

THE RIGHT OF CHILDREN WITH DISABILITIES TO EDUCATION: SITUATION ANALYSIS AND RECOMMENDATIONS FOR TURKEY

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ABBREVIATIONS

BLNE	Basic Law of National Education
CESCR	Committee on Economic, Social and Cultural Rights
CIB	Child Intersectoral Board
CRC	Counseling and research center
CRC-Committee	UN Committee on the Rights of the Child
CRC-Convention	UN Convention on the Rights of the Child
CRPD	UN Convention on the Rights of Persons with Disabilities
CSO	Civil society organization
ECCA	Education centers for children with autism
ERI	Education Reform Initiative
ESC	European Social Charter
ECSR	European Committee of Social Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICF	International Classification of Functioning
IEP	Individualized education plan
ITP	Individualized teaching plan
LPD	Law for Persons with Disabilities
MFSP	Ministry of Family and Social Policies
MoNE	Ministry of National Education
n.d.	No date
ÖRAV	Teachers Academy Foundation
RESC	Revised European Social Charter
SEIR	Secondary Education Institutions Regulation
SERC	Special education and rehabilitation center
SESR	Special Education Services Regulation

SSEP	Strengthening Special Education Project
TEOG	Transition from Primary to Secondary Education Exam
TSL	Turkish Sign Language
UN	United Nations
UNICEF	United Nations Children’s Fund
WHO	World Health Organization
WJIII	Woodcock-Johnson Cognitive Abilities Battery

I. INTRODUCTION

Z. HANDE SART

The right to education is a fundamental right of all persons, as guaranteed by national and international legislation. The Universal Declaration of Human Rights (1948), the United Nations (UN) Convention on the Rights of the Child (1989), the UN Social Charter (1961; 1996) and the UN Convention on the Rights of Persons with Disabilities (2006) all demonstrate the necessity of securing the right to education for all children, without any discrimination based on gender, language spoken, religion or race. It is known, however, that despite the existence of relevant legal regulations, children with disabilities are not able to fully enjoy their right to education, and that they experience difficulties in accessing a quality education.

A sound legislative foundation has been created in order to guarantee the right to education of persons with disabilities in Turkey. Yet efforts and practices aiming to ensure the full and active participation of persons with disabilities within social life have still not reached the desired level.

This can clearly be observed when the right to education of children with disabilities is taken into consideration. While national policies, especially within the last 10 years, for ensuring the full and active participation of persons with disabilities within the educational system, have quite a comprehensive framework, they have not been adequately implemented. Standards have been established in legislation regarding special education, but flaws seen in practice demonstrate the need to re-configure these standards in collaboration with relevant specialists and implementers, families and civil society organizations (CSO) working in this field.

This study examines to what extent children with disabilities (aged 0-18) are able to access education in Turkey, the scope and quality of educational services provided, the needs of children and their families and the problems they experience. The aim of the study is to identify problem areas in the field of education in order to create a basis for policy recommendations in this field. Medical and educational diagnostic processes play a key role in allowing children with disabilities to access education, support education, rehabilitation and home care. The study, therefore, has been organized into three parts – the pre-diagnosis phase, the diagnosis phase and the post-diagnosis phase.

In examining the extent to which children with disabilities can realize their right to education, the study incorporates the opinions of children with disabilities, their parents, teachers and psychological counselors in schools, experts working in counseling and research centers (CRC), school administrators, and experts working in special education and rehabilitation centers (SERC). Designed as a situation analysis, the study was conducted using qualitative research methods in the provinces of Ankara, Diyarbakır and Istanbul. Data has been collected through face-to-face interviews conducted by the research team. In-depth individual interviews were conducted with seven children with disabilities and 20 parents of children with disabilities. A total of nine focus group discussions were performed throughout October, November and December of the year 2014 with groups of teachers, psychological counselors, specialists and administrators working in schools, CRCs and SERCs.

After a general introduction, the report shall provide a conceptual framework regarding disability. It shall then move on to delineating the legal basis and existing structures for the access to education for children with disabilities in Turkey, explain the methodology of the field research, list the main findings and end with a conclusion and recommendations.

CONCEPTUAL FRAMEWORK ON DISABILITY

Although the rights of persons with disabilities are guaranteed by national and international legislation, persons with disabilities nonetheless often experience marginalization, discrimination and social exclusion¹ on different levels. Persons with disabilities have, however, come together and united their efforts to render visible positive examples within society so that the injustices, inequalities and exclusionary practices they experience in social life can be further emphasized.²

Two common conceptual models, the individual model and the social model, are used in defining disability. The individual model, also known as the medical model, focuses on the “personal tragedy” of the individual. This model attempts to define disability within a dual system consisting of those who are ill versus those who are healthy, those who are normal versus those who are abnormal, and those who are handicapped versus those who are not handicapped. Within this model, disability is conceived as being directly related to disease, trauma, and health conditions and thereby requiring medical care from professionals by way of an individual treatment plan. As a result, disability is defined within the context of individual problems.³ In other words, the individual model considers disability as solely the problem of the individual, viewing it through the lens of a medical perspective as a condition that must be “treated.”

