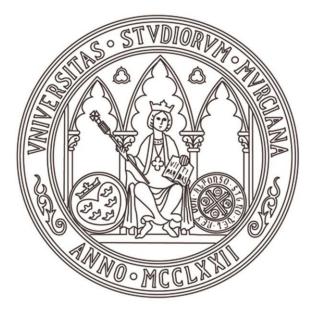# UNIVERSIDAD DE MURCIA

ESCUELA INTERNACIONAL DE DOCTORADO

TESIS DOCTORAL

Impact of learning disability on self-image and socialization in children in primary education

Impacto de los problemas de aprendizaje en la autoimagen y la socialización de los niños de educación primaria

D.ª Hila Ron

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socialización de los niños de educación primaria

Autor: D.ª Hila Ron

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DECLARACIÓN DE AUTORÍA Y ORIGINALIDAD
DE LA TESIS PRESENTADA PARA OBTENER EL TÍTULO DE DOCTOR
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D./Dña. Hila Ron

doctorando del Programa de Doctorado en

PROGRAMA DE DOCTORADO EN EDUCACIÓN

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Impact of Learning Disability on Self-Image and Socialization in Children in Primary Education

y dirigida por,

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La presentación de la Tesis Doctoral titulada "Impact of learning disability on self-image and socialization in children in primary education // Impacto de los problemas de aprendizaje en la autoimagen y la socialización de los niños de Educación Primaria", realizada por Dña. Hila Ron, bajo mi inmediata dirección y supervisión, y que presenta para la obtención del grado de Doctora por la Universidad de Murcia.

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ABSTRACT

Learning disabilities (LD) encompass a range of disabilities that interfere with a student's ability to navigate the learning process. This study adopts a qualitative approach to examine the influence of learning disabilities on the self-image and socialization of children in primary education. Interviews are carried out with teachers to explore their perceptions about the impact that learning disabilities have on children. Observations of the children are also carried out. Eight aspects relating to learning disabilities in children are observed. The eight aspects are reading and reading comprehension, writing and spelling, impressions of the notebook, oral expression, written expression, pace and manner of carrying out tasks, attention deficit, and functional gaps. The teachers' responses to the interviews provided a deeper understanding of the teachers' perceptions of children with learning disabilities. The children's negative feelings and feelings of inferiority were perceived to be affecting the children's self-image. Moreover, the teacher's perception of the behaviors of the children to be a way of coping with feelings of being different from others often indicated the frustration that children with learning disabilities were feeling. The observations revealed several issues that the children were experiencing due to their learning disabilities. Some of these difficulties involved inadequate vocabulary, a lack of vocabulary, spelling errors, and limited understanding of written instructions. Overall, the perceived self-image of the children with learning disabilities was found to be low. The children faced challenges with their learning and sometimes experienced rejection

and isolation from family and friends. Greater effort may be needed to improve the self-image of children with learning disabilities and to strengthen their understanding of their learning disabilities.

RESUMEN

Las dificultades de aprendizaje son un trastorno del neurodesarrollo que afecta negativamente a las funciones básicas del aprendizaje (lectura, escritura y cálculo), lo que hace que la persona que lo padece no pueda adquirir y expresar conocimientos al nivel que se espera de personas de su edad, su nivel educativo y su coeficiente intelectual. Los niños con dificultades de aprendizaje sufren rechazo social, etiquetado negativo, aislamiento social y una imagen baja de sí mismos. Esta imagen provoca falta de confianza, miedo constante al fracaso, impotencia y desesperación. Este grupo de niños también carece de habilidades sociales.

El presente estudio examina la influencia de las dificultades de aprendizaje en la autoimagen y las habilidades sociales de los niños. Se centra en las dificultades de los niños con problemas de aprendizaje y en el grado de éxito que tienen en el afrontamiento social, al tiempo que aceptan la ayuda de sus profesores y de su grupo de iguales.

Pregunta de investigación: ¿Cómo afectan los problemas de aprendizaje a la autoimagen y la socialización de los niños en la educación primaria?

Preguntas secundarias: ¿Cómo se enfrentan los profesores del sistema de educación primaria a los alumnos con dificultades de aprendizaje? ¿Cómo afronta el grupo de compañeros de la enseñanza primaria a los alumnos con dificultades de aprendizaje?

La hipótesis de la investigación es: la autoimagen de un niño con dificultades de aprendizaje es baja.

Se trata de un estudio cualitativo basado en docenas de entrevistas semiestructuradas con los profesores de los niños con dificultades de aprendizaje (profesores de integración, profesores que enseñan en clases regulares que integran a alumnos con dificultades de aprendizaje, profesores de educación especial, auxiliares docentes), y 25 observaciones estructuradas a puerta cerrada de niños con dificultades de aprendizaje en clases regulares y avanzadas en el gran distrito de Jerusalén. El análisis de las entrevistas revela 4 categorías relacionadas con la autoimagen y el comportamiento de los niños con dificultades de aprendizaje. 1. El impacto de las dificultades de aprendizaje en la imagen de sí mismo. 2. La visión que el niño tiene de sí mismo y de la opinión de los demás. 3. El comportamiento social de los niños con dificultades de aprendizaje. 4. El afrontamiento de las dificultades de aprendizaje

Los resultados de las entrevistas indican que los niños mostraban sentimientos negativos y de inferioridad por compararse con sus compañeros y por la forma en que los demás los percibían. Esto repercutía en su comportamiento social, principalmente frustración en la interacción con sus compañeros, que se compensaba con un comportamiento reactivo, lo que alejaba aún más a los niños con dificultades de aprendizaje de sus compañeros.

Para examinar los retos a los que se enfrentan los niños con dificultades de aprendizaje también se realizaron observaciones. Se utilizaron materiales para examinar ocho aspectos: comprensión lectora, escritura y ortografía, comprensión del cuaderno, expresión oral, expresión escrita, ritmo y forma de completar las tareas, déficit de atención y lagunas en el rendimiento. Los resultados de las observaciones mostraron lagunas en la capacidad de los niños para realizar determinadas tareas. Se observó un desfase al comparar la expresión escrita y la expresión oral. Otra laguna se detectó al comparar tareas que requerían respuestas abiertas y respuestas de opción múltiple. Otra laguna se detectó en temas relacionados con la ciencia en comparación con temas de textos largos.

En conclusión, el impacto de las discapacidades de aprendizaje en la autoimagen y la socialización de los niños en la educación primaria se extiende a todas las facetas de su vida. Las limitadas habilidades sociales de los niños con problemas de aprendizaje repercuten en su autoimagen y la respuesta de algunos niños con problemas de aprendizaje son comportamientos reactivos. Estos comportamientos compensatorios pueden alejar aún más a los niños con dificultades de aprendizaje de sus compañeros. Este tipo de comportamiento también puede afectar a la imagen que los demás tienen de los niños con dificultades de aprendizaje, especialmente cuando el comportamiento implica agresividad u otros comportamientos negativos que llaman la atención.

Dado que los niños con dificultades de aprendizaje pueden recurrir a comportamientos compensatorios que afectan aún más a su autoimagen y a su capacidad para entablar amistades entre su grupo de iguales, deberían invertirse esfuerzos en mejorar la autoimagen de los niños e impartirles una mayor comprensión de sus discapacidades. Al mismo tiempo, una mayor concienciación de los profesores, los compañeros y la familia sobre las implicaciones de las dificultades de aprendizaje en los niños debería mejorar el desarrollo de una imagen positiva de sí mismos por parte de los niños con dificultades de aprendizaje.

El estudio proporciona una comprensión más profunda del impacto de los problemas de aprendizaje de los niños en la educación primaria sobre su autoimagen y socialización. La comprensión de las causas de la baja autoimagen que suelen mostrar los niños con problemas de aprendizaje crea oportunidades para poner en práctica estrategias diseñadas para potenciar la autoimagen de estos niños. La mejora de la autoimagen y la socialización de los niños con dificultades de aprendizaje requiere una aportación conjunta tanto de los propios niños como de la sociedad para garantizar que no existan diferencias en la interpretación y comprensión de los distintos aspectos relacionados con el impacto que las

dificultades de aprendizaje tienen en los niños. Con el acceso a un apoyo social y académico bien diseñado y a las herramientas adecuadas para hacer frente a todos los efectos de las dificultades de aprendizaje, la autoimagen de los niños con dificultades de aprendizaje puede mejorar y los niños con dificultades de aprendizaje pueden alcanzar todo su potencial académico.

Se utilizó un muestreo no probabilístico para seleccionar a los profesores y auxiliares docentes que participaron en las entrevistas

El estudio utilizó entrevistas con los profesores y en las observaciones realizadas para obtener una perspectiva sobre el impacto de la discapacidad de aprendizaje en la autoimagen y la socialización en los niños en la educación primaria. Por lo tanto, las conclusiones del estudio reflejan las percepciones y opiniones de los profesores sobre los niños con dificultades de aprendizaje examinados en este estudio. Las observaciones sólo abordaron aspectos específicos relacionados con las dificultades de aprendizaje y se centraron menos en los aspectos emocionales y sociales mientras que en las entrevistas realizadas hubo más referencia a aspectos emocionales y sociales

La tesis doctoral presenta una investigación de los desafíos que enfrentan los niños con dificultades de aprendizaje en entornos educativos. La metodología de investigación empleada en el trabajo incluye un enfoque cualitativo, utilizando entrevistas y observaciones para investigar el impacto de las dificultades de aprendizaje en la autoimagen y las habilidades sociales de los niños en educación primaria.

El trabajo comienza ahondando en la revisión de la literatura, que proporciona una visión completa de los estudios publicados relacionados con las dificultades de aprendizaje. El primer capítulo de la revisión de la literatura se centra en la definición de problemas de aprendizaje, describe el diagnóstico y los tipos de problemas de aprendizaje. Este conocimiento fundamental prepara las bases para

comprender la complejidad de las dificultades de aprendizaje y su impacto en los niños en la educación primaria.

A continuación, el segundo capítulo de la revisión de la literatura examina los factores clave que influyen y se ven afectados por las discapacidades del aprendizaje. Esta parte profundiza en las características intrínsecas y extrínsecas de las dificultades de aprendizaje y arroja luz sobre la naturaleza multifacética de estos desafíos que enfrentan los niños con dificultades de aprendizaje.

El capítulo de metodología describe el diseño de la investigación y los instrumentos utilizados para medir y recopilar datos. Como se mencionó, el enfoque de investigación cualitativa enfatiza el uso de entrevistas y observaciones para comprender mejor las experiencias de los niños con dificultades de aprendizaje, así como las perspectivas de los maestros involucrados en su educación. Esta elección metodológica permite una investigación en profundidad de los efectos cognitivos, conductuales y emocionales de las discapacidades de aprendizaje en los niños y proporciona una rica comprensión de sus experiencias.

A medida que se recopilan los datos cualitativos, avanza el trabajo para analizar los resultados de la investigación. La interpretación de estos resultados ofrece información importante sobre el impacto de las dificultades de aprendizaje en la autoimagen y la socialización en los niños de educación primaria. Los hallazgos del estudio se analizan en el capítulo final, destacando los factores clave que se ven afectados por las discapacidades del aprendizaje y brindando recomendaciones para futuras investigaciones.

En general, el trabajo contribuye significativamente a la comprensión de cómo las dificultades de aprendizaje afectan la autoimagen y la socialización de los niños en educación primaria. Al examinar las perspectivas de los maestros, observar el comportamiento de los niños y analizar los efectos cognitivos y emocionales de las discapacidades de aprendizaje, el estudio proporciona una descripción de los

desafíos que enfrentan los niños con discapacidades de aprendizaje y ofrece recomendaciones importantes para apoyar su bienestar y éxito académico

El trabajo se centra en analizar cómo una discapacidad de aprendizaje afecta la autoimagen y la socialización de los niños en el contexto escolar. A través de entrevistas, observaciones y análisis detallados, es posible examinar las dificultades que enfrentan los niños con dificultades de aprendizaje, como problemas de concentración, dificultades de lectura y escritura, limitaciones en la expresión oral y escrita y más.

El trabajo enfatiza la importancia de comprender cómo estas dificultades afectan la autoimagen de los niños, su autoconcepto y su integración social dentro de la escuela. También se ofrecen recomendaciones para mejorar la autoimagen y la socialización de estos niños, incluyendo estrategias educativas específicas, apoyo emocional y psicológico y cooperación entre educadores, padres y profesionales de la salud.

Los objetivos de la tesis doctoral son multifacéticos y pretenden abordar diversos aspectos relacionados con los niños con dificultades de aprendizaje en el entorno educativo:

Examen de autoimagen y socialización:

El objetivo principal del trabajo es investigar cómo las dificultades de aprendizaje afectan la autoimagen y la socialización de los niños en educación primaria. Al examinar estos aspectos, el propósito del estudio es proporcionar una comprensión más profunda de los desafíos que enfrentan los niños con dificultades de aprendizaje en sus interacciones sociales y su autoconcepto.

Investigar las perspectivas de los docentes:

Otro objetivo es explorar las perspectivas de los profesores sobre los niños con problemas de aprendizaje. Al comprender cómo los educadores perciben y apoyan a los estudiantes con discapacidades de aprendizaje, el estudio busca identificar

áreas donde se pueden necesitar capacitación y recursos adicionales para mejorar la experiencia educativa de estos niños.

Análisis de efectos cognitivos, conductuales y emocionales:

El objetivo del trabajo es analizar los efectos cognitivos, conductuales y emocionales de las dificultades de aprendizaje en los niños. Al examinar estos efectos, el propósito del estudio es revelar la complejidad de las discapacidades del aprendizaje y su impacto en diversos aspectos del desarrollo y rendimiento académico del niño.

Identificar estrategias de mejora:

Uno de los objetivos es identificar estrategias para mejorar la autoimagen y la socialización de los niños con problemas de aprendizaje. Al ofrecer recomendaciones prácticas, el estudio tiene como objetivo proporcionar medidas prácticas que se pueden tomar para apoyar el bienestar y la inclusión de niños con dificultades de aprendizaje en entornos educativos.

Sensibilización y promoción de la inclusión:

El objetivo final es concienciar a los educadores, colegas y familias sobre las consecuencias de las dificultades de aprendizaje en los niños. Al promover la inclusión y la comprensión, el objetivo de la investigación es crear un entorno educativo más inclusivo y de apoyo que aborde las diversas necesidades de todos los estudiantes, incluidos aquellos con discapacidades de aprendizaje.

En general, se puede decir que el objetivo del trabajo es promover el conocimiento y la comprensión del impacto de las dificultades de aprendizaje en la autoimagen y la socialización de los niños en educación primaria, centrándose al mismo tiempo en recomendaciones prácticas para mejorar el apoyo y la inclusión en los entornos educativos

El trabajo presenta un enfoque integral y detallado de un tema crucial en el campo de la educación. A través de la investigación realizada, el trabajo hace referencia

a varios aspectos relevantes que afectan a los niños con problemas de aprendizaje, como la autoimagen, la socialización, el rendimiento académico y las interacciones en el entorno escolar.

Uno de los puntos fuertes del trabajo es la claridad de los objetivos de investigación establecidos, que incluyen el examen de la autoimagen de los niños con problemas de aprendizaje, el estudio de los procesos de socialización, el estudio de las perspectivas de los profesores, el análisis de los aspectos cognitivos, conductuales. y efectos emocionales de las dificultades de aprendizaje, entre otros. Estos objetivos bien definidos proporcionan un marco sólido para la investigación y permiten una comprensión profunda de las complejidades involucradas en este tema.

Además, el trabajo enfatiza la importancia de identificar estrategias para mejorar la autoimagen y la socialización de los niños con problemas de aprendizaje, así como la necesidad de sensibilizar a educadores, compañeros y familias sobre las consecuencias de estas discapacidades. Estas recomendaciones prácticas demuestran un enfoque orientado a la acción para mejorar la calidad de vida de los niños con problemas de aprendizaje dentro del marco escolar.

El trabajo también aborda aspectos específicos de las dificultades a las que se enfrentan estos niños, como los problemas de expresión oral y escrita, las dificultades de comunicación y el efecto de las dificultades de aprendizaje en el ritmo de trabajo y la forma de expresión. Estos hallazgos detallados enriquecen la comprensión de las experiencias de los niños con problemas de aprendizaje y brindan información valiosa para diseñar intervenciones educativas efectivas.

Los objetivos detallados de la investigación ofrecen un marco estructurado para examinar las diversas dimensiones del impacto de las discapacidades del aprendizaje, incluidos los efectos cognitivos, conductuales y emocionales. Al centrarse en estos objetivos, la investigación contribuye a una comprensión más

profunda de la complejidad que implica apoyar a los niños con dificultades de aprendizaje en su desarrollo académico y social.

Los hallazgos detallados sobre los desafíos específicos que enfrentan los niños con discapacidades de aprendizaje, como dificultades de comunicación y problemas de rendimiento académico, resaltan la necesidad de intervenciones y mecanismos de apoyo adaptados. Al abordar estos desafíos, los educadores y las partes interesadas pueden crear una experiencia educativa más inclusiva y empoderadora para los niños con dificultades de aprendizaje.

En conclusión, el trabajo hace una contribución significativa al campo de la educación al arrojar luz sobre el efecto de las dificultades de aprendizaje en la autoimagen y la socialización de los niños en educación primaria. Los hallazgos de la investigación y las recomendaciones prácticas presentadas en el trabajo pueden ayudar a los educadores, investigadores y formuladores de políticas que buscan mejorar los resultados educativos y el bienestar de los niños con dificultades de aprendizaje.

Palabras clave: dificultades de aprendizaje, autoimagen, socialización, comportamiento.

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Introduction

Learning disability is a neuro-developmental disorder adversely affecting basic learning functions (reading, writing and calculation), and is in the way of a person who suffers from it to acquire and express knowledge on the level expected from people of their age, their educational level and I.Q. Alongside with nurturing of learning and professional ability of children with learning disabilities, there is not always a satisfactory answer to ability of these youngsters and adolescents to withstand society's requirement for competitiveness, withstanding pressures and creating reciprocal relations and satisfactory social ties. In many occasions, it is possible to notice in them difficulties in social integration in a regular class, expressed by social rejection, labelling those children negatively, discriminating attitude from teachers and pupils, social isolation in class and after studies and low self-image. This image is created when a child feels continuous dissatisfaction with their achievements and personal characteristics, mostly due to negative criticism they have absorbed from their significant figures such as: the peer group (friends) and teachers ("stupid child", "not so bright", "lazy", etc.). This image causes lack of confidence, constant fear of failure and can even cause helplessness and despair.

Social capability is currently perceived as an inseparable part of all abilities and skills to be nurtured in the individual, who will be able to adapt in a proper, efficient and satisfying manner in society. Social skills are those skills necessary to an individual in order to create efficient social interaction and develop awareness and knowledge regarding social ties. Although the population of pupils with learning disabilities is not uniform in its skills and abilities, it was found that pupils with learning disabilities are distinguished in their behavioral and psychological functioning from their normal age group and from their special

needs age group. Currently, in light of organizational changes in the educational system in Israel and the Western world, pupils with learning disabilities are more integrated in regular educational systems, and the requirements and expectations from them are similar to all pupils in regular classes (Heiman, 2003).

Current study will deal in examining the influence of learning disabilities on self-image and social skills of children. It will focus on the difficulties of a child with learning disabilities and the extent of their success in social coping while accepting assistance from their teachers and friends – the peer group.

Research question: How do learning disabilities affect self-image and socialization in children in primary education?

Secondary questions: How do teachers in the primary education system cope with pupils with learning disabilities? How does the peer group in primary education cope with pupils with learning disabilities?

The importance of the current study is finding a way in which it would be possible to improve the self-image of children in a way that will improve their lives both as children and as adults. The subject of learning disabilities is close to my heart as during my studies for a Bachelor in the Education Sciences degree, I dealt with this subject extensively. Additionally, I served for many years as a teacher for adolescents at risk, many of whom suffered from complex learning disabilities, which caused them multiple difficulties in their studies, the society and the educational system, up to being expelled from the regular school frame. It is my purpose to find a way to assist pupils with learning disabilities to improve their social abilities and their self-image both as children and as adults.

The thesis includes five chapters, as well as a list of references and the appendices. The introduction provides the background to the study and lays down the foundation of the research. It describes the aim and purpose of the research,

introduces the research problem, the research questions and the significance of the study.

The first two chapters include the literature review of published studies and describe the theoretical and methodological contributions of earlier research to the topic of the study. The first chapter of the literature review presents the topic of learning disabilities, outlining the diagnosis of learning disabilities and the types of learning disabilities, whereas the second chapter shifts the conversation towards the key factors that influence, and are being influenced, by these disabilities. These include both intrinsic and extrinsic characteristics of learning disabilities.

The third chapter describes the methodology used in the research to examine the effect of learning disabilities on the children. The qualitative research approach used in this study is described, with justification for the use of interviews and observations to conduct the study. The chapter also includes a description of the research participants, the design of the research and the instruments used for data measurement and data collection.

In the fourth chapter, once the qualitative data has been collected, analysis of the results of the research is presented. Interpretation of the results is provided. Thereafter, in the fifth and final chapter the findings from the study are discussed and insights into the key factors influenced by learning disabilities in children are presented. The dissertation ends by outlining the contributions of the study to the understanding of the effect of intrinsic and extrinsic characteristics in children with learning disabilities, the limitations of the study and then provides recommendations for future research.

The research objectives

The PhD thesis aims to:

- Examine the self-image of children with learning disabilities.

- Investigate the socialization processes of children with learning disabilities.

- Explore teachers' perspectives on children with learning disabilities.

- Observe the behavior of children with learning disabilities during the learning process.

- Analyze the cognitive, behavioral, and emotional effects of learning disabilities on children.

- Understand the factors influencing or influenced by learning disabilities in primary education.

- Identify strategies to enhance the self-image of children with learning disabilities.

- Raise awareness among teachers, peers, and families about the implications of learning disabilities on children.

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Chapter 1: Literature Review

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The focus of the first chapter of the literature review is on definitions, laws and regulations, characteristics and a detailed exploration of the different types of learning disabilities. The aim of the first chapter is to ensure the conversation in this paper is conducted clearly and with both parties understanding one another. In order to achieve that, the paper explores the intricacies of learning disabilities on an individual level, as well as on social and societal level. An anecdotal concept that needs to be cleared at the beginning of this discussion is the location of the conversation. In other words, the paper deals with the Western community in general and Israel in particular. While attempts have been made to encompass the entire population and exhibit these disabilities in general terms, the paper acknowledges the cultural and gender variation and influences that exist (APA, 2013). Notwithstanding this reservation, the discussion deals with aspects that can be somewhat generalized in different populations; thus, included an endeavor to review a diverse array of literature pertaining to children across the wider population group.

1.1. Learning Disabilities

Learning disabilities (LD) can be referred to a plethora of disabilities that may impact the student's capacity to engage with the learning process. Learning disabilities are a significant global issue as they affect 5-15% of school-aged children worldwide. LDs can also be secondary to other developmental disorders like ADHD (Grigorenko et al., 2021).

Some professionals consider only disabilities of dyslexia, dysgraphia and dyscalculia as a learning disorder and some as well include skills such as listening, talking and conceptualization as learning fields damaged in a learning disability,

thus are included in the definition of learning disability as well difficulties such as attention deficit disorder, concentration and hyperactivity disorders, lingual disability and non-verbal learning disability (APA, 2013). The reality of a definition paradox, between a definition that encapsulates a wide range of disabilities and a more specific one, can lead to an uneven dialogue. For that reason, it is important to acknowledge a unified definition among all those who discuss, and interact with, people with LD. Before we engage with the worded definition of the issue, let us inspect the context and scale of the problem.

As the name of the disability suggests, it refers to people who have difficulties with leaning; and as a result, interact with other people. Children learn through interaction with their social environment, in an official academic arena, as well as in an unofficial organic manner (Dudley-Marling, 2004). For this reason, any examination of the issue of LD must contain a brief discussion of the way that society interacts with these individuals; more specifically, the way teachers and peers view and deal with these students. The impact that the social environment of students with LD have on their experience and achievements is great, as they model and influence that way these students perceive, understand and interpret what social competency is (Margalit, Mioduser, Al-Yagon & Neuberger, 1997; Drame, 2002).

Drame (2002) wanted to understand the sociocultural context effects on teacher's readiness to refer students with learning disabilities to special education, in the United States of America (USA). She sampled 63 teachers in Midwestern public schools, using a survey, and found a large number of variables that have impacted and influenced their perceptions and attitudes towards these students. She concluded that teacher training program need to incorporate explicit training of methods and skills of interpretation of these students' difficulties; as well as the great influence of their attitudes and perceptions on these students' success. In

other words, teachers' need to acknowledge their influence and impact on these students' school behavior and potential achievements.

In a different research about teachers' and peers' perceptions of children with learning disorders in Israel, Margalit, Mioduser, Al-Yagon and Neuberger (1997) sampled 117 students with learning difficulties (61 boys and 56 girls) and 123 control students (66 boys and 57 girls). Using the Social Skills Rating System (SSRS), adapted to Hebrew, Peer Assessments and Self-reports, they tried to understand how these disabilities are perceived among teachers, peers and students with LD. The researchers hypothesized that "…at the end of the academic year, following remedial help and the resulting improved academic achievement, they would be viewed by teachers and peers as having increased social competence and personal coherence, and experiencing less loneliness" (p. 230). Their emphasis was on examining consistency vs. change in attitudes and perception. They found that the perceptions and attitudes were consistent, regardless of the students' academic improvements. On the other hand, the personal perception and attitude of the students with LD remained the same.

Both these researches demonstrate that LD can, and in many cases is, a construct of the social environment. Regardless of the level of influence, and whether it is one directional, from the teachers and peers towards the students, or bi-directional in both ways, its impact cannot be negated and dismissed. On the contrary, training programs and teaching applications in the classroom need to explicitly recognize this reality and manipulate the teaching practice to incorporate it. The impact on the students with LD can manifest itself in many ways, in many levels, but its existence cannot be argued (Margalit, Mioduser, Al-Yagon & Neuberger, 1997; Drame, 2002). While the influence on the academic side of school life can be partially attributed (Drame, 2002), the same can sometime be the case with social and emotional behavior and achievements (Margalit, Mioduser, Al-Yagon & Neuberger, 1997). Either way, the social environment's influence on the

construction and application of LD concept is great and should be taken into consideration in any discussion of the issue.

1.2. Laws and Regulations

As is the case with any issue, LD has been identified, recognized, categorized and classified according to the laws and regulations that govern it. Though the exact rules may differ from country to country (Gearin et al., 2022), they may share some similarities. Cortiella and Horowitz (2014) highlighted three federal laws that have passed over the years, in the USA, to support people with LD: Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA). Whilst the former law cements the constitutional rights of those with LD, the latter two aim to fight and eliminate discrimination against LD, and those who suffer from them. Another, more general, law that includes within it a section that specifically addresses the issue of LD is the Elementary and Secondary Education Act (ESEA); which states the clear needs for standards and academic measures' regulations throughout the education system, in order to correct and clearly identify those in need, and support them (Cortiella & Horowitz, 2014).

As stated above, the actual regulations and laws may differ according to the socio-cultural context of the education system; as is the case in Israel. The complexity of the diverse ethnic and religious population in Israel manifests itself in the education system, and highly influence the methodologies and actions that take place (Gumpel & Sharoni, 2007). They stressed the Special Education Law of 1988 (SEL) as a main proponent of the rights of those with LD, while Sandler-Loef, Strosberg and Naon (2003) also added a number of other acts and laws that aim to assist the disabled population, and minimize discrimination against it (for a more comprehensive list of acts and laws, refer to Sandler-Loef, Strosberg and Naon, 2003, p. 1-2). All these regulations are dynamic and reflect the changing

mood and perception of the entire Israeli population. This point is poignant, as it demonstrates the dynamic essence of this issue; one that continually attempt to suit the contextual reality, in which it resides.

1.3. Conceptual Characteristics of Learning Difficulties

Before the discussion can explore the scale of the issue, and its various definitions and interpretations, a brief discussion of its conceptuality should be conducted. Sleeter (2010) offered a provocative argument to the origins of the concept of LD, and stated that it has a "political purpose: to differentiate and protect white middle class children who were failing in school from lower class and minority children, during a time when schools were being called upon to raise standards for economic and military purposes. Rather than being a product of progress, the category was essentially conservative in that it helped schools continue to serve best those whom schools have always served best: the white middle and upper-middle class" (p. 212).

Rather than recognize this group of children in need of extra help, Sleeter (2010) argued that it was essentially a socio-cultural driven paradigm that aimed to serve those in power. She continues to explain the reality of this categorization as a rank-order based classification that is being compared to a statistically manufactured average; and that without this average there will be no special needs.

