue of specific learning disabilities is now moving along with progress in neurology and related disciplines."

Even though the diagnosis of these students is very advanced, it is important to remember that even before the child is diagnosed, it is important that his own family is able to understand and accept the difference of their child. And subsequently, when a parent receives a child's diagnosis, so that they are not afraid to continue asking experts and ask them for advice on how to work and often get along with their child.

¹ KREJČOVÁ, L., BODNÁROVÁ, Z. 2014. *Specifické poruchy učení*. Brno, 2014, p. 7.

² ZELINKOVÁ, O. 2015. *Poruchy učení: dyslexie, dysgrafie, dysortografie, dyskalkulie, dyspraxie, ADHD*. ed. 12. Praha: Portál, 2015. p. 10; Cf. ZELINKOVÁ, O. 2003. *Poruchy učení: specifické vývojové poruchy čtení, psaní a dalších školních dovedností*. ed. 10. Praha: Portál, 2003.

³ MATĚJČEK, Z. 1987. *Dyslexie*. Praha: Státní pedagogické nakladatelství, 0-72-24/1.

⁴ POKORNÁ, V. 2010. *Vývojové poruchy učení v dětství a v dospělosti*. Praha: Portál, 2010; POKORNÁ, V. 2010. *Teorie a náprava vývojových poruch učení a chování*. ed. 4. Praha: Portál, 2010;

⁵ Cf. PEŠOVÁ, I., ŠAMALÍK, M. 2006. *Poradenská psychologie pro děti a mládež*. Praha: Grada, 2006.

⁶ Cf. MICHALOVÁ, Z. 2003. *Specifické poruchy učení a chování*. Praha: Univerzita Karlova v Praze-Pedagogická fakulta, 2003. Texts for distance learning; MICHALOVÁ, Z. 2016. *Specifické poruchy učení*. Havlíčkův Brod. 2016, p. 13.

When a child is born to parents, they do not expect that they will have a child who will be different in some way and will need special care. In the school education system of our republic, these children are called children with special educational needs. One could simply say that these are children who need not only an individual approach, but above all support. The support that the child receives in his primary group, which is the family, can be perceived as an internal attitude of a certain community. Every family, when it goes through the individual stages of accepting a child with a certain disadvantage, takes a certain attitude on how to raise its child. As part of inclusive education, parents in today's education system have the opportunity to educate their child in a regular elementary school, where individual support will be provided, so that their child can achieve maximum development and careful inclusion in the collective class, as well as in special schools. What is important to keep in mind, however, in order for the form of inclusive education for children with different needs to be successful and for the child to achieve maximum development in the normal course of basic education, is substantial multifaceted support not only from the family, but also from the school. There should be some kind of non-violent interdependence and mutual cooperation. As we already know from history, the approach to these pupils was not always as considerate as it is today. The education of pupils with special educational needs has undergone great development and is still developing. Previously, there was almost no education for these individuals and their complete segregation. Within a few decades, it reached the current inclusive education. Here there is a mutual connection between family, school and counseling facilities. I consider this connection to be absolutely essential.

1. Special educational needs of pupils

Nowadays, under the term special educational needs, we can imagine primarily the needs of a certain group of pupils who have a certain disadvantage and need additional help in certain weakened areas of their certain disadvantage. The term itself began to be used in the short past. However, it was used much earlier outside the borders of our country. The term penetrated to us through English, where the term special educational needs was used in pedagogical publications as early as the 1960s. However, both abroad and in the Czech environment, this term referred exclusively to individuals with some kind of disability, e.g. to children who are mentally retarded or with visual or hearing defects, etc..⁷

In specific learning disorders, we can therefore include a whole group of disorders and dysfunctions that are the cause of a child's learning difficulties at school. Professionally, they are called dyslexia, dysorthography, dysgraphia, dyscalculia. It is estimated that there are 4-5% of individuals in the population suffering from one of these disorders, the higher percentage of occurrence is in boys. Manifestations of SPU most often appear only at a certain stage of the child's development, usually after entering the 1st year of elementary school.

