

## THE INCLUSIVE SCENE IN THE PERCEPTION OF PEDAGOGICAL COORDINATORS: ASPECTS IN SCHOOL NETWORK EDUCATION IN THE CITY OF BARIRI - SP

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**ABSTRACT:** This article aimed to investigate the inclusive deficiencies that stand out and the adjustments made in the municipal schools of the city of Bariri-SP. For this construction, this research took an exploratory and descriptive profile, and the form of a study case, all the school network were first investigated to identify the number of included habdicapped called just included with each unit. Then, the data were organized and five deficiencies were identified comprising 81% of included that studied in four schools in the network. At the end, we investigated the coordinators of these units through a structured survey with ten semi-closed questions: Yes or no with the possibility of clarification of the answers provided. The research found that on average, six of the ten questions were answered positively by respondents, so it can be stated that in the perception of the coordinators, the city has scored six out of ten. The strong points considered are: professionals with post-graduation degrees in special education; existence of classes in support of disabled, meetings and follow-ups with family members of the disabled. It is observed that only half of those surveyed consider their schools prepared to receive the handicapped. As a weak point, it was observed the lack of awareness lectures to teachers and family and lack of sign language classes for the disabled and their classes.

**KEYWORDS:** Inclusion. Special Education. Disabilities and Development.

### 1 INTRODUCTION

Ancient societies, such as Athens, Sparta and ancient Rome practiced the elimination of disabled people from society. For these civilizations, people, who since small, didn't present physical and mental condition to perform relevant functions to the state should be eliminated in order to not generate costs and financial sacrifices to the society. With the social advancement, disabled people are no longer sacrificed and came to be placed in special locations such as: nursing homes and specialty hospitals.

Silva (2010) portrays that the ideas and influences of education for people with disabilities have started in the eighteenth and nineteenth century in which some specialized schools in education emerged that separated the disabled in order to educate them. The pattern developed consisted in similar dynamics to those of ancient civilizations, because it excluded people with disabilities who need special care. The first theories about inclusion in order to improve the socialization of people with disabilities occurred only in the 1970s. (Guebert, 2010).

An important thing in ensuring the rights of disabled people in Brazil was given by item 24 of Article XIV CF/88 that attribute competence to the Union, States and the Federal District; the protection and social integration of people with disabilities. The item III of article 208 of CF/88 secured specialized educational services for people with disabilities, preferably in a regular school system. At that point the dynamics of specialized schools in special education were considered inappropriate, because the legislation began to recommend most preferred regular public education to disabled.

In this new scenario the public school has an important role for inclusive education and needs collective construction through educational projects and practices that leads to the inclusive process. Lins (2009) describes that the participation of everyone is necessary in the educational setting: managers, teachers, coordinators, staff, families and members of the community that each student studies.

In Bariri-SP, in accordance with the cities in the region, is targeting the teaching to this new reality for the disabled. According to Coleta (2011), the city has evolved in the inclusive process while still lacking progress and changes to the process. The municipal school had approximately 60 children and teenagers with special needs, distributed in all schools.

In this context, the research question of this article is reached: What are the weaknesses and the ways of learning in the inclusive process of Bariri city? Therefore, the aim of the research is to analyze the inclusive disabilities that stand in the schools of Bariri. This aim will reach of through the specific objectives described below: a) identify the prevalent disabilities in the municipal school of Bariri; b) identify the included concentration in the municipal schools; c) raise the adjustments made by the inclusive municipal schools; d) raise the recommendations from the literature for the prevalent disabilities; e) triangular the adjustments and the recommendations found in the literature.

## 2 METHODOLOGY

The objectives were achieved through descriptive research which took the form of case study, according to Cervo, Bervian and Silva (2007), a group or community was studied. Thus, the research took place in the municipal schools of Bariri-SP. The technique is exploratory, and, first of all, the disabilities were raised by field research, with visits in the schools and documental inspection of medical reports that showed the number of patients included in each unit.