A conceptualization of LD as a mechanism that was originated to combat political and social movements against the white middle class American society needs to be understood in context; socio-cultural context. Added to the attempts to regather power after WWII, standards were raised, and along with them came bigger learning difficulties to the children` though while the difficulties among minority students were accepted as normal, rose a need to explain the struggles of white

kids, which paved the way to the creation of LD (Sleeter, 2010). Dudley-Marling (2004) argued that "Schools are among the institutions we have created to serve our needs, and, as schools are human creations, there is nothing natural about the institution of schooling nor the ways that schools are organized" (p. 483). In other words, schools were made to serve the purpose that the social power demands, and therefore catered to the concept of LD.

The emphasis of this argument is on the socio-cultural context, in which the construction of LD is made; a society that celebrates individuality and uniqueness. An individual society, by default accentuates the differences, and views them as points of power; though this power must be recognized for the outside influences that shape it. Just as any individual identity differs from one another, LD needs to follow similar conceptual path; thus, "The construction of LD, like any identity, depends on the complex interaction of people, places, and activities" (Dudley-Marling, 2004, p. 485). Despite the changes in the modern recognition of what constitutes LD, and the shift towards a less racial divide of special needs classifications, in the USA at least, the concept of LD is still rooted in a deficit theoretical philosophy (Dudley-Marling, 2004; Sleeter, 2010). Rather than view the system as a factor that helps create these adversities for modern children, and attempt to modify it, in order to eliminate the issues from arising, the society accepts the LD as a given reality that cannot be changed; only fixed. Furthermore, this reality is based on a statistical average that is governed by a power-led social hierarchical paradigm.

Notwithstanding the above statement, statistical data from around the world may point at a different picture regarding the scale of the issue. Due to better understanding of the scale of the issue in the USA, and an ever changing modification of the diagnosis of LD, recent research has shown a drop in the number of children with LD; a drop of about 12.9% (Cortiella & Horowitz, 2014). In their research, however, Cortiella & Horowitz (2014) acknowledge that

variations among states in the country, as well as the self-identification aspect of LD, as factors that have contributed to the drop in numbers; and warn against complacency and acceptance. Instead, the regulations need to ensure that the issue does not become an accepted normality, and that all children with disabilities are catered for and helped. Furthermore, LD has been recognized as an ever present disability that continues into the adult life, and that can visibly handicap individuals in the education arena; as well as generally in life (Sandler-Loef, Strosberg and Naon, 2003; Gumpel & Sharoni, 2007; Cortiella & Horowitz, 2014).

Similar data can be witnessed in many countries in the western world; however, the paper also deals with the current state of the issue in Israel. In their research, People with disabilities in Israel: Facts and figures, Sandler-Loef, Strosberg and Naon (2003) found that approximately 7.7% of all children in the country suffer from some sort of disability, out of which 4% suffer from LD. Though there is no exact figure of the scale of the issue among the adult population, data from other countries suggest that about 10% of adults suffer from one or more disabilities (Sandler-Loef, Strosberg & Naon, 2003). This information can attest to the longevity of LD, and its potential impact on the individual's life in school and the public life. According to statistical data, there were little under 2 million individuals in all education level in Israel who were categorized as suffering from LD; though there was an acknowledgement of the lack of access to some information regarding specific population groups (Gumpel & Sharoni, 2007).

One key aspect of LD, as evident in many western countries, is the population characteristics of those with LD. While the heterogeneous nature of the population can be seen in the plethora of different personalities, a clear slant towards the minority populations can be seen in the USA and in Israel (Sandler-Loef, Strosberg & Naon, 2003; Gumpel & Sharoni, 2007; Cortiella & Horowitz, 2014). The disproportionate representation of minority students among those with LD

can be an endemic reflection of a discriminated society that deals with the reality of different groups according to different standards. Whereas, Black and Hispanic students are overrepresented in many states across America (Cortiella & Horowitz, 2014), similar trends are evident in Israel, where Arabs and other immigrants have higher proportion of LD than their Jewish counterparts (Sandler-Loef, Strosberg & Naon, 2003). Another characteristic of these populations is their low socio-economic status (SES), which can be correlated positively to the disproportionate numbers of LD among these groups (Sandler-Loef, Strosberg & Naon, 2003). While inequity and inequality remain a constant reality in modern western societies, this skewed statistic will remain.

Another, perhaps even bigger, issue that characterizes those with LD is the comorbidity of this disability. The literature has had an agreement regarding the comorbidity of LD with a variety of other mental, emotional, behavioral, psychological and physical disabilities (Lyon et. al, 2001; Sandler-Loef, Strosberg & Naon, 2003; Cortiella & Horowitz, 2014; APA, 2013). While the disabilities that are frequently co-exist with LD will be discussed later in the paper, it is important to note their existence in a discussion of the characteristics of LD sufferers; as they may shape the social and public perception about these people. While some characteristics can be clearly associated and attributed to LD, others may be the product of a variety of potential other disabilities and illnesses (Hammill, Leigh, McNutt & Larsen, 1987; Lyon et. al, 2001; Cortiella & Horowitz, 2014; APA, 2013). Therefore, any discussion cannot overlook the complexity of the issue, and the mutual influences of a number of potential factors at the perception of LD. The discussion will delve a bit deeper into the external and internal factors that shape LD, as well as to the comorbidity of LD with other disabilities later; but before we do so, we need to touch on the definition of LD; historically and current.

1.4. Definition of Learning Disability

The term "learning disability" has developed and gone through changes over the years. In 1981 a group of organizations has come together to discuss the reality of the term that has been in use, and tried to come up with a more accurate and encompassing definition for LD, and those who live with it (Hammill, Leigh, McNutt & Larsen, 1987). In this series of discussions an agreement on the misuse of the term children has been reached, as well as an agreement on the need to refresh the definition. The main aspect referred to the intrinsic nature of LD, which influence, and being influenced, by environmental and other external factors. This agreed approach can help point the finger on the main features of the issue, while at the same time explain some of its characteristics.

The stages in development of the term express a trend of transition from considering learning disabilities as related to the field of medicine, to considering them as more related to fields of psychology and education. The observation in appearance of psychological side effects following organic events, such as brain damage, has led to the foundation of medical approach for learning disabilities. The therapeutic work stemming from this approach was characterized by diagnosis and treating neurological symptoms. However, overtime, without a confirmation of included influences of neurological treatments, the focus started to swing from the medical field to the educational psychological field (Sharoni, 1990). Kirk proposed the term "learning disabilities" to describe children suffering from disorders in fields of language, speech and writing – skills of social communication (Hubbard, 1990).

With the rise in attention to, and acceptance of, the prevalence of LD among many children, and adults, a new approach has been in need. While the traditional definition has been "…synonymous with the concept of unexpected underachievement - specifically, students who do not listen, speak, read, write, or develop mathematics skills commensurate with their potential, even though there

has been adequate opportunity to learn" (Lyon et. al, 2001, p. 261). They, did however, agreed with the federal definition and recognized four basic elements that are common across all the different definitions: the heterogeneity of LD, its intrinsic nature, the exclusion of cultural, educational, environmental, and economic factors, or other disabilities as causes, and the discrepancy between learning potential and academic performance (Lyon et. al, 2001). These four tenets describe a clear understanding of the complexity of the term, and its multi-faceted aspects, which should all be recognized as influencing factors. Rather than focus, or assume, that a certain aspect dictates the direction and severity of LD, a new realization that the disability is a culmination of many factors has been proposed.

Currently, the definition accepted in the United States is the one from 2007 of the ICLD (Interagency Committee on Learning Disabilities): "learning disability is a general term related to heterogenic group of disorders expressed by significant difficulties in acquiring and use of listening, speech ,reading, writing, logical thinking, mathematical skills or social skills. These disorders are internal for an individual and assumed to be stemming from the nervous system dysfunction. Although learning disability can occur simultaneously with other restrictive conditions (sensory damage, mental retardation, emotion and social disorder), or environmental influences (cultural differences, insufficient or inadequate teaching and psychological factors), and especially with Attention Deficit Disorder (ADD), that can cause learning difficulties, learning disability is not a direct result of these conditions and influences".

Additional definition for learning disabilities is given in the DSM (the psychiatric diagnosis book): "Learning disability is a neuro-developmental disorder which has biological basis and cognitive implications. The biological background is expressed in interaction between genetic and environmental factors influencing capability of the brain to function efficiently and precisely in cognitive activities,

such as perception, process of verbal and non-verbal information. This is a continuous disorder damaging learning functions such as reading, reading comprehension, writing expression, spelling, arithmetic calculations and mathematic logic and is expressed in various levels of severity (severe, medium and mild)" (APA, 2013).

The definition of the Israeli Ministry of Education of the term "learning disability" has undergone changes over the years as well. The last definition published in the Special CEO Circular Sep. 4th, 2006: "Pupils with learning disabilities reveal specific disorders in acquiring basic learning skills (reading, writing and arithmetic) and use thereof, due to disruption in cognitive processes which assumed basis being neurological. Their intellectual ability is average and above, however, some of them function at a lower level. They reveal different difficulties in cognitive function, such as the functions of language and thinking, perception, orientation in space and time, memory, attention, motor function, perceptional-movement coordination, organizing, etc."

In a report for the Knesset Research and Innovation Center, a learning disability was described as "a chronic neurodevelopmental disorder that affects the brain's ability to function efficiently and accurately during cognitive activities" (Avgar, 2018).

Gumpel and Sharoni (2007) acknowledged that the definition requires "…a substantial discrepancy between academic performance and intellectual abilities as measured by (1) a criterion-referenced achievement performance test and (2) a norm-referenced intelligence test" (p. 206); and that the ministry has capped the number of students with LD in a normative classroom to not exceeding 10% of the entire class.

The problem with a strict empirical data analysis, as is the case in the over reliance on assessments and exams, is the potential to discard external factors that may

play a vital role in the process. Lyon et al. (2001) concurred that at the core of this new approach to defining LD stands the desire to attempt to prevent LD from occurring, rather than remedy and fix the disability once it had affected the individual. While this approach is commendable and optimal, the reality does not always allow it to take place. In other words, in many cases the issue has already been present, before the issue has been recognized and dealt with. For that reason, there is a need for a definition that enables a direct and effective remedial action. Dudley-Marling (2004) asserted that in our individualistic society, social constructivism approach can be used to explain a possible remedial action, which acknowledges the many aspects that construct the student's social identity, as presented in his/her struggles. It is through a holistic and ecological perception of the individual and the issue, each on its own, and as a bi-directional force, that effective help can be planned and executed.

1.5. Diagnosis of Learning Disability

Learning disabilities are classified in accordance with the variations in academic skills displayed by the children. Fletcher et al., (2019) identified five major prototypes of learning disabilities. These disabilities can affect reading comprehension, written expression, word recognition and spelling, problem-solving, and mathematics computations. Thus, children diagnosed with learning disabilities usually display atypical development and underachievement in one or more areas (Fletcher, Lyon, Fuchs, & Barnes, 2019).

Once a clear, and agreed, definition of learning disabilities has been achieved, there is a need to develop a system for diagnosis; and a subsequent response. Quite often, pupils with learning disabilities have problems in adapting to a condition obligating flexibility in responses. According to the CEO Circular 2006, learning disabilities will be defined as such when two conditions exist:

1. A gap of at least two years was diagnosed between study achievements of a pupil and the expected achievements according to their chronological age and their class level.

2. A significant gap was diagnosed between the study achievements of a pupil and their intellectual capabilities as measured by objective tests.

The differential diagnosis regarding existence of learning disabilities is done by a specialist educational psychologist. Didactic tests are done as a complement to the psychological diagnosis by a teacher or a professional who has specialized in the field (CEO Circular 64/4, 2004).

As well as an expert evaluation, normally carried out by a psychologist, there are a number of battery assessments that join together to diagnose the child with LD (Gumpel & Sharoni, 2007). This affords the diagnosis procedure to amalgamate statistical information, as gathered through the tests, and professional personal evaluation of the individual; which offer a more comprehensive picture of the disability. Similarly, in the USA a number of different tests and assessments are used to try and diagnose LD; ideally at an early age, and with the help of technological advancements (Lyon et. al, 2001; Sleeter, 2010). The key aspect in the diagnostic procedures, which is emphasized in all societies, is the early intervention and assistance; preferably before the disability's onset, or at least at an early stage of it. As mentioned before, the sooner the disability is found, and dealt with, the likelier its negative impact on the individual will be. On the other hand, if LD is going undiagnosed and untreated, its negative influence on the individual's life can be magnified.

Once an understanding of the fast actions needed has been accomplished, it is time to deal with the nature of the diagnosis. In other words, whose responsibility it is to diagnose LD. While the traditional paradigm relied on a professional opinion of an outside expert, in their extensive survey in 2012, Cortiella and Horowitz

(2014) found that "…62 percent [of people] say diagnosing a learning disability is a joint effort between the child's pediatrician, parent/caregiver, teacher and school administrator. Learning disabilities are thought to be diagnosed in early schooling…" (p. 7). From the findings of their survey we can see that while some assumptions can still linger incorrectly among the general public (i.e. LD is correlated with IQ, corrective eyewear can treat certain learning disabilities, dysfunctional family cause LD, etc.), there is a growing realization of the need to address the issue; and more attention to the early intervention needed. A striking finding that demonstrates the paradox of the current state of affairs highlighted that "…83 percent [of people] say that early intervention can help, but over half incorrectly cite medication and mental health counseling as treatments" (Cortiella & Horowitz, 2014, p. 8).

Recent advancements in educational neuroscience highlight the importance of understanding brain processes during learning. Neuroimaging reveals that different cognitive tasks activate overlapping neural circuits, providing insights into the mechanisms underlying learning difficulties. This interdisciplinary approach promotes collaboration between educators and neuroscientists, enhancing diagnostic accuracy and informing targeted interventions. By integrating neuroscience findings, educators can tailor strategies to individual neural profiles, improving support for students with learning difficulties and fostering a more effective and inclusive learning environment (Gkintoni & Dimakos, 2022).

1.6. Comorbidity of Disabilities

One of the main issues that compromise the ability to accurately and effectively diagnose, and subsequently deal with, LD is its comorbidity with various other disabilities. According to APA (2013) LD is commonly co-existed with many different disorders; though the main culprits are behavioral, social and emotional

disabilities. The nature of LD, and its centrality to a students' social, emotional and behavioral life, can perhaps shed a light on the reason for this reality to manifest itself. While the discussion of external and internal factors that comprise and/or associated with LD will be carried out shortly, the emphasis here is on the complexity of LD's co-existence with other disabilities. Due to its intrinsic onset, some of the internal mechanisms that are dysfunctional may impact other facets of the individual; and lead to the rise of other disabilities.

The central role of genetics cannot be overstated, though it is just as important to recognize the interplay of these factors with social external factors. Plomin and Kovas (2005) stressed that "…the same genes affect learning disabilities and abilities; this implies that learning disabilities are the quantitative extreme of the same genetic influences that contribute to the normal range of variation in learning abilities" (p. 592). The main point here is the genetic similarities between abilities and disabilities, which means that the diagnosis process might be harder to accomplish. Another aspect in their review of genetic influences on LD, is the findings of generalist genes that are in action in learning abilities, as well as learning disabilities, which are heritable (Plomin & Kovas, 2005). This means that these genes are hereditary, and therefore identification of them in an individual mat help tracking them down among their children. While recognition and acknowledgement of the environmental factors must be also taken into account, genetic mapping of potential LD can aid prevention; rather than remedial treatment.

The problem with comorbidity is the murky water of assessment and remedial procedures that are decided and acted upon; whether they aim to deal with the LD or the other disabilities. Either way, it is important to acknowledge their comorbidity, and mutual influence on one another, which may act as an instigating force in dealing with all the individual's disabilities. Seidman et al. (2001) affirmed that the neuropsychological dysfunction that exists in LD can also be

evident in individuals with ADHD, as they operate from similar starting points and utilize similar paths and mechanisms in the brain. Whether the origin of these disabilities is identical or not, their physiological influence on the individual's ability to function to a normative standard is jeopardized; regardless of the fact each may have independent genetic influence (Seidman et. al, 2001). Seidman et al. (2001) raised another pertinent issue, which is the higher prevalence of severe executive deficits among comorbid individuals; which refers to the higher risk they may found themselves under to struggle in life in general, and in school settings in specific.

In addition, recent studies indicate that children with specific learning disorders (SLD) frequently experience higher rates of anxiety and depression compared to their peers without specific learning disorders. This comorbidity intensifies the challenges faced by these children, adversely affecting their academic performance and overall well-being. For instance, Visser et al. (2020) highlighted that children with SLD commonly exhibit comorbid psychiatric disorders, with anxiety and depression being particularly prevalent. Chieffo et al., (2023) found that approximately 21% of children with SLD have anxiety disorders and 28% have depressive disorders.

One of the issues that exist when trying to assess the comorbidity of LD and behavioral, cognitive and psychological deficiencies is their close relationship; which may interfere with the correct diagnosis. In many case the child with LD may have high intelligence, or even be gifted, while at the same time still possess certain learning disabilities; in which case "… a gifted child is very likely to activate a developmental compensation mechanism, namely – high cognitive abilities will help to hide the disability" (David, 2011, para. 2). The problem is the diagnosis may miss these children or misinterpret their abilities and qualities; which may have profound effect on the individual, and his/her social network. Not only that that individual may not receive the appropriate treatment and

teaching, he/she may instigate a cycle of negative perception of self and society (David, 2011). Ultimately, the internal mechanisms that operate within the child (intelligence, cognitive dysfunction, etc.) interact with the external environment; which together create the child's reality.

Learning disabilities are internally rooted, thus combine the physiological, psychological, social, emotional and mental components of the individual to elicit some dysfunction. In other words, in many cases there can be psychological, social and/or physiological links between LD and other disabilities (Miguel, Forness & Kavale, 1996; Burd, Freeman, Klug & Kerbeshian, 2005). While, in their research about the relationship between Tourette syndrome and learning disabilities, Burd, Freeman, Klug and Kerbeshian (2005) found genetic relationship between the two disabilities, ADHD was the most central comorbid factor. Notwithstanding this specific aspect, the research has demonstrated the semblance of LD and other physiological disorders. In other words, the cognitive and brain mechanisms that influence LD were shown to have the potential to influence and/or correlate to other disabilities (Burd, Freeman, Klug & Kerbeshian, 2005).

While genetics and LD can be seen as related to one another, the predominant comorbid area of disabilities is more closely related to psychological, social and behavioral problems. Miguel, Forness and Kavale (1996) asserted that "…there seems to be considerable evidence of emotional or behavioral difficulties in the population of children and adolescents with learning disabilities" (para. 9). Ultimately these disabilities manifest primarily in social, emotional and psychological ways; and therefore, can be correlated to one another. A child that exhibits LD may also possess other deficiencies, which may appear in dysfunctional behavior and/or emotional and psychological state. While ADHD has attracted the most attention, other psychological disabilities, like depression, have also been found to co-exist with LD disabilities (Miguel, Forness & Kavale,

1996; Burd, Freeman, Klug & Kerbeshian, 2005). It is important to note that these behavioral, emotional, psychological and social disabilities are commonly evident among those with LD, as their impact might materialize alongside and in tandem with LD (APA, 2013).

While recognizing the role of genetics in the comorbidity of LD and other disabilities, the behavioral, emotional and psychological aspects of these disabilities are more easily recognized. The disorders are accompanied, mostly, by emotional difficulties due to recurrent failures leading to development of low self-image, decline in learning motivation and anxieties; however, not all the phenomena appear at the same time. The main source of their difficulty is not a disability, a low mental level, preliminary emotional problems or environmental influences, such as cultural differences and faulty or inadequate teaching, however, these difficulties can appear simultaneously with the learning disabilities (Ben-Zion, 1996). It is their manifestation in the society that is ultimately noticeable; which cannot be separated from the social and environmental influences.

1.7. Social Perception and Attitudes

Regardless of the scale, in which the child communicates the LD to the society around, some basic and overriding perceptions and attitudes exist. These perception and attitudes can be broken into two main domains: internal and external. In other words, the attitudes and perceptions can be self-made, by the individual with the LD; or be the product of societal processes and forces, which is carried out by the general public and the people who interact and have a close relationship with the individual. Either way, these perceptions and attitudes cannot be overlooked, as they highly influence the actual way of life of the individual, as well as the construction of a personal identity; which is the

mechanisms that interacts with the world (Cohen, Rot & York, 2008; Shifrer, 2016).

1.7.1. Societal

Societal attitudes refer to the extent, and the manner, in which the society around deals with and approaches the individual. Cortiella and Horowitz (2014) found in their survey that "…there remains widespread confusion and misinformation about the nature and impact of LD. Lack of accurate information about LD increases the risk of stigmatization as well as the possibility of lowered expectations and missed opportunities in school, the workplace and the community" (p. 7). This unfortunate reality is not reserved to the USA and can be seen in other western countries around the world (Cohen, Rot & York, 2008; Shifrer, 2016). Beyond the negative reality that breeds negativity towards this population, it prevents them from access to the appropriate and relevant resources; which can moderate such attitudes. This is a major issue, as it emphasizes the double danger of misguided perceptions and mistaken attitudes. They create and feed negative reality.

Attitudes and perceptions do not always exist consciously and could be the result of undercurrent flows of stigma and stereotyping; which points to a discriminative dealing with those who are portrayed as disable (Shifrer, 2016). The issue of societal misguided attitudes can manifest itself on an individual level, but more importantly, and more pertinently, can also manifest itself systematically and on an organizational and institutional level. Cohen, Rot and York (2008) highlighted that in general terms, society tends to approach disabled people negatively; either as pathetic, in need of help, unable to contribute and other negative stigmas, which all lead to social isolation. The disabled population's lack of resources and abilities to directly modify, or change, such perceptions may only add to their growth.

One of the means, in which a society deals with disabled children is through prejudice and preconceived notion of the individual. Cohen, Rot and York (2008) stressed the problem with prejudice, as its manifestation can be seen "…when the individual identifies another individual as belonging to a category, he already has an initial idea of it, and he does not expect him to have a certain behavior" (p. 103). Rather than interact with the disabled individual, in accordance to the personal identity, these preconceived notions of disabilities can potentially become self-fulfilled prophecy; as the actions can be misinterpret as matching a mistaken identity. However, these prejudicial perceptions can be changed through engagement through contact with the disability, or learning about the disability (Cohen, Rot & York, 2008). The problem is that such moves are not always easy to perform, as the establishment of prejudice is a long and rooted process that is hard to change.

While societal perceptions and attitudes may govern the general public's dealings with LD, it is important to pay extra attention to their manifestations among teachers and those who are close to the children with LD. The first contact with LD in the school setting is done by the teacher. Which holds a great deal of importance, in regard to the recognition and treatment of students with LD. Drame (2002) found that teachers who identified LD among their students also had a "…tendency to view aggressive behavior and temperament-related behavior, such as distractibility or impulsivity, as disruptive to classroom management" (p. 48). In other words, there was a general misconception of the mandate co-existence of these two issues within the students. While, as mentioned before, the comorbidity of behavioral and academic issues is prevalent, one does not necessarily point to the other. It is this dangerous prejudice among many in the education system, and in the general public, that promotes such misconception.

Another research, conducted by Margalit, Mioduser, Al –Yagon and Neuberger (1997), attempted to decipher the consistency and change in teachers' and peers'

perception of learning-disabled students' social competence. This research compared between the perception at the beginning and at the end, to see if any change has occurred. While at the beginning of the year "…teachers viewed these children as demonstrating lower social skills and revealing more externalizing and internalizing difficulties. Peer perceptions indicated that the children were less accepted and more rejected in their classes than the comparison group", by the end of the year "Children with learning disorders were viewed by their teachers at the end of the year as demonstrating better learning achievements, less internalizing difficulties, and higher levels of social skills" (p. 235). The additional examination of the peers' perception is important, as children at that stage of their lives are highly influenced by their peers and social group.

Another issue that rose from the above researches is the correlation between the teachers' handling of the situations and the general societal forces. Shifrer (2016) concluded that "…designated youths' poorer outcomes appear to be at least partially attributable to stigma related to labeling" (p. 21). This conclusion is important, as it points to a larger issue that impacts the way teachers conduct themselves, both as individuals and as a profession; their actions symbolize an attitude of misconception and discrimination. Similarily, Margalit, Mioduser, Al –Yagon and Neuberger (1997) findings were used to attempt and develop a more comprehensive picture of the general societal trends; they stressed that interplay among the mental models that each party uses, and the way these models produce a discriminative and mistaken reality. The notion of mental model refers to matching individuals, events and experiences to mental representation of a preconceived reality. Understanding the web of relationships among the differing models can highlight potential conflicts, and deal with those before they escalate into a discriminatory lifestyle (Margalit, Mioduser, Al –Yagon & Neuberger, 1997).

While the teachers are the first point of contact in the education arena, peers and family play a central role in the development of the child's personal identity. Cortiella and Horowitz (2014) found that parents to children with LD, either those who were officially recognized (68%) and those who weren't (32%), were divided almost equally in regard to their attitude and feelings towards their ability to help their child: 35% were struggling, 31% had conflicting feelings and 34% had optimistic feelings. While these results point to a stalemate of perceptions and attitudes, other findings of the above survey highlight a different picture; a conflicting one. While "Almost all parents (96 percent) today agree that children can learn to compensate for a learning disability with proper instruction", at the same time, "…Many parents continue to ignore potential signs of trouble" (Cortiella & Horowitz, 2014, p. 9-10). The above statistics point to the confusion and uncertainty that exist within the field of LD; among teachers, parents, peers and the general public. This uncertainty, however, does not exist in a vacuum, but rather inevitably impact the individual child.

Recent research highlights that comprehensive awareness and education initiatives can significantly reduce stigma and misinformation associated with LD, leading to more supportive and inclusive environments. These campaigns help educate the general public, educators, and peers about the realities of LD, thereby fostering acceptance and better support for individuals affected by these disabilities (Kamran et al., 2023). By addressing misconceptions and promoting accurate information, such efforts can mitigate the negative impacts of societal attitudes and improve opportunities for those with LD.

1.7.2. Personal

Self-perception refers to the attitudes of the individual towards their innate ability to handle their LD, and succeed in their academic life, and in life in general;

academically, socially, emotionally and mentally. In their research, Hall, Spruill and Webster (2002) "…examined the interrelationship among resilience, stress, locus of control and need for achievement in college students with and without learning disabilities" (p. 84); and found that participants were able to realistically evaluate the situations they faced, in regard to their ability to control them. The findings also highlighted the high desire for academic achievements among LD students, which show that attitudes towards the self's ability to succeed can be highly motivational in the pursuit of success. These findings only serve to highlight the importance of a respectful and encouraging social environment to the success of those with LD. It is also important to note the impact these feeling and perception have on the development of personal identity and personal characteristics, as demonstrated in the close relationship between adolescents' construction of self-image and their interaction with the social environment (Cohen, Rot & York, 2008);

A recent study addresses the critical impact of self-efficacy on the academic and social outcomes of students with LD, emphasizing that higher self-efficacy beliefs are linked to better coping strategies, higher academic performance, and greater resilience (Binammar et al., 2023).

A comprehensive discussion of the topic will be carried out later in the paper.

1.8. Types of Learning Disabilities

As the above definitions of LD suggest, it is not an easy task to differentiate the specific types of the disability from one another. Despite this reservation, the paper will deal first with the three type of difficulties that are directly pertinent to execution of learning: Reading, Writing and Mathematics; or as they technically known as, Dyslexia, Dysgraphia and Dyscalculia (respectively). It will follow these with an elaborated discussion of attention deficiencies, perception

deficiencies, and deficiencies in processing information and memory. This discussion, thus, will dive into the multidimensional world of LD; which as discussed before, is constructed from a plethora of forces that interact with one another.

1.8.1. Dyslexia

Dyslexia, also known as Reading Disability, is associated with the individual's difficulty with reading (CDC, 2022). Dyslexia is characterized by an individual's, young or old, difficulty in acquiring age-compatible reading skills, slowness in reading, disruptions and difficulty in producing meaning of what is being read, and also in other stages in the future, in coping with long texts and understanding thereof (Shaywitz, 1996; Shaywitz and Shaywitz, 2005; Peterson & Pennington, 2012). As the definition suggests, dyslexia can be a complex disability that influences a variety of domains that are reading related. Furthermore, Shaywitz and Shaywitz (2005) and Peterson and Pennington (2012) stated that dyslexia is both familial and heritable, which increases the risk factor of children to a dyslexic parent between 23% and 65%. Whilst reading and speaking use similar methods and apparatus, there is a key distinction between them; "…speaking is natural, and reading is not. Reading is an invention and must be learned at a conscious level (Shaywitz, 1996, p. 99). Rather than use natural abilities, reading requires learning and mastering of certain skills; and lack of success can lead to difficulties.