The very specification of pupils with specific learning disabilities is defined in the Education Act⁸ § 16, which also deals with the education of children, pupils and students with special educational needs (to which children with SPU certainly belong), three categories of persons who require a special educational approach are precisely defined:

- Children with disabilities (physical, visual, auditory, mental, autism, speech defects, simultaneous disability with multiple disabilities, developmental learning or behavior disorders),
- Children with a medical disadvantage (weakened health, long-term illness and minor health disorders leading to learning and behavior disorders),

⁷ Cf. Pedagogika, časopis pro vědy a vzdělávání a výchově, pages.pedf.cuni.cz, Speciální vzdělávací potřeby: spor. a realizace ve školách, /online/.cit.2022-07-05/ Available at: file:///C:/Users/lenik/Downloads/Pedag_13_2_Speci%C3%A1ln%C3%AD_Pr%C5%AFcha%20(1).pdf

⁸ Act No. 561/2004 Coll. on preschool, primary, secondary, higher professional and other education

• Children with a social disadvantage (from a family environment with a low socio-cultural status, at risk of socio-pathological phenomena, with ordered institutional education or imposed protective education and students in the status of asylum seekers and participants in the asylum procedure).⁹

Regardless of which of these three definitions in the school environment, we call these children children with special educational needs.

2. Specification of children with special educational needs

He gives the definition of pupils with special educational needs, for example, in his book *How to deal with school problems*.¹⁰ (Kendíková, Vosmik, 2016, p. 8): "Pupils with special educational needs are pupils who need to be given extra care, due to failure, or on the contrary due to extraordinary talent, the education of which requires the application of support measures."

It is therefore quite obvious that the common feature of children with special educational needs is their difference from other children. For some, the difference is more noticeable, for others less. Nevertheless, it is very important to support this entire group of children, so that their maxillary development takes place and they are supported.

Nowadays, it could be said that the number of children with special educational needs is increasing and it is important to pay attention to them in the school environment and to try to diagnose them in time and correctly.

The pedagogue is the one who communicates with students not only within the framework of his teaching, but also beyond it. I consider this area to be a priority from the point of view of the educational process. In order for everything in the classroom to take place in a positive atmosphere, the teacher must be able to correctly communicate instructions from the management or his own instructions, as well as listen to his students, wanting to learn as much as possible about themselves, their feelings and opinions. The teacher, as a professional, should try to participate in the creation of an environment that leads to the success of all students. For example, a positive classroom climate can help him to do this.

It is also important to keep in mind that the pedagogue not only establishes contact with the pupils, but within the initial diagnostic process it is the pedagogue who notices the differences of the pupil and his individual needs. Its diagnosis consists mainly in the daily observation of pupils. The definition of diagnostics is given in many professional books. In my diploma thesis, I present this, which is described in his book *School maturity and a child with special educational needs: education and diagnostics*.¹¹ Diagnostics is a cognitive process. The goal is to get to know the individual, his important features, characteristics, relationships and connections. It is therefore a certain objective assessment of the current state of the child and is an integral part of the educational process. Observation is not random, but we are talking about the process of planned perception of individual phenomena and given processes. It takes place with a certain goal, which should lead to the discovery of the essential contexts of the behavior of individual pupils. Based on this form of diagnosis, which is observation, it can then affect individual students. And thereby, for example, support a good classroom climate

3. Case study

In this case study, you can clearly see how important not only the professional diagnosis of the child, the cooperation between the counseling center and the school, but above all the

⁹ Available at: <https://www.zakonyprolidi.cz/cs/2004-561>

¹⁰ KENDÍKOVÁ, J., VOSMIK, M. 2016. *Jak zvládnout problémy se školou*. Praha. 2016, p. 8.