The approach to disability fostered by this model also affects the policies related to disability and the services provided. Treating disability from a medical perspective only, without taking all components affecting an individual into account (such as environment, social setting, support, etc.) results in the requirement that a medical diagnosis be made in order to benefit from rehabilitation and educational support services. Thus, following a medical diagnosis process conducted according to this conceptual approach, a determination is made on what kind of rehabilitation services an individual shall be provided, as well as on how much of an allowance caregivers may receive based on the degree of disability. Furthermore, on the basis of an educational diagnostic process conducted after this medical diagnosis, a decision is even made on which school the child shall be placed in. This kind of system sees persons with disabilities as individuals in need of protection and care and focuses on what they lack and what they are unable to do, rather than on their strengths and what they are capable of doing.⁴ The individual model especially comes under criticism for its emphasis on emotions, such as fear and pity, as well as for its reliance on fitting societal “norms”.

In the social model, however, disability is defined with a focus on “external threats or restrictions.” According to this model, disability “is not an attribute of the individual, but rather an outcome or a result of a complex collection of conditions created by the social environment.”⁵ In this model, disability is not seen as a problem inherent in a person, but is rather perceived as a set of obstacles caused by the social environment or society, or that comes into existence as a result of difficulties the society creates for individuals. The social model includes issues such as the intended or unintended pressure, stigmatization, labeling, marginalization, and exclusion persons with disabilities face, along with restrictions caused by the physical environment. It thus seeks to treat disability as a socially created problem rather than as the problem of the individual. The philosophy of this model is that society should position itself as a “facilitator” rather than as a barrier. The

1 Barnes, 2002.

2 Oliver, 2009.

3 WHO, 2001, 20.

4 Oliver, 2009.

5 WHO, 2001, 20.

social model underlines the importance of full and active participation in reachable and accessible “barrier-free” environments designed based on universal principles, where all persons, including those with disabilities, are able to benefit equally from the rights they have. A more coherent and systematic view has been brought to these two commonly used models, resulting in the creation of the biopsychosocial approach, which is based on the uniqueness of the individual. To overcome the pressure, stigmatization, labeling, marginalization and exclusion experienced by persons with disabilities, it became clear that a new approach was needed, one that combined the social model with needs specific to the individual. With the biopsychosocial model, a human-rights-based approach, where it is emphasized that disability is not a homogeneous experience even among those with the same disability, and that all individuals are different but have equal rights, has been adopted. The biopsychosocial model also underlines that each individual has a different set of talents, and that, alongside environmental factors, personal history and experiences are important.

The World Health Organization’s (WHO) International Classification of Functioning (ICF) uses the biopsychosocial model approach. In using this model, WHO has attempted to form a synthesis in defining functioning and disability by considering the activity and participation domains of the individual, as well as the role of environmental and personal factors, along with bodily functions and structures.⁶ When defining problems in functioning, the ICF delineates three related areas: impairments in body functions and structures (a hearing impairment), activities/activity limitations (difficulties in carrying out activities such as climbing stairs and eating), participation/participation restrictions, difficulties in participating in any one of the areas of life (such as discrimination in employment or in educational environments).⁷

According to the *World Report on Disability*,⁸ the vast scope of experiences of disability makes it difficult to define or measure. Since most definitions of disability are based on different interpretations of “normalcy”, these different interpretations in understanding disability stand in the way of arriving at a universal definition. Furthermore, the fact that an individual who has an impairment of the senses is in constant interaction with their social, cultural and physical environment makes this kind of a definition even harder to achieve.⁹ And finally, because countries use different conceptual approaches regarding experiences of disability, the data collection methods they prefer, and, therefore, the statistical data they have on disability are affected.

The term “persons/children with disabilities” used in this report, in concordance with the Convention on the Rights of Persons with Disabilities, refers to persons/children who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. “Children/persons with special needs” is a term that includes disability groups that are harder to detect, such as those who have learning disabilities, as well as gifted individuals, along with persons/children with disabilities.

In Turkey, the education of children with disabilities is considered within the scope of special education. Legislation and practice in this field is formulated through “persons in need of special education”. Thus, within the context of special education services in the education system in Turkey, this report uses the broader term, “person/child with special needs”.

6 WHO, 2001; UNICEF, 2014.

7 WHO and World Bank, 2011.

8 Ibid.

9 Coleridge et al., 2010.

II. LEGISLATION AND POLICIES REGARDING THE EDUCATION OF CHILDREN WITH DISABILITIES¹⁰

YELİZ DÜŞKÜN

Prior to sharing the findings of the field research, this section of the report shall describe the existing legal framework and policies in Turkey regarding the education of children with disabilities. Firstly, there shall be a consideration of the way in which the right to education of children with disabilities is treated in international human rights documents to which Turkey is party as well as in national legislation. Then, the section shall move on to an examination of high-level policy and strategy documents in order to determine to what extent the education of persons with disabilities is given attention.