These reading difficulties do not have to produce dyslexia, though considerable delay and deficiencies in language development can occasionally predict development of dyslexia. Therefore, it is important to acknowledge early troubles among young children and address them quickly. In order to do so, rose a need to establish a methodological theorem that breaks down the disability, and affords explanations and methods of operations. The multidimensional nature of the disability has brought with it a number of theoretical paradigms to explain and

understand the issue; among which are the phonological theory, the visual theory, the rapid auditory processing theory, the cerebellar theory and the magnocellular theory (Shaywitz & Shaywitz, 2005). As can be seen, in spite of the unified goal of deciphering the cause and manifestation of the issue, each theoretical paradigm attempts to achieve that from a different angle.

Some of the reading disabilities are caused due to difficulties in field of language, such as difficulty in phonological awareness (awareness of the basic sound units comprising the language), difficulty in naming and a difficulty in field of the sentence structure. The overarching model, which has been widely accepted as a strong and reputable framework, has been a phonological model; which "…recognizes that speech is natural and inherent, while reading is acquired and must be taught" (Shaywitz & Shaywitz, 2005, p. 1301). Shaywitz (1996) stressed that in order to properly understand the phonological model, one needs to first recognize the hierarchical nature of the language structure; which places the semantics, syntax and discourse at the top of the pyramid, while the phonological module deals with the basic foundation of the language. She argued that once the phonological module is understood for its vital and basic purpose, as "…dedicated to processing the distinctive sound elements that constitute language" (Shaywitz, 1996, p. 99), disruptions, or deficiencies, in this part of the process will inevitably lead to a break-down in reading ability.

The reading ability is negatively impacted by the individual struggles to put together the separate components of language and build a coherent word. Shaywitz (1996) explained that according to the phonological deficit hypothesis "…a circumscribed deficit in phonological processing impairs decoding, preventing word identification" (p. 100). In other words, the inability to recognize sound patterns, and use them to create words and sentences, the individual struggles to identify words, and subsequently comprehend syntax. Despite the consensus regarding the relevancy of the phonological model to understanding

and explaining dyslexia, Peterson and Pennington (2012) argued against the simplistic model, and contended that due to the early onset of the disability among some children, there are other factors that need to be taken into consideration. Relying on the conceptual reasoning of phonological processing, dyslexia can be better understood and dealt with.

Whilst dyslexia may be the most common, or well known, reading disability, other reading difficulties caused due to difficulty in processing of visual information, such as identifying differences in directions and distinction between shapes, etc. Shaywitz and Shaywitz (2005) were able to distinguish between two different types of dyslexia; one that is more genetically governed and one that is more influenced by environmental factors. Research has yielded similar results in the functioning and structures of the brain, and the mechanisms that are at work, which demonstrate the convolution of reading disabilities (Peterson & Pennington, 2012). Reading disabilities refer to difficulties with reading written language, though the struggle can be found in a number of points along the process of reading. While dyslexia focuses primarily on the phonological module of the language (Shaywitz, 1996; Shaywitz & Shaywitz, 2005; Peterson & Pennington, 2012), other potential complications may arise.

1.8.2. Dysgraphia

Dysgraphia, or writing disabilities, relates to difficulties with writing (CDC, 2022). Dysgraphia can be expressed in too much or too little pressure on the writing tool, in slowness in writing, in multiple spelling mistakes, in wrong phrasing of sentences, in avoiding writing or use of short answers to avoid multiple writing. The content level a pupil expresses in writing is often lower than the content level they express orally, due to investing efforts in the technical side of writing and distraction from the content. To some degree, these difficulties appear on a background of difficulties in gentle motor skills, (such as difficulty in

holding the pencil), difficulties in the lips, (such as difficulty in distinction between language sounds and difficulty in connecting a sound to a letter), difficulties in visual perception (such as difficulty in distinction between letters) and difficulty in coordination between eye and hand (David, 2010).

The notion of language as a unified modality that includes reading, writing and speech leads to an assumption of relationship among the separate modules. In their research of the neuropsychological mechanisms of phonological dyslexia and dysgraphia, Rapcsak et. al, (2009) examined a cohort who have brain damage, by measuring their written and reading abilities, as well as measurements to their brain structure. Their aim was to analyze the validity of theoretical paradigm that assume a neural connection among the different process. They found "…empirical support for shared-components models of written language processing, according to which the same central cognitive systems support both reading and spelling" (para. 1). These findings demonstrate the connectedness of the various modules of language in the brain, and support the phonological theorem, which was mentioned in the dyslexia studies. The importance of such understandings is the manner in which they can benefit the treatment of LD, as troubles in one area may lead, or be related, to troubles in other areas.

The issues some children experience in the development of their handwriting skills are numerous and change from one individual to another, though the question that some researchers have postulated is whether they all point at a deeper issue. Smits-Engelsman and Van Galen (1997) tried to decipher if difficulties and deficiencies in children's handwriting skills are "…the result of a malfunction of one of the postulated component processes of the psychomotor system" (p. 166). The psychomotor system is the module that govern the interaction between the nervous system and the muscular system; or in other words, the combination of conscious movement. They wanted to know if dysgraphia can be changed, or even eliminated, over time; and found

improvement in handwriting skills among the good writers and the poor writers over a one-year span. Despite the positive discoveries regarding improved writing skills, the researchers concluded that poor writers did not catch up with the good writers, due to poor muscular initiation; "… poor writers fail to obey spatial constraints, and their handwriting lacks consistency. Dysgraphic children showed more variability in size, resulting in spatial inaccuracy of the writing product" (p. 179). Though these findings demonstrated some improvement in abilities, they also highlighted the discrepancies between able and poor writers, which need to be considered in the education process with disgraphic children.

Dysgraphia can, and usually does, reveal itself at an early age, as it manifests itself with the creation of written language; which tends to take place around the time children begin their school journey. This understanding can lead to a conceptual reforming of dysgraphia as a developmental debility; or as Adi-Japha et.al (2007) stated, "…developmental dysgraphia can result from deficits in the domains involved, i.e., dyslexic (linguistic) dysgraphia and dysgraphia due to motor clumsiness, or from defect in understanding of space" (p. 701). The crux of the issue is the longevity and transform nature of the disability, which may start early, but linger deep into adulthood, if not treated. Adi-Japha et.al (2007) wanted to discover the underlying mechanisms that govern dysgraphia among normal children, and those with ADHD. Their findings suggested "… that, at least in part, spelling and writing problems in children with ADHD are associated with attentional problems, are nonlinguistic in nature, and, more specifically, reflect an impairment in the graphemic buffer and in kinematic motor production" (p. 707). In other words, they found a mutual mechanism related to dysgraphia and ADHD, which can explain, to some degree, the high prevalence of comorbidity between these disabilities.

1.8.3. Dyscalculia

Dyscalculia is a mathematics disability and is related to difficulties with math (CDC, 2022). While mathematics can be argued to refer to linguistically similar features, as it is built on the construction of numerical representations of ideas, it is a common concept that math can be hard to a lot of people. While mathematics disabilities, dyscalculia, can range in severity and scale among children and adults, coupled with the difficulty to assess accurately, has led to a situation, in which the exact prevalence of the issue cannot be fully determined, estimation throughout the USA, Europe and Israel "…suggest that 5% to 8% of school-age children exhibit some form [of dyscalculia]" (Geary, 2004, p. 5). Butterworth (2003) defined dyscalculia as the inability to acquire arithmetic skills; while at the same time acknowledged that there are many variations in the exact definition, as to the level of difficulty that is required to qualify a child as suffering from dyscalculia. The point that needs to be made in relation to mathematical competency is that while the general public tends to view these skills as different from linguistic abilities, research has suggested that they use and occupy similar mechanisms in the brain, thus are closely related to one another (Butterworth, 2003; Geary, 2004; Shalev, 2004).

These disabilities' similarity can explain the comorbidity of their existence among many children; to different levels and in different ways (Butterworth, 2003; Geary, 2004). This is not to say that a child with dyscalculia will automatically suffer from dyslexia and/or dysgraphia, but rather that the chances of that reality to occur are higher. Geary (2004) explained that the "…language systems are important for certain forms of information representation, as in articulating number words, and information manipulation in working memory, as during the act of counting" (p. 8); which can support the comorbidity notion of these disabilities. Shalev (2004) stressed that while all individuals are born with some capacity to understand and learn math, the majority of these skills are learnt; thus,

deficiencies in acquisition of these skills may point at deeper issues and disabilities. Furthermore, she acknowledged the paradoxical situation, in which assessment determines the children's academic skills, while "epidemiologic, neurobiological, and genetic evidence indicates that the underpinnings of learning disabilities are brain based…" (Shalev, 2004, p. 768). Dyscalculia, like the other forms of linguistic disabilities, can be seen in many children; though can be easily misdiagnosed; whether because of the assessment methods and/or the misconception of the disability, and/or the comorbidity of these disabilities with other forms of learning disabilities.

1.8.4. Deficiencies Influencing Sensory Input

According to Sharoni (2010), in order to understand the essence of various disabilities, we must first understand the individual's information processing of the environmental stimulation, as it is done through various cognitive processes. Stimulation comes from external environment to the various senses (especially, to senses of sight and hearing). The process of input, which is as well the perception process, is done through organs of the senses. In next stage, the processing stage, different mental activities are executed: automatic remembering – for short term, long term remembering, etc. From there, stimulation goes to the last stage – the output stage which is a stage that an individual express in some way, the processed stimulation (Sharoni, 1990). Following are fundamental deficiencies influencing sensory input and their processing in those with learning disabilities.

1.8.5. Attention deficiency

Attention process affects the input stage and the perceptic stage; thus attention deficiencies mean deficiencies in the ability to choose from all stimulations

activated upon an individual in a given time, stimulation relevant to a given situation, and to react to them (Sharoni, 1990, 2010). Sharan and Sharan (2006), maintain that one of the important capabilities an individual possesses is the capability to divert all insignificant stimulations from the field of relation. Without this capability one would be overflowed with multiple stimulations, which would bother disturb their mental tranquility. A child suffering from attention deficiency is given to continuous flood of stimulations, not always being able to reject them and ignore them. This may lead to the child being in chaos of stimulations, having no ability to sort them, put order and logic into them, locate what is important and unimportant and focus on relevant stimulations. Attention deficiencies are very common in all types of deficiencies: hearing, visual, sensory and motion, and they highly disrupt proper reception of contents from the environment (Sharan & Sharan, 1996).

Attention Deficit/Hyperactivity Disorder (ADHD) is the most common, or well known, type of attention disability. According to the APA (2013) definition of ADHD the disability can be characterized by "…a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development" (np). As the definition implies, ADHD can be highly problematic in daily life, especially for children who can be viewed as impatient individuals who continually attempt to discover new grounds. Furthermore, the fast pace of life, and ever-growing demands and requirements of modern life and modern education, can heightened the issue. While the disability can be traced to neurological origin (Millichap, 2008), its manifestation is predominantly behavioral (Adi-Japha et.al, 2007; APA, 2013). As a result, the prevalence of this disorder can be hard to measure; though estimations point at around 5% of the entire population (Millichap, 2008; David, 2011). Recent studies suggest that there is an association between low maternal vitamin D levels during pregnancy and an elevated risk for offspring ADHD (Sucksdorff et al., 2021).

Another issue that is important to note, with regard to ADHD, is its overlap with a plethora of other LD; which makes it extremely hard to assess and treat. While the disability's existence can be clearly visible, the cause and manifestation of it may not be as easy to pin down. Due to the disability's similar neurological origin and similar characteristics (i.e. heredity, genetics), as other LD, it is difficult to know exactly the prevalence and degree of severity (Seidman et.al, 2001; Millichap, 2008). David (2011) highlighted the difference between intelligence and neurological functioning; she acknowledged that "as a rule there is a high correlation between the attention and concentration span and intelligence or cognitive abilities. This fact is one of the main reasons it is hard for many educators and teachers to accept that a child with AD(H)D can be also gifted" (para 3). The point is that misconception about the different mechanisms that operate within the human brain, and their translation into abilities and personal capacities and characteristics, can cloud the reality; and potentially mistreat children with ADHD, whether through attitudes and prejudice or whether through inactions.

There are a number of main concerns with ADHD; the first is that the lack of attention and impulsive nature can be counterproductive to the acquisition of delicate and articulate motor skills and to the development of processes that are learning related. For example, Adi-Japha et.al. (2007) "…found that children with ADHD spent more time when writing, foremost when writing long words and due to their excessive corrections" (p. 706), which can perhaps be explained by the children's difficulty staying focused and on task; and the impact this may have on their production of written language. Whilst ADHD is agreed to be predominantly influenced by the physiological and psychological domains, it is important to recognize the environmental forces that operate in the process (Millichap, 2008; David, 2011). It is, however, important to acknowledge that environmental factors regarding ADHD are either more concerned with the predispositions of the

disorder, as created and influenced by the parents (Millichap, 2008), or by the parents', and/or social group's' actions in attempt to remedy the problem (David, 2011). Either way, ADHD can have big negative implications on the children's ability to acquire and master the basic linguistic skills and capacities required to learn (Seidman et.al, 2001; Adi-Japha et.al, 2007).

While the focus of our conversation thus far revolved around the physiological domain, as mentioned before, ADHD manifests behaviorally, which leads to our second main concern: disruptive behavior. ADHD is most known publically as a behavior disorder that interrupts the normal proceeding of school life. David (2011) recognized that "most learning disabilities influence mainly the child; AD(H)D has major implications on the education system in general, in addition to the suffering of those diagnosed with it" (para, 5). The larger, more general, scale of the disturbance can be explained by the presence of most children with ADHD in normal mainstream classes, in which continual agitations and fidgety experienced by the child may impact his/her peers, the teacher and the procession of the lesson (David, 2011). The problem that ADHD faces the education system with is great, as these children need the extra help, but at the same time may interfere with the procedures that aim to assist them.

One final note about ADHD that must be taken into account is the personal impact this disorder may place on the individual child. While the disruption to the rest of the class can be clearly seen, and may be damaging to some students, and teachers, the retort with which children with ADHD may have to live can be more damaging. David (2011) asserted that for a young child hearing "…you are "always disturbing others," or hearing that "you are not like everybody else in the kindergarten" is not only a traumatic experience, but also an experience whose future consequences are sometimes beyond the ability to perceive, and not always reversible" (para 5). The negative impact such utterances may have on the child's psyche, and indirectly on his/her behavior, can be far reached. If you constantly

hear of your negative traits, and their negative influence on the social environment, this may lead to the creation of a negative cycle of self-fulfilled prophecy; whereas the child behaves badly because of a predisposed disability, while at the same time behaves badly to satisfy the social expectations.

1.8.6. Perception deficiencies

Perception is a mental process through which an individual organizes and interpret the stimulations received from his external and internal environment through the senses. The senses receive a chain of stimulations from the environment, to which attention is directed. The perception combines all those stimulations into a new creation, which is not identical to the sum of all single stimulations that are combined of. Deficiencies in perception mean the stimulations in the environment, which have awakened activity of the senses, will not be reflected correctly in the human soul, and its perception will distort the external world to some degree (Sharan & Sharan, 1996).

The perceptic deficiencies include deficiencies in visual perception and deficiencies in auditory perception. Deficiencies in visual perception include inaccuracy in distinction between objects in field of vision, inability to track objects and symbols through coordinated eye movements, inability to distinguish visually between shapes and symbols in the environment, problems with visual memory, etc. Deficiency in auditory perception include inaccuracy in receiving and observing auditory stimulations, inaccuracy in choosing relevant auditory stimulations out of multiple stimulations, inability to identify continuation of auditory stimulations, problems with hearing memory, etc. (Amela, 1997).

An example of the vision deficiencies among disabled children can be found in the experiment carried out by Franklin et.al, (2008); in which they examined whether color perception is atypical in children with autism. Having conducted

two separate experiments of color perception, comparing children with autism and able peers, they found that "…children with autism were less accurate than typically developing children at detecting the differences between colors" (p. 19). While acknowledging the possibility of differences stemming from the visual components in the human eye, and their interpretation of the external cues, they also recognized that "…the difference arises from differences in the anatomical and functional organization of the brain in autism" (p. 20). The potential influence of higher order and deeper mechanisms, such as phonological processing can be explained as governing these mistaken perceptions.

As mentioned before, learning disabilities that are linguistically related are manufactured through the combination of written, read and verbal language; thus, difficulty in one, may influence the other areas. Understanding these relationships has led Boets, Wouters, Wieringen and Ghesquiere (2007) to assert that "research in the underlying neurological dysfunction of dyslexia suggests that the phonological problems may result from a more fundamental deficit in the basic perceptual mechanisms that are responsible for auditory temporal information processing" (p. 1609). In order to figure out the directions, and relationship, of the disabled child's processing mechanisms they investigated low-level auditory processing, speech perception and phonological ability in 5-year-old preschool subjects who did not yet receive any formal reading instruction. Their findings confirmed the reality that "… reading and writing is a complex multifaceted activity that involves a dynamic interplay of multiple sensory and cognitive-linguistic processes, moderated by various unspecified environmental or higher-order cognitive influences" (p. 1617); and that while auditory and speech perception difficulties may aggravate the phonological and literacy problem, it is unlikely that they would be at the basis of these problems. These findings contribute to the development of the issue through exploration and explanation of

the sensory factor in the disability while at the same time corroborating the theory of higher-level phonological deficiency as the root issue.

1.8.7. Deficiencies in processing information and memory

In the stage of information processing, various mental activities occur, amongst them: short-term memory, long-term memory and association for previous material, and strategies to process the received material are activated. The information arriving from the environment received and stored through the senses for a very short while. In this stage, the information undergoes change through medium processes in the short-term memory. Information that manages to be received in this memory and remains for a long time goes to the long-term memory and is pulled from there by the individual at time of need. The whole process requires very complex strategies for selective choosing of information, transferring the information into codes, retaining the codes in the system, systematic analysis of the material and use thereof. Children with learning disability can have difficulties in different stages in this complex process, for example: difficulty in storing the information, difficulty in organizing or difficulty in strategies for encoding the information.

Sharan and Sharan (2006) maintain that mostly, the main disruption in a person with learning disability is the active memory, enabling them to associate the new information with old information, meaning remembering old information at time of need and according to command of will. This difficulty greatly disturbs those with learning disability to understand social relations, which requires synthetic thinking that follows up on contacts between them and others for a long period of time (Sharan & Sharan, 1996). Similarity, Brady, Shankweiler and Mann (1983) conducted three experiments with third grade children to examine the speech perception and memory coding in relation to reading ability. Based on the three experiments' findings they concluded that "…the problems of poor readers,

evident on both the memory task and the perceptual task, arise at least in part from a common cause" (p. 365). In other words, while the sensory (visual and auditory) perception processing may contribute to the deficiencies, they could all be correlated to a problem with the memory; and the phonological mechanisms.

In another experiment, Alderson et.al. (2010) attempted to conclude the direction of forces that govern ADHD; whether working memory model influences and determines behavioral inhibition models of ADHD, or vice versa. Having assessed a number of children with ADHD and another group without, their findings revealed "…that large magnitude deficits in the central executive functioning of children with ADHD remain after accounting for behavioral inhibition deficits, and that deficits in behavioral inhibition may be secondary to more complex executive functions such as working memory" (p. 505). In other words, while ADHD is manifested behaviorally, according to these findings the root, or main culprit, of the disability is placed in working memory deficiency. The children's inability, or difficulty, decoding, maintaining and processing information in their working memory can have a major effect on their individual and social conduct and behavior.

Another research conducted by Van der Molen et. al. (2012) attempted to find out whether subjects' deficits were typical to the auditory modality or extended to the visual one; as well as whether sensory deficits are associated to higher-level information processing. They used a group of disabled men who performed below chance on the auditory task, thus it was taken out of the experiment; which meant that the deficiency could not be matched or measured; though they did acknowledge the discrepancies between the auditory and visual modalities, they could not determine the causation. However, they found imbalance among the disabled men, which impacted the association between sensory deficits and higher-level information processing; and asserted that "…this imbalance results in hypersensitivity to sensory stimulation, which in turn may compromise

efficient stimulus discrimination" (p. 124). Both these researches demonstrate the correlations between sensory difficulties and higher-level mechanisms; in a multitude of disabilities. As a result, it is important to understand the relationship and their directional force and the impact that these aspects may have on the children's disability and behavior.

1.9. Summary

Learning disabilities can manifest and materialize in a wide range of modes and modalities; in various levels of severity. On top of that, it is quite common to have a number of disabilities at once, though their severity and interaction may change among the individuals. While this paper elaborated on linguistic disabilities (dyslexia, dysgraphia and dyscalculia), attention deficiencies, perception deficiencies and deficiencies in processing information and memory, it acknowledges that this list is not inclusive of all disabilities. However, the paper does contend that these disabilities' impact the children's self-image and socialization greatly, as demonstrated individually in the discussion of each disability, as well as will be discussed in the analysis of the personal and social components of LD. Furthermore, as mentioned in this chapter, due to its heterogeneous nature, LD can be hard to deal with; for the individual child, his/her social environment (parents, teachers, peers) and the school system. For that reason, LD need to be recognized and dealt with ecologically and holistically, for all its various components and influences.

Recent research highlights the significant impact of assistive technology (AT) in enhancing the educational experiences of students with LD. Alanazi and Abdulkader (2024) demonstrates that assistive technologies are effective in improving reading and writing skills among students with LD, highlighting their role in fostering independence and academic success. Benavides-Varela et al., (2020) shows that digital-based interventions enhance mathematics achievement

in students with mathematical difficulties (MD) across all school levels. These interventions improve numerical performance and understanding equally well for primary school and preschool children.

In the next chapter, an expansion of the review of the literature has examined the factors that influence or are influenced by learning disabilities. These factors have been outlined in the next chapter and have been divided into extrinsic and intrinsic characteristics. In addition, the effect on the cognitive, behavioral and emotional aspects of learning disabilities have been reported.

Chapter 2: Extrinsic and Intrinsic Characteristics of Learning Disabilities

The second chapter deals with external and internal forces and delves into the social, emotional, psychological and mental aspects of learning disabilities. The idea behind this exploration is based on Bronfenbrenner's ecological systems theory that sees the individual as a complex and multifaceted personality, in which one aspect can influence and be influenced by other areas (Ryan, 2001). According to this theory, the internal processes act against and in tandem with external forces, at several levels, and together they all elicit a shared reality. The importance of establishing such a paradigm, in the context of learning disabilities, is that many of these children may be susceptible to outside influences, and thus manipulate their behavioral aspects accordingly; while at the same time, the opposite can be true, whereas the intrinsic difficulties will negatively impact the social environment's regard towards these children. Therefore, in order to investigate the impact of learning disabilities on the students' self-image and socialization skills, we need to first understand the complexity of the factors influencing learning disabilities. This chapter outlines the research conducted in the field and the findings relating to the factors interacting with learning disabilities.

When we are talking about the social, emotional, psychological and mental aspects of learning disabilities, we refer to the factors that interact with LD. In other words, we explore the factors who impact, and that are being impacted by, these disabilities. While the onset of LD may be physiological and biological, it does not exist in isolation; but is rather a dynamic process that is continually influenced and influence the other domains of the individual identity. Despite the name, learning disabilities, as shown previously in this paper, do not include only

linguistic deficiencies, and instead comprise of a multitude of difficulties that can impact the learning process. As such, it is paramount to acknowledge and take into account these factors, and their direction. Krisher and Shechtman (2014) asserted that "according to the multi-dimensional developmental model, there are mutual relations between individual and environmental characteristics that affect the academic functioning and adjustment of students with LD" (p. 125). With the understanding that an individual is the sum of all these domains in mind, we can highlight the different factors that are in play.

It is important to note, however, that these influences do not always exist in similar levels externally and internally, as well as across different individuals. Thus, the conversation will articulate their potential impact, and emphasize the manner, in which they can interplay with one another to create an idiosyncratic manifestation of LD. Furthermore, the impact has been found to be over-arching and spread into numerous domains in the students' life; academic, social and personal (Hall, Spruill & Webster, 2002; Krisher & Shechtman, 2014). While some research did not found direct relationship between LD and children's social skills, they did found relationship between social skills and behavioral and academic performances (Zach, Yazdi-Ugav & Zeev, 2016); which was shown to be correlated with LD, thus the interaction among the issues can never be discounted. Furthermore, developmental research indicates that effective mastery of social emotional competencies is related to other components in the child's environment (Zach, Yazdi-Ugav & Zeev, 2016, p. 379).

The chapter will begin with external and environmental factors that may be in play, touching on the separate domains; and will follow that with a discussion of the internal forces that compete within each individual. It will then explore the reality of the child with LD, as it translates into self-image and socialization abilities. The thread of this chapter will follow a similar pattern as the previous

chapter, in that it will examine the different factors in relation to the learning environment.

2.1. External Factors

External factors refer to the forces that influence, and being influenced, the individual child. Following the ecological theory, we can see how the children with LD can be susceptible to a multitude of external influences, at different levels (Ryan, 2001). Furthermore, the impact of these factors may vary, in accordance to the students' proximity to the influencing source, and the relationship between them. While the teacher, parents and peers may interact with the students with LD on a daily base, the regulations and institutional approach to these students do not necessarily pay close attention to each and every one. The main issue with exploration of these external factors reside in the segmentation of them into the different domains; as they frequently overlap and intertwine. With that in mind, we will endeavor to untangle the web of forces and influences, and explain the manner in which each impacts the children individual; as well as their combined impact. Generally speaking, physiological and cognitive domains are more concerned with the intrinsic mechanisms, whereas social and behavioral are more extrinsically shaped; while psychological and mental domains can be attributed to both spheres.

As mentioned before, one of the key aspects of LD is its manifestation as negative behavior and social abilities. Researches' findings that highlight the importance of social skills and social competency "…might explain why teachers place high importance on behavior and social skills" (Zach, Yazdi-Ugav & Zeev, 2016, p. 380). While teaching's ultimate goal is education of new information, the processes of teaching and learning cannot be separated from the social environment, in which it exists. The social aspect that relates to children with LD

can be broken into two main components: the outside environmental assistance and the internal capacity to be social (Krisher & Shechtman, 2014). At the same time, it is important to recognize the manner in which individual social skills are acted in, and responded to by the social environment. As mentioned previously, the first portion of our discussion will deal with the external world, thus the conversation about the individual's social competencies will be carried out later. For now, the focus will be on the way the children with LD act within their social environment, and the way the environment understands, react and interact with them.

A recurring theme in the professional literature is the theoretical framework that is used; one that observes the issue from a deficit perspective, while relying on the disability theory. At the core of the disability theory stand three main points: it is socially constructed, it is part of normal human variation, and it requires voice to deconstruct it (Denhart, 2008). The first point is most pertinent to our discussion at present, as it recognizes the social environment's influence on the construction of the concept, which is thereafter lived by the disabled child. Cohen, Rot and York (2008) defined stigma as "…a negative sign or trait attributed to the social image of an individual or group, which has a strong social power" (p. 103). The social perception of the individual, or the group, has great implications on the way the individuals can locate themselves in the society. Furthermore, this social construction is created, and maintained, by all people involved; those with LD and those without. In other words, even the children with LD comply with the social construction of their identity, due to inability or unwillingness to change it. In many cases the social power of the environment dictates the reality to those with LD, which may force them to obey the reality they were prescribed, if they want to join in the society (Cohen, Rot & York, 2008; Denhart, 2008; Krisher & Shechtman, 2014; Zach, Yazdi-Ugav & Zeev, 2016).

There is an agreement in the literature about the behavioral problems that students with LD may exhibit (Denhart, 2008; Krisher & Shechtman, 2014; Zach, Yazdi-Ugav & Zeev, 2016), though the question that needs to be asked is whether the factors that influence these negative behavior patterns are intrinsic and/or extrinsic. The answer is both. Social support from peers, parents, teachers and institutions can significantly reduce the chances of students with LD experiencing social, psychological, mental, emotional and academic difficulties (Krisher & Shechtman, 2014). The importance of fitting in exist across cultures and across societies, as it is a human basic need; though the ability to do so varies. Firstly, in order for students with LD to be able to fit in, the institution, or the system, need to be welcoming and willing. There needs to be mechanisms, strategies and policies in place to accommodate the students' special needs (Gumpel & Sharoni, 2007; Cortiella & Horowitz, 2014).