With the disabilities survey in hand, it was created treatment table of disabilities numbers found out in each learning unit. The organization was held in decreasing order and it allows to identify the disabilities with the largest number of included and, after that, the same dynamic in decreasing order of disabilities was held by the school unit. This procedure allowed to identify the most significant disabilities, as well, the schools with largest number of included.

At this stage, a bibliographical research was carried out to collect guidance of the literature with greater frequency, such as the identification of schools with the highest number of inclusions. Then, a questionnaire was elaborated which is presented in the Table 1, to show the

structure of these schools and the ways of achieving inclusion, also, to observe each diagnosed disability. Finally, there was the triangulation between the indications of literature and the procedures that were found in these schools. The methodology allowed to identify the necessary improvements for the inclusive process in the city.

The Table 1 shows the questionnaire given to the coordinators:

		Yes	No
1.	Are there postgraduate teachers in inclusion and/or special education in the school?	( )	( )
2.	Are there awareness lectures for teachers and families to break the resistance to inclusion?	( )	( )
3.	Are there classes to support students with intellectual disabilities?	( )	( )
4.	Is the interior of your school prepared to receive disabled students?	( )	( )
5.	Are the workbooks available in Braille for the visually impaired?	( )	( )
6.	Are there sign language classes for the hearing impaired and to the classroom?	( )	( )
7.	Is there a classroom with special resources at your school?	( )	( )
8.	Are there meetings and follow-ups with the family of the disabled?	( )	( )
9.	Is there an integration and participation of health care professionals? (1.doctors, 2. psychopedagogues, 3. physiotherapists, 4. phonoaudiologist, etc.)	( )	( )
10.	Have there been campaigns for the acquisition of materials and specific resources to disabled? (hearing aids, Braille machine, wheelchairs, special buses.	( )	( )

Table 1 – Questionnaire given to the coordinators.  
Source: Elaborated by the author.

### 3. RESULTS AND DISCUSSIONS

#### 3.1 Disabilities, taking care and educating

The education of disabled is in a context of difficulties and paradigms that need to be broken, because, there are several barriers in the treatment of these beings who need specialized cares. The disabled people have problems with scarce resource of special school supplies, suitable properties for their disability, special buses and, especially, educators with the necessary training to educate these included. The main difficulty is the necessary adequacy for each disability, because the visual disability requires different resources than hearing disability.

Melo and Ferreira (2009), describe that a change of paradigm and awareness is needed in the professional training of several areas, particularly in education and health. For the effective social inclusion of students with disabilities it is necessary a change of conception about the person with disabilities. Many times, the contact with the professionals happens in a superficial way, which compromises the communication because the professional's own

resistance. The study assessed the most significant disabilities for the city: intellectual disability, low vision disability, physical disability, multiple disabilities and hearing impairment.

The main causes that can cause intellectual disability are: genetic conditions, problems during the pregnancy, problems at birth, health problems. Vieira (2005) describes that, this deficiency, usually, appears before age 18 and that 48% of cases are hereditary. The indications for diagnosis are: newborn screening, technical guidance of doctors and specialists, prenatal care and healthy habits.

Lins (2009) describes the intellectual deficit is not the only factor responsible for school failure, in general, teachers are not prepared to deal with the differences, or to make an accurate diagnosis for which the child would respond better. In this sense, the process of teacher training is an important factor in the successful education of the intellectually disabled. Almeida (2007) describes that students need support for the development of adaptive and necessary skills to live, work and enjoy themselves. The activities are: communication, dressing, bathing, setting the table, cleaning up, cooking, rules, social attitudes, playing, reading, writing and mathematics.

The visual impairment is a reduction or complete loss of ability to see the best and look after the best optical correction, it can be divided into two forms: the blindness that is the total loss of the ability to see, the reduced vision in which there is visual residue that allows the student to read the printed ink, since that employs teaching resources and special equipments. (Ziliotto, 2007). Ampudia (2011) describes that, are not visually impaired, people with some kinds of diseases such as myopia, hyperopia or astigmatism, that can be corrected using lenses or having a surgery.