THE RIGHT TO EDUCATION OF CHILDREN WITH DISABILITIES IN INTERNATIONAL LEGISLATION

The UN Convention on the Rights of the Child (CRC-Convention) places special emphasis on the rights of children with disabilities. All rights within the CRC (Convention) must apply to children with disabilities in practice as well as in theory, and fundamental principles must be secured. The 2nd article of the Convention, which forbids discrimination, also clearly states that it is forbidden to discriminate based on disability. According to the 28th article of the Convention, everyone has the right to education, and primary education is compulsory and available free of charge. According to the 23rd article, which regulates the obligations of signatory states regarding children with disabilities, all signatory states are responsible for ensuring conditions that guarantee the dignity of children with mental or physical disabilities and that facilitate their active participation in the community.

The General Comment No. 9 published by the UN Committee on the Rights of the Child (CRC-Committee) focuses on children with disabilities and guides states parties in how to guarantee the rights of these children. In this comment, the CRC (Committee) emphasizes the importance of access to educational facilities in enabling children with disabilities to reach the highest level possible in terms of their talents, personalities and mental and physical capacities. The General Comment No. 9 also underlines the necessity for teachers to receive training in how to care for children with different skills and talents, so that positive results may be achieved in the education of children with disabilities. With its General Comment No. 9, the CRC (Committee) places states under the obligation to take measures to render physical environments accessible, adequately train teachers regarding the issue at hand, and develop the curriculum and educational programs in a manner that takes the needs of children with disabilities into account so that these children may be able to access educational services provided in regular schools.

¹⁰ This section was written based on legislation and data up-to-date as of February 2015.

The CRC (Committee) holds that the only condition under which children with disabilities may receive education in separate facilities is that this is in their absolute best interest. According to the CRC (Committee), if the best interests of children with disabilities cannot be ensured in schools within the general education system, it is then possible to provide education in separate environments. Special education schools must, however, be equipped in meeting the individual needs of children with disabilities.

The UN Convention on the Rights of Persons with Disabilities (CRPD) was signed by Turkey in 2008 and put into effect in 2009. Its supplementary optional protocol was signed in 2009 and ratified in December 2014. According to the 24th article of the CRPD on the right to education, states are obligated to recognize the right to education of persons with disabilities, and to ensure this right for them on all levels of the educational system, without any kind of discrimination whatsoever. Persons with disabilities may on no condition be excluded from the education system due to their disabilities. States must take the required measures and provide the necessary support mechanisms for persons with disabilities to be able to benefit equally from the right to education. To this end, for example, the Braille alphabet and sign language must be brought into use within educational environments. Furthermore, according to the convention, the human rights of persons with disabilities must be respected on all levels of the education system, and educational programs that create awareness regarding disability rights must be developed.

Fundamental principles adopted in the CRPD:¹¹

- Respect for inherent dignity, individual autonomy, and independence of persons
- Non-discrimination
- Full and effective participation and inclusion in society
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
- Equality of opportunity
- Accessibility
- Equality between men and women
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities

According to the 13th article of the International Covenant on Economic, Social and Cultural Rights (ICESCR), signatory states acknowledge that everyone has the right to education. Turkey signed the ICESCR in 2000 and ratified it in 2003. Although disability is not among the kinds of discrimination forbidden by the convention, it is explicitly mentioned in the General Comment No. 5 published by the Committee on Economic, Social and Cultural Rights (CESCR) – the body responsible for monitoring the implementation of the Covenant – that forbidding disability-based discrimination is indeed part of the framework of the Covenant. This General Comment also emphasizes the right of persons with disabilities to receive an education in an integrated environment. In its General Comment No. 13, the CESCR notes that the accessibility of education is one of the fundamental principles of the Covenant's 13th article, the article regulating the right to education. According to the Committee, there should be no de jure or de facto discrimination in education, and educational services must be both physically and economically accessible in order

¹¹ CRPD, 2006.

to achieve truly accessible education. When states party to the ICESCR disregard the special needs of children with disabilities, this is defined as discrimination by the Committee. In line with the CRC (Committee), the CESCR also places emphasis on the training of teachers in a manner that equips them to educate children with disabilities within the formal education system. In General Comment No. 5, where it states that persons with disabilities must receive education in integrated environments, special emphasis is also given to the training of teachers in a manner that equips them to meet the needs of children with disabilities within regular schools that are part of the general education system, as well as to the provision of necessary equipment and support mechanisms for the education of children with disabilities.

Although disability is not among the kinds of discrimination forbidden under the European Social Charter (ESC) or the Revised European Social Charter (RESC), the European Committee of Social Rights (ECSR) has declared that disability is considered to be within the scope of non-discrimination. The ECSR emphasizes the right to equal education within general education schools and repeats that states party to the Charter must take measures to ensure this right. Turkey ratified the ESC in 1989 and the Revised ESC in 2007.