Children with learning disabilities were described as hyperactive, distracted and aggressive. They are less popular and rejected by their age group, less belong to the popular status and more to the rejected status. The social status of pupils with learning disabilities reflects not just perceptions of their age group, but rather as well of teachers – the amount of interaction of these pupils with their parents is high, however it is of low quality. It was found in papers (Bachra, 2006; Margalit, 2005) that as a population, children with learning disabilities have problems in social adaptation more than children who do not have disabilities. It was found that they experience more rejection by their age group, their teachers and their parents. They are less popular in society, they are at greater risk than children who do not have disability whose teachers and friends ignored them and their social initiatives, they are punished and disregarded more than the children who do not have disability. They are also different in the way they relate to the society and perceive it. They are described as more egocentric and lacking tact, and as not as good in perceiving the emotional state of others. Their interactions in class are

different and less desired, they express more statements which are inconsiderate to another.

Therefore, students with LD are required to make adjustments in order to fit in the school setting. Neeraja and Anuradha (2014) explored the numerous domains that children with LD may have to account for, in their attempts to adjust to the social environment; they stressed the importance to recognize the implication of academic struggles on their negative behavior, as well as the reality that these children may "…have trouble expressing their feelings, calming themselves down, and reading nonverbal cues, which can lead to difficulty in the classroom and with their peers" (p. 124). The important aspect of these realizations is that the difficulties these students may encounter has the potential to manifest itself in various ways; not necessarily in direct relationship with the trigger. While adjustment issues can appear as negative behavior in some children, they may have a negative mental and psychological impact on others. The key to all these possibilities is the recognition of external forces' influence on the creation of these potential harms.

The reality of the education system is that where many students with LD participate in normative classes, rather than under the governance of special education, which places even greater pressure on them to fit in. In her research of higher education students with LD, Denhart (2008) found that students with LD "…feared the stigma of the LD label would be worse than being seen as lazy or unmotivated even as they worked to the point of exhaustion and illness" (p. 493). The desire to match their peers can sometime overshadow their abilities, though without the social environment and institutions' help the struggles may only exacerbate. Denhart (2008) found that many students felt misunderstood, needed to work harder sought out strategies for success independently. Similar findings were gathered by Neeraja and Anuradha (2014), in their research in India. Thus, we can assume that notwithstanding cultural differences, students with LD may

face bigger obstacle in adjusting to the education system's requirements. While normal children already need to adapt and adjust to the rigorous demands of school, and learning, those with LD have the added struggle of potential lack of social understanding and support.

The need to adjust is ever present throughout life, as the situations and scenarios people may find themselves in continually changes. The matter is even more pertinent during adolescence, as the individual goes through dramatic internal changes, while at the same time being forced to adjust to the changing reality around. Adjustments can take many shapes and forms, and include many different facets of life (i.e. physical adjustment, emotional adjustment, educational adjustment and social adjustment) (Khanum, Noureen & Mushtaq, 2018), though as the child spends a big portion of his life in the school setting the emphasis of this discussion will revolve around the academic and social adjustments. To adjust requires a mutual effort from the host environment and the individual, or group, who wishes to fit in. the problems that many students with LD may face is in the breakdown between the two sides (Denhart, 2008; Krisher & Shechtman, 2014; Neeraja & Anuradha, 2014). Broken communication can have a negative effect on the success rate of these students' adjustment attempts, as they may produce a mistaken reality that hinders attempts to join the social group.

These potential pitfalls may arise as a result of academic demands, social expectations and/or a combination of a number of factors; external and internal. Khanum, Noureen and Mushtaq (2018) examined a group of 7-18 year-old students with LD in Pakistan, and discovered that "the relationships of learning disabilities' children become problematic which affect their behavior" (p. 1557). Their investigation of the adjustment attempts of students with LD has revealed that lack of abilities, and lack of social understanding of these facts, may produce unaccepted behavior. While the bad and disruptive behavior is condemned, it is important to analyze it in its social context. Sometimes the methodology of

teaching does not fit the preferred method of learning, for these students; as demonstrated by Heiman (2006) who stated that "…students with LD prefer oral explanations or visual learning methods, whereas students without LD use more written examples and prefer more written explanations" (p. 57). While it is hard to appease all the students' learning styles, it is nonetheless important to recognize the issue as a potential catalyst. While students without LD may struggle, or simply adapt and adjust their learning styles to the demands, those with LD may find that action to be extremely difficult. This, in turn, may lead to behavior problems and low social fit.

2.2. Internal Factors

Internal factors can be broken down to physiological, social, psychological, cognitive and emotional aspects; though this list may not be inclusive of all the issues and domains that may materialize in children with learning disabilities. Children with learning disabilities are considered to be at a greater risk for behavioral, social, and emotional difficulties (Williams et al., 2022).

It is important to stress again the large variety of manifestations of LD among the students' population. As stated in chapter one, the majority base of learning disabilities stems from biological and physiological components (Plomin & Kovas, 2005). The genetic make-up of the individual, as carried out through the family, has been shown to influence the onset of LD positively. Though they acknowledge the comorbidity of LD with a large variety of other disabilities, which might make it hard to isolate the exact reasons and forces that influence each aspect, Plomin and Kovas (2005) reviewed quantitative research on the matter of genetics, and discovered that "…the genes responsible for the high heritabilities of learning disabilities and abilities are largely general in their effects within and between learning disabilities and abilities" (p. 613). The presence and

influence of the individual's biological make-up must be accounted for, though other factors that interact with the physiology of the child cannot be discarded.

As mentioned above, the social aspect of students with LD has become a major issue and an obstacle in the integration of these students into the mainstream classes. While the opinions, attitudes and perceptions held by peers and teachers influence the manner in which students with LD behave, the resulting behavior is highly impacted by the individual child's social innate social abilities (Bryan, Burstein & Ergul, 2004; Neeraja & Anuradha, 2014; Zach, Yazdi-Ugav & Zeev, 2016). As the child matures, he/she go through developmental stages, in which their personal identity is formed and crystalized, and a multitude of new skills are acquired; cognitively, emotionally and socially. Social competence refers to the individual's ability to recognize, decipher, interpret and act upon social cues that he/she encounter in their social environment (Zach, Yazdi-Ugav & Zeev, 2016). The capacity to understand social cues, and act accordingly is a learnt one, which is based on a predisposed ability to learn. Children with LD may lack the initial ability, and/or struggle with the process of learning; though either way, the consensus is that they possess social inadequacies that may interfere with their social interactions in class, and in life.

Social skills have different definitions and different emphasis and components such as: ability to cooperate, ability to initiate in the social field, self-control, interpersonal relations of an individual, an individual's perception of the environment and their relationship with it, social acceptance, ability to express positive and negative emotions and develop relationship that benefit the individual, another and both at the same time, ability to perform social activities matching an individual's age and development. Gersham and Eliot (2007) proposed an attempt to define social skill broadly. This definition includes these main fields:

Interpersonal behaviors: social skills enabling an individual to cooperate with other people, their age group and adults, to accept authority and be attentive to the requests of another. This field requires conversation skills corresponding with the cultural environment of the people conversing.

Behaviors relating to self: skills enabling an individual to listen, to follow direction with an effort to perform optimally, to develop ability of independent work, to concentrate on the tasks and get them to completion.

When discussing the intrinsic nature of the social problems that LD students may face, it is important to understand the various ways they might manifest. Bryan, Burstein and Ergul (2004) explained that social difficulties may stem from problems in a number of areas: the social information processing, social cognition, communicative competence and/or social behavior. The issues can occur in one or more of the above manifestations. Social information processing refers to social perception and nonverbal perception, which deals with the ability to recognize and label social cues accurately. Social cognition refers to the ability to generate solutions to social dilemmas, which is crucial for children with LD as their ability to read "…their social environment may be the dominant factor that shapes their selection of responses" (Bryan, Burstein & Ergul, 2004, p. 47). Communicative competence refers to the individual's ability to appropriately and acceptably communicate language (both verbal and non-verbal) with the social environment. Social behavior refers to the way the individual behaves and conducts him/herself in social settings. All these aspects highlight the complexity of social competence that is lacking in many students with LD.

This complexity gets even more intricate when considering the different ways that social abilities interact with the other facets of the child's life. Being able to socialize properly relies on understanding social cues and acting upon them, in an accepted and respectful manner, adhering to the socio-cultural norms. However, social life does not exist in isolation, and have been shown to impact other

components in the child's environment; such as academic life, emotional state, psychological make-up etc. (Zach, Yazdi-Ugav & Zeev, 2016). The social information processing capacities, therefore, linger and spill into other arenas and domains in the child's life, and need to be taken into consideration. For the children with LD to adjust and adapt to their social environment they need assistance with learning and acquisition of these skills, thus interventions that specifically aim to target these skills should be implemented with these students; whether individually or in groups, in the school or the home setting (Bryan, Burstein & Ergul, 2004).

Learning disabilities might be accompanied with social depravities, behavioral disturbances, attention deficit disorder, feeling of depression, low self-image or dropping out of school. It is possible to look at social skills difficulties as combined of two central dimensions and influenced by different abilities of an individual: cognitive ability, personal characteristics and emotional and mental condition. The source of children's failure might be an outcome of absences in those abilities, and every difficulty or disorder in one of the components can disrupt the interpersonal connection process (Bramlet, 1994). An individual's perception of their social force has both cognitive and emotional components.

A social skill is a multi-dimensional term reflecting general social capability, composed of three main functioning fields: cognitive, behavioral and emotional fields. Each field is composed of specific sub-skills and capabilities characterizing the same field; hence, it is possible to understand that this term is multi-dimensional, and its complexity makes it difficult to give unequivocal definition that all researchers would accept. Some researchers emphasize the emotional aspect, others focus on the cognitive dimension and some focus on interpersonal interaction, which examine the behavior of an individual with a friend (Bramlet, 1994). Whereas the cognitive field may be characterized by problems with solving problems, the behavioral field may be reflected in difficulties regarding the ability

to create interaction, while in the emotional field the ability to express emotions or to feel empathy for another might be present.

2.3. The Cognitive Field

As the definition of learning disabilities above suggest, it deals with problems in the cognitive field, which relates to the cognitive capacity of the child to manipulate the cues around him/her to conduct and experience life. The cognitive difficulties of pupils with learning disabilities can be expressed in basic processes of concentration, conceptualization, judgement or inclusion and in various difficulties in the learning processes, such as learning depravity and need for greater number of repetitions in order to learn. The difficulties in acquiring social knowledge or in using social skills might be created as a result of the cognitive difficulties of children with special needs. Such children might misinterpret behaviors and social situations and react in a way that is inadequate to their chronological age (Margalit, 1991). Spivack, Plat and Shor (1976) maintained that cognitive process an individual performs, such as causative thinking, consequential thinking, solving problems and accepting a role, are necessary for efficient use of social skills. This claim insinuates that controlling cognitive skills can help diagnose a problem, include solutions, evaluate results and create the most suitable response for a specific situation.

The ability to solve social problems is a part of basic thinking processes. Many a research attributes the failure of children and adults with thinking problems to integrate in the community to an absence of social skills and difficulties in accepting responsibility and willingness to compromise (Gerber, 1987). Adolescents, who had difficulties in social adaptation, had as well difficulties in solving cognitive problems and had thinking depravity as opposed to a group of adolescents who revealed good adaptive behavior. Additional reason for difficulties in acquiring social skill is created following difficulties in the learning

processes (similar to learning difficulties). In order to acquire certain knowledge, pupils with learning disability require multiple repetitions, direct and clear orders, narrow sequence of tasks, that a single task should be given for execution at a time, rather than a sequence of tasks, individual training, immediate feedback and multiple frequent reinforcements. Similar to the difficulties in understanding theoretical material, it is possible to have difficulty in receiving social skills, their processing or execution.

Cognition refers to the ability to process the information that is gathered through the senses, and produce a coherent and established reality, with which he/she can interact. Children with LD may suffer from physiological and/or biological setbacks that can negatively impact their ability to perform these cognitive skills (Plomin & Kovas, 2005). Alternatively, these children may struggle with the learning of these skills, due to cognitive difficulties in the process of learning itself. While the manifestation of LD can be different, the lack of cognitive reasoning and capability to translate external environment's cues correctly, can have long lasting influence on the child; as the interaction with the outside world will be negatively impacted. Furthermore, cognitive problems might interfere with the children's ability to recognize their difficulties and attempt to fix them (Krisher & Shechtman, 2014; Neeraja & Anuradha, 2014). One of the main issues with cognitive problems is their invisibility, which means that they can potentially be overlooked.

2.4. The Behavioral Field

Behavioral problems, on the other hand, cannot be dismissed, as they directly impact the surrounding population. As behavior exist between people, children with LD who behave against the socio-cultural norms of their environment expose themselves to negative interaction patterns. Misbehaving patterns of socialization

are not reserved to children with LD, but were found to be more prevalent and more prominent among that population (Krisher & Shechtman, 2014; Neeraja & Anuradha, 2014; Khanum, Noureen & Mushtaq, 2018). The acceptance of this negative and disruptive reality demonstrates the potential tendency of the social environment to accept the struggles of children with LD as a realism that cannot be modified. Zach, Yazdi-Ugav and Zeev (2016) postulated that perhaps the bad behavior of children with LD be the result of the fact that "…most of their emotional and cognitive efforts are invested in activities required by the teachers in order to be well-integrated in the class, leaving social skills untreated" (p. 389). The efforts that are required from these students to fit in the class, both psychologically, emotionally and cognitively, may come on the expense of social and behavioral problematic approach.

2.5. **The Emotional Field**

Examining the connection between social skills, learning disabilities and improper functioning in the social-emotional field stemmed from the hypothesis that difficulties in acquiring learning skills might cause difficulties in acquiring social skills (Farmer, 1993; Little, 1992; Odom, 1996). The disability is expressed in a real gap between general ability of a child and the level expected from them according to their age and the actual level of a child's functioning (Guralnick, 1992). This field relates to problems in emotional regulation, such as emotional impedances, shyness, lack of confidence, emotional arousal and difficulty in self-control or showing aggression and violence. This field explains the difficulties of an individual in social interactions and distinguishes two main factors, stemming from absence in acquisition or execution of tasks:

   a. Absence in acquiring social skills can stem from inability of children to learn certain skills due to an emotional impedance (anxiety, fear, anger,

avoidance), or when emotional responses of children disturb them in acquiring the knowledge, required for adaptive and cooperative behavior.

b. Disability in performing skills is lack of performance capability, arising when knowledge for a desired skill exists, however, an individual cannot perform it due to an emotional problem or problem in self-control. Occasionally, lack of sufficient possibilities for social coping makes experiences in social skills with the age group difficult (Gresham, 1981). Additionally, behavior characterized by high level of aggression, non-acceptance of authority, violence, introverted behavior (withdrawal, shame, submission, and depression symptoms) might cause social-emotional difficulties and rejection of a child by their peers.

It was maintained that children with learning disability have difficulty in expressing a gesture, greeting, happiness and complements in social interaction. They speak with excessive hand movements, physically closer than what is common, and do not adapt themselves to the situation. Additionally, it was clear that difficulty in judging emotions of others will bring about emotions of anxiety, anger, frustration, social failure, stress, difficulty in social learning and avoidance causing negative emotions. Not all those with learning disability have problems in social adaptation, however, generally those problems are more common in this population than in any population (Margalit, 2000). An individual's disposition is an important component in their emotional world, and it affects and is affected by both fields discussed above. A high correlation was found between rejection by the age group and depressed disposition, when rejected children were found to be more concerned and anxious regarding their relations with others. It should be indicated that disposition and ability to cope with social situations are in a circular connection, both affecting and being affected by one another.

Social alienation and difficulties in social interactions can have an impact on the child's emotional state, while at the same time, a child's emotional state can

manifest in his/her conduct in society. Bryan, Burstein & Ergul (2004) acknowledged the discrepancy between the known and the presumed, in the area of social-emotional field; and stressed the need to recognize the interactions between these two domains, as their mutual influences are great. They concluded that "…affect and emotions, which are regulated by the nervous system, have been implicated as a cause and/or correlate in LD…" (p. 47). While the exact impact, and nature (i.e. positive or negative) of it may differ among individuals and across groups, it is agreed that the two domains are highly correlated. Furthermore, the emotional state of the child is a dynamic process that is changeable and modified in tandem with the social success. Children with LD who struggle socially might find themselves low on emotional confidence.

The fundamental issue with understanding social-emotional forces that operate and influence the manner, in which children with LD act, is it far reaching impact. Neeraja & Anuradha (2014) noted that "for all children, but especially those with learning disabilities, social and emotional skills are the most consistent indicators of success, outweighing everything else, including academic factors" (p. 124). While academic success can instigate or minimize the effect of these children's adjustment success, it is the combination, or the interaction of the social and emotional factors inside the child that hold the most power. As the child goes through the process of learning how to regulate his/her emotions, he/she encounter new social situations that require new social and emotional skills (Krisher & Shechtman, 2014; Neeraja & Anuradha, 2014). Failure to achieve these new learning goals might be wrongfully and dangerously translated into negative emotional state; which could bring about depression, stress, anxiety or other mental and emotional issues (Drame, 2002; Bryan, Burstein & Ergul, 2004; Krisher & Shechtman, 2014). Whatever the manifestation of the problem may be, it is important to approach problems that are exhibited by children with LD, with that understanding in mind.

As mentioned previously, the main component of the emotional field is the need for the children to learn how to self-regulate their emotions. Emotion regulation refers to the individual's ability to respond to the social environment with emotions that are socially acceptable and context-appropriate (Walcott & Landau, 2004). It is about the capacity to understand social cues, and act on these understandings, in a manner that is appropriate to the socio-cultural context. Fernandez-Berrocal, Alcaide, Extremera and Pizarro (2006) studied the relationship between emotional intelligence, anxiety and depression among 250 adolescents in Spain. They found that "…adolescents reporting higher ability to discriminate clearly among feelings and to regulate emotional states showed less anxiety and depression, independent of the effects of self-esteem and thought suppression" (p. 23). Their findings supported previous researches to emphasize the close relationship between emotional intelligence and children's ability to socialize. It is important to note, however, that while these findings represented a break-through in understanding adolescents' emotional state, they examined children without LD; therefore, a note of caution should be carried out.

Extending on the notion of emotional intelligence, or the mastery of emotion regulations, some researchers have tried to assess the subject among children with disabilities. Whilst ADHD may not be strictly a learning disability, its impact on the children's ability to lean cannot be overstated; thus, the information about the relationship between ADHD and emotional regulation is important and relevant. Walcott and Landau (2004) examined forty-nine boys between the ages of 6 and 11, with and without ADHD, in regard to their emotion regulation during frustrating peer competition. Based on their findings, they asserted that "…children with ADHD have deficits in behavioral inhibition, they also will have great difficulty restricting or keeping private their emotional reactions to evocative situations" (p. 778). These findings highlight the centrality of emotional regulation in the children's life; both socially and internally. Children with LD

who might find this skill difficult to master, will be at higher risk of struggling socially. Furthermore, the impact of this cascade of negative outcomes can also manifest and translate into negative perception of self.

2.6. Self-Concept

Self-concept is a somewhat abstract concept that is being used by many people, in many different situations, to explain complex personality traits. Khanum, Noureen and Mushtaq (2018) defined self-concept as "…the individuals own observation about themselves, it consists of personal thoughts about themselves, and cultural appreciation" (p. 1549). The key aspect that must be recognized in this context is the multi-facets that self-concept can be manifested. As the individual is a complex being that holds a number of domains and aspects in the personality, so does the manner in which he/she see themselves. The self-concept in the social domain might be different to the one articulated emotionally, or physiologically or academically. While the exact manner, or expression of each component may differ, there is a clear relationship among the separate components; as they all convey a singular identity. Furthermore, it is important to state that self-concept is structured around three basic parts: the perceptual, the conceptual and the attitudinal. Each aspect influence, and is being influenced, by the other two; though the manifestation, or establishment of each part is different.

While the self-concept is constructed from these three parts, it is also important to note the potential existence of an actual self and an ideal self. Perception refers to the notion, or opinion, of the self about his/her personality trait, as well as the perception of the environment towards the individual. This aspect of perception is vital to acknowledge, as it is the marriage of these two opposing perceptions that shape the innate self-concept. The perceptual part is, in other words, the physical representation of the self to the outside world (Khanum, Noureen & Mushtaq, 2018). The notion of concept refers to the translation and interpretation

of the self the personal experiences, abilities and characteristics; or in other words, the psychological make-up of the individual. Finally, the attitudinal part deals with the actualization and actions that the self-concept is being carried out in the real world. As mentioned above, these three components are interrelated and intertwined with one another, in the construction of the individual self-concept. Furthermore, there might be some differences between the desired self and the actual one. While children might be able to bridge these gaps, and unite the two separate selves into one, children with LD may struggle doing so.

Another aspect that is pertinent to the notion of self-concept is the variations among the different domains of life. While in the education context the emphasis is understandably on the academic self-concept, it is important to address the emotional, social and psychological aspects of self-concept. Notwithstanding this remark, studies have found that children with LD suffer from much lower academic self-concept than their peers (Bryan, Burstein & Ergul, 2004; Krisher & Shechtman, 2014; Khanum, Noureen & Mushtaq, 2018). This gap is expected, due to the nature of the environment, and the contextual emphasis on learning; which as expected is an area of difficulty for these children. However, as mentioned before, the academic struggles might have a negative impact on the construction of social, emotional and psychological self-concept. The children might view themselves as incompetent, or unable to match their peers in desired characteristics; which can lead to low concept of self and a negative attitude to match.

In elementary school, students are first exposed to standardized tests in class for which they receive grades, whose scale can be used as a frame of reference. A social comparison can then be made between the student's own performance and the performance of their class peers. These social comparisons become the basis for the development of the student's self-concepts. Other factors that influence the student's self-concept are the comparison of the student's performance to

his/her own previous performance, the student's comparison to a given standard of excellence or the response to the feedback provided to the student (Gorges, Neumann, Wild, Stranghöner, & Lütje-Klose, 2018).

A close and related concept to self-concept is self-efficacy. Personal and individual disposition affects the feeling of self-efficacy of an individual. This term reflects how an individual believes they have the strengths to achieve certain goals and reach certain standards. According to the self-efficacy theory (Bandura, 2010) the achievement of desired results by the individual relies on the manner, in which the individual influence the events that shape his/her life; whereas, "self-efficacy beliefs determine how people feel, think, motivate themselves and behave" (p. 1). From this definition we can see the immense sway self-efficacy might have on children's performance, and even more so, children who might be perceived as unable by the society around them. Bandura (2010) also highlighted four key sources of self-efficacy: individual mastery of skills and strategies through experience, mediated experiences provided by social models, social persuasion that people have what it takes to succeed, and the fourth source is the reduction of people's stress reactions and altering their negative emotional proclivities and misinterpretations of their physical states.

The students' self-efficacy has been related to their academic success at school. Having been recognized as the belief of academic self-efficacy, it can be described as the belief by the student in his/her ability to carry out the academic tasks that they are given (Yazıcı & Altun, 2013; in Girli, & Öztürk, 2017).

While the list of self-efficacy sources can hold different keys to unlock the children's potential low self-efficacy, it requires them to be able to understand and implement some skills and/or strategies to achieve that. In other words, children with LD may wish to improve their self-efficacy, without the tools to do so; whether it because of lack of social and environmental support, and whether it because lack of abilities (Krisher & Shechtman, 2014; Neeraja & Anuradha, 2014;

Khanum, Noureen & Mushtaq, 2018). Rejected children have low image of self-efficacy. This last statement, regarding the dual contribution of the self and the society in creating the self-efficacy, and self-concept, is important because it can help explain the unpleasant situation that can sometime take place; whereas these are differences between the sides' interpretation, understanding and action regarding the same notion. In other words, "while an accurate perception of social rejection is likely to produce sad, depressed feelings, deficits in social perception may help the child maintain positive feelings about the self (Bryan, Burstein & Ergul, 2004, p. 46). The point made here is irrelevant of the children's low academic self-concept, which only stresses the different mechanisms that are at work, in every aspect of these children's school life.

One hundred and nineteen students participated in a study conducted in Turkey which examined the academic self-efficacy and the self-concept of two groups of fifth, sixth, seventh and eighth grade students. The first group of students included 60 typically developing students who were compared with the second group of 59 students who had been diagnosed with specific learning disability. The study used the Metacognitive Awareness of Reading Strategies Inventory to examine the students' level of metacognitive reading strategy, while the Academic Self-efficacy Scale and the Piers-Harris Children's Self-concept Scale were used to assess the students' academic self-efficacy and their self-concept. The findings from the study showed that the students diagnosed with specific learning disability were significantly inadequate in their academic self-efficacy and self-concept, when compared to the typically developing students (Girli, & Öztürk, 2017).

One last point that must be made, regarding self-efficacy and self-concept, is related to the third part of the concept: the attitude; both that expressed by the society and that held by the individual. According to bandura's theory (2010) motivation can be highly impacted by self-efficacy, as "people who regard themselves as highly efficient attribute their failures to insufficient effort,

[whereas] those who regard themselves as ineffectual attribute their failures to low ability" (p. 4). This pattern can dangerously establish a negative cycle of deterioration in the children's self-efficacy, as lack of success can be translated into inability, which can lead to lack of effort and subsequent failure. The way that motivation and self-efficacy are interconnected can be seen in the goals individual set themselves, the amount of effort and time that are allocated to achieve them and the resilience in face of difficulties (Bandura, 2010). Both these concepts can be changed and altered, with time and experience, though it is imperative that the individual's mindset is positive.

On the other hand, motivation can be highly influential in its impact on the individual's self-efficacy. One of the ways that it is manifested is through locus of control. Neeraja and Anuradha (2014) explained the term 'locus of control' as a concept that "…refers to a person's perception of where rewards are derived in his or her environment" (p. 123). In other words, it refers to the individual's concept and belief regarding the forces that create and produce desired outcomes. When the individual believe that he/she positively bring about a favorable outcome, the intrinsic motivation rises, and with it the self-efficacy. Hall, Spruill and Webster (2002) examined the emotional resiliency, stress level, locus of control and need for achievement among 17 students with LD. Their results did not show differences in locus of control, between students with and without LD, which they explained as an indication for a realist approach to academic life. Conversely, the found that students with LD demonstrated significantly higher personal initiatives and need for achievement, than their peers; which can possibly be explained through the use of goal-directed approach among students with LD, as a protective mechanism. Another explanation can be attributed to the previous exposure to stress and difficulties among learning disabled students, which has led to coping mechanisms; as oppose to those who have not encountered such obstacles before.

2.7. Self-Image

One of the main components of the personal identity is the self-image. According to Fitts (1972; as mentioned in Cohen, Rot & York, 2008) self-image is defined "…as the total interaction between intra-personal and interpersonal factors…[whereas] it is a frame of reference through which the individual communicates with the world" (p. 105). Thus, self-image can be viewed as the picture of the individual that is presented to the environment around, and with which the individual interacts with what is around him/her. A very important aspect that was postulated by Cohen, Rot & York (2008) refers to the way self-image can impact the interaction of the individual with his/her social environment; they claimed that "in an attempt to explain the relationship between self-image and position, it is argued that one applies the negative attitudes towards self on others around him, and therefore a person with low self-image and attitudes will view those around similarly" (p. 106). The mirroring of negative attitudes and perception can easily reproduce itself if children with LD are not backed up and supported. Furthermore, the social environment's superior characteristics, as may be perceived by the children with LD and their peers, can enhance the gulf in self-image.

There is an assumption that self-image of a child with learning disability is usually low as compared with the general population, and that is due to a number of "objective" factors, amongst them: failure at school, the stigma of "being different", opposing reactions from society due to gaps between "normal" external appearance and different levels of ability and performance. Lack of harmony between ability fields of an individual, cognitive absences and social perception absences might as well sabotage the development of realistic self-image. Children with learning disabilities usually suffer from problems in field of studying, which causes low specific self-perception and therefore as well socially rejection and

isolation by their age group. These fields that are connected with each other lead to development of low self-image (Cohen, 2000).

One of the issues with self-image and children with LD is the assessment and diagnosis of potential gaps and risk factors; that is, there has not been a great deal of effort to attempt and examine the issue through the children's lens, giving rise to their voice. Thomas, Butler, Hare & Green (2011) acknowledged this discrepancy and attempted to provide a platform for these children to express their perception and reality of self-image. Relying and using the personal construct theory, they asked 59 adolescents in the United Kingdom to provide their constructs of self-image, and received 201 unique constructs over nine dimensions of self. One of the major findings of their research was that children with LD "…had low abilities compared to their same age peers but were not hindered in engaging in this study and sharing unique and often complex self-constructs, suggesting that cognitive developmental factors influence but do not determine self-image…" (p. 6). Furthermore, 47% of the participants recognized the potential for their self-image to be different from the one society has of them. Ultimately, the research demonstrated the implicit discrimination and prejudicial treatment students with LD may be exposed to.