¹¹ Cf. BARTOŇOVÁ, M. 2004. *Kapitoly ze specifických poruch učení I: vymezení současné problematiky*. Brno: Masarykova univerzita, 2004; BARTOŇOVÁ, M., OPATŘILOVÁ, D., VÍTKOVÁ, M. 2019. *Školní zralost a dítě s SVP*. Nakladatelství Dr. Josef Raabe s.r.o. p. 66.

mutual cooperation of the parent, teacher, assistant and the student himself. Which I also consider to be the main thesis for managing the sensitive inclusion of a pupil with special educational needs. The student suffers from fluctuations in performance, has poor expressive skills, difficulties in reading, in mathematics, has a very slow work pace, difficult communication with adults, rather passive and lack of concentration in teaching. Help is necessary, especially in mathematics.

Child: boy

Age: 10 years 3 months

Class: 3rd class

4. Family history

The boy was born into a complete family, as a wanted child. The boy's diagnosis is developmental dysphasia with a more severe developmental disorder of behavior and attention - ADHD. The father, age 38, has a secondary education with a high school diploma and works in a regional winery, the mother, age 37, has a university education and works as an accountant. Both mother and father are healthy and claim that no one in their family has ever had the diagnosis the boy has, even in the past. She has a younger sister aged 6, a healthy girl with no signs of any problems. She now attends the same elementary school as her brother. In the city where the family lives, their grandmother also lives with them, with whom the boy has a very good relationship and whom he visits every day after school, where he waits for his parents before they leave work and pick up the boy. The family acts and appears to be very calm, supporting each other.

5. Personal history

The mother's pregnancy was without complications. The boy was born on time. The birth took place naturally, spontaneously without external interventions. The boy's weight was 3.2 kg, he was 51 cm tall. Due to severe neonatal jaundice, the boy was given phototherapy (treatment with light). In this therapy, blue light of a certain specific frequency is used, which shines on the largest possible part of the naked newborn's body. The mother states that the boy developed the same as his peers until the age of 2. Even a check-up at the pediatrician never indicated that the boy would have any problems. However, after the second year of life, the mother began to observe a delay in development compared to the children around them. The boy started having problems sleeping at night.

He refused to sleep at night and often cried. The boy stopped developing in the area of speech, even though he had created ideal conditions for its development. Deficits in understanding speech and expressing themselves began to appear. This significantly limited the boy's ability to communicate. The boy's coordination of gross and fine motor skills began to deteriorate. These manifested themselves in the fact that the boy had difficulty viewing e.g. children's books, fairy tales, building blocks on top of each other, drawing a vertical line and drinking from a mug were completely impossible for boys. When some things didn't go well for him, he began to get angry, which often ended with the boy lying on the ground and banging himself, sometimes until his skin turned blue. The mother states that in such cases my breath stopped several times and the mother had to sprinkle him with cold water so that he could breathe. The mother associated this behavior, as she was told by friends, to the child's first period of resistance, which is really around the age of 2-3 years of the child's age. So the mother didn't solve the situation in any way and just watched the boy and internally made sure that everything was fine. An allergy to saws was found in a boy of that age.