As the ECSR holds that children with disabilities must receive education alongside their peers in general education schools, the ECSR also monitors whether states have transitioned from a model based on special education to one based on inclusive education and requests the following information from States parties within this context:

- “Whether children’s disabilities have been taken into account in designing the regular curriculum, and if so, in what way this has been done,
- Whether individual education plans have been prepared for students with disabilities, and how this has been done,
- Whether financial and human resources – including support personnel and other technical forms of support – have been made directly available to children in order to ensure their education,
- Whether any adaptation has been made in methods for evaluating the results of education, and what kind of adaptation this is,
- Whether the diplomas and degrees received at the end of the educational period are the same as those received by other children, and whether these are officially recognized.”¹²

In short, many international conventions – to which Turkey is also party – forbid discrimination against persons with disabilities and guarantee the right to education of children with disabilities. The principle adopted in the education of children with disabilities is that they should receive education in integrated environments, unless it is in their absolute best interest to be educated in separate facilities. The international legislation governing this matter places states under the obligation to regulate the educational services provided in both integrated and separate environments through an inclusive approach that meets the needs of children with disabilities.

¹² ERI, 2009.

NATIONAL LEGISLATION ON THE EDUCATION OF PERSONS WITH DISABILITIES

The national legislation includes detailed and comprehensive regulations on the right to education of persons with disabilities. According to the 42nd article of the Constitution of the Republic of Turkey, individuals may not be deprived of their right to receive an education and primary education must be mandatory for all citizens, both girls and boys, and be free of charge in public schools. Similarly, the 4th article of the Basic Law of National Education (BLNE) states that educational institutions are open to everyone regardless of their gender, language-spoken, religion or race. The addition of “disability” to this article in the year 2014 is a positive development.

The Law No.5378 for Persons with Disabilities (LPD) passed by Turkey’s national legislature in 2005 is the most important piece of legislation regarding disability in that it provides a highly detailed bill guaranteeing the rights of persons with disabilities. The law states that the education of persons with disabilities cannot be prevented on any grounds whatsoever. Individuals with disability may prefer of the option of life-long education, with their difference being taken into due consideration, on the basis of full equality, and without being subjected to any form of discrimination. According to the law, the state must make the necessary planning within the educational system so that persons with disabilities are able to receive all levels of education, and take measures for the inclusion of persons with disabilities who, for whatever reason, have made a late start into formal education programs. The law places responsibility on the Ministry of National Education (MoNE) for the provision of materials such as audiobooks, or other items that use the sign language system or Braille alphabet – which may be needed by persons with disabilities. According to the 13th article of the law, measures must be taken to ensure that persons with disabilities are able to choose a profession and receive education in their field. The same article states that vocational training programs are to be developed through the cooperation of the Ministry of Labor and Social Security and MoNE. The law also stipulates that public facilities must be rendered accessible to persons with disabilities; and, although it is not explicitly mentioned in the relevant article, it is presumed that school buildings are included among these facilities.

According to the Turkish Civil Code (i.e. Law No.4721), parents are responsible for educating their children and for ensuring and protecting their physical, mental, psychological and social development. Parents of children with disabilities must provide them “general and vocational education in a manner corresponding to their specific talents and dispositions.” With this article, parents of children with disabilities are forbidden from preventing their children from exercising their right to education. The 52nd article of the Law No.222 on Primary Education also requires that as part of compulsory primary education, parents are to ensure the continued attendance of their children in educational facilities.

The Statutory Decree No.573 on Special Education ratified in 1997 comprehensively regulates the mainstreaming of education within national legislation. In the Statutory Decree: “person in need of special education” has been defined as “person showing significant difference from the levels expected from their peers in terms of personal characteristics and educational proficiency due to a variety of reasons. “Special education” itself has been defined as “the type of education provided by specially trained personnel and with specially developed teaching programs and methods, in order to meet the needs of persons requiring special education in environments suitable to their disabilities and characteristics.” “Mainstreaming,” has been defined as “the creation of educational

environments designed to ensure interaction between individuals needing special education and others, whereby the goals of education are able to be achieved to the highest degree”, and “diagnosis” has been defined as “the process of determining and evaluating the characteristics of the individual in all developmental areas for educational purposes.” The Statutory Decree emphasizes the importance of prioritizing mainstreaming education for children with special needs, beginning special education at an early age, developing personal education plans and actively including families in the process of special education.