Ziliotto (2007) describes that the main causes of visual impairment are related to infectious diseases, such as toxoplasmosis and maternal rubella, glaucoma, mechanical trauma or diseases. Ampudia (2011) points out that the school environment should be adapted with Braille signs, stairs with color contrasts on the steps, hallways clear and tactile floor, including the areas around the schools should be accessible with the installation of the beeps on the traffic lights and in the exit areas for vehicles near the school.

The physical disability constitutes by limitation that affects the mobility and the general motor coordination of the individual, thus has some type of paralysis, locomotor system limitation, amputation, congenital malformations or any type of disability that interferes in the people locomotion, coordination and speech. (Ziliotto, 2007). Israel and Bertoldi (2010) describe the most common processes of physical disabilities: cerebral palsy, brain vascular accident, hydrocephalus, spinal cord injury, spine bifida, arthrogryposis, spinal muscular atrophy, muscular dystrophy, imperfect osteogenesis and amputation.

Reginato (2005) describes that there are numerous physical and social barriers that prevent effective process of social integration of the disabled, making necessary physical adjustments, resources, transport, specialist teachers, and also awareness efforts. In questionnaire about who has more resistance to a student with a disability, 50% of interviewees believe that it is the teacher and 27.5% think that are the parents. (REGINATO, 2005). Thus for

effective social inclusion, it is necessary to have investment in physical and material structures, but mostly that there is investment to change the culture and break the resistance and the prejudice towards people with disabilities.

The hearing impaired, also known by deafness, is a pathology, a biological deficit, which means, is the partial or total loss of hearing caused by malformation (genetic cause), injury to the ear or the structures that make up the hearing aid. (AMPUDIA 2012, p. 1). Ziliotto (2007) points out that the most common warning signs are related when the person does not find the maternal voice, does not move the head toward the sound source, does not wake up with loud sounds, shows disinterest caused by noise in the environment, doesn't imitate the sound that is heard and doesn't dance to the sound of music. The children with severe or profound deafness require more intense work with professionals, prioritizing the access to the sign language. According to Slomski (2010), he notes that because the deaf child is deprived of hearing, they need to build a different kind of language listeners.

Thus, it is recommended for the school environment to be prepared to diagnose the existence of the hearing impaired, especially in the early grades, and also have a monitoring and development of students in sign language, so, that it can be the inclusion of these students. In this sense, the public policies to support hearing impaired may contribute to their development, such as: the implementation of Sign Language course for students, including a group that participates in the inclusion, as well as campaigns to provide hearing aids for those with moderate deafness.

The multiple deficiency can be understood as that indicated in individuals who have two or more disabilities, so the combination of the disabilities already mentioned can be understood as multiple disability.

Silva (2011) describes that in the multiple disability is very common the occurrence of a disability that causes other deficiencies and, thus, it deserves highlights the levels and degrees of associated disabilities. Thereby, the severity of each disability may indicate the shape of needed care for each of the diagnosed disability.

#### **4 ANALYSIS OF RESULTS**

The analysis was performed in two separate stages: the first, through the organization's number of disabilities, by disabilities or by schools and the second by analyzing the questionnaires to those responsible for inclusive process in schools with higher incidences of included of Bariri. Finally, we perform the triangulation between what was stated in the literature and what is being done in these schools inclusive process.

The study identified the disabilities included in the schools in the city of Bariri-SP, inclusive, it was possible to classify them in order and show the intellectual disability as the most representative. The ten disabilities found out in the city in decreasing order were: 1 - Intellectual 2 - Low Vision, 3 - Physics, 4 - Multiple 5 - Deafness, 6 - Hearing, 7 - Down Syndrome, 8 - Autistic 9 - Hydrocephalus, 9 - Visual

From the elaborate coding in Table 1, it was possible to map the disabilities in decreasing order which allowed to identify the Euclides School as the school with the largest number of included students. The disability which has the largest representation in the city is the intellectual, with 36 included students.