6. School anamnesis

Kindergarten

The boy started kindergarten at the age of 3.5 years. Since the speech did not develop further and the boy had problems with communication with his peers and with the teacher, the kindergarten teacher recommended to the parents an examination in a special center (SPC) for children with speech defects. Here, the parents were informed based on the examination that the boy has developmental dysphasia and that they recommend enrolling him in a special speech therapy kindergarten. The parents did not mind the change of kindergarten, even though it was located 30 km from their place of residence. So they started driving the boys to speech therapy kindergarten. The boy joined this kindergarten at the age of 4. In a special kindergarten focused on logopedic speech disorders, the boy had enough suitable stimuli, and above all an individual approach. The communication of special pedagogues focused on speech therapy enabled the boy to have a pace completely adapted to his needs, and thanks to the slowed pace of speech, more comprehensible, simpler expressions supplemented with a non-verbal component, more sensory perception was supported. The boy could not maintain attention for a long time, he was restless, which affected his personal and intellectual performance. The boy's motor restlessness began to worsen and emotional lability began to manifest itself more. The mother visited the pediatrician with her son, and he recommended that the boy be examined further, namely by a neurologist and a child psychologist. At the age of 5, the boy was confirmed by a neurological examination to have a more severe form of developmental behavioral disorders (Diagnosis of ADHD – attention and activity disorders). During the control examination at the SPC, his intellectual abilities were found to be in the wider range of below average with a significant uneven distribution of partial abilities. The parents still hoped that their son would start attending elementary school at the age of 6, and therefore had their son transferred back to a regular kindergarten in their place of residence. His mother justified this by saying that she wanted him to fit in with his peers before going to school, who will be with him in kindergarten and then in elementary school. Despite the fact that they were advised by a special pedagogue and a psychologist from the SPC to keep the boy in a speech therapy kindergarten, the parents insisted on their decision, and at the age of 6 the boy returned to a regular kindergarten, where there were a total of 25 children in the class (in the speech therapy kindergarten, where there were 10 children and two female teachers who were also special pedagogues specializing in speech therapy and a teacher's assistant with an accredited speech therapy assistant course).

The parents were satisfied that they took the boy back to the kindergarten in their place of residence and thought that everything would settle down and the boy would mature, as they were told by those around them. But the opposite was true. It didn't even last 2 months and the boy's aggressiveness was increasing not only towards the children, but also towards the teachers. I assume that the aggressiveness was caused by the fact that the boy could not come to an agreement with the children, the children did not understand him, he was slower than them in certain things, he could not keep up with their pace. He wanted to be like them, but he couldn't, no matter how hard he tried. The overall weakening in all areas began to show more. The parents were invited to the kindergarten for a consultation and there they were advised by the director to visit the SPC experts again to re-examine the boy for his current deteriorated condition. The boy began to have more intense problems with urination. The boy began to suffer from primary nocturnal enuresis, which is the involuntary leakage of urine in children older than 5 years. This diagnosis was confirmed by further examination of the boy. Stool retention was added to this diagnosis. Which led to the boy's frequent abdominal pains, nervousness and fatigue and overall physical and mental weakening of the boy.

After a re-examination for school maturity at the SPC, the parents were advised to postpone school attendance and a teacher's assistant was recommended for the boy. The boy received level 3 support measures, without the need for an individual education plan. The recommendation stated, among other things, that they should continue to visit a clinical speech

therapist, a child psychologist in order to eliminate problems with urination, and regularly attend neurological check-ups.

The parents accepted that their son would have a school delay and again hoped that the one extra year in kindergarten would help him, after all he already has an assistant there, so the boy must make some progress, as the mother told me during the interview. But no miracle happened and the boy got one more postponement of school attendance. Although I firmly believe that the teaching assistant, teachers and parents tried their best to support the boy, sometimes it is simply not enough and it is important to realize, and above all to prepare parents for this, that problems with developmental dysphasia and ADHD will not just disappear and that long-term cooperation is needed of all parties involved, so that the child can be gently integrated and develop to the maximum. Unfortunately, the experience from my practice is that no one prepares parents for this, no one tells parents "expect that it is a long and difficult journey, but thanks to the support from you, the school and professional staff, it can be managed." And so often the parents really naively hope that somehow everything will work out and their child will sleep through it.

7. Elementary school

In September 2019, the boy starts regular elementary school at the age of less than 8 years. To the class with 19 other children. He has a new lady assistant. The boy has PO 3 degrees, without an individual education plan. The boy entered the class of a teacher who had no experience with inclusive education and had never personally met a child diagnosed with ADHD. Which was not such a problem, because the assistant had extensive experience with children with this diagnosis and could be fully available to the teacher. The teacher tried to support the boys as best she could, even if she herself was not in favor of inclusive education.