Another research, which was conducted in the Netherlands, attempted to understand the relationship between achievement level and diagnostic label and sociometric status and self-image among children with learning disabilities, though the research classified these children into a specific learning disabilities (SLD) and general learning disabilities (GLD) groups (Bakker et. al, 2007). In the research 1300 primary school children participated. Their findings suggest that "…a relationship between performance level and diagnostic label and the perception of their relationship with classmates (the most important aspect of self-image)" (p. 58). An interesting finding relates to the differences in self-perception of social acceptance between the two disabled children; whereas the GLD group

demonstrated higher levels of self-worth that the SLD group. This can, perhaps be explained by the abstract labeling that the former group attach to themselves, as opposed to the defined and negatively associated label attached to the latter group. These results, as a whole, exemplify the power of label and self-image on the children's ability to interact and socialize successfully with their peers.

2.8. Education Systems

One of the key differentiations that need to be recognized is the education system that deals with students with LD and whether students with learning disabilities are part of the mainstream education or are referred to special education systems that have been created to accommodate students with learning disabilities.

Since the early 1980s, the U.S., Italy, Australia and New Zealand have been among the countries that have followed recommendations provided by international organizations and adopted a more inclusive approach to the education of students with learning difficulties. In the 1990s, Holland began making changes to its educational system to enable students with learning difficulties to be included in the general education. One of the drivers behind the move to inclusive education has been the increasing costs of accommodating students in the special education systems. The new policy for students with learning difficulties encouraged the integration of students from special education into the general education system through specially designed interventions. It also promoted the reduction in referrals to special education by providing professionals with expertise to students in general education (Bakker, Denessen, Bosman, Krijger, & Bouts, 2007).

In Germany, special educational support is provided for students with special educational needs in learning. These students that display performances that are lower than their peers without special educational needs in learning have been

accommodated in exclusive special schools or included in regular schools. In the exclusive special schools, the teachers have been trained to support the students' special education needs and all the students attending the school have special education needs. When the students with special educational needs in learning attend a regular school, they are designated part time special educational support that is provided by special education teachers that are part of the regular school system. The students can receive support in the regular class setting or in special small group settings depending on choices made at the federal state level or by the school itself. Students with special educational needs in learning, both in the exclusive special schools and in the regular schools have been assessed using individualized reports on their development in accordance with their individual learning goals, rather than according to formal grades (Gorges, Neumann, Wild, Stranghöner, & Lütje-Klose, 2018).

Changes in the educational system in Israel that have been occurring since 2002 have been brought about due to changes to the legislation and ministerial guidelines issued by the Israeli Ministry of Education. The goal of the changes has been to fully include children displaying learning disabilities within the system of general education (Gumpel & Sharoni, 2007). In Israel, among over 10% of children with disabilities, the most common disability was learning disability or ADHD (Barlev, Furstenberg, & Guedj, 2021).

During the 2017/2018 school year, a pilot program based on MeLakuyot Lelmida (From Disabilities to Learning), was implemented in schools in Israel. The intention was that this program for children with learning disabilities eventually will be implemented in all junior high schools in Israel (Avgar, 2018).

Over the years, Israel has dealt with the absorption of multiple waves of immigrants that have flowed into the country. Each group of immigrants has cultural and linguistic differences, which are often difficult to distinguish from underachievement and learning difficulties. The special education services in the

Israeli education system has been limited in its ability to ensure enough professionals proficient in the languages of the immigrants and familiar with the cultural peculiarities (Gumpel & Sharoni, 2007).

2.9. Summary

Findings of many researches indicate difficulties characterizing the social world of children with learning disability as compared with the peer group of those who do not have learning disability. These difficulties are expressed in low social acceptance, low self-efficacy, rejection and belonging to a low social status. The social difficulties are expressed not only by the evaluation of the peer group, but rather as well in the evaluation of teachers. This group of pupils as a group is unique in its social behavior difficulties.

In contrast, other studies, although lesser in number, report that children with learning disabilities are not distinct from the age group who are not disabled in social-emotional difficulties. The research literature reveals that social capability of children with learning disability is lower than their normal peers. Their faulty functioning in social interactions stems from their difficulties in the cognitive, emotional and behavioral field, causes low social status, rejection and social isolation. They might reveal difficulties in perception, in understanding and in judgement of social situations, including verbal and non-verbal messages, including emotional and non-verbal messages. These difficulties which cause unsuitable behaviors and behaviors that are not adaptive amongst those with learning disability, bring about rejection from those around them and their viewing of the world as a hostile and unfriendly place. In this research study, the aim is to use different research tools to examine how learning disability affects the self-efficacy and the personal and social abilities of children. In the next chapter, details are provided about the choice of participants in the study, the

research design and the instruments for data measurement and collection as the methodology of the research is explained.

Chapter 3: Methodology

The third chapter explains the framework of the research methodology that has been used to conduct the research. In this qualitative research, interviews were conducted, and observations were carried out to examine the influence of learning disabilities on the self-image and social skills of children in primary education in Israel. The chapter includes a description of the research design, an outline of the procedure followed to conduct the research, as well as the ethical considerations for carrying out the research.

3.1. Participants

The sampling strategy for participant selection in this qualitative research was nonprobability sampling. Participants were recruited from amongst mainstreaming teachers, home-class teachers of pupils with learning disabilities.

The number of people who will be interviewed: 20.

3.1.1. First group

20 interviews for professionals.

Positions: integration teachers, teachers who teach in regular classes that integrate students with learning disabilities, Special education teachers, teaching assistants

The integrating teacher adapts the study material to the student's level and abilities and also helps him integrate academically and socially. Sometimes, the work with the teacher is done within the regular class, and sometimes, the student is called to a designated class where the work is done individually or in groups.

Background of the interviewees:

Ages: 30-50

Education: Graduates of a teaching certificate and a bachelor's degree

Seniority in teaching: 3-25 years

Workplace: Normal schools with combination classes

Sector: Jewish

Location of the schools: State of Israel, Greater Jerusalem District (including: Modi'in, Beit Shemesh, Zur Hadassah, Pisgat Ze'ev, Givat Ze'ev and more.

Nature of the school: secular state (not including religious enrichment studies).

3.1.2. Second group:

26 structured closed observations on children with learning disabilities in regular and advanced classes.

Age: 10- 12 years

Sector: Jewish

Location of the schools: State of Israel, Greater Jerusalem District (including: Modi'in, Beit Shemesh, Zur Hadassah, Pisgat Ze'ev, Givat Ze'ev and more.

Nature of the school: secular state (not including religious enrichment studies).

2.3. Research design

The current research employs qualitative methods, including interviews and observations, to examine the impact of learning disabilities on children's self-efficacy and socialization from multiple perspectives. Qualitative research enables a deeper understanding of the subject by collecting data through

interviews and observations, offering flexibility in the research process, and describing the subjective reality of the participants.

Qualitative research focuses on investigating phenomena to understand their meanings as experienced by individuals, aiming to closely explore the world of the subjects through data collected in their language. This approach allows researchers to gain a comprehensive understanding of participants' experiences and the phenomena they encounter.

The benefits of qualitative research include the ability to adapt the research design during the study, enabling a closer examination of the subjects' world and an understanding of phenomena as described by them. By using interviews and observations, qualitative research provides insights into the subjective realities of children with learning disabilities, enhancing the depth and flexibility of the study.

3.3. Instruments for Data Measurement and Collection

Interviews were the main data collection method used to collect data from the participants. The interviews were further supported by observations in the primary education setting.

3.3.1. Interviews

An interview is a process whereby the researcher creates a conversation with the participant based on questions that have been designed to relate to a research study (deMarrais, 2004). The transcript of the interview produces a rich and strong narrative.

Structured interviews are interviews including a predetermined sequence of questions, which are referred to the interviewed participant. The rigid structure of predetermined questions may limit the gathering of the participants' perspectives and understandings. Use of predetermined structured questions rests on the

assumption that the interpretation of the questions will be the same amongst all participants.

In semi-structured interviews, the phrasing of the main questions is predetermined, however, the sequence of the questions' presentation is not predetermined. The interview questions may be followed up with additional questions requiring more detailed responses from the respondents. There remains the possibility for adding questions during the interview according to context, and when occasionally responses of a participant lead to spontaneous questions (Merriam, & Tisdell, 2016). Using the narration provided during the interview, the semi-structured interview enables the examination of the lived experience as it relates to the variables of interest. The semi-structured interview allows for versatility in exploring the different dimensions of the research questions. The semi-structured interview is used to draw the participant more deeply into the topic being examined. The semi-structured interview uses open-ended questions to collect data about the experiences of the participants (Galletta, 2013).

3.3.2. Observations

The structured observation used documentation with a prepared form that was directed to factors chosen in advance. In the observation, the physical array was described, including the location and the arrangement of the organization. With regards to the participants. The observation also included a description of the activities carried out during the observation

Advantages of observation are in that an observation examines the actual behavior of participants, enables the observation of the behavior while it occurs, as opposed to reporting behavior that had already occurred. Furthermore, it enables deeper examination of the behavior in the research context.

3.4. Procedure

In this qualitative research, the interview was used as the primary data collection strategy, supported by observations. The interviews were conducted with the fifty participants, who represented the three groups of study participants. The interviews were based on questions that had been prepared in advance. The open-ended interview questions allowed for an open dialogue to develop between the researcher and the participants. All the interviews were recorded and later underwent transcription to text.

The collection of the responses from the interviews was followed by a close reading of the interview transcripts and the processing of the data. The processing of data in qualitative research is a process of arranging and structuring information collected for its interpretation and understanding of its meaning. The analysis method is a subjective method in which there is use of text sections rather than single words and expressions. The product of the analysis is subjective categories (Shkedi, 2004).

Coding of the responses occurred according to the themes and patterns that emerged from the responses. The codes were clustered into categories, with the synthesis and interpretation of research themes dependent on the researchers' reflexivity (Galletta, 2013). The analysis of the interview data was an ongoing and iterative process and continued until thematic clusters emerged from the transcripts. According to the themes and according to the research questions, main categories relating to the research perception were identified in the current study.

Interpretation of data constitutes a more personal and creative processing of the material collected in the study. At this stage, it is possible to determine conclusions from the study, and relate them to existing or new theories (Shkedi, 2004) or the formulation of a conceptual framework.

3.4.1. Ethical issues

Since the qualitative research was conducted using interviews and observations, the ethical issues involved in the research were considered prior to recruitment of the participants. During an interview, the participants share information with the researcher. While the researcher builds up trust with the participants, and with the awareness of possible ethical issues, the researcher must take measures to prevent the occurrence of any ethical issues.

Prior to beginning the study, the researcher took several steps to ensure ethics in the study. The researcher made sure that the research subjects knew about the study and participated in it out of their own free will. They understood the characteristics of the study and the risks involved in the process. The participants were also made aware of and approved the research purpose. The research was authorized and during the discussion regarding authorization to perform the study, the agreement terms were clarified to the target population and to those approving the research. The researcher was required to operate according to the agreements set out.

The researcher was committed to maintaining secrecy by not leaking information from the study that might expose the identity of the participants in the study. Anonymity in research is one form of confidentiality, whereby the research participants' identities are kept secret. In qualitative research that involves interviews with a researcher, complete anonymity is not possible since the researcher meets with the participants face-to-face, yet the anonymity of the participants can be guaranteed for all individuals other than the primary researchers (Saunders, Kitzinger, & Kitzinger, 2015). Since ensuring the protection of the participants' identities was an important part of maintaining anonymity in the study, participants' names were coded, and the locations of the observations were disguised. Nevertheless, throughout the process of anonymization, the integrity of the data needed to be maintained.

In the next chapter, Chapter 4, the data collected during the interviews and the observations is analyzed. The results received from the analysis are interpreted. The chapter includes the presentation of the results and their interpretation.

Chapter 4: Analysis and Interpretation of Results

Qualitative methods used in the study included interviews that were conducted with the teachers and observations that were carried out. In Chapter 4, the analysis and interpretation of the results was carried out.

4.1. Results and Analysis of Teachers' Interviews

Content analysis was used to analyze the responses collected from the teachers during the interviews that were conducted. During the qualitative analysis, coding and categorization was carried out to discover themes in the data. Code categorization resulted in four categories relating to the self-image and behavior of children with learning disabilities. The categories addressed in the analysis included the impact of learning disabilities on self-image, the child's view of self and the opinion of others, social behavior of children with learning disabilities and coping with the learning disabilities.

4.1.1. Impact of learning disabilities on self-image.

The teachers were asked to describe their perceptions of the impact that learning disabilities have on the self-image of the children.

Their responses can be categorized into themes, with the major themes representing the negative impact on the self-image of the children, but a few positive impacts of learning disabilities have been reported.

Table 1 displays the categories that emerged relating to the impact that learning disabilities have on the self-image of children.

Table 1.

Categories that Emerged from Content Analysis of the Teachers' Interviews Relating to the Impact that Learning Disabilities has on the Self-Image of Children.

Category Number	Category Description	Teachers' Responses
1	Negative feelings	T3: "low self-esteem" T8: "low self-esteem and insecurity" T16: "self-esteem is low" T4: self-image "lower than that of others" T18: "affect students' self-image in a negative way" T17: "damage the self-image" T13: "very damaged" T5: "children do not believe in themselves because they fear failure"
2	Inferiority to peers	T6: "stupid, you don't know enough" T7: "mostly feel that they cannot change, that they are labeled as weaker, inferior" T11: "consider themselves significantly inferior to their peers without learning disabilities" T15: "He places himself lower than the rest of his classmates" T16: "low sense of competence and (sometimes) low achievements resulting from an educational gap relative to their peers" T18: "not good enough, they are weak compared to others"

3	Feeling different	T2: "different from the others, less talented in the field of study"
		T12: "Usually low to very low self-esteem due to the difference they feel from other students"
		T19: "they feel different, others feel that they are not as good"
4	Mixed influence	T9: "There are children who feel that their self-image is low but do not show it, there are children who do not feel that it affects them because there are their other strengths that compensate for it and they try to stand out in them and succeed, and there are children who do see that it is expressed in low self-esteem, a sense of incompetence and a constant desire for help because they did not succeed alone"

Category 1: Negative feelings.

Findings from interviews with the teachers associated with the negative feelings that learning disabilities had on the self-image of the children indicated that the vast majority of the teachers were aware of the negative feelings that the children with learning disabilities were experiencing.

According to three of the teachers, T3, T8 and T16, the negative feelings were categorized as "low self-esteem". Furthermore, T1 related to the "feeling of inadequacy", T5 to the children not believing "in themselves because they fear failure" and the "insecurity" perceived by T8. It may be concluded that the negative feelings of low self-esteem were impacting the self-image of the children with learning disabilities.

Category 2: Inferiority to peers.

Social acceptance plays a central role in a child's life, however children with learning disabilities may be perceived as inferior to their peers. T7's perceptions of the children's feelings of inferiority were described as "mostly feel that they cannot change, that they are labeled as weaker, inferior". The teachers also provided possible explanations for the children's perceptions of themselves as inferior, ranging from T18 "not good enough, they are weak compared to others" to "he places himself lower than the rest of his classmates". These feelings of inferiority may also be rooted in an inability to understand what their problem is. According to T11, "their self-image is not adapted to their objective abilities, but they are unable to explain to themselves what the problem actually is."

T13 provided further insight through an example from one of her students with learning disabilities. "I remember one student I taught to read in fifth grade. In one of the first lessons, I explained to her what a learning disability was, and showed her what had been written about her in her didactic evaluation. I dwelled mainly on the fact that they wrote that she was highly intelligent and had a learning disability. That evening, the girl's mother called me and said that she had come to her and told her: "Mom, I'm not stupid..." Until that day, she didn't understand why she couldn't read."

In summarizing, the teachers perceived the children as feeling inferior to their peers, yet the children did not seem to always have a full understanding of why they feel inferior.

Category 3: Feeling different.

Children generally like to fit in with their peers, yet children with learning disabilities were perceived by some teachers as feeling different. T12 explained that low self-esteem may be "due to the difference they feel from other students".

The reasoning behind feeling different may originate in the children's understanding, according to T2, of their being "less talented in the field of study" or according to T19, "not as good". In conclusion, it has been noticed that children with learning disabilities feel different to their peers.

Category 4: Mixed influence.

When examining the teachers' perceptions of the impact that learning disabilities have on the self-image of children, T9 discussed the possible mixed influence that learning disabilities may have on the children. Initially, T9 described the children "who feel that their self-image is low but do not show it". Then T9 discussed the children "who do not feel that it affects them because there are their other strengths that compensate for it, and they try to stand out in them and succeed". Finally, T9 related to the children whose self-image "is expressed in low self-esteem, a sense of incompetence and a constant desire for help because they did not succeed alone".

4.1.2. Child's view of self and the opinion of others.

Many factors influence the children with learning disabilities' view of self, including the opinion of others. Table 2 displays the categories that emerged relating to the child's view of self and the opinion of others.

Table 2.

Categories that Emerged from Content Analysis of the Teachers' Interviews Relating to the Child's View of Self and the Opinion of Others.

Category Number	Category Description	Teachers' Responses
5	Self-perception	T2: "low self-confidence" T4: "Some children hide their deficiencies" T6: "feel very good and feel included and not constantly compared to others" T10: "They are very self-aware". T11: "They are convinced that they are stupid and incompetent or in their language 'screwed up'". T14: "their inner feeling is that I'm not good enough" T15: "see themselves in a very negative light" T17: "express feelings of, I'm not smart, I'm stupid" T17: "feeling of inadequacy permeates and greatly affects a negative self-image" T18: "Most children take time to accept themselves"
6	Awareness of gaps	T7: "feel their academic gap vis-à-vis their peers and the great assistance they receive, and this greatly damages their self-confidence" T13: "Most students are very aware of their academic situation and gaps, and are very frustrated by it"

		T15: "As soon as a student does not produce achievements and does not behave as expected of a "regular" student, he immediately places himself lower than the rest of his classmates". T16: "suffer from low self-confidence because they feel the gap between themselves and their peers"
7	Perception by others	T1: "others interpret their behavior as dismissive" T2: "appear weak" T4: "won't be upset to be with them (the children with learning disabilities) despite their difficulties" T7: "mainly as 'problematic' students" T11: "In the eyes of others they are considered unwise, disruptive or aggressive. The children categorize them in the group of bad students and disturbed children". T12: "for others", the image of the children is "not always" low T14: "others see me as not good enough" T15: "parents see their children as black sheep, unsuccessful children" T16: "others also see them as outliers because they are weaker in school and also have trouble making friends" T17: "there are children around them who also tell them that they are stupid"

		T18: "others feel that they are not as good"
8	Misunderstanding their disability	T3: "unaware that they don't understand the material or that they need help" T11: "Their self-image is not adapted to their objective abilities, but they are unable to explain to themselves what the problem actually is." T11: "They are confused by the gap between their comprehension abilities and formal achievements in the form of tests and grades". T13: "The gap between cognitive abilities (which are sometimes very high) and output in the field is very large and frustrating".

Category 5: Self-perception.

The self-perception of children with learning disabilities is generally perceived by the teachers as being negative. T15 said that the children "see themselves in a very negative light". T17 attributed the negativity to a "feeling of inadequacy that permeates and greatly affects a negative self-image". Some of the children "are convinced that they are stupid" according to T11, or other "children hide their deficiencies" according to T4. Amongst the teachers, there are a few teachers, like T6, that view the children as feeling "very good and feel included and not constantly compared to others" indicating a more positive self-perception.

The self-perception of the children with learning difficulties reflects their self-awareness of their incompetence and inadequacy that they perceive.

Category 6: Awareness of gaps.

An important aspect that is likely to impact the self-image of the children with learning disabilities is their awareness of gaps between themselves and their peers. According to T16, the children with learning disabilities "suffer from low self-confidence because they feel the gap between themselves and their peers". T7 also related to the influence that the children's awareness of an academic gap has on their self-confidence. They "feel their academic gap vis-à-vis their peers and the great assistance they receive, and this greatly damages their self-confidence".

Being aware of a gap between themselves and their peers affects not only their self-confidence but may also lead to frustration.

Category 7: Perception by others.

The children with learning disabilities are not always understood by others, and the perception by others may further impact the self-image of the children with learning disabilities. In school, the children's peers may develop negative opinions about the children with learning disabilities. T11 said, "The children categorize them in the group of bad students and disturbed children". The self-image of the children with learning disabilities may be further impacted by what was described by T17, "there are children around them who also tell them that they are stupid". "Weak" and "not good enough" were also perceptions that the teachers, T2, T14, T16 and T18, felt were the view of others.

One teacher related to the view of the parents of children with learning disabilities. T15 recounted her perspective that "parents see their children as black sheep, unsuccessful children".

Two of the teachers presented their perspective that the other children's view of the children with learning disabilities is largely positive. T4 noted that the other children, "won't be upset with them (the children with learning disabilities)

despite their difficulties" and T12 reported that for the other children, the image of the children with learning disabilities is "not always" low.

Overall, the perception of the children with learning disabilities by others includes many facets, and although largely the perception of others of children with learning disabilities is negative, some positive perspectives were noted.

Category 8: Misunderstanding their disability.

It appears that children with learning disabilities do not always have a full understanding of their disability and the limitations of their abilities. This lack of understanding is described by T13, "the gap between cognitive abilities (which are sometimes very high) and output in the field is very large and frustrating". The children appear to be confused by their lack of abilities as described by

T11, "they are confused by the gap between their comprehension abilities and formal achievements in the form of tests and grades". The lack of awareness or understanding of their disabilities was also noticed by T3 "unaware that they don't understand the material or that they need help".

It may be concluded from the teachers' perspectives that the children with learning disabilities do not have a complete understanding of their learning disability and are not fully aware of the reasons for their difficulties.

4.1.3. Social behavior of children with learning difficulties.

Teachers' responses associated with the social behavior of the children with learning disabilities are shown in Table 3.

Table 3.

Categories that Emerged from Content Analysis of the Teachers' Interviews Relating to the Social Behavior of Children with Learning Difficulties.

Category Number	Category Description	Teachers' Responses
9	Behavioral expression	T1: "Sensitive, helpful to those who need it, with a big heart". T2: "Extreme in both directions- violent, frustrated, angry or stand by and are not involved in social affairs" T14: "not good enough and sometimes it stops them from initiating social relationships with children outside the classroom" T16: "difficulty forming friendships" T18: "The child exhibits behavioral problems with or without a clear reason and without adjustment to the given situation".
10	Social interaction	T1: "They have a lot of fun with each other and prefer to usually be together rather than join other classes" T1: "Difficulty opening up to different populations" T2: "Inability to communicate at a verbal level. Lack of understanding of social situations. Incorrect reading of social situations". T5: "avoid trying to connect with other children because they feel uncomfortable and prefer each other's company"

		T16: "children with learning disabilities often have trouble forming friendships and spend time alone". T18: "Not wanting to get close to friends in regular classes"
11	Compensating behavior	T1: "Tendency to curse, shout, interrupt lessons, late to lessons" T2: "Many times they shout or try to attract attention in a negative way". T2: "Aggression/over-defensiveness" T7: "some of them are very extroverted, this is expressed in dress, style of speech and in my opinion. it is to attract attention". T19: "they feel different, others feel that they are not as good"

Category 9: Behavioral expression.

Many of the frustrations of children with learning disabilities are expressed in their conflicting behaviors. T2 described the children as displaying "extreme behavior in both directions, violent, frustrated, angry or stand by and are not involved in social affairs". According to T18, "the child exhibits behavioral problems with or without a clear reason and without adjustment to the given situation". From a positive perspective, T1 described the children with learning disabilities as being "Sensitive, helpful to those who need it, with a big heart".

The feelings and frustrations of children with learning disabilities are expressed in their behavior. The way that the behavior of the children with learning disabilities is expressed differs amongst the children and may change according to the given situation.

Category 10: Social interaction.

From the perspective of the teachers, many of the children with learning disabilities prefer to be around other children with learning disabilities. According to T1, the children with learning disabilities "have a lot of fun with each other and prefer to usually be together rather than join other classes". This choice may stem from their difficulties in "opening up to different populations". T16 attributed this reluctance to mix with children in other classes, since "children with learning disabilities often have trouble forming friendships and spend time alone". One of the reasons provided by the teachers for the limited social interactions of the children with learning disabilities, according to T5 is the children's "inability to communicate at a verbal level and lack of understanding of social situations".

Overall, children with learning disabilities may avoid interactions with other children since these social interactions may be uncomfortable.

Category 11: Compensatory behavior.

Some of the children with learning disabilities are perceived by the teachers to display behaviors that may be intended to compensate for feelings relating to their disabilities. T7 explained that some of the children with learning disabilities "are very extroverted, this is expressed in dress, style of speech and in my opinion. it is to attract attention". Other children react with "aggression/over-defensiveness" according to T2. Furthermore, these compensatory behaviors may be used to "attract attention in a negative way".

Compensatory behavior in children with learning disabilities may need to be examined and monitored to better understand the impact that learning disabilities have on these children.

4.1.4. Coping with learning disabilities.

The teachers, the children and their families are involved in supporting the children in coping with their learning disabilities. The perspectives of the teachers about different aspects relating to coping with learning disabilities are shown in Table 4.

Table 4.

Categories that Emerged from Content Analysis of the Teachers' Interviews about Coping with Learning Disabilities.

Category Number	Category Description	Teachers' Responses
12	Consequences of the learning disability	T1: "lack of motivation" T3: "not able to do tasks alone" T8: "feel like they are destined to fail" T14: "fear of a reading task, a reading comprehension task" T18: "Mainly the frustration that they can't perform all kinds of tasks"
13	Attitude to success	T14: "stops believing in himself that he will succeed" T7: "a feeling of 'I'm not successful', 'I'm not good', 'I can't do well in school'" T15: "feel frustrated by their lack of success, compare themselves to their peers, and in fact continue to believe that

		they are a failure in everything related to school".
		T15: "lack of confidence in their ability to succeed academically. The students don't even try and give up at the beginning".
		T17: "feeling that there is no way to change the situation because their damaged abilities do not allow them to succeed!"
14	Improving learning	T2: "Offer a range of different extracellular opportunities. Individual task assignment".
		T7: "to make the material accessible through differential teaching and to create experiences of success"
		T15: "Most teachers still teach frontally, which requires long-term passivity on the part of students. This is something that a student with a learning disability is unable to do and hence his frustration will only increase".
		T19: "physical conditions so that there will be more places to release anger and aggression, a kind of place that allows more to go outside and get some air".

15	Teachers' provision of support	T1: "personal conversations, mediation, contact with parents, a lot of encouragement with foresight" T2: "other strengths of the child, that are not necessarily academic" T3:" Give lots of encouragement, explain that they are smart" T10: "I try to be there for them, to mediate and help. Submit, explain. It takes a lot of patience, containment and especially love". T16: "I serve as a listening ear to the student's problems and provide attention as well as emotional support, a sense of self-efficacy, positive reinforcement". T17: "I devote a lot of talk to the fact that all people are born with different minds, with strengths and less strong sides, and I also tell them that they have the right to be explained in a way that they understand, precisely because everyone has a slightly different brain". " The system makes the child feel that they are to blame for their lack of success. A change in message can already make a big difference in shaping self-image".

		T18: "Observation and listening are invaluable tools in the hands of the teacher".

Category 12: Consequences of the learning disability.

The consequences of learning disabilities on the children are varied. T18 mainly related to the "frustration that they can't perform all kinds of tasks". T8 perceived the children with learning disabilities as feeling "like they are destined to fail". According to T14, some children displayed a "fear of a reading task, or a reading comprehension task". Overall, the consequences of learning disabilities may be especially felt when the children are unable to perform some tasks.

Category 13: Attitude to success.

Success seems to be one of the milestones that children with learning disabilities use to assess their achievements, according to the teachers. Most of the teachers related to the children's awareness of their lack of success. T7 described "a feeling of 'I'm not successful', 'I'm not good', 'I can't do well in school'", while T15 described the children's frustration "by their lack of success, compare themselves to their peers, and in fact continue to believe that they are a failure in everything related to school". The children's "lack of confidence in their ability to succeed academically" causes the children to forfeit trying and to "give up at the beginning". Not only do the children give up on believing that they will succeed, but according to T17 that feel "that there is no way to change the situation because their damaged abilities do not allow them to succeed!".

Thus, according to the teachers' perspective, it would appear that the children with learning disabilities have a negative attitude about their ability to succeed.

Category 14: Improving learning.