The inclusive process in the city is centered in some schools, the observation of Table 2 allows to identify that the first four schools: E.M. Prof. Euclides Moreira da Silva, E.M. Prof.<sup>a</sup> Joseane Bianco, Prof.<sup>a</sup> Rosa Benatti and E.M. Prof. Eurico Açcolini, have 84% included of the city. The table 1, below, shows the disabilities by schools.

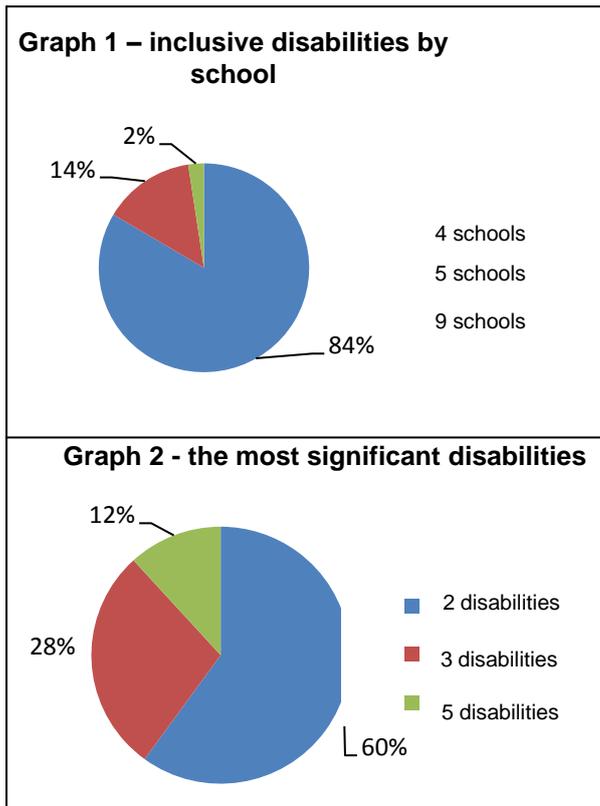
The analysis of the disabilities found out, showed that the intellectual disability is the most significant in the city, followed by low vision; these disabilities together occupy 60% of all of them, found in the municipal network. On graph 1 and 2, presented earlier, in the blue area, four schools were selected and five types of disabilities which together result in 69 included, and represent 81.1% of the total of 85 included in the municipal network.

**Table 1, that presents the mapping of disabilities in the city:**

<b>Tabela 1 - Mapeamento das deficiências do município.</b>											
	1	2	3	4	5	6	7	8	9	10	TOTAL
E M PROF. EUCLYDES MOREIRA DA SILVA	8	5	5	4	2	-	-	-	-	-	24
E M PROF <sup>a</sup> . JOSEANE BIANCO	14	3	2	1	1	-	-	-	-	-	21
E M PROF <sup>a</sup> . ROSA BENATTI	8	5	-	2	3	2	-	-	-	-	20
E M PROF. EURICO AÇCOLINI	3	-	3	-	-	-	-	-	-	-	6
E M PREF. MODESTO MASSON	3	-	-	-	-	-	-	-	-	-	3
E M PROF <sup>a</sup> . JULIETA RAGO FOLONI	-	1	-	-	-	1	-	-	-	1	3
EMEI 5 - PROF <sup>a</sup> . DJANIRA MONTEIRO MOÇO	-	-	-	-	-	-	-	1	1	-	2
EMEI 6 – PROF <sup>a</sup> . MIRNA AP. MARINO FISCHER	-	-	-	-	-	-	1	-	1	-	2
EMEI 1 – PROF <sup>a</sup> . LAURA A. K. BELLUZZO	-	1	-	-	-	-	1	-	-	-	2
CRECHE M. CARMEM SOLA AQUILANTE	-	-	1	-	-	-	-	-	-	-	1
EMEI 3 - PROF <sup>a</sup> . YOLANDA M. FORTUNATO	-	-	-	-	-	-	-	1	-	-	1
EMEI 4 – PROF <sup>a</sup> . YONE BELLUZZO FOLONI	-	-	-	-	-	-	-	-	-	-	-
EMEI 2 - PROF <sup>a</sup> . DIOLANDA CHUFFI NEIF	-	-	-	-	-	-	-	-	-	-	-
CRECHE M. MARINA BUDIN	-	-	-	-	-	-	-	-	-	-	-
CRECHE M. RACHEL DE QUEIROZ	-	-	-	-	-	-	-	-	-	-	-
CHECHE M. DONA MARIQUINHA MASSON	-	-	-	-	-	-	-	-	-	-	-
<b>TOTAL</b>	<b>36</b>	<b>15</b>	<b>11</b>	<b>7</b>	<b>6</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>85</b>