The teaching methods consisted primarily of an individual approach to the boy, both from the assistant and from the teacher. Specific support from the assistant mainly consisted in directing the boy's attention and his emotional side. If it was possible to direct the boy's attention for a while, additional support and subsequent assistance in understanding and completing assigned tasks could come in, gradual effort to orientate himself in textbooks, notebooks, worksheets, in the time sequence at school.

8. Specific support for this pupil

It could be said that the preparation for supporting this boy was already underway when he was attending the preschool class in the kindergarten, and that is because when the assistant learned in June that she would be working as an assistant for this boy in the first grade from September, she started visiting the class in the kindergarten regularly and in the framework of observation and mutual communication with the teachers in the class, she could better get the necessary picture of how the boy reacts, behaves, perceives his environment, how the environment perceives him. Before the assistant could start visiting the kindergarten, she asked the boy's parents for their consent, as well as that of the kindergarten director. No one objected to the visits to observe the boy and exchange information.

Why do I consider it important for the assistant to attend the kindergarten class? There are several reasons for this.

1. The first reason was primarily that the boy had the opportunity to get to know the new assistant, they had the opportunity to establish contact and become aware of her presence. This could reduce the initial tension that the boy might feel during the first days in the first grade. Even this could actually be considered the first step towards initial support – the teacher's assistant's interest in the child who is supposed to accompany him during his schooling.

2. Another reason why it was appropriate for the assistant to start attending kindergarten was the transfer of information from the teachers. Of course, the transfer of information was

subject to the written consent of both legal representatives of the boy. This information served the assistant as an aid in understanding the context of the boy's reaction, behavior, involvement in the team, and others.

3. The exchange of information between pedagogues and the pedagogue's assistant can be considered as another point of support. It must also take into account that the boy's central nervous system, as well as his personality, develops like every other person, and the submission of information in June does not have to be completely identical to the output that the boy will have in September, i.e. 2 months later. Nevertheless, I consider the mutual transfer of information about the child between pedagogues to be very important. It then depends on how the AP will deal with this information and whether he will be able not to make prejudices against the child, but will form his own view.

4. Another reason why I consider it important that the assistant visited the kindergarten class where the boy goes is to observe how the boy is received and accepted by the collective and how he himself perceives the collective.

Yes, that is also important, because based on this observation, the assistant can also support the classroom climate and can work with the classroom climate right from the beginning of the boy's attendance at kindergarten and support it by giving the boy support from the class team as well.

When the assistant asked the boy's parents for permission to share information from the kindergarten, she had the opportunity to personally meet the boy's parents and have an interview with them. After the AP, it was essential to learn more about education, the boys, what kind of education they prefer, what the boy likes to do in his free time, what he doesn't like, what he finds uncomfortable, and something about his personal and medical history (both listed above).

I consider the interview with the boy's parents to be another important point in his support. On the one hand, parents find out who will spend the whole morning with their child. After that, they and the assistant can tell each other their visions regarding the boy's support and specify their common goal, which is to integrate their son into the class team as carefully as possible and support him in all areas so that he can develop to the maximum. During the interview, it was also appropriate to tell each other certain common rules. The assistant agreed on the following common rules with the parents: the parents will inform the assistant about the boy's current bad mood, nervousness, anger, if it manifests itself in the morning (important information for the assistant, because if she knows from the morning that the boy does not feel comfortable in his own skin, that he did not sleep well or just because he does not want to go to school, the assistant does not have to find out the reasons for his behavior and can work with the pupil according to his mood when he comes to class. Another rule was regular (daily) feedback from the assistant from the school environment towards the parents. What the boy did that day, what he did well and what would be appropriate to work on in the home environment. One of the other rules was that the subject matter discussed at school and at home should be connected to each other, and that, if necessary, with the use of aids that will be identical at home as well as at school. The assistant also agreed with the parents on a written evaluation and summary of their son's school achievements from the assistant's point of view. Evaluation was always sufficient every semester of the given school year. These evaluations will then serve as a basis for the SPC when the boy goes there for a control examination. These rules apply between the assistant and the parents until today, that time June 2022.