The Special Education Services Regulation (SESR), passed in 2006 and revised in 2012, has consolidated the principles of starting early, in terms of special education, and prioritizing mainstreaming. According to the 29th article of the SESR, preschool education is compulsory for children with disabilities from the age of 37 to 66 months, and mainstreaming is given priority in this compulsory preschool education. The SESR comprehensively regulates the methods and rules regarding children with disabilities utilizing their right to receive an education. The 7th article of the SESR addresses identification: “the identification of the educational level and evaluation of the individual is carried out by a special education evaluation board, formed within the counseling and research center, using standard, objective tests and measurement methods that fit the qualities of the individual.” According to the Regulation, a Special Education Evaluation Board Report is prepared for children who need special education, and based on this report, they are then placed in a school that matches their needs. Mainstreaming is prioritized in this placement into schools. The 23rd article of the SESR regarding mainstreaming emphasizes that schools with mainstreaming classrooms must be rendered physically suitable for children with disabilities, and that the necessary educational materials must be provided. In the same article, it is also underlined that the employees, students and parents in mainstreaming schools must be informed about the situation of children with special needs.

The Pre-School and Primary Education Institutions Regulation and the Secondary Education Institutions Regulation (SEIR) include provisions in support of the legislation on special education. In both regulations, emphasis is given to the role of Counseling and Research Centers (CRC) in determining which children have special needs and to the importance of preparing Individualized Education Plans (IEP) for them.

According to the 11th article of the Pre-School and Primary Education Institutions Regulation, children referred to pre-primary and primary education institutions via a CRC report are registered in whichever school they wish, regardless of their home addresses. The same article also includes the following provision on registration for pre-primary education and the composition of the classroom: “Based on the report prepared by the Special Education Evaluation Board established within counseling and research centers, children, aged 37-66 months, who are referred to mainstreaming preschools are registered in these institutions. Classrooms are arranged so as to include two children with special needs in classes where there are 10 students, and one in classes where there are 20 students.”

The 8th article of the Secondary Education Institutions Regulation states that children with special needs may attend secondary education institutions “taking into account their evolving characteristics based on their individual abilities/proficiency levels.” According to the regulation, students are placed in secondary education institutions based on their abilities, health conditions and home address. This placement is conducted through the cooperation of provincial/district special education boards and school principals, in a manner that takes school capacities into account. For one, no more than two students are placed in any one unit. Moreover, the regulation

holds that classroom sizes must be reduced in classes where students with special needs shall receive education, students from different special need groups should not be placed within the same classroom, and necessary physical arrangements should be made to meet the special needs of students. In the 95th article of the SEIR, regarding educational environments, it is stated that “School buildings, facilities, and gardens are to be structured in such a way as to ensure accessibility for disabled persons.” It is added that classroom equipment must also fit the needs of students with disabilities.

The Pre-School and Primary Education Institutions Regulation indicates that education support rooms may also be opened in pre-primary and primary education institutions in order to provide special education support for mainstreamed students. According to the regulation, “Those who have been determined in reports by special education evaluation boards to have high levels of inability and thus be unable to receive full-time mainstreaming education, as well as those who have more than one type of impairment” are to be registered in special education classes that are to be opened if the physical conditions of the institution in question are suitable. Special education teachers must be employed to work in these classes. Greater flexibility is shown regarding attendance for children with disabilities in preschools. The relevant article states that “Daily attendance requirements are to be exercised flexibly for children needing special education in accordance with their social adaptation and development levels.” The regulation also holds that no fees are to be taken from poor students (whose numbers are set at a ratio of 1 out of every 10 students) for pre-primary education; and students with disabilities are to be prioritized amongst other poor students in realization of this right.

Turkey’s national legislation includes a number of significant regulations regarding the right of persons with disabilities to education. In particular, the Law for Persons with Disabilities passed in 2005 constitutes an important step in ensuring this right. With that said, however, in light of international human rights documents, the national legislation still has room to improve. In this vein, it is important that the current emphasis in the legislation on mainstreaming/integration be gradually transformed into a framework for inclusion and inclusive education as defined in international documents. The next section covers current national policies and practices regarding the education of children with disabilities.

CURRENT POLICIES AND PRACTICES REGARDING THE EDUCATION OF CHILDREN WITH DISABILITIES IN TURKEY

In this section, the main points of policies on the education of children with disabilities in Turkey are examined.¹³ In this examination, policy documents are reviewed, and the evaluations made are arranged under three headings. The first heading covers projects and actions taken to strengthen inclusive education and social inclusivity. Strengthening inclusive education refers to the steps taken by the public institutions responsible for policies on persons with disabilities toward ensuring inclusion in the education of persons with disabilities. Social inclusion refers to making

13 The evaluation carried out in this section is based on a wide selection of sources, including the 10th Development Plan (2014-2018), the Strategic Plan of the Ministry of Family and Social Policies (2013-2017), the Strategic Plan of the Ministry of National Education (2010-2014), the National Strategy Document and Action Plan on Children’s Rights (2013-2017), the Strategy and National Action Plan for Accessibility (2010-2011), the 2014-15 Action Plan of the Child Inter-sectoral Board, the Draft National Action Plan on Autism Spectrum Disorder and the Strategy and Action Plan on Gifted Persons (2013-2017), which shape the direction of the above-mentioned policies. MoNE’s 2015-2019 Strategic Plan was published at the time this report was being prepared for publication, therefore it was not included in the review.

social life, particularly in the area of employment opportunities, inclusive in all aspects for persons with disabilities. The second heading includes social assistance programs. Given that a significant part of the public efforts administered for children with disabilities are in the form of social assistance, these public programs are compiled under a separate heading. The third heading deals with actions to enhance accessibility. Accessibility is discussed in a way that includes not only physical conditions necessary to enable persons with disabilities to enjoy their right to education, but also access to information.