Source: Elaborated by the author.

The graphs 1 and 2, present the representativity of disabilities in the municipal schools:



Source: Elaborated by author.

Source: Elaborated by the author.

In accordance with the analysis of the results it is recommended a further monitoring and studies in the first four schools: E.M. Prof. Euclides Moreira da Silva, E.M. Prof.<sup>a</sup> Joseane Bianco, E.M. Prof.<sup>a</sup> Rosa Benatti and E.M. Prof. Eurico Acçolini. Also, it is recommended the pursuit of improvement in the five most significant disabilities in the city of Bariri-SP: intellectual, low vision, physical, multiple and deafness.

## 5 CONCLUSION

The analysis was conducted through a questionnaire in which one can get the perception of coordinators through 10 questions that were applied to four schools that covers 81% of included of municipal teaching of Bariri-SP.

It was found out that the schools researched have professionals with post-graduate degrees in special education and thus, they diverged from Lins (2009, p. 91), because the research assessed the existence of educators able to work and provide a conducive environment to inclusion. In this case, the interviewees answered that classes are held to support students with intellectual disabilities, and according to Almeida (2007) is directed to the development of skills to live, work and have fun. The coordinators said that there are meetings and follow ups with the family of the disabled person.

It was observed that 75% said that there is integration of professionals in the care of the disabled in their schools, in which psychologists conduct follow ups, screenings and direction to other professionals. The negative factors in 75% of schools are that there isn't a room with special resources, and awareness lectures to teachers and families are not held to break resistance. It is observed that schools don't conduct classes in Sign language for the hearing impaired and to the class. On a scale of zero to ten, it was observed that on average, six of the ten questions were answered positively by interviewees. Thus, one can say that in the perception of the coordinators of the city of Bariri, the inclusive process has scored six out of ten.

A relevant finding of the search was that only half of the interviewees considered their schools prepared to receive the disabled and said that their schools don't have ramps, tables, handouts and adapted classroom for the disabled. The handout is available in Braille in 50% of schools, but the other coordinators said that the handouts are not available because there is no need for this type of resource in their teaching unit. As search suggestion, could be replicated in other cities to identify the progress of the inclusions in other units.

## 6 REFERENCES

ALMEIDA, M. S. R. **O que é deficiência intelectual ou atraso cognitivo?** IIB – Instituto Inclusão Brasil. Disponível em: <<http://inclusaobrasil.blogspot.com.br/2007/10/o-que-deficiencia-intelectual-ou-atraso.html>>. Acesso em: 16 Nov. 2012.

AMPUDIA, R. **O que é deficiência auditiva?** Nova Escola. São Paulo: 2012. Disponível em: <<http://revistaescola.abril.com.br/politicas-publicas/deficiencia-auditiva-inclusao-636393.shtml>>. Acesso em: 16 Nov. 2012.

\_\_\_\_\_. **O que é deficiência visual?** Nova Escola. São Paulo: 2011. Disponível: <<http://revistaescola.abril.com.br/politicas-publicas/deficiencia-visual-inclusao-636416.shtml>>. Acesso em: 16 Nov. 2012.