The boy is communicative, he likes the company of children. He likes and looks forward to going to school.

The teacher's assistant introduced her notebook (sample in the appendix of this thesis), in which she entered the boy's daily activities. This notebook served as feedback for herself, where she could assess over time whether the boy is making progress, but also as an informative bridge between the parents and their son's achievements. Thanks to daily writing, she was able to

inform the parents exactly every day about everything the boy has already mastered at school, what we are working on now and what they need to work on at home, but also how he behaved and what, for example, was the cause of his outburst of anger. The assistant made her own rules with the boy, which were supposed to help the boy clearly define what is and what is no longer permissible in his behavior. During the break, he participates in regular activities and games together with other children. After a short time, however, if the game is not played according to his (invented) rules, he stopped being interested in the game, started interrupting the children's game by shouting and demanding words. Such behavior happened quite regularly with the boy. It was therefore important to direct the boy in a sensitive manner and to support him in practicing his negative expressions during the game. In such an intrusive situation, the assistant first tried to establish eye contact with the boy. In order for the boy to have visuomotor support and to be better aware of his inappropriate behavior, the assistant made him two cards, one green and the other red. Because, if the boy got into a situation where he got angry, he was not able to perceive the assistant's voice, when he saw a red card with a frowning smiley, he was able to realize much faster that he did something wrong. He didn't know what, he was confused, but this card managed to calm him down so much that the assistant could start communicating with him and discuss the given situation (between 4 eyes, without other classmates) that happened, what preceded it and what to do differently next time, she would did not happen, or how to solve it differently. After we have discussed everything. When the boy realized what was wrong and came up with a way to solve the situation himself, he took a green card with a laughing smiley and put it on the bench to remind him that he already knows how to solve the given situation and to support him in that he can handle it. Such a situation was always followed by an analysis of the situation and an explanation of the situation in the communication circle. Where the assistant tried, using a game she invented for these cases, to gradually get to the situation that led to such a boy's reaction. The game consists in the fact that one student (volunteer) always says the first sentence, e.g.: Today is Thursday, September 26 and I like school., another child continues and made me happy, I'm glad to see my friend (name), etc. and so anyone who signs up can always say another positive sentence. With this, the assistant tries to create a peaceful atmosphere and make each other aware of each other in a positive light.

The second round of the game consists in the fact that again the volunteer (the children usually race to see who it will be) says, for example, a sentence: It is the year 2022 and the sun is shining outside, and I didn't like it in class today when a girl named (...) was taking other girls (...) the case and hid it, another child can say a sentence, I didn't like it when a boy named (...) started to get angry during a joint game and interrupted our game. Here the assistant wanted to motivate the children to say even negative things and to name things concretely and to help show the boy with ADHD that we all sometimes do unpleasant things, but that together we can always solve it. The conclusion of the game is the question: "How would you behave?" What would you recommend to a classmate to prevent that situation from happening? Etc. We will review our common classroom rules. The children learned this procedure for some time and we still use it, even if it is no longer needed, as often as in 1st and 2nd grade. This confirms my statement from the theoretical part of the thesis that the assistant is an important part of supporting a good classroom climate. This is because the teacher's assistant has a time space that the teacher does not have due to his busy schedule, and she can also support him in mutual cooperation between the children through this action.

The support for this boy also consisted in the coordination of the preparation of teaching aids, when the assistant wanted to create a feeling of independence in the boy with targeted questions. Every break, the boys had to ask questions like: What will we have in class now? What do you have to prepare? Walk around the classroom and find out if you have all the things ready, how are your classmates, etc. The questions had to be repeated several times in a row,

which required a great deal of empathy and patience from the assistant. When the assistant saw that my boy had an understanding of some subject matter, she tried to support him visuomotorically or so that he could experience the situation himself. A PC is also often used to support teaching. Learning the subject is slower and the timing of the subject matter is important. AP places emphasis on the boy's feedback on whether he has understood the task and always tries to encourage and motivate him to complete the given task.