It may be observed overall that policy papers reflect international norms governing the education of children with disabilities. In this vein, the fact that these documents display a perspective based on prioritizing inclusive education and social inclusivity is quite remarkable. It must, however, also be discussed whether the steps that are planned to put these norms into practice are actually adequate, and whether the initiatives established will be carried out fully and properly.

ACTIONS TAKEN TO STRENGTHEN INCLUSIVE EDUCATION AND SOCIAL INCLUSIVITY

Many policy documents highlight the importance of guaranteeing the right to education of children with disabilities – the primary condition under which an inclusive education system may actually be implemented in real life. The 10th Development Plan, spanning the period between 2014 and 2018, is quite clear on this issue. In this plan it is stated, with a special emphasis on children with disabilities, that access to school shall be ensured for all children, grade repetitions and dropout rates shall be decreased, and measures shall be taken for the provision of integrated education. Another important issue regarding the education of children with disabilities is the ability to obtain reliable and up-to-date data. Policy papers have noted serious deficiencies in this area, determining that reliable and current data is not being collected. No satisfactory suggestions for resolving this problem have, however, been provided in these documents.

An important point in the education of children with disabilities is the diagnostic process. Steps to fulfill what is lacking in this area are reflected in policy papers and action plans, as well. Among the activities regarding early diagnosis listed in the 2014-2015 action plans of the Child Intersectoral Board (CIB)¹⁴ is “developing a new Disability Reporting System for children aged 0-18 years through collaboration across different sectors.”¹⁵ Similarly, the Draft National Action Plan on Autism Spectrum Disorder published by the Ministry of Family and Social Policies (MFSP) in 2013 states an aim of increasing the capacities of Counseling and Research Centers. Moreover, the Strategy and Action Plan on Gifted Persons (2013-2017) published by the Ministry of National Education (MoNE) also declares the aim to “develop national standard testing mechanisms in order to determine the particular characteristics of gifted persons, and to utilize these tests in a proper, effective and productive manner.” According to the plan, another goal is to “form flexible and effective educational practices that enable children to reveal, determine and develop their abilities and talents in pre and elementary school.”¹⁶ In light of these documents, the establishment of a well-developed and reliable diagnostic system is quite important for the education of children with disabilities.

14 The CIB is based on the Basic Cooperation Agreement signed between the Government of the Republic of Turkey and UNICEF in 1954. It is responsible for the coordination and oversight of the Country Programme of Cooperation prepared within the framework of the Basic Cooperation Agreement. The Board is composed of all government ministries and agencies concerned with children, as well as UNICEF Turkey.

15 Action plans shared in the CIB meeting on March 10, 2014.

16 MoNE General Directorate of Special Education Guidance and Counseling Services, 2013.

Children with disabilities are to register in certain schools after their diagnostic process is complete. Measures that should be taken so that these children may adapt well to the schools in which they register are also on the agenda of public institutions and are included within the afore-mentioned documents. As mentioned in the CIB action plans as well, the MoNE is working on updating the system regarding “Early Warning and Gradual Absence Management” in order to reduce absenteeism and facilitate adaptation in schools. Another plan is to expand the “Adaptation to School Program,” which aims to reduce absenteeism and dropout rates in a manner that includes all secondary education institutions as well. Although these activities apply to disadvantaged students in general and are not specific to children with disabilities, they are initiatives that may be made use of in order to facilitate the adaptation of children with disabilities to school. To what extent these projects will be actually implemented is of great importance.

Prioritizing mainstreaming education and improving teachers’ competence in this area are important for the establishment of a truly inclusive education system. The 2010-2014 Strategic Plan of the MoNE also mentions the necessity of improving upon the quantity and well as the quality of teachers working in the field of education. Similarly, the Draft National Action Plan on Autism Spectrum Disorder published by MFSP in 2013 states as its aim the enhancement of the human resources of Special Education Implementation Centers and of schools, so as to provide better services for children with autism. The Strengthening Special Education Project (SSEP) coordinated by the MoNE between 2011 and 2013 was a significant step taken in this field. Many important resources have been developed within the scope of this project. Although the project ended in 2013, the content of 2014-2015 action plans of the CIB demonstrates that educational activities aiming to render widespread the materials created in this project have continued throughout 2014-2015.¹⁷ The concrete steps to be taken on this issue carry great importance for the realization of inclusive education.