The teachers were able to offer their perspectives on the actions that are taken and can be taken to improve the learning of children with learning disabilities. T2 mentioned that the schools offer a range of different extracellular opportunities". In addition, to improve the children's academic learning the teachers may organize "individual task assignment". T19 also suggested establishing "physical conditions so that there will be more places to release anger and aggression, a kind of place that allows more to go outside and get some air". T15 explained that one of the challenges that the children face is that "most teachers still teach frontally, which requires long-term passivity on the part of students. This is something that a student with a learning disability is unable to do and hence his frustration will only increase".

Many steps can be taken to improve the learning of children with learning disabilities, including understanding the needs of children with learning disabilities and listening to the views of the teachers, thus creating conditions adapted to improving the learning of children with learning disabilities.

Category 15: Teachers' provision of support.

To assist the children with learning disabilities the teachers provide support. In the responses to the interviews, the teachers discussed the many ways in which they support the children.

T10 explained: "I try to be there for them, to mediate and help. Submit, explain. It takes a lot of patience, containment and especially love". T3 noted that it is possible to" give lots of encouragement, explain that they are smart". In describing the role as a teacher, T16 talked about serving "as a listening ear to the student's problems and providing attention as well as emotional support, a sense of self-efficacy, positive reinforcement".

When relating to the effect that a teacher may have on the development of the children with learning disabilities' self-image, T17 had this to say, "the system makes the child feel that they are to blame for their lack of success. A change in message can already make a big difference in shaping self-image". According to the teachers, their support can be provided in many ways, all intended to encourage the children.

4.1.5. Summary of interviews

The responses of the teachers about their perception of the self-image of children with learning disabilities generally showed that the children displayed negative feelings and feelings of inferiority. There was awareness that they were different to their peers which was negatively affecting their self-image. The children's views of themselves were not the only factors that were affecting their self-image, but rather, according to the teachers, the views of others also were impacting the children's self-image. The children's learning disabilities also impacted their social behavior. The way that the children with learning disabilities expressed their behaviors and the perception of the teachers of their social interactions with their peers seems to reflect some of the frustrations and challenges that the children are experiencing. To deal with these situations, the children apparently compensate with their reactive behavior. Furthermore, to cope with their learning disabilities and the differences they are feeling when compared with their peers, both the children and the teachers adapt their behaviors. The observations of the children described in the following sections add to the understanding of the impact that various factors have on the self-image and socialization of children.

4.2. Results and Analysis of Observations

To further examine the challenges faced by children with learning disabilities, observations were carried out. The observations were structured and used prepared documents to examine factors relating to children with learning disabilities that were chosen in advance. The factors examined in the observations were grouped into eight aspects that are associated with learning disabilities. These include reading and reading comprehension, writing and spelling, impressions of the notebook, oral expression, written expression, pace and manner of carrying out tasks, attention deficit, and gaps in functioning.

4.2.1. Reading and reading comprehension.

The performance of reading and comprehension of readings by the children with learning disabilities was observed. Some of the children demonstrated reading that was not attuned or inaccurate, but this did not seem to be the case for all of the children, as shown in Appendix 7.2.1. Some of the children read very slowly, making it difficult to understand, but other children did not face this difficulty. Some of the children with learning disabilities displayed unwillingness to read, yet this unwillingness was not always related to other challenges in reading and reading comprehension of these children. A few of the children were observed to give incorrect answers to questions, but most of the children with learning difficulties did not give incorrect answers to the questions. Sometimes, some of the children provided answers unrelated to the questions, but this was not always the case. In general, most of the children with learning difficulties were observed asking for help with tasks that involved understanding a written question.

4.2.2. Writing and spelling

When observing the writing and spelling of children with learning disabilities, several challenges that the children faced could be noted, as shown in Appendix 7.2.2. Although the handwriting of the children was generally not observed to be ineligible, many of the children were observed to have notable spelling errors that interfered with the comprehension of what the children were writing. Furthermore, most of the children with learning disabilities faced difficulties when copying from the blackboard. Nevertheless, most of the children with learning disabilities did not write out of the lines.

4.2.3. Impression of the notebook

For almost all of the children with learning disabilities, difficulties were not observed with managing their notebooks, as shown in Appendix 7.2.3. Most of the children were not observed to be skipping pages in the notebook. None of the children with learning disabilities were observed writing from the end of the notebook to the beginning. Moreover, the writing of all the children with learning disabilities was not observed to be non-normative.

4.2.4. Oral expression

During the observation of oral expression in the children with learning disabilities, although many of the children avoided oral expression, there were lots of children that did not necessarily avoid oral expression, as shown in Appendix 7.2.4. However, most of the children with learning disabilities were observed searching for suitable words to explain themselves. While most of the children were at a lack of words to explain themselves, when their expression and vocabulary were observed, some of the children with learning disabilities did not demonstrate poor expression and poor vocabulary.

4.2.5. Written expression

Assessment of the written expression of children with learning disabilities was carried out. The observations that involved difficulties in starting writing tasks showed that many of the children with learning disabilities displayed difficulties with starting the writing tasks, but some of the children did not experience these difficulties, as shown in Appendix 7.2.5. Observation of the children's stops during writing showed that almost all of the children had many stops during writing. Poor vocabulary when writing was the issue that most of the children with learning disabilities were observed to face in their written expression. In addition, many of the children with learning disabilities were observed to be writing in the form of codes, meaning that the children were shortening the words.

4.2.6. Pace and manner of carrying out tasks

Not all of the children with learning disabilities faced challenges that affected the pace and manner that they carried out tasks, as shown in Appendix 7.2.6. Only some of the children were observed to be slow in carrying out tasks, while others maintained a normal pace. In a similar manner, not all the students had a pace that was very fast and thus for many of the children their speed did not impair their performance. All of the children demonstrated difficulties in finishing their tasks. Furthermore, almost all of the children failed to bring adequate school supplies to class with them each day. However, despite all the challenges that the children faced, the students were submitting their assignments and papers as required.

4.2.7. Attention deficit

The children observed had different types of learning disabilities, thus the observations associated with attention deficit had mixed results, as shown in Appendix 7.2.7. While many of the children were observed to be easily distracted,

some children did not seem to be distracted. Approximately half of the children displayed hypermotility, while the other half of the children observed did not display hypermotility. Some children with attention deficit were observed getting up from their chair during the class, but getting up from their chair was not something that was always observed with the children with learning disabilities. In addition, most of the children were not observed to be disconnecting from the lesson.

4.2.8. Gaps in functioning

Comparisons of gaps in the functioning of the children with learning disabilities were observed.

A comparison was made between verbal expression in writing and oral verbal expression and the observations indicated that for most of the children with learning disabilities, these gaps existed, as shown in Appendix 7.2.8 Furthermore, when the achievements of the children with learning disabilities on multiple-choice tests were compared with their achievements in tests that used open questions, gaps were observed in the achievements. Additional observations were conducted to examine if the children with learning disabilities displayed gaps in achievements in different topics being studied, like scientific subjects versus subjects that involved wordy texts. The observations indicated that for most of the children with learning disabilities, these gaps existed.

4.2.9. Summary of observations

In summarizing the observations, vocabulary seemed to be an issue with children with learning disabilities. In their performance of oral expression, many of the children with learning disabilities were observed searching for suitable words to explain themselves. In their written expression, most of the children demonstrated

poor vocabulary when writing. Some children resorted to the use of shortened words or codes that are used in their writings. The children's writing achievements were also affected by notable spelling errors, which impacted the effective comprehension of the written tasks that the children completed.

The management of their writings in their notebook did not seem to pose challenges for the children with learning disabilities. The children were able to organize the pages in their notebooks and follow the direction that they filled their notebooks from beginning to end. The children's writing was also normative. However, the children faced challenges in completing tasks. They also had issues in organizing and bringing sufficient school supplies to class.

Other issues associated with writing that arose with the children with learning disabilities that were observed, included challenges understanding written questions. When working on a written task, most of the children with learning difficulties needed to ask for help with those tasks that were associated with understanding a written question. Furthermore, many of the children with learning disabilities had breaks during writing. The children with learning disabilities were divided in their abilities for reading and reading comprehension. Overall, reading and reading comprehension was not a facet that always posed challenges for all of the children with learning disabilities.

In the children with learning disabilities, gaps were found in tasks that required the children to display different abilities. One of these gaps was found when comparisons were made between verbal expression in writing and oral verbal expression. Another gap came to light in the academic achievements of the children with learning disabilities in tasks that involved multiple-choice questions and others that included open answer questions. An additional gap was observed in the achievements of the children on subjects involving scientific topics as opposed to their achievements in subjects associated with long texts.

Figure 1.

Semantic network.

Chapter 5: Discussion and Conclusions

This chapter discusses the findings from the study and outlines the insights into the key factors that are influenced by learning disabilities in children. Qualitative analysis of the interviews conducted in the study resulted in the discovery of four categories relating to the self-image and behavior of children with learning disabilities. The four categories that include the impact of learning disabilities on self-image, the child's view of self and the opinion of others, social behavior of children with learning disabilities and coping with the learning disabilities are discussed, as are the observations conducted of the children with learning disabilities. These findings are used to answer the research questions of the study. The contribution of the study to the understanding of the effect of self-image and socialization in children in primary education with learning disabilities is presented, along with the limitations of the study and recommendations for future research.

Learning disabilities include a range of disabilities that affect the child's ability to engage in the learning process (APA, 2013). However, since the child's learning expands beyond the academic environment, also to include their interactions in the social environment (Dudley-Marling, 2004), the examination of the socialization of children with learning disabilities has an important role in gaining an understanding of the impact of learning disabilities on the children. Therefore, in the current study, the view of the teachers of the children with learning disabilities was explored, as was the teachers' perspectives of the way that peers view the children with learning disabilities.

The responses from the interviews and observations of the children with learning disabilities were analyzed and the results were used to answer the research question and secondary questions.

To answer the primary research question in the study, *How do learning disabilities affect self-image and socialization in children in primary education?,* the findings from the interviews and observations were examined.

5.1. Impact of Learning Disabilities on Self-Image

The research focused on examining the impact of learning disabilities on self-image. Interviews conducted with the teachers of the children with learning disabilities provided insight into the impact that learning disabilities have on the self-image of the children. The assumption is that the self-image of a child with learning disabilities is low. Several factors are considered to influence the children's self-image, and since the children face issues with their learning, their self-perception is impacted, and they may face social rejection and isolation from their peers (Cohen, 2000, Valencia et al., 2021).

During the interviews, the teachers' perceptions of the negative feelings experienced by the children with learning difficulties align with the impact on self-perception as described by Cohen, (2000). In addition to the feelings of low self-esteem, the teachers described the damage to the self-image of the children.

Similarly, to the observations of Cohen (2000) of social rejection and isolation from their peers, amongst children with learning disabilities, the teachers perceived the children with learning disabilities to be exposed to feelings of inferiority to their peers and feeling different. These feelings of inferiority to their peers without learning disabilities seem to be common amongst the children with learning disabilities. The feelings of being different often stem from a perception of being less talented than their peers in all that relates to academics.

5.2. Effect on View of Self and Of Opinion of Others

In addition to suffering from a low self-image, the child's view of self can be impacted by the opinion of others. The child's view of self that was observed in the assessment of children studying in special education schools in Pakistan showed that their learning disabilities were negatively associated with their self-concept (Khanum, Noureen, & Mushtaq, 2018). The perception of the teachers in this study also resonated with the negative effect of learning disabilities on the children. They viewed the children as being aware that they were different from their peers and this awareness had a negative effect on their self-image.

These differences are perceived as an awareness of gaps between the children with learning disabilities and their peers. The gaps lead to feelings of low self-confidence among the children. Sometimes awareness of the gaps between themselves and their peers also leads to feelings of frustration.

However, it wasn't only the differences that the children with learning difficulties felt as compared to their peers that affected their view of self, but also, the children with learning difficulties were aware of the view of others. There is often a general lack of understanding of the struggles facing children with learning disabilities by those surrounding them. The feelings of being misunderstood create a further divide between children with learning disabilities and their peers.

The peers may categorize the children with learning disabilities and develop negative opinions about their abilities and behaviors. The parents of the children with learning disabilities also sometimes are perceived by the teachers as having negative opinions of the children with learning disabilities. Despite the overall perception of negativity, some teachers perceived that the peers had a more positive view of the children with learning disabilities. Furthermore, the peers were described as accepting of the children with learning disabilities.

The children with learning disabilities do not always have a complete understanding of their situation, since their cognitive abilities may be high, but their academic achievements do not necessarily reflect these abilities. They may not be aware of the reasons behind the challenges they face with learning.

5.3. Social Adjustment and Social Behavior of Children with Learning Disabilities

Learning disabilities also have an impact on the social behavior of children. A study of children in Pakastani special education schools showed that the self-concept of children with learning disabilities is negatively affected by their learning disabilities, and that there is a positive association between the children's self-concept and their social adjustment (Khanum, Noureen, & Mushtaq, 2018).

The findings from the study conducted by Bakker et. al. (2007) in the Netherlands demonstrated the power that the labelling of children with learning disabilities had on the children's ability to effectively interact and socially connect with their peers. The teachers in the current study also viewed the children's learning disabilities as impacting their social behavior. The perception of the teachers indicated that the frustrations experienced by the children with their disabilities were reflected in their social interactions, often appearing as reactive behavior.

Labeling was found to affect children by shaping their self-perception and influencing how they are perceived and treated by others. The term "learning disability" includes social context, promoting a more comprehensive understanding of the individual's challenges. In contrast, shifting to "intellectual disability" without proper explanation may lead to confusion, negative perceptions, and inconsistent usage among practitioners. This can further stigmatize children with learning disabilities, impacting their social integration and self-esteem. It is crucial to involve individuals with learning disabilities in

these discussions to ensure that terminology reflects their experiences accurately and supportively (Cluley 2018).

Neeraja, & Anuradha (2014) suggest that the emotional problems often observed in children with learning disabilities may arise from adjustment difficulties resulting from academic failure. In the current study, the frustrations experienced by the children with learning disabilities are considered to give way to conflicting behaviors as the children struggle to adjust to their situation. The behavior displayed may be with or without a reason behind the given behavior, but the behavior has usually not been adjusted to the given situation.

From the teachers' perspective, children with learning disabilities often prefer to be in social situations where they are surrounded by other children with learning disabilities. Many reasons were provided by the teachers as explanations for the children with learning disabilities' reluctance to mix with their peers. The children may have difficulties forming friendships since their understanding of social situations may be limited, making interactions with their peers uncomfortable for them. In some instances, the children with learning disabilities' verbal skills may be inadequate, further challenging their capabilities for social interaction.

The children with learning disabilities' limited social skills impact their self-image and the response of some children with learning disabilities are reactive behaviors. These compensatory behaviors may further alienate the children with learning disabilities from their peers. This type of behavior may also impact the image that others have of the children with learning disabilities, especially when the behavior involves aggression or other negative behaviors that attract attention.

The combination of interviews and observations conducted in the study provided insight and answers to the secondary research questions,

How do teachers in the primary education system cope with pupils with learning disabilities?

How does the peer group in primary education cope with pupils with learning disabilities?

Many of the children diagnosed with learning disabilities have cognitive abilities that are higher than that which is demonstrated by their academic performance. Learning disabilities may create difficulties for the child in reading a set of instructions or writing a simple text (Neeraja, & Anuradha, 2014). One of the issues that was observed among the children with learning disabilities was the knowledge and use of vocabulary. When expressing themselves orally, children with learning disabilities often struggled to find the appropriate vocabulary needed to express themselves. The children's struggle with vocabulary was apparent also in their written texts, where the vocabulary skills that they demonstrated were poor.

To cope with their learning disabilities, as observed in the current study, most of the children with learning difficulties asked for help when faced with tasks that involved reading and understanding a written question. When assessing their written abilities, many children had difficulties starting a written task, while most of the children were frequently stopping during the writing task. Poor vocabulary was another issue that was observed among the children with learning disabilities. To cope with their difficulties in completing a written task, many of the children with learning disabilities were shortening words into codes. To support the children with learning difficulties, teachers may need to adjust their teaching strategies to align with the needs of these children.

The reading and reading comprehension of the children with learning difficulties also were addressed in the interviews with the teachers and in the observations of the children. Reading and reading comprehension are included in the group of learning functions, in the DSM psychiatric diagnosis book, that may be damaged in individuals with learning disabilities (APA, 2013). One of the eight aspects examined in the observations of children with learning difficulties included

reading and reading comprehension. Although some of the children faced challenges with their reading and reading comprehension, this was not an aspect of learning that all of the children with learning difficulties struggled with.

Khanum, Noureen, & Mushtaq (2018) suggest that the children with learning disabilities experience emotional issues, which result from their regular failures and may include feelings of low self-esteem and low self-concept (Khanum, Noureen, & Mushtaq, 2018). During the interviews, the teachers indicated that the consequences of a learning disability in reading and reading comprehension for the children may be frustration or fear of failure from not being able to complete the task. In this study, the teachers perceived that some of the children were displaying a fear of reading tasks and/or reading comprehension tasks. To assist the children in coping with their fears, the teachers should encourage the children to overcome their fear of reading by assigning reading tasks aligned to the reading abilities of these children.

When observing the oral expression of the children, many of the children with learning disabilities were avoiding oral expression. Avoidance may be one of the ways that children with learning disabilities cope with their disability. Another challenge that the children with learning disabilities faced was finding suitable words to explain themselves. While not all of the children with learning disabilities had difficulties in expressing themselves, a poor vocabulary seemed to be one of the causes of poor expression.

The children with learning disabilities' limited abilities were not the only factors with which they battled to cope, and which affected their self-image, but rather the views of others were impacting their self-image. In Israel, the Israeli Ministry of Education has introduced changes in legislation aimed at fully including children with learning disabilities into the general education stream (Gumpel & Sharoni, 2007). To cope with the children with learning disabilities that are found in classrooms in primary education in Israel, the teachers are required to adapt

their behaviors. In the classroom, where the teacher is the authoritative figure, it is the teachers who can prevent discriminating attitudes towards the children with learning disabilities and take steps to minimize the social isolation of the children with learning disabilities. To assist the children with learning disabilities cope with dissatisfaction with their self-image, negative criticism from others in their surrounding environment needs to be negated. Negative comments that the children with learning disabilities hear is a source of helplessness and damage their self-confidence.

Not only do the children with learning disabilities face challenges academically, their awareness of differences between themselves and their peers causes them to adapt their behaviors to cope with challenging situations. The peers who encounter children with learning disabilities lack the skills for coping with the children with learning disabilities and ways in which to cope with the aggressive behaviors displayed by the children with learning disabilities. The understanding of the behaviors of the children with learning disabilities is hampered by a limited understanding of the implications of learning disabilities by their peers. Often the limited understanding stems from the scarce information available about learning disabilities and their effect on children. Designing assistance programs that can be provided by teachers and peers to the children with learning disabilities and teaching the children with learning disabilities to accept the assistance may increase the possibilities of the children with learning disabilities for coping socially.

In conclusion, the impact of learning disabilities on the self-image and socialization of children in primary education in Israel extends to all facets of their life. Since the children with learning disabilities may resort to compensatory behavior which further impacts their self-image and ability to form friendships among their peer group, efforts should be invested in improving the children's self-image and imparting in the children a greater understanding of their

disabilities. Concurrently, greater awareness of the teachers, peers and family of the implications of learning disabilities on the children should improve the development of a positive self-image by the children with learning disabilities.

5.4. Contributions of the Study

The study provides a deeper understanding of the impact of learning disabilities of children in primary education on their self-image and socialization. An insight into the causes of the low self-image often displayed by children with learning disabilities creates opportunities for implementing strategies designed to boost the self-image of these children. Improvements in the self-image and socialization of children with learning disabilities requires joint input from both the children themselves and society to ensure that differences do not exist in the interpretation and understanding of the different aspects related to the impact that learning disabilities have on the children. With access to well-designed social and academic support and the appropriate tools to deal with all the effects of learning disabilities, the self-image of children with learning disabilities can improve and the children with learning disabilities may be able to reach their full academic potential.

5.5. Limitations

Nonprobability sampling was used to recruit the teachers and Teaching assistants that participated in the interviews. This method of sampling did not ensure that every teacher and Teaching assistants had an equal chance of participating in the study, possibly limiting the generalizability of the results. Moreover, the sample population was recruited only from the Jewish population of teachers in Israel therefore, the findings do not necessarily portray the situation in all sectors of the population in Israel.

The study used interviews with the teachers and in the observations made to gain a perspective on the impact of learning disability on the self-image and socialization in children in primary education in Israel. Therefore, the findings of the study portray the perceptions and views of the teachers about the children with learning disabilities examined in this study. The observations only addressed specific aspects relating to learning disabilities and were less focused on emotional and social aspects. The subjective views of the children themselves about their self-image and socialization were not examined in this study.

5.6. Recommendations for Future Research

Since the research focused on teachers and Teaching assistants from the Jewish sector, the research may be expanded to include teachers and Teaching assistants from the Arab sector in Israel. Therefore, a more generalized view of the total population of elementary school children with learning disabilities may be attained. Additional research could be conducted in which the subjective perspective of the children with learning disabilities is examined, to gain a deeper understanding of self-image from the standpoint of the children.

In addition, research can address the efforts made to incorporate children with learning disabilities in the general education stream and examine the impact that attending elementary school with their peers, who do not demonstrate learning disabilities, have on the self-image and socialization of the children with learning disabilities.

Summary of the Dissertation

Learning disabilities is a term used to describe a range of disabilities affecting a child's learning ability. The disabilities may affect not only the child's academic capability but often affect the child's interactions with their social environment (Dudley-Marling, 2004). Thus, examination of the self-image of children with learning disabilities and their socialization may lead to a deeper understanding of the impact of learning disabilities on the children. This study focused on the broader community, in general, and in particular in Israel, to examine the factors that influence or are influenced by children's learning disabilities in primary education.

In the current study, teachers' perspectives about children with learning disabilities were explored. In addition, the children's behavior was observed to gain an understanding of their impact on the children with learning difficulties during the learning process. The effects of cognitive, behavioral, and emotional aspects of learning disabilities are examined, as are the impact of these aspects on the children with learning disabilities. The different aspects can be related to their intrinsic and extrinsic characteristics. Children with learning disabilities may be exposed to extrinsic influences, which lead to them adapting their behaviors accordingly. In contrast, the children's inherent difficulties may negatively impact the way the social environment relates to these children.

This research study involved a qualitative approach using interviews and observations to study the effect of learning disabilities on children's self-image and social skills in primary education. Interviews were conducted with teachers involved in the education of children with learning disabilities to understand their perceptions about the effect that learning disabilities have on children. Observations of the children were also carried out. The observations of the children were structured and used documents prepared in advance to explore eight aspects relating to learning disabilities in children. The aspects examined included

reading and reading comprehension, writing and spelling, impressions of the notebook, oral expression, written expression, pace and manner of carrying out tasks, attention deficit, and functional gaps.

The teachers' responses during the interviews indicated the teachers' perceptions of the self-image and socialization of children with learning disabilities. Generally, children with learning disabilities were perceived as displaying negative feelings and feelings of inferiority. The differences that existed between themselves and other children hurt their self-image. Moreover, family and friends' perceptions of the children also negatively impacted their self-image. The teachers also perceived the children's social behavior to be an indication of the challenges and frustrations that the children were experiencing. The children adapt their behaviors to cope with the feelings of being different from their peers.

The observations of the children uncovered several issues that children with learning disabilities experience. One such issue was the use of vocabulary, with the children sometimes searching for the right word to express themselves. The lack of vocabulary was also observed in the children's writing, with notable spelling errors and shortened words. Other issues were noted involving the completion of tasks and the organization of school supplies in the classroom. Furthermore, difficulties were observed in activities that required an understanding of written instructions. Yet not all children with learning disabilities have reading and reading comprehension difficulties. Other gaps in abilities were found in the children when comparing two different tasks that the children carried out.

Various effects of learning disabilities on the self-image and socialization of children in primary education have been perceived by the teachers and are apparent in the behavior of the children. Children with learning disabilities may resort to compensatory behavior to conceal their differences, with these behaviors possibly impairing the ability of children with learning disabilities to form

friendships with their peers. Thus, strengthening the children's understanding of their disabilities could bolster their self-image and improve their social skills. Furthermore, creating awareness among friends and family of the implications of learning disabilities on the children could support the building of a more positive self-image in children with learning disabilities.

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Annexes and Appendices

Annex 1: Semi-Structured Interview Questionnaire

Q1 - Tell me about yourself, about the school, about your role there, about the classes you teach.

Q2 - Describe what learning disabilities the students in the class have and how they are expressed in the lessons.

Q3 - Describe to me the behavior of students with learning disabilities in the classroom during lessons and during breaks.

Q4 - How do you think the students perceive themselves? How are they viewed by others?

Q5 - What difficulties do you encounter with children with learning disabilities relating to personal and social aspects?

Q6 - Describe the effect of the student's disability on their self-image.

Q7 - Describe how you deal with your student's disability.

Q8 - Describe how the educational system/school deals with students with learning disabilities.

Observation

A tool for gathering information from observation while teaching

Subject of the area of difficulty	description	yes	no	commentary
Reading and reading comprehension	Inline and/or inaccurate reading			
	Very slow reading which makes it difficult to understand			
	Unwillingness of the student to read			
	Giving incorrect answers to questions			
	Provide unrelated answers Question			

	Ask for help with any task of understanding a written question			
Type and spelling	The manuscript is illegible			
	Notable spelling errors Interfering with the comprehension of what is written			
	Write out of line			
	Difficulty copying from the clipboard			
Impression of the notebook	Skip pages			
	Writing from end to beginning			
	Non-normative writing			

Oral expression	Avoidance of oral expression			
	Search for suitable words to explain itself			
	Poor expression, poor vocabulary			
Written expression	Difficulty starting writing tasks			
	Many stops during writing			
	Poor vocabulary when writing			
	Writing in the form of "codes" (the student is very short)			
Pace and manner Making Work	The student is very slow			

	The student is very fast (the speed impairs performance)			
	Difficulty finishing tasks			
	Failure to bring equipment			
	The student does not submit assignments and works			Not submitting homework
Attention deficit	The student is easily distracted			
	Hypermoti-lity			
	Getting up from your chair during class			
	Disconnect from class			
Gaps Functioning	Gap between verbal expression in writing and verbal expression			

	Achievement gap between multiple tests Choice vs. Open Test	142		
	Achievement gap between different fields of knowledge, such as real and high-intensity Text			

Annex 2: Observations

A.2.1. Reading and reading comprehension.

	Reading not attuned and/or inaccurate reading		Very slow reading which makes it difficult to understand		Unwillingness of the student to read		Giving incorrect answers to questions		Providing answers unrelated to the question		Asking for help with all tasks involving understanding a written question	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
Ob1	Y			N		N	partial		Y		Y	
Ob2		N		N	Y			N		N		N
Ob3	Y		Y			N		N	Y		Y	
Ob4	Y		Y		Y			N		N	Y	
Ob5		N	Y			N		N		N	Y	
Ob6		N	Y			N		N		N	Y	
Ob7		N		N	Y			N		N	Y	
Ob8	Y			N		N	Y		Y		Y	
Ob9		N		N	Y		Y			N	Y	
Ob10	Y		Y			N		N		N		N
Ob11		N	Y		Y		Y		Y		Y	
Ob12		N	Y		Y			N		N	Y	
Ob13	Y			N		N	Y			N	Y	

Ob14	Y		Y			N		N		N	Y	
Ob15		N	Y		Y			N		N	Y	
Ob16	Y			N		N	Y		Y		Y	Y
Ob17	Y		Y		Y			N		N	Y	
Ob18		N		N		N		N		N	Y	
Ob19	Y			N	Y		Y			N		N
Ob21	Y		Y		Y		Y			N	Y	
Ob22		N		N	Y			N		N	Y	
Ob24		N	Y		Y			N		N	Y	
Ob25	Y		Y		Y			N		N	Y	

A.2.2. Writing and spelling.

	Handwriting is illegible		Notable spelling errors interfering with the comprehension of what is written		Writing out of lines		Difficulty copying from the blackboard	
	Yes	No	Yes	No	Yes	No	Yes	No
Ob1	Y			N	Y		Y	
Ob2		N		N		N	Y	
Ob3		N	Y			N	Y	
Ob4		N	Y			N		N
Ob5		N		N		N	Y	
Ob6		N	Y			N	Y	
Ob7		N	Y			N		N
Ob8	Y		Y			N	Y	
Ob9	Y		Y			N	Y	
Ob10		N	Y			N		N

Ob1 1		N	Y			N	Y	
Ob1 2	Y		Y			N	Y	
Ob1 3		N	Y			N	Y	
Ob1 4		N		N		N	Y	
Ob1 5		N	Y			N		N
Ob1 6		N		N		N	Y	
Ob1 7		N	Y			N	Y	
Ob1 8		N	Y			N	Y	
Ob1 9		N		N		N	Y	
Ob2 1		N	Y		Y			N

Ob2 2		N		N		N	Y	
Ob2 4		N		N		N		N
Ob2 5		N		N		N	Y	

A.2.3. Impressions of the notebook.