Used aids such as the number line, multiplication table, sample examples, counting procedures, parts of speech, listed words, the alphabet are pasted in one notebook, where on one side there are aids for mathematics and on the other for the Czech language. The boy has a notebook in both subjects on the bench and he can look into it wherever he needs to and find the help he needs. He knows his way around the notebook well, because he made it together with the assistant, he cut and pasted the notebook with his own tools.

The boy has the possibility, at any time during the lesson, after the agreed signal with the teacher or the assistant, to run in the corridor or he can relax on the relaxation bag. Because he is often tiring, these moments are very important for him and encourage him to continue his activities.

Unfortunately, even then, the support was still not sufficient and the boy's behavior gradually worsened, and as part of an examination by a child pedopsychologist, medication was recommended to the parents, which they agreed to, and the boy is currently medicated with Ritalin.

From January 2022, the boy attends a practice class led by a special teacher once a week. In the circle with the boy, he mainly practices reading syllables, fluent syllabic reading, reading with comprehension, visual differentiation exercises, spatial orientation exercises, phonemic hearing exercises-auditory differentiation, analysis and synthesis, he explains the subject matter graphically and then they practice it. He also does exercises with the boy to train the brain and connect the hemispheres. He uses individual exercises from the book *Cvičení mozgu* How to make learning easier for children and adults 1, (Dennison, Dennisonová, 1993, pp. 5-6), picture, viz. appendix to this thesis.

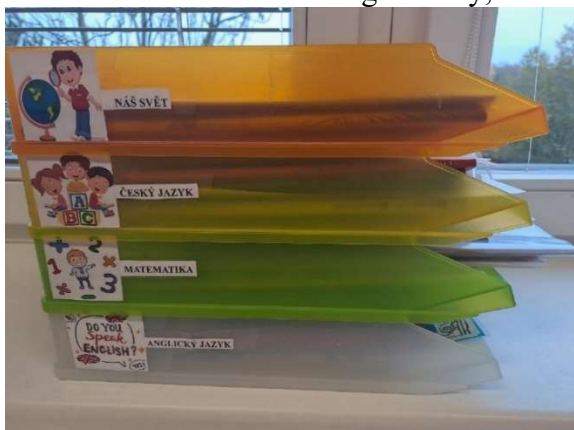
In the book *Turn on your brain! How to make learning easier for children and adults 2*. (Dennison, Dennisonová, 1993, p. 4) the authors state that: through exercises to warm up the brain, it is possible to achieve progress not only in school, but in all areas of our activity." Exercises from this books are on p. 14, 16, 20, 22, 25, 48. Individual exercises and what they specifically support are described here.

Conclusion

I consider the support for this boy to be very successful, thanks also to the cooperation with the boy's family. The parents show great interest in their son and also try to support him and cooperate with the school. They attend Biofeedback Therapy with their son, a clinical speech therapist, and as part of gross motor skills support, they also regularly swim in the pool. The boy therefore receives all possible support that a child with SVP can have. The mutual interdependence between all the participants works here, that is. family, AP, teacher, but also a group of children from the class. Thanks to this cooperation, the vision of inclusive education is fulfilled, not only to educate and integrate the child, but also to give him a sense of belonging, a sense of the realization that even if he knows that he is different and stands out, others like him and accept him as it is. This example of inclusion seems to me to be beneficial for all of the above.