In addition to participation in educational life, activities aiming to overcome obstacles preventing persons with disabilities from participating equally in society, in a more general sense, also feature prominently within policy papers. In this respect, an emphasis on increasing the participation of persons with disabilities in the workforce is apparent. Taking measures to increase the participation of persons with disabilities in the workforce and rendering physical conditions suitable to make this possible are listed as goals within the *10th Development Plan (2014-2018)* as well. The 2013-2017 Strategic Plan of the MFSP emphasizes the importance of trainings to facilitate employment. Within this context, plans to provide entrepreneurship trainings, employment-guaranteed training programs, vocational consultancy, counseling services, and workplace adaptation programs for disadvantaged groups in general – including persons with disabilities – are in the works. Although these activities are aimed at persons with disabilities from all ages and are therefore not limited to children, they are of particular concern for the future of children with disabilities.

Another important area of focus in enabling the non-discriminatory participation of persons with disabilities in society is activities aimed to create social awareness. The literature on this field suggests that activities aimed at increasing awareness will implicitly contribute to the establishment of an inclusive education system. In line with this, the CIB action plans include awareness-raising activities to be carried out by UNICEF and the MoNE. These activities are

¹⁷ Action plans shared in the CIB meeting on March 10, 2014.

planned to include the parents of children with and without disabilities, as well as decision-makers, in order to inform these groups on the rights of children with disabilities and on inclusive education. The MFSP has also started conducting awareness-raising campaigns regarding children with autism within the framework of the *Draft National Action Plan on Autism Spectrum Disorder* published in 2013. This ministry organized seminars in 11 provinces between September and December 2014, targeting civil servants, university representatives, civil society organization representatives and the families of children with autism, in order to raise awareness on autism spectrum disorder.¹⁸ The draft action plan also states that trainings aiming to raise awareness shall be provided for preschool, elementary, middle and high school students, teachers and administrators under the responsibility of the MoNE.¹⁹ Another set of activities carried out by the MFSP regarding awareness is within the scope of its Program to Support Persons with Disabilities. Through this program, the MFSP has provided financial support for projects prepared by local actors that contribute to raising the awareness of persons with disabilities regarding their own rights.²⁰

SOCIAL ASSISTANCE PROGRAMS

Social assistance programs and care services constitute an important part of the activities carried out by the state for children with disabilities. Social assistance holds an especially significant position in the work of the MFSP and is implicitly related to the education of children with disabilities. This relationship is taken into consideration in policy papers as well. An example of this is the 2013-17 Strategic Plan of the MFSP. Here, attention is drawn to various kinds of financial support taken to increase the literacy and education levels of persons with disabilities, alongside legal measures.²¹

A portion of the financial support provided for persons with disabilities is given by the MoNE. As mentioned in the *MoNE 2014 Activity Plan*, this ministry uses its own budget to cover the educational costs of persons with disabilities who are determined by special education evaluation boards to require educational support.²² These educational support programs include persons with disabilities from all age groups. The *MoNE 2010-14 Strategic Plan* indicates that the Ministry of Finance is unable to provide the total amount of the required budget for the education of persons with disabilities.²³ Along with monetary support, the MFSP also provides free transport services for students with disabilities who attend official special education institutions.

ACTIONS TO ENHANCE ACCESSIBILITY

Another important issue in the education of children with disabilities is accessibility. Policy papers handle this issue in a manner that includes both physical accessibility and the accessibility of knowledge.

The *10th Development Plan* also states that urban design shall take persons and children with disabilities into consideration. According to this, cities and towns are expected to be designed in ways that physically facilitate the access of children with disabilities to schools. The plan also includes the following statement: "Human and physical infrastructure shall be improved in order

18 MFSP General Directorate of Services for Persons with Disabilities and the Elderly, September 22, 2014.

19 MFSP, n.d.

20 MFSP General Directorate of Services for Persons with Disabilities and the Elderly, 2013

21 MFSP Strategy Development Directorate, 2012

22 MoNE Strategy Development Directorate, 2015.

23 MoNE Strategy Development Directorate, 2009.

to ensure the education of persons requiring special education due to their disabilities and special abilities, in suitable environments, in line with integrated education. In light of this statement, it is expected that school buildings and surroundings shall be arranged in ways that take children with disabilities into consideration.

The 2013-17 Strategic Plan of the MFSP also declares the aim of creating physical conditions that enable the full participation of persons with disabilities in society. Various activities and projects have been, and are being carried out by the MFSP to this end. The Ministry conducted a series of workshops on “tactile paving surfaces” in the year 2010, in order to make the daily lives of visually impaired persons easier. In 2011, the Ministry handed out “Accessibility Quality Encouragement Awards” to municipalities carrying out positive work in terms of accessibility. Although these are all positive developments, more concrete measures must be taken in order to enable children with disabilities to access educational services in an easier way.