BRASIL. **Constituição da República Federativa do Brasil**, de 5 de outubro de 1988. Dispõe sobre a formação do Estado Democrático de Direito do Brasil. Presidência da República – Casa Civil. Disponível em: <[http://www.planalto.gov.br/ccivil\\_03/constituicao/constituicao.htm#adct](http://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm#adct)>. Acesso em: 15 Nov. 2012.

CERVO, A. L.; BERVIAN, P. A.; SILVA, R. **Metodologia científica**. 6. Ed. São Paulo: Pearson Prentice Hall, 2007.

COLETA, R. **Inclusão: Bariri evolui, mas ainda faltam mudanças.** 2011. Disponível em: <<http://www.jornalcandeia.com.br/destaques/482-inclusao-bariri-evolui-mas-ainda-faltam-mudancas.html>>. Acesso em: 14 Nov. 2012.

GUEBERT, M. C. C. **Inclusão: uma realidade em discussão.** 3. ed. Curitiba: Ibpex, 2010.  
ISRAEL, V. L.; BERTOLDI, A. L. S. **Deficiência físico-motora: interface entre educação especial e repertório funcional.** Curitiba: Ibpex, 2010.

LINS, A. M. F. **Políticas públicas para a inclusão de crianças com Síndrome de Down no ensino regular: um estudo sobre o projeto SUPER (AÇÃO).** 2009. 126 f. Dissertação (Mestrado em Políticas Sociais e Cidadania) – Universidade Católica do Salvador – UCSAL, Salvador, 2009.

MELO, F. R. L. V.; FERREIRA, C. C. A. **O cuidar do aluno com deficiência física na educação infantil sob a ótica das professoras.** RBEE – Rev. Brás. Educ. esp., v. 15, n. 1, Marília: jan./abr. 2009. Disponível em: <[http://www.scielo.br/scielo.php?pid=S1413-65382009000100009&script=sci\\_arttext](http://www.scielo.br/scielo.php?pid=S1413-65382009000100009&script=sci_arttext)>. Acesso em: 16 Nov. 2012.

REGINATO, L. G. **Inclusão escolar do deficiente físico: a visão dos profissionais de escolas municipais e de fisioterapeutas atuantes na área de neuropediatria do município de Cascavel.** 2005. 81 f. Monografia (Graduação em Fisioterapia) – Universidade Estadual do Oeste do Paraná – UNIOESTE, Cascavel, 2005.

SILVA, A. M. **Educação especial e inclusão social: história e fundamentos.** Curitiba: Ibpex, 2010.

SILVA, Y. C. R. **Deficiência múltipla: conceito e caracterização.** In: ENCONTRO INTERNACIONAL DE PRODUÇÃO CIENTÍFICA, 7., 2011, Maringá. **Anais eletrônicos...** Maringá: CESUMAR, 2011. Disponível em: <[http://www.cesumar.br/prppge/pesquisa/epcc2011/anais/yara\\_cristina\\_romano\\_silva3.pdf](http://www.cesumar.br/prppge/pesquisa/epcc2011/anais/yara_cristina_romano_silva3.pdf)>. Acesso em: 16 Nov. 2012.

SLOMSKI, V. G. **Educação bilíngue para surdos: concepções e implicações práticas.** Curitiba: Juruá, 2010.

VIEIRA, N. L. **Deficiência Intelectual: o que é? NEAS – Núcleo de Educação e Ação Social.** São Paulo: [2005]. Disponível em: <[http://www.caminhando.org.br/informe\\_completa.php?codigo\\_news=8](http://www.caminhando.org.br/informe_completa.php?codigo_news=8)>. Acesso em: 16 Nov. 2012.

ZILLOTTO, G. S. **Fundamentos psicológicos e biológicos das necessidades especiais.** 2. Ed. Curitiba: Ibpex, 2007.