Attachments:

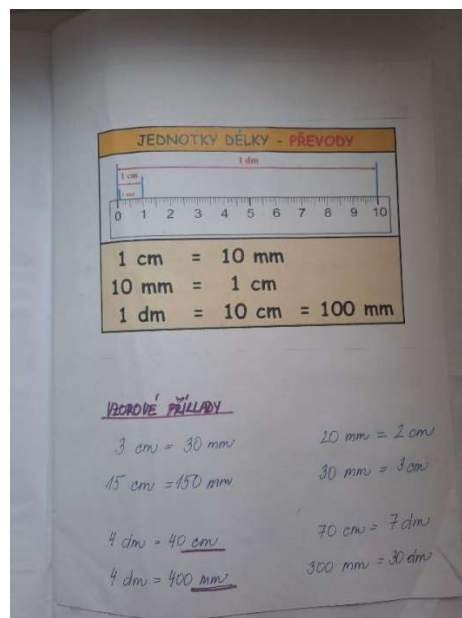
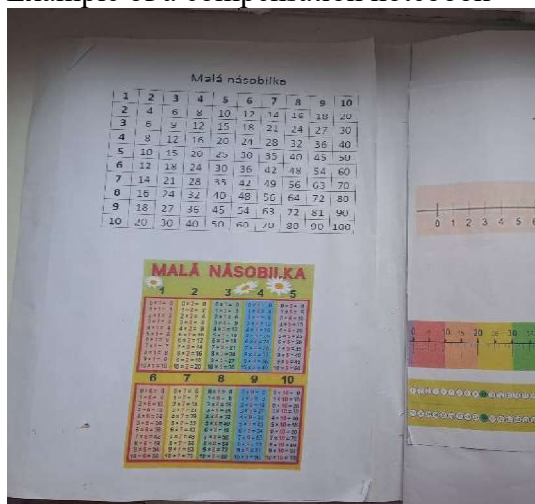
For better orientation during the day, the boy has his binders, where he keeps his textbooks

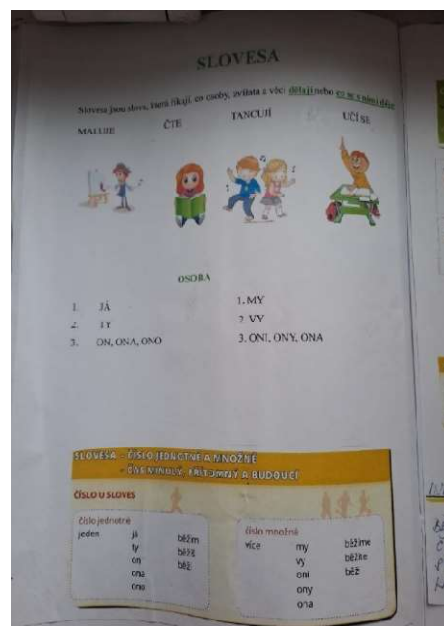
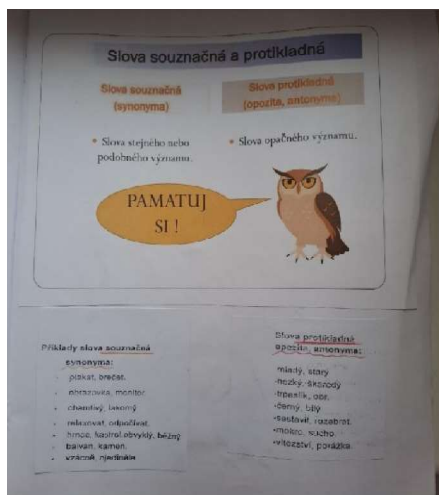


A corner where the boy and I work individually so that he has enough peace of mind to work

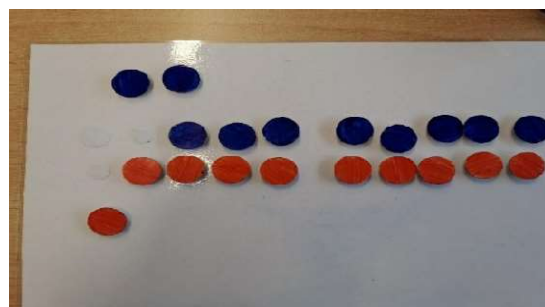


Example of a compensation notebook





Practice aids



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