	Skipping pages		Writing from the end to the beginning		Non-normative writing	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**
Ob1	Y			N		N
Ob2		N		N		N
Ob3		N		N		N
Ob4		N		N		N
Ob5		N		N		N
Ob6		N		N		N
Ob7		N		N		N
Ob8		N		N		N
Ob9		N		N		N

A.2.4. Oral expression.

	Avoidance of oral expression		Searching for suitable words to explain themselves		Poor expression,poor vocabulary	
	Yes	No	Yes	No	Yes	No
Ob1		N	Y			N
Ob2	Y		Y		Y	
Ob3		N	Y		Y	
Ob4	Y		Y		Y	
Ob5		N	Y			N
Ob6	Y		Y		Y	
Ob7	Y		Y		Y	
Ob8		N	Y			N
Ob9	Y			N		N
Ob1 0	Y		Y		Y	
Ob1 1	Y			N	Y	
Ob1 2	Y		Y			N

Ob1 3		N	Y		Y	
Ob1 4	Y		Y		Y	
Ob1 5	Y		Y		Y	
Ob1 6		N	Y			N
Ob1 7	Y			N	Y	
Ob1 8		N	Y			N
Ob1 9		N	Y		Y	
Ob2 1		N	Y		Y	
Ob2 2	Y		Y		Y	
Ob2 4	Y		Y		Y	

Ob2 5		N			N		Y	

A.2.5. Written expression.

	Difficulty starting writing tasks		Many stops during writing		Poor vocabulary when writing		Writing in the form of "codes" (the student shortens words)	
	Yes	No	Yes	No	Yes	No	Yes	No
Ob1	Y		Y		Y		Y	
Ob2		N	Y		Y			N
Ob3	Y		Y		Y			N
Ob4	Y		Y		Y			N
Ob5		N	Y		Y			N
Ob6	Y			N	Y		Y	
Ob7	Y		Y		Y		Y	
Ob8	Y		Y		Y		Y	
Ob9	Y		Y		Y		Y	
Ob1 0		N		N	Y			N

Ob1 1	Y		Y		Y			N
Ob1 2	Y		Y		Y			N
Ob1 3		N		N	Y		Y	
Ob1 4	Y		Y		Y		Y	
Ob1 5	Y			N	Y			N
Ob1 6	Y		Y		Y			N
Ob1 7	Y		Y		Y			N
Ob1 8		N	Y		Y			N
Ob1 9	Y		Y		Y			N
Ob2 1	Y		Y		Y		Y	

Ob2 2	Y		Y		Y			N
Ob2 4	Y		Y		Y		Y	
Ob2 5	Y		Y		Y			N

A.2.6. Pace and manner of carrying out tasks.

	The student is very slow		The student is very fast (the speed impairs performance)		Difficulty finishing tasks		Failure to bring school supplies		The student does not submit assignments and papers	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
Ob1		N	Y		Y			N		N
Ob2		N	Y		Y			N		N
Ob3	Y			N	Y			N		N
Ob4	Y			N	Y			N		N
Ob5	Y			N	Y			N		N
Ob6		N	Y		Y			N		N

Ob7		N	Y		Y			N		N
Ob8	Y			N	Y			N	Y	
Ob9	Y		Y		Y		Y			N
Ob10		N		N	Y			N		N
Ob11	Y			N	Y			N		N
Ob12	Y			N	Y			N		N
Ob13		N	Y		Y			N		N
Ob14	Y			N	Y			N		N
Ob15	Y			N	Y			N		N
Ob16	Y			N	Y			N		N
Ob17	Y			N	Y			N		N
Ob18		N	Y		Y			N		N

Ob19		N	Y		Y		N		N
Ob21		N		N	Y		N	Y	
Ob22		N		N	Y		N		N
Ob24	Y			N	Y		N		N
Ob25	Y			N	Y		N		N

A.2.7. Attention deficit.

	The student is easily distracted		Hypermotility		Getting up from thechair during class		Disconnecting from the lesson	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
Ob1	Y		Y		Y		Y	
Ob2		N		N		N		N
Ob3	Y			N	Y			N
Ob4		N		N		N		N
Ob5		N	Y		Y			N

Ob6	Y			N		N		N
Ob7	Y		Y		Y			N
Ob8	Y			N		N	Y	
Ob9	Y		Y			N	Y	
Ob10	Y			N		N		N
Ob11	Y			N		N		N
Ob12	Y		Y			N		N
Ob13	Y		Y		Y			N
Ob14	Y			N		N	Y	
Ob15	Y		Y		Y			N
Ob16	Y		Y		Y			N
Ob17	Y			N		N	Y	

Ob1 8	Y		Y		Y			N
Ob1 9	Y		Y		Y			N
Ob2 1	Y		Y		Y		Y	
Ob2 2	Y			N		N		N
Ob2 4	Y			N		N		N
Ob2 5	Y			N	Y			N

A.2.8. Gaps in functioning.

	Gap between verbal expression in writing and oral verbal expression		Gap in achievements on multiple-choice tests versus open question tests		Gap in achievements between different subject topics, such as science and wordy texts	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**
Ob1	Y			N	Y	
Ob2		N	Y		Y	
Ob3	Y		Y		Y	

Ob4		N	Y		Y	
Ob5	Y		Weak in both		Weak in both	
Ob6	Y		Y		Y	
Ob7	Y		Y		Y	
Ob8	Y		Y		Y	
Ob9	Y		Y		Weak in both	
Ob10	Y		Y		Y	
Ob11	Y		Y		Y	
Ob12	Y		Y			N
Ob13	Y		Y		Y	
Ob14	Y		Y		Y	
Ob15	Y		Y		Y	

Ob16	Y		Y		Y	
Ob17	Weak in both	N	Weak in both	N	Weak in both	N
Ob18	Y		Y		Y	
Ob19	Y		Y		Y	
Ob21	Y		Weak in both	N		N
Ob22		N	Y		Y	
Ob24	Y		Y		Y	
Ob25	Y		Y		Y	Y

Annex 3: Interviews

<u>**Interview with A.- 5th grade teacher**</u>

Tell me about yourself, the school, your role there, the classes you teach

I have been a teacher for 8 years. Of these, 7 are at my school. Before that, I was a kindergarten teacher and director of private kindergartens. I am a teacher and educator of the fifth grade at Levi Eshkol Lod School.: A school where many students study: new immigrants from Georgia, OkeryNa, Russia, Ethiopia. Muslims, Christians, children of refugees from Eritreanand Sudan.

Describe what learning disabilities students have in class and how they manifest themselves in lessons.

I have five integrated students with a variety of reading, writing, and speech disabilities. Students who are treated emotionally and mentally.

Describe to me the behavior of students with learning disabilities in the classroom during classes and during recess.

The behavior of learning disabilities during recess is extreme for both sides, there are violent, frustrated, angry children who find themselves in problematic social situations. And there are impaired people who only stand by and are not involved in social affairs during the break

How do you think students see themselves? How do they look to others?

Most of them have low self-confidence. Many times they shout or try to attract attention in a negative way. In others, they appear to be weak.

What difficulties do you encounter with children with learning disabilities in personal and social aspects?

In ability to communicate at a verbal level. Lack of understanding of social situations. Aggression/over-defensiveness. Incorrect reading of social

Describe the impact of the disability on self-image

It is clear to the child that he is different from the others, less talented in the field of study, most of the day the students sit and learn, which means that he feels how much he has failed most of the hours of study in school.

Describe how you deal with your student's disability.

I emphasize the other aspects of the child, his strengths that are not necessarily academic: organization, diligence, technical acumen, volunteering, sports skill, music-singing or dancing....

Describe how the education/school system deals with students with learning disabilities.

Our school has plastic arts centers, a music center, an educational garden and cooking classes. I make sure that every school day my 5th graders have one of these options. I take these students individually. Suitable for them are differential tasks in those subjects that the whole class learns.

Interview with D. – English teacher for students with learning disabilities

Tell me about yourself, the school, your role there, the classes you teach

I am an English teacher for children with difficulties I teach at the school since 2005. Takes children out of third through sixth grade in small groups

Describe what learning disabilities students have in class and how they manifest themselves in lessons.

The children have emotional and academic disabilities. They need mediation and reinforcement in every task. There are also behavior problems

Describe to me the behavior of students with learning disabilities in the classroom during Lessons and breaks

They are not able to do the tasks alone. They do not have the ability to understand the material being studied

How do you think students see themselves? How do they look to others?

Some of them are not aware that they do not understand the material like other children and do not understand that they need help

What difficulties do you encounter with children with learning disabilities in personal and social aspects?

Difficulty concentrating, low self-confidence, unaware of their problems, sometimes erupt in frustration

Describe the impact of the disability on self-image

Very influential, the children suffer from low self-esteem

Describe how you deal with your student's disability

I give a lot of encouragement, explaining more and more that they are all smart, and they are only with me from because that I can teach them in another way that suits them better.

Describe how the education/school system deals with students with learning disabilities

At my school, they cope very well and give the children a lot of help

<u>Interview with A. – Elementary school teacher</u>

Tellme about yourself, the school, your role there, the classes you teach

I am a professional teacher who teaches English, science, agriculture, grades 1-8, regular classes and special education classes. In special education you need a lot of patience, emotional connection of each student and personal attention.

Students with special needs should be allowed maximum access to the regular education curriculum so that they can exercise their right.

Describe what learning disabilities students have in class and how they are expressed in the lessons.

A learning disability is an ongoing neurodevelopmental disorder that affects the brain's ability to function effectively. Learning disorder disorders are

characterized by heterogeneity and affect a variety of learning skills and learning functions, including emotional, behavioral functions.

I have all kinds of learning disabilities.

* Dyslexia – most often congenital learning disorders Dyslexia – affects fluency in reading, reading comprehension, writing, letters, speech and memory and is often diagnosed at the same time as other learning difficulties.

Dyscalculia – a learning disorder Dyscalculia – affects people's ability to acquire math skills, understand numbers, learn basic math facts, internalize mathematical symbols, count time, perform mathematical calculations, and organize and memorize numbers.

* Dysgraphia – affects handwriting and other fine motor skills and impairs children's ability to write readably, maintain consistency in word spacing, spell correctly, assemble words and sentences, organize page space, plan, think and write at the same time. Thank God, I have a variety of disabilities in the classroom

Describe to me the behavior of students with learning disabilities in the classroom during classes and during breaks

Learning difficulties are usually discovered as early as elementary school, when children who have difficulty acquiring reading, writing and/or math skills are referred by the educational staff to diagnose learning disabilities, some children are able to hide for a long time the fact that they have difficulty with certain aspects of learning.

If the teacher observes and listens, he can produce important information about the learning behaviors of different learners, which signal difficulties.

In the field of social behavior, difficulties can be observed in various areas

• Difficulty adapting to new situations

• Difficulty judging social situations

• Feeling lonely that may accompany a disability.

How do you think students see themselves? How do they look to others?

In most cases, the learning disability causes different behaviors, which create a feeling of low self-esteem and not belonging.

In many cases, different behaviors are generated such as:

The child becomes capricious and does not accept rules, rules and boundaries at home or in the educational framework.

Prolonged coping with problems in kindergarten or school.

- Verbal or physical restlessness.

- Bad relations with classmates.

- Low academic achievement. Verbal Expression: the student searches for expressionless words, his level of participation in oral activity is not high.

Verbal expression in writing: the student has difficulty starting writing, stops many times during writing and thinks at length,

- Low vocabulary level, there are difficulties in wording, organization and clarity of the message. In terms of the required level of detail: writes only the main points and omits important details, or writes all the details and does not generalize.

Addressing gaps in functioning Gap between verbal and verbal written expression. Open test, gap in achievement between different disciplines (between real and humane professions)

What difficulties do you encounter with children with learning disabilities in personal and social aspects?

I notice all kinds of difficulties

• The child exhibits behavioral problems with or without a clear reason and without adjustment to the given situation

• The behavior leads to significant damage to the child's academic/social situation

• The child sometimes avoids interactions with his classmates

• The problem prevents the child from achieving good achievements that match his abilities at school

The child sometimes refuses to participate in important social, school and family activities on a regular basis

Describe the impact of the disability on self-image

In most cases, learning disabilities affect students' self-image in a negative way. Children feel that they are not good enough, they are weak compared to others, and in many cases they experience poor academic success

Describe how you deal with your student's disability

Observation and listening are invaluable tools in the hands of the teacher in the regular classroom, and can help him get to know his students. I try to observe and listen to her in order to produce important information about the learning behaviors of different learners, which signal difficulties or abilities. It is important to note that the teacher's familiarity with the students is an ongoing and dynamic matter that requires broad observation. I try to provide them with emotional and

academic support and create an accessible mediation to the material, so that they will have experiences of success

Describe how the education/school system deals with students with learning disabilities

Implementation of teaching and learning methods in schools and the educational and therapeutic intervention of students with learning disabilities is based on the recognition that the intervention must be adapted.

There is no uniform treatment for every child with learning disabilities. In any intervention, two main dimensions must be addressed: didactic intervention adapted to the student's developmental stage, areas of strength and areas of reinforcement. It involves helping develop effective learning strategies, imparting appropriate study habits and sometimes means to compensate for difficulties

<u>Interview with A. –</u> <u>sixth grade educator</u>

Tell me about yourself, about the school, about your role there, about the classes you teach

Hi, I teach a special education class and teach them most verbose subjects.

Describe what learning disabilities students have in class and how they are expressed in the lessons.

Impulsivity – It's hard for some of them not to talk or get up in the middle of class

Lack of regulation – there is not always a congruence between an event and a response, sometimes the students react disproportionately to different situations.

ADHD – difficulty maintaining concentration over time

Describe to me the behavior of students with learning disabilities in the classroom during Lessons and breaks

Tendency to curse, shout, interrupt lessons, late to lessons, creative students, Sensitive, helpful to those who need it, with a big heart.

How do you think students see themselves? What they look like to me

Other?

They are suffering from very low self-esteem, others interpret their behavior as dismissive.

What difficulties do you encounter with children with learning disabilities in personal and social aspects?

Difficulty opening up to different populations such as the large stratum, lack of motivation in

Some, a sense of inadequacy.

Describe the effect of the disability on self-image

Incompetence in learning can lead to a feeling of inadequacy even after

Studies, social gatherings and more.

Describe how you deal with your student's disability

Personal conversations, mediation, contact with parents, a lot of encouragement with a vision for the future.

Describe how the education/school system deals with students with learning disabilities

Trying to get them to take Ritalin, giving an aide, giving guidance to teachers.

<u>**Interview with F. - Sixth grade educator**</u>

Tellme about yourself, the school, your role there, the classes you teach

Hello, I am a teacher with a master's degree in education, 30 years of work experience, I have held several positions over the years. For a short time I taught in high school as a 11th-12th educator and this year I am a social coordinator. The school where I work is a state elementary school for grades 1-8. I am a sixth grade educator.

The school is defined by a low socio-economic ranking. A challenging population that includes Eritrean refugees, second and third generations of immigrants from Ethiopia, Arabs and Jews.

Describe what learning disabilities students have in class and how they are expressed in the lessons.

Most of the learning disabilities are in the area of both short- and long-term concentration (defined as students with attention deficit problems).

Also, students with poor knowledge of Hebrew. They hardly speak Hebrew at home. They have a very hard time with textbooks written in high and incomprehensible language. Students have difficulty completing a Hebrew test for 90 minutes and the test must be split into two full days.

Students have difficulty reading as well as writing. Poor vocabulary, punctuation not found in their writing, and forced writing style.

Describe to me the behavior of students with learning disabilities in the classroom during classes and during breaks

Students have a hard time concentrating for 45 minutes, let alone 90 minutes. Some fiddle with objects during class, others chat, and some have to wander around the classroom, ostensibly to pick up a pencil from a friend. During breaks, they are busy playing physical games and are always late to make it back to class on time.

How do you think students see themselves? How do they look to others?

Students see themselves in a very negative light. They feel frustrated by their lack of success, compare themselves to their peers and basically continue to believe that they are a failure in everything related to school.

There is a student who says of himself "that he is screwed", "crazy". This feeling also permeates the family when parents see their children as black sheep, unsuccessful children.

What difficulties do you encounter with children with learning disabilities in personal and social aspects?

The main difficulty is a lack of confidence in their ability to succeed academically. The students don't even try and give up at the beginning.

Describe the impact of the disability on self-image.

As soon as a student does not produce achievements and does not behave as expected of a "regular" student, he immediately places himself lower than the rest of his classmates.

There is a student from another class who is constantly wandering outside and the teachers have become accustomed to seeing him outside the classroom.

Describe how you deal with your student's disability.

First of all, empathy. Lots of motivational conversations and trust in the student even when he shows no signs of change. A flexible learning style that allows students with learning disabilities and others to move around the classroom. Providing assignments during the lesson that require all students to work at their own pace, in a place convenient for them and adjust the performance of the task (a short task, without complicated instructions and can be checked and immediately feedback from the teacher).

Describe how the education/school system deals with students with learning disabilities.

As long as teachers don't start working in a different classroom, the situation won't change.

Most teachers still teach frontally, which requires long-term passivity on the part of students. This is something that a student with a learning disability is unable to do, and hence his frustration will only increase.

Interview with H.—Fifth grade teacher

Tellme about yourself, the school, your role there, the classes you teach

I am a teacher at the Alon School. I studied special education and worked for about 3 years as an integration teacher in grades 3-4 at the Yafe Nof school in Jerusalem, and then moved on to teaching grades 1-2 and in recent years I have

been teaching grades 4-6. At school, I am also a Hebrew coordinator and a grade coordinator. I love teaching in school. I have been a teacher for about 20 years.

Describe what learning disabilities students have in class and how they are expressed in the lessons.

In my classroom there are children with learning disabilities in language and arithmetic. The main difficulty is in acquiring reading and writing and arithmetic in simple calculations. There are also of course difficulties of attention and concentration. The difficulties are expressed in inaccurate reading or difficulty in understanding the text, various types of questions and more. In addition, there are difficulties in writing various spelling errors, writing print and type, writing that is not organized and more. In arithmetic, the difficulties are expressed in Memory and in automation (addition and subtraction up to 10/20, multiplication table, etc.). In attention and concentration, the difficulties are expressed in hyperactivity and difficulty concentrating while learning.

Describe to me the behavior of students with learning disabilities in the classroom during classes and during breaks

The behaviors are varied. Some children find it difficult to keep up with the game, some children prefer to run wild rather than play. Some students almost every recess quarrel and have a lot of difficulties with them with and in front of friends. Many times at the end of breaks you have to have a dialogue with them and some of them find it difficult to see the other side.

How do you think students see themselves? How do they look to others?

Some children hide their deficiencies. For example, they will read a book that does not suit their ability at all. I think deep down they know there is a difficulty, but it's hard for them to talk about it and say it in front of their peer group. They usually hide it and may tell a friend or two that they are afraid it will be against them when interface. In class, I feel that they are usually taught to accept them with difficulties. For example, if you work in groups, they won't be upset to be with them despite their difficulties.

What difficulties do you encounter with children with learning disabilities in personal and social aspects?

Sometimes it is difficult for them to persist in the game, sometimes they get angry quickly and angrily leave the game, always feeling that they are the victim and do not see the other and themselves and their behavior that would not be appropriate / hurtful. Sometimes they choose to play a game they're good at in order to succeed. In the personal B.Y. Bet they do not always want to listen to the suggestions of the adult. They know one way to act even if it didn't help/succeed them in the past.

Describe the impact of the disability on self-image

I have no doubt that the image of these children is lower than that of others, but my job as a teacher is to take care and give reinforcement about coping, trials and especially about the path and not just successes, and of course to "embrace" the failures and learn from them - and it's not simple!

Describe how you deal with your student's disability

I try very hard to support and help as much as possible. Together we read a book called "Not love to Read" that talks about the difficulties that children with learning disabilities experience and who can help them. In class, I also read a book to all the children about a child with learning disabilities, and many children identified with him. The book is called "I'm Not What You Think" written by Orit Raz. Excellent book!

Describe how the education/school system deals with students with learning disabilities

At school, these students get 3 hours in a pair or alone with an integration teacher (which is of course not enough). Sometimes these hours are study and sometimes as a prelude to material to be learned in class or for additional practice.

In addition, some receive emotional therapy (for me everyone receives individual therapy) of an hour a week, and some receive additional time of music therapy or something else.

<u>Interview with Y. – Teaching support in sixth grade promotes in elementary school</u>

Tell me about yourself, about the school, about your role there, about the classes you teach.

My name is Yael and I have been a teaching supporter at the school for about 15 years. Some of the years I worked with fourth grades and in recent years I have been working with sixth graders as a class assistant.

Describe what learning disabilities students have in class and how they manifest themselves in lessons

The class is not large, it has about 7 students. There are several types of learning disabilities in the classroom. There are children who have a writing disability, they have trouble connecting the letters, there is a child who writes huge letters, literally on a quarter of a page, most children, even though they are in sixth grade, have severe spelling mistakes. Some have difficulty reading, read very slowly and sometimes really can't read a continuous passage of reading. There are also hyperactive people, who find it really difficult to sit on the chair for long. Really a variety of disabilities.

Describe to me the behavior of students with learning disabilities in the classroom during lessons and during breaks.

The children arrive at class in the morning, take some time to get organized, and then they work according to an orderly schedule and a schedule of lessons. The classroom has a behavior design program, and this helps in creating a good framework of the school day. All in all, the children try very hard in class to perform the tasks given to them, they usually receive the authority of the teachers and assistants. But sometimes there is a situation where a child gets frustrated because he can't perform a certain task, for example in arithmetic and he can get angry, shout and be rude. Our job is to mediate his tasks calmly without getting frustrated and stressed. Their peer group in class is very important to them and usually, when they take breaks they are almost always together and do not connect so much with other classes.

How do you think students see themselves? How do they look to others?

I think the students are aware that they are in a preliminary class, that it doesn't add much respect to them and that they are not like the other children in a regular class. This often causes them to avoid trying to connect with other children

because they feel uncomfortable and prefer each other's company. Even the children in the regular classes don't really connect with them. Not long ago we went to a school event, which was attended by a group of about 14 children from regular classes and 3 children from the preliminary class. The children from the preliminary class sat in a group on the side, talked only to each other and communicated almost no with the other children. It was noticeable that their self-esteem was low around other children.

What difficulties do you encounter in children with learning disabilities in personal and social aspects?

As I have said, in the social aspects children usually find it difficult to connect with other children and are mainly in the group of the class. On a personal level, there are children who, due to lack of confidence or low self-esteem, avoid doing things, do not take much recess and prefer to sit in class. Their frustration sometimes manifests itself in verbal violence, shouting, incessant speech and sometimes physical violence.

Describe the effect of the disability on self-image

In many cases, I see that children do not believe in themselves because they fear failure. When the teacher sometimes invites a child to the blackboard to write something or ask then he says that he does not want to, because he will not succeed, there is no chance, he does not know what to do. Even when giving assignments in a book or notebook, they often get stressed, for example children with reading disabilities can't read properly and then they avoid reading or get angry and frustrated. In all kinds of cases they manifest themselves in the form of insecurity, "I'm not good at this", "No way, I won't succeed"

Describe how you deal with the student's disability

When I see a child being angry, frustrated, or stressed, I try to calm them down, contain them, and not demand much from them academically that day. Because overall they are usually good children, who try to meet the tasks given to them. So if I see that the child is not available for learning then I accept it and contain him, speak softly to him, with nicknames so that he feels better. Of course, if a child exaggerates and is rude or behaves inappropriately, then we clarify the boundaries for him.

Describe how the education/school system deals with students with learning disabilities

Overall, I think that there is definitely awareness in the education system about the issue of learning disabilities, which was not the case in the past. The students receive broad hours in various fields such as: music, darbuka lessons, painting, they have integration hours with an integration teacher, and they also have an hour of movement therapy and art and other things. This helps them and gives them the opportunity to cope more easily with their difficulties

<u>Interview with K. - teaching support sixth grade</u>

Tell me about yourself, the school, your role there, the classes you teach

Hi Hello. I have been working in a school for over 25 years. My job is to help the children in any way that is both emotional and educational

Describe to me what learning disabilities the students have in the class and how they are reflected in the lessons

There are a variety of learning disabilities in the classroom, some have organization problems, some have objective comprehension problems, some have reading and writing problems. Every child is something different, there is nothing that is right for all children and the help is according to the child's needs

Describe to me the behavior of students with learning disabilities in the classroom during lessons and breaks

I repeat that here too it is on a case-by-case basis. Some children have the ability to accept more of their difficulties, some children less so. Children with difficulty accepting their disability can be very frustrated, gather within themselves, do not want to cooperate, do not work, and this is also directly reflected in breaks with friends. Don't want to get close to friends in regular classes

How do you think the students see themselves? What do they look like to others?

Most children take time to accept themselves. They know they are in a preliminary lesson and they don't feel comfortable with it. But since they are in this class, I feel that they have come to terms with their difficulty, and little by little they are learning to deal with this difficulty and fit in

Tell us about the students' sociability in classes and breaks

This year they are a little more cohesive and then they play together more and communicate with each other. I can say that everyone already finds the children with whom they feel more comfortable and connect more

On the other hand, there are students who do prefer something less mass and prefer to be in a class break in a place they know is safe

What difficulties do you encounter with children with learning disabilities in personal and social aspects?

Difficulties can manifest both during breaks and in class. Mainly the frustration that they can't perform all kinds of tasks. For each child, the frustration is expressed differently: one can shut down and the other can push to leave the class as much as possible and break the sitting in the class. Sometimes they have experiences of lack of success but we really, really try to have as many good experiences as possible and do a lot for that

Describe the effect of disability on self-image

It really depends on the child's disability. There are times when you feel that it greatly affects the child socially as well, that he is right on the edge of social understanding. However, once it is purely educational, I feel the disability less socially. There are problems of insecurity, they feel different, others feel that they are less good but again, it is also related to the child and what he receives at home. It's a combination of several things together, it doesn't just come down to school. There are some children in the class who don't go home at all and don't live with their parents, but to settings like boarding school, the children's house and more

Describe how you specifically constantly deal with the disability

We try very hard in the class to accommodate each child with the situation he has. There are children you see who come from home and it is difficult for them, so on that day we are very, very soft with them, tolerant and the educational requirement becomes very low. From an academic point of view, it is better to contain him on his emotional side, go for a walk with him, let him eat, ask him how he is and try to create some kind of connection with him in order to get closer to the child

Describe how the education system deals with supporting the learning disabled.

We have resources and there are a lot of pre-medical treatments, there is a lot of auxiliary power that can answer the work in small groups and then plan the learning that is really correct for two to three children in terms of the content of the learning. There is always something to strive for and more is always possible, but I'm talking about the school I work in and I do think there are resources and an envelope of help. What is more possible in terms of physical conditions is to have more places to release anger and regressions, a kind of place where it is more possible to go out more and get some air. I think it can help.

Interview with L. - 6th grade teacher

Tell me a few words about yourself and your role your role at school

My name is Liora and I am a sixth grade teacher. I didn't want to be a teacher, I came to it randomly, but it's actually the profession that suits me best. I've been a teacher for 30 years at school and teaches all classes. I am also a pedagogical coordinator at the school.

Describe to me what learning disabilities there are in your class and how they are reflected in the lessons

 In our class there is a child who has a lot of difficulty in acquiring reading, even the remedial teacher said that this is the most difficult case she has met in her many years here.

And in addition to him, we have children who have difficulty concentrating and sitting for long periods of time. We build adapted programs for children with a ventilated system and texts at different reading levels so that everyone has an

experience of success without a level of frustration. On the other hand, we do target the division because the intention is to bring out children who know how to deal with texts of different types and at different levels in the division. So that they will really feel that they are able to do the study properly.

Describe to me the behavior of the students with learning disabilities in the classroom. How their behavior expresses the learning disability.

Children who come without Ritalin or feel frustrated often have severe behavior problems. They disturb the teacher a lot, bully other children, don't listen to what is done in class and always have to find adapted tasks so that they can work and have an experience of success.

Describe to me the children's behavior according to the learning during the breaks as far as you know

During breaks usually if they are calm then they are able to play and keep the rules but it is not always like that. If someone really provokes them or did not behave according to the rules accepted by them, they are able to go into a fit of rage and reach a state of many curses and beatings. You really need the intervention of an adult to really separate violent behavior

How do the students look in their own eyes and how do you think they look in the eyes of others?

Our school has a very large population and we know how to work with children who have learning disabilities, so I don't think there is any discrimination here

I think that the children here feel very well and feel that they are included and are not constantly compared to others, however, especially when behavioral problems

arise, they are seen in a different light because they are able to blow up and destroy lessons. As long as there is only a learning disability, they are treated inclusively.

Describe the effect of the disability on the child's self-image

There are children who think that because they are not successful in school they look at them all the time and say oh you're stupid you don't know enough and that's why we are very sensitive at school and we don't let that happen but instead give experiences that will suit the child so that he will succeed and feel more confident.

For example, we have the option of doing oral tests. The meaning is that a child studies for a test and we read the question to him and we write the answer from his mouth and then he has a grade of very good, almost very good. This gives him an exceptional feeling. We don't let them feel that they are less than others, I think we must do that in education

Describe how you specifically deal with the student's disability. What you do

Okay, so I often do even after the mediation and the class transfer, I also do personal mediation. I sit with the same student, I repeat the things that were said in class, I do an individual study of the topics that were studied and see where he still does not understand, I make the adjustments and changes so that he understands the material. There is no child who cannot understand. The question is really how you talk to him and how you reach him according to his specific needs.

Describe how the school education system as a whole actually deals with this issue of learning disabilities

The education system at the school treats the issue of learning disabilities very inclusively. There is a high awareness of the issue and therefore the children receive enrichment classes, counseling hours, music and art lessons, drumming lessons that help them release frustrations, etc.. The children feel that they are trying to help them and go towards them and this gives them a sense of security

Interview with L.- Sixth Grade Special Education Educator

Tell me about yourself, the school, your role there, the classes you teach

Hi.. I am a teacher and I have a bachelor's degree in special education with a specialization in history and Jewish thought. Currently studying for a master's degree in behavioral difficulties and learning disabilities.

I am Sixth grade teacher special education at tzur Hadassah School and mathematics teacher

Describe what learning disabilities students have in class and how they manifest themselves in lessons.

The learning disabilities in the classroom are mainly ADHD and this is expressed in the fact that it is very difficult for many students to sit still for a long time, they get up a lot, deal a lot with objects, draw and must feel movement, sometimes it is also expressed in playing sounds / buzzing, very high tones mainly due to difficulty in sensory regulation. Also, it is very difficult for them to concentrate for a long time, they are easily distracted, from every door opening, noise in the window, student noise and more.

Describe to me the behavior of students with learning disabilities in the classroom during classes and during breaks

During the lessons, the students are more Listening and more focused, during the breaks they very energetic, love to listen to music, go for walks and release energy.

How do you think students see themselves? How do they look to others?

In my opinion, the students see themselves as different from the rest of the class, from the rest of their peers, came with a lot of feelings of inferiority, feel their academic gap with their peers and the great help they receive, and this greatly damages their self-confidence. At the same time, some of them are very extroverted, this is expressed in dress, style of speech and I think this is to attract attention. They are perceived by others mainly as "problematic" students

What difficulties do you encounter with children with learning disabilities in personal and social aspects?

On a personal level, I encounter difficulties of lack of motivation, lack of self-belief, lack of a sense of self-efficacy, lack of responsibility and sometimes also lack of awareness, difficulties in interpersonal communication and more.

Describe the impact of the disability on self-image

As I mentioned, the disorder negatively affects self-image, a feeling of "I'm not successful", "I'm not good", "I can't do well in school" and more. These students mostly feel that they cannot change, that they are labeled in the slot of weaker, inferior.

Describe how you deal with your student's disability.

In particular, i am tries to help as much as possible together with the assistant, to make the material accessible through differential teaching and to create experiences of success alongside learning from lack of success, tries to encourage, motivate, provide feedback and especially create an in-depth personal connection in order to strengthen the student's personal confidence. A lot of differential instruction, flashcards and the feeling of the material, less visual clutter and consideration of their difficulties.

Describe how the education/school system deals with students with learning disabilities.

The school deals with the students and provides them with emotional and social care and a lot of assistance and personal attention. The school creates a strong envelope to strengthen them along with creating close contact with parents in order to act on all levels. The entire special education team tries to be involved, there is staff meetings   which behavior plans are written and there is great thinking about advancing the students on the personal and social aspects, the school counselor is involved, as well as a psychologist and emotional therapist.

Interview with M., fifth grade teacher

What learning disabilities do students have in the classroom and how they manifest themselves in lessons?

Look, a learning disability is defined as a disorder related to comprehension or use of language or use of mathematical ability, it can manifest itself in many things: reading and writing, spelling, reading comprehension, etc. Sometimes even simple texts are a real problem for these children. They constantly have the feeling that they are not doing well and are not so good.

Many times the framework doesn't really bring out their strengths and even it highlights them in front of other children and this creates a bad feeling and an unpleasant feeling of low self-image. They constantly experience a sense of failure in front of other children and it's not easy.

Describe to me the behavior of students with learning disabilities in the classroom and during lessons and during breaks

I often see that because of their low self-esteem, it makes them feel like they are destined to fail. When one of the children is required to do some kind of educational task, he sometimes says no way, I won't succeed. If in the lower grades he invested and succeeded in the higher grades, the comparison to other children is very pronounced.

Some of these children become withdrawn and for some, the low self-image manifests itself in somewhat aggressive behavior.

How do you think children see themselves and how they look in the eyes of others?

This is a group of children who are in a regular classroom. so I think they are definitely aware that they are a little different and that they have difficulties. Many times they get integration teachers and they need mediation, they need to sit with them and they are aware that the other children know it and understand it so it is not easy for them. On the other hand I think they try very hard to connect with the sixth grade and succeed in being part of the other kids. Kids who are really very hard and they feel frustrated so we try very hard to help them and give them experiences of success and good feeling.

Tell us about your students' sociality during breaks.

Usually, when a break begins, you can see that many times the children go out and are mostly in each other's company. They don't always connect with the rest of the class and seem more comfortable together. However, there are also children who get along well with the other children and join them for play and conversations.

How do you think students see themselves? How do they look to others?

As I said before, the children feel that they have difficulties relative to the other children and let's just say that it doesn't add to something they are proud of. They feel frustrated by the fact that compared to other children their age, it is much harder for them to understand all kinds of topics such as arithmetic, language, reading, and more, and this creates a feeling of insecurity. The children around are also aware of this, but I don't think there's any desire to hurt them. Usually the class accepts them well and there are also areas where the children Learning disabilities feel stronger and more confident such as sports, art, music and more, and this helps them improve their self-confidence

Describe the impact of the disability on self-image.

Many times the children feel that they are not as good as the rest. Because they try and don't succeed like other children and sometimes have experiences of failure. This hurts them and causes them low self-esteem and insecurity. To help them, we try to work with them individually, give them oral tests to make it easier for them to express themselves, and give them experiences of success.

Describe how you deal with your student's disability.

I try to give tasks tailored to the children's abilities so that they feel that they can and will have success experiences. For example, a child who has a learning disability in reading and finds it difficult to connect and join letters, I will not give him a continuous and long passage because I know that it will frustrate him and cause a sense of failure and despair. Instead, I will give him a reading piece tailored to his abilities and try to sit with him individually and encourage him

Describe how the education/school system deals with students with learning disabilities

I think that today there is a much greater awareness of the subject of learning disabilities and accordingly the students receive a lot of assistance from the school, such as: remedial teaching, integration teachers, creative therapy, art or speech, counseling hours.

And it certainly helps students feel an envelope of help and secure

<u>Interview with M. - 5th grade teacher, communication class</u>

Tell me about yourself, about the school, about your role there, about the classes you teach

I have been teaching communication classes for 18 years.

In the past I guided and taught the communication classes. The school is an elementary school, grades 1-8. Each grade has at least one special education class.

I am also the security coordinator at the school.

Describe what learning disabilities the students have in the class and how they are reflected in the lessons.

The basic handicap of my class is communication. The children are on the autism spectrum. In addition, there are learning disabilities at different levels, obsessions, difficulty in sensory and emotional regulation.

Describe to me the behavior of the students with learning disabilities in the classroom during lessons and during breaks.

It depends a lot on the child. Some have severe outbursts of violence, independent of time. And can happen at any time of the day. Most of them are conducted normally today, there is a need for mediation in the lessons of understanding material, help with writing, as well as social mediation.

During breaks they like to play together and sometimes go out to play with friends from the integrated class.

How do the students see themselves, in your opinion? How do they look to others?

Like any normal child. Just need more help and mediation. They are very self-aware.

What difficulties do you encounter with children with learning disabilities in personal and social aspects?

Mainly how the environment sees them.

Describe the effect of the disability on the self-image

Depends on the boy. And the most difficult thing is that a comparison is made between them and those around them.

Describe how you deal with the student's disability.

I try to be there for them, mediate and help. Submit, explain. It requires lots and lots of patience, inclusion and above all love.

Describe how the education system/school supports the learning disabled with income.

Our school combines in a charming way all the children who need integration and help at one level or another. Lovely to me.

Interview with Ml. — Sixth grade educator

Tell me about yourself, the school, your role there, the classes you teach

I am an educator of a preliminary class, a sixth grade, which is defined as an emotional behavioral class. I've been with them for four years.

Our class learns in the regular track .The classroom curriculum is according to the regular classroom curriculum with adjustments I make to our classroom

Describe what learning disabilities students have in class and how they manifest themselves in lessons.

There are students with learning disabilities in the classroom, there are students with behavior problems and there are students with emotional problems. This manifests itself in a lot of internal and external distractions during the lesson, emotionally overwhelmed, a lot of freneticism during the lessons, a lot of

repetition of the material learned both during the lesson and repetition between lessons. Link to the previous lesson. This isa small class, we are two staff members, so everyone gets his treatment. The classes are conducted partly face-to-face, some in groups and some in personal work. There are lessons that are combined with a computer, many lessons combined with educational games that are integrated during the lesson in order to assimilate the material in several ways that each child will be able to understand the material according to the channel that is strongest for him – auditory or visual or movement.

Describe to me the behavior of students with learning disabilities in the classroom during classes and during breaks.

Students with learning disabilities do not always know how to read continuously and therefore need mediation and help with reading and writing. Sometimes there is incorrect copying and there are word disruptions It takes a lot of mediation in the matter of reading and writing in terms of understanding instructions as well. They are not always focused on what I am saying at the same moment, so I often have to go back to the instructions during the lesson, check the comprehension, stop several times in the lesson, see that everyone is in the same place that they understood the material Many times children help the children, explain to them and help them understand the material, and this contributes to both sides.

During breaks, you have to see that they behave according to the rules, that they understand the rules that they follow. During breaks, you often have to walk around the team to see that the game is going well.

How do you think students see themselves? How do they look to others?

I think that in the classroom the students feel in a good place instead of in the classroom, which is actually their confidence that everyone knows exactly his

level and so also the classmates know and help each other do not make comments to each other. Sometimes other classes do make comments to them, and that causes friction between the students.

What difficulties do you encounter with children with learning disabilities in personal and social aspects?

Sometimes there is a feeling of incompetence or lack of perseverance and therefore they think that they will not succeed it is often as they want to integrate with other classes and it reaches places sometimes of arguments or disagreements and sometimes also violence and there is some kind of inability to be in a large group.

The social issue is a very significant topic in the classroom.

It takes a lot to mediate social situations, explain them, introduce them, discuss it later, see the different sides in order to know how to solve such problems even without the help of an adult, to reach the right and good path for everyone.

Describe the impact of the disability on self-image

There are children who feel that their self-image is low but do not show it, there are children who do not feel that it affects them because there are their other strengths that compensate for it and they try to stand out in them and succeed, and there are children who do see that it is expressed in low self-esteem, a sense of incompetence and a constant desire for help because they did not succeed alone, but as an educator my goal is to make every child believe in himself that he is capable of doing Things and succeed in them and therefore each child has his own goals and according to this we work in the classroom and set goals that are

possible at first so that the child understands that he is capable and gradually the goals also change

Describe how you deal with the student's disability.

As an educator, first of all, at the beginning of the year, I have a conversation with the parents and the student to hear what his areas of strength and areas of weakness are, what they would like, what he would like and where he feels the most need for help In the classroom, lessons are conducted in a variety of ways. The lessons combine both play and movement and songs and sometimes it's learning with the help of a computer and sometimes I prepare a presentation on the board, sometimes they sit and work in groups sometimes it's individual work. The lessons are varied so that each child can absorb the information in the way he connects with the most. Of course there are children who need more mediation and then I sit next to them and explain to them or the assistant. You have to see that they wrote correctly, that they understood the task correctly, that they know what needs to be done and repeat it over and over many times.

<u>Interview with N. - a teacher for integration and remedial teaching</u>

Tell me about yourself, about the school, about your role there, about the classes you teach

Hi, I worked for many years in schools as a remedial teacher helping children with learning and attention disabilities. Now I don't work in a school but accept children with learning disabilities for remedial teaching and emotional therapy.

Describe what learning disabilities the students have in the class and how they manifest themselves in the lessons.

I encounter a wide variety of learning disabilities:

Dyslexia, dramatic difficulty in acquiring reading. A difficulty that damages the child's self-image and sense of his abilities interferes with his functioning in the home class while preparing homework.

I meet dysgraphic children, whose writing process is cumbersome and creates a feeling of incompetence. They feel that they are retarded in relation to their friends. They don't have enough time to copy from the board and get answers quickly that is expected of them. Which creates a lot of frustration. Besides, the quality of the writing is not good enough and makes it difficult to form a positive self-image.

Describe to me the methods of working with learning disabilities in the classroom or during lessons and during breaks.

Some children with learning disabilities create behavioral difficulties such as chattering, interrupting the course of the lesson to hide the difficulty and prefer to be angry with them for their disruptive behavior than to have their difficulties recognized. Another part tries to hide itself so that it will not be noticed and will not feel awkward.

How do the students see themselves, in your opinion? How do they look to others?

Children with learning disabilities see themselves as significantly inferior to their peers without learning disabilities. They are convinced that they are stupid and incompetent or in their language screwed up. They are confused by the gap between their understanding abilities and the formal achievements in the form of tests and grades.

In the eyes of others, they are considered unwise, disruptive or aggressive. The children categorize them in the group of bad students and disturbed children

What difficulties do you encounter with children with learning disabilities in personal and social aspects?

I come across children whose self-image is not adjusted to their true abilities. They are convinced that they are stupid and unable to achieve good results. They place themselves at the bottom of the social ladder even though they would like to be at the top of the ladder. Some of them fight for their place at the top of the ladder and try to reach the goal in an aggressive and domineering manner

Describe the effect of the disability on the self-image.

The disability creates an inexplicable feeling of a significant difficulty that the environment does not explain and then they enter into anxiety that they will never be able to bridge the educational gaps that are created between them and the children in the class. The self-image is not adjusted to the objective abilities but they are unable to explain to themselves what the problem actually is.

Describe how you deal with the student's disability.

Gives a lot of encouragement, explains more and more that they are all smart, and they are with me only because I can teach them in a different way that is more suitable for them.

Describe how the education system/school deals with students with learning disabilities.

At my school, they cope excellently and give the children a lot of help

Interview with N. – Inclusion teacher in grades 4-6

Tell me about yourself, about the school, about your role there, about the classes you teach.

Hi, I have been a teacher for about 15 years. She holds a bachelor's degree and a teaching certificate in special education, and a master's degree in language education. For 15 years she has worked at the Yad L'Hamisha school in Gilboa as an integration teacher. My job is to work with students with learning disabilities, ADHD and significant learning gaps. In the past two years, the way I work with integration students in school has changed. Due to a large increase in students in need of academic assistance and a large shortage of integration hours. It was decided to divide each grade (consisting of 3 classes) into five groups of learning pace in language and arithmetic. Each grade was assigned special education teachers who teach all the students with difficulties from all grades in the weaker groups. This year I work with the fourth, fifth and sixth grades in groups of 8-15 students. The instruction is in accordance with the layered subjects of study but according to the abilities and pace of work of the students in the group.

Describe what learning disabilities students have in class and how they manifest themselves in the lessons.

In the groups I teach there are students with reading disabilities (diagnosed and undiagnosed), students with ADHD and/or emotional problems. Students are 2-3 years behind what is required. Most students have significant reading difficulties, which is reflected in slow and disrupted reading from France, which cannot lead to reading comprehension. In grades 2-3 I work with them on finishing reading acquisition and improving fluency and accuracy in reading and in older classes on strategies in reading comprehension, linguistic skills, vocabulary and more.

Describe to me the behavior of students with learning disabilities in the classroom during classes and during breaks.

Because I work in relatively large groups (especially compared to standard integration classes with 3-4 students) and because the students from different classes have many social issues that affect learning in the classroom. At the beginning of the year there were many objections and behavioral problems, but over time the students see that they are given tasks that are doable for them, the level of frustration decreases, the sense of competence increases and the behavioral problems decrease. These are things I'm trying to improve and they're part of the annual goal.

How do you think students see themselves? How do they look to others?

Most students are very aware of their academic situation and gaps, and are very frustrated by it. The division into learning pace groups really highlights the gaps, and at the beginning of the year there were many objections to being in the lower groups. But over the course of the year, objections decrease mainly because academic frustration decreases. Students who continue to show resistance are transferred to another group so as not to harm their academic motivation.

What difficulties do you encounter with children with learning disabilities in personal and social aspects?

Mostly very frustration! Some children have great difficulty acquiring reading and reach fifth or sixth grade unable to read. The gap between cognitive abilities (which are sometimes very high) and the products in the field is very large and frustrating. Especially when parents do not accept the disability. At higher ages, it can also become an object of teasing from stronger students. The main

difference I find is support from home and identifying the student's strengths in order to develop a sense of competence and self-worth.

Describe the effect of the disability on self-image.

Of course, the self-image is very damaged. I remember one student I taught to read in fifth grade. In one of the first lessons, I explained to her what a learning disability was, and showed her what had been written about her in her didactic evaluation. I dwelled mainly on the fact that they wrote that she was highly intelligent and had a learning disability. That evening, the girl's mother called me and said that she had come to her and told her: "Mom, I'm not stupid..." Until that day, she didn't understand why she couldn't read**.**

Describe how you deal with the student's disability

I work with each group of students according to goals defined together with the educator, parents and students. Learning is at the student's pace and according to his abilities. At work, I try to adapt the teaching method to the student's strengths. If one strategy doesn't work, try another. I combine a lot of games in learning and illustrative means in order to give different ways of understanding the subject.

Describe how the education/school system deals with students with learning disabilities

I think that the Ministry of Education does not really have an appropriate response for students with learning disabilities and their integration into the education system. The integration hours are few and insufficient to provide a response, and many parents are forced to turn to private instruction and spend thousands of shekels a year in order to reduce learning gaps.

<u>Interview with N. – Elementary school teacher</u>

Tell me about yourself, the school, your role there, the classes you teach

I am a teacher of fourth and sixth grades in full integration in the general classes. The school has a total of about 160 students. A very heterogeneous class in terms of diagnoses. Emotional problems, sequencing, and learning disabilities mainly

Describe what learning disabilities students have in class and how they manifest themselves in lessons.

In the classroom about 6 students with learning disabilities, the lessons are adapted mainly around the acquisition of reading

Describe to me the behavior of students with learning disabilities in the classroom during classes and during breaks

Mainly social difficulties are observed, a lot of bullying of others and towards them, insecurity and a sense of inability to succeed.

How do you think students see themselves? How do they look to others?

In their own eyes, their image is usually low, and for others not always

What difficulties do you encounter with children with learning disabilities in personal and social aspects?

Lack of motivation for success, lack of trust in themselves and sometimes in others.

Describe the impact of the disability on self-image.

Usually low to very low self-esteem due to the difference they feel from other students.

Describe how you deal with your student's disability.

Tailored teaching, increased motivation and a sense of emotional work capability

Describe how the education/school system deals with students with learning disabilities.

There is group emotional therapy done by an art therapist and an occupational therapist.

Interview with R. – Integration Teacher

Tell me about yourself, about the school, about your role there, about the classes you teach.

I am an integration teacher at the Tzur Hadassah school.

I teach small inclusion groups of 3-5 students in textual subjects as well as arithmetic. And also individual students called differentials.

Describe what learning disabilities students have in class and how they are expressed in the lessons.

The students I teach have learning disabilities such as dyslexia, dysgraphia, dyscalculia.

They are expressed in difficulty in reading and writing texts, as well as in math lessons and basic arithmetic. They find it difficult to perform tasks that involve

activities in which the impairment manifests itself, and thus are delayed and are not at the pace of the class in terms of power and time to perform the task.

Describe to me the behavior of students with learning disabilities in the classroom during Lessons and breaks.

During classes and recess, children with learning disabilities often have trouble forming friendships and spend time alone. During the lessons, sometimes they work alone but do not always succeed in carrying out the tasks, and sometimes rely on friends, for example, to work in pairs to perform a task.

How do you think students see themselves? How do they look to others?

They usually suffer from low self-esteem because they feel the gap between themselves and their peers, that is, they are not in the peer group and feel abnormal. I think others also see them as outliers because they are weaker in school and also have trouble forming friendships.

What difficulties do you encounter in children with learning disabilities in personal and social aspects?

The difficulties: difficulty forming friendships, low self-confidence, low sense of competence, developing dependence on the helping teacher, difficulty remembering.

Describe the effect of the disability on self-image.

As I have already written, self-esteem is low due to the low sense of competence and the (sometimes) low achievements resulting from an educational gap relative

to their peers, and a gap between high intelligence and low executive ability. They are also accompanied by a sense of failure.

Describe how you deal with the student's disability

I deal with the disorder by providing shorter texts, adjusting tasks in their scope and difficulty level, using highlighters in texts, providing learning strategies and tools that will make it easier to deal with texts (answering questions, a central idea, distinguishing between trivial and essential, learning words from context, etc...), adjustments of text reading, giving extra time on tests. In addition, I serve as a listening ear to the student's problems and provide attention as well as emotional support, a sense of self-efficacy, and positive reinforcement.

Describe how the education/school system deals with students with learning disabilities.

The school deals with learning disabilities. When a child undergoes a diagnosis, he may receive combination hours, individual lessons from the educational staff, extra time on tests, adjustment of tasks, reading of the text, instructions. Later, he will receive accommodations with which he can enter the exam. Among them: ignoring spelling errors, taking oral rather than written tests, neutral quizzes, transcription, adjusted questionnaires.

<u>Interview with S. - sixth grade educator</u>

Tell me about yourself about school, role, how in school, and classes you teach

I teach a small sixth grade at the school. This is my second year at the school and my second year with the current class

Describe to me what learning disabilities children have and how they manifest themselves in lessons

My class is characterized by both learning disabilities and emotional behavior disorders

Learning disorders, learning difficulties can be expressed in dyslexia of omission of letters in writing and copying, difficulty in reading comprehension at all. I have children who have not yet fully acquired reading and at the stage of establishing the reading acquisition process there are still children who are in the final stages of acquiring reading. There are of course students who are diagnosed with attention deficit hyperactivity disorder and some are not treated.

Describe to me the behavior of the students in classes and during recess.

In the lessons, all the students get the authority, they organize for the lesson, start working on time and organize afterwards.

During breaks they don't know how to occupy themselves many times and they require adult mediation, usually during recess they walk around talking if there is a ball then the break passes very successfully.

They have a lot of fun with each other and prefer to usually be together rather than join other classes

How students see themselves in your opinion and how they look in the eyes of others.

The students are often also preoccupied with emotional problems. That is, if I am not successful then I am not good enough and others see me as not good enough, some of them do not accept that they are in a preliminary class. It's very hard for them with this labeling, even though there are children in my class who function

and outwardly do everything and function in a way that is really appropriate for their age, but their inner feeling is that I'm not good enough and sometimes it stops them from initiating social relationships with children outside the classroom.

Describe the impact of the disability on self-image and sociality.

I'll talk specifically about reading impairment, for example. The children who can't read in the big classroom, so in the small class, the kids can. This means that these children avoid and may avoid participating in activities or trying to read in certain classes just because of fear of a reading task, a reading comprehension task, especially children with dyslexia.

Do you think children's self-image is damaged because they suffer from learning disabilities?

Absolutely. The moment a student doesn't succeed and doesn't succeed again, it's a kind of failure. When it repeats itself at some point, he stops trying and certainly stops believing in himself that he will succeed. If he had already tried and succeeded, it would have motivated him, and therefore it is very important for us to create experiences of success for them specifically and to see the places that strengthen them in order to create some kind of experience of success and restore their self-image and self-confidence to approach tasks.

Describe how you, as an educator, deal with students' disabilities or students' disabilities.

Okay, so we in the class work in small groups first of all, so that each student receives the program tailored to him. With this in language with this in mathematics, everyone works at his own pace numbers that are adapted to him

and so there is no room for comparison. Before we start working at the beginning of the year, I tell everyone that everyone works according to his own plan, there is nothing to compare myself to the other, and this is something that takes some of the stress off. We all learn the same material simply in a way that suits the student himself. Two students can learn the same thing in different ways

Describe how the school system copes with learning disabilities.

In fact, they receive all the hours of remedial instruction in the classroom, but beyond that, to raise self-image and respond to the emotional place, there is a weekly hour of movement or art therapy that allows children to really talk about their needs, distresses and fears and also the happy things to encourage them further The system gives resources, I would always, of course, be happy if it were possible to give a psychologist hour to each student, beyond an hour of movement, art, just for discourse, but every child needs something different, and there are children who are not suited to talk but rather to create. This is how therapy works

Interview with T. - Integration Teacher

Tell me about yourself, the school, your role there, the classes you teach

I am a very veteran integration teacher, working with students with learning difficulties / learning disabilities, who study in regular classes. The children are from fourth to sixth grade. Uses in diverse ways tailored to each child Also refers to the emotional part within learning

Describe what learning disabilities students have in class and how they are expressed in the lessons.

Diverse disabilities. Some children have one major reading disability – writing or arithmetic, and others have extensive disabilities in most subjects of study. In classroom lessons, some try to fit in and do at least partly what they succeed, and some are not connected to what is happening a significant part of the time.

Describe to me the behavior of students with learning disabilities in the classroom during Lessons and breaks.

During the lessons, some of the children partially perform the tasks, some hardly but appear on the face of it as if they are performing, and a small part also show restlessness... Wake up... Move... fight....

During breaks, the difficulty is less evident, as a generalization.

How do you think students see themselves? How do they look to others?

Many of the students express feelings of, I'm not smart, I'm stupid, and parents also report that their children express themselves this way at home. Some also say, I'm not like everyone else. Sometimes there are children around them who also tell them that they are stupid, that they are not in the group of wise men, and kindergarten: "We'll see if you know how much 2+2 is"......

What difficulties do you encounter with children with learning disabilities in personal and social aspects?

Not a good mood in a bite, sometimes not wanting to come, feeling very frustrated and continuous, feeling that there is no way to change the situation because their

damaged abilities do not allow them to succeed! A feeling that they are a predictable and unbreakable failure. Sometimes there are also social influences.

Describe the impact of the disability on self-image.

The disabilities severely damage the self-image! As I described in the previous sections. The feeling of inadequacy permeates and greatly affects a difficult self-image that accumulates over days, weeks, months and years.

Describe how you deal with your student's disability.

Out of a deep awareness of the suffering and damage caused by ongoing lack of success and the formation of a damaged self-image - I devote a lot of talk to the fact that all people are born with different brains, with strengths and less strong sides, and I also tell them that they have the right to be explained in a way that they understand, precisely because everyone has a slightly different brain, and if they didn't understand, it's because they weren't explained in a way that suits them and not because they are Wrong. I explain that sometimes the teacher can't explain different to everyone because she's only one and there are many children, but that still doesn't mean it's their fault. Of course, it greatly emphasizes their strengths, abilities, and... Mostly, she teaches in effective ways tailored to them, and is happy with them in anything that was incomprehensible, and suddenly... There's the "Ahhhhh now I get it!!"

Describe how the education/school system deals with students with learning disabilities.

One problem is that the system makes the child feel that they are to blame for their lack of success. There is an indirect message that says, if you are a bad student, it is in your control – your choice – in your hands. This is the message that goes through the grade on the test, on Parents' Day and on the certificate. And this is a

great and ongoing injustice that contributes dramatically to the creation of a very damaged self-image! A change in message can already make a big difference in shaping self-image. Likewise, emphasizing on a daily level, even if only in one sentence – a bright spot in everyone, and especially the children coping with difficulties for which they are not to blame!! Emphasize the good honestly! ("How fun to see a cute kid like you in the morning", "What an original answer", "What cool ideas you have" and much more!).

These are simple things. Real, require neither budget nor resources. Words are free.... And anyone can. And it takes 20 seconds. Of course, it is important to train and allocate resources for tailored instruction as much as possible, in small groups and not one teacher to account for an entire class with multiple minds.