A more comprehensive document on accessibility, the Strategy and National Action Plan for Accessibility, was published by the Presidency on the Administration of Disabled People in the year 2010, which was declared to be an “Action Year on Accessibility for Everyone.” The goal of this document is set as, “generating necessary solutions in problem areas in order to overcome obstacles in the realization of accessibility, having public institutions start working in these areas within the framework of a coherent plan, and creating awareness and sensibility regarding this issue on a national level.”²⁴ This document highlights that accessibility is of key importance in taking full advantage of educational services, and this concept has been defined in a manner so as to include the accessibility of knowledge as well as the physical environment. It is significant that accessibility has not been restricted here to physical conditions, but rather access to knowledge and information is also considered to be a criterion of accessibility.

In conclusion, it may be said that the goals established to meet the educational needs of children with disabilities have found a place within documents directing the policies of public institutions responsible for activities regarding children. These goals span across important issues, such as enhancing the diagnostic process, ensuring physical accessibility, prioritizing mainstreaming education, organizing teacher trainings, and raising social awareness. Yet it may also be seen that the concrete steps necessary to accomplish these goals have not been adequately delineated and therefore, it is necessary to monitor to what extent these plans have actually been put into practice.

24 The Prime Ministry Administration on Persons with Disabilities, 2010.

III. DISABILITY AND ACCESS TO EDUCATION IN NUMBERS

YAPRAK SARIİŞİK

Lack of up-to-date and disaggregated data on the population with disabilities in Turkey poses a significant problem. Although limited, the official statistics on the population with disabilities gathered since 2002, and the data on special education services shall be shared in this section.

According to the *Turkey Disability Survey* conducted in 2002, persons with disabilities make up 12.3% of the total population. In the 0-9-year-old age group, this rate is 4.2%, while it is 4.6% in the 10-19-year-old group. There are 460,383 persons with disabilities aged 0-19 years.²⁵ Though noteworthy for being the first comprehensive study in this field in Turkey, nonetheless, the desired quality in data has not been achieved regarding the population with disabilities in this survey, as it has been dominated by a medical approach to disability.

The TurkStat study titled, “Problems and Expectations of Persons with Disabilities”, published in 2010, was limited to the persons registered in the National Database of Disabled People. It did, however, provide information on the distribution of different types of disability across age groups. According to the study, 4.9% of the individuals who had medical reports and were registered in the database were aged 0-6 years and 16.2% were aged 7-14 years, while 17.2% were aged 15-24 years. Table 1 provides an overview of disabilities across age groups.

TABLE 1: THE DISTRIBUTION OF DISABILITY TYPES ACROSS AGE GROUPS (%), 2010

Age group	Visual disability	Hearing disability	Speech and language disability	Orthopedic disability	Intellectual disability	Psychological and emotional disability	Chronic disease	Multiple disability
0-6	1.4	9.6	25.1	3.7	7.4	2.0	3.6	3.7
7-14	5.1	17.4	37.1	5.1	36.1	10.5	4.6	11.5
15-24	16.1	20.9	14.9	13.1	27.5	9.3	9.2	14.9
25-44	36.2	32.4	11.7	19.2	23.3	49.5	23.6	25.0
45-64	25.5	12.0	7.5	22.1	4.9	22.1	33.1	18.4
65+	15.8	7.7	3.7	16.7	0.8	6.6	25.9	26.4

Source: TurkStat and MFSP, 2010.

The study also provided information regarding the educational levels of individuals registered in the database. Of persons over the age of 6, 41.6% were not literate, while 18.2% were literate, but had not finished any school. Further, 22.3% were elementary school graduates and 10.3% were middle school graduates, but only 7.7% had graduated from high school or above (Table 2).

25 Tufan and Arun, 2006.

TABLE 2: THE EDUCATIONAL LEVELS OF DIFFERENT DISABILITY GROUPS (%), 2010

Educational level	Total	Visual disability	Hearing disability	Speech and language disability	Orthopedic disability	Intellectual disability	Psychological and emotional disability	Chronic disease	Multiple disability
Illiterate	41.6	32.1	31.6	33.6	26.4	57.5	24.0	32.2	48.5
Literate but without a diploma	18.2	11.8	23.0	38.6	10.9	28.9	12.7	12.8	15.3
Elementary school	22.3	29.0	17.9	10.7	32.9	4.6	33.0	34.9	22.9
Primary education/Middle school	10.3	12.5	16.4	11.0	13.4	8.2	15.2	10.2	8.0
High school and above	7.7	14.6	11.1	6.1	16.4	0.7	15.1	9.9	5.3

Source: TurkStat and MFSP, 2010.

In the year 2011, TurkStat collected data as part of the Turkey Population and Housing Census,²⁶ which utilized a questionnaire prepared by the MFSP General Directorate of Services for Persons with Disabilities and the Elderly based on the questions recommended by the Washington Group on Disability Statistics. According to this study, which offers the most up-to-date data in line with the ICF classification, persons above the age of 3 years with at least one type of disability made up 6.9% of the population as of 2011. This rate was 2.3% in the 3-9-year-old age group, 2.1% in the 10-14-year-old age group, and 2.3% in the 15-19-year-old age group. These results were in line with the international benchmark for prevalence of disability among children, which is estimated to be around 2.5%.²⁷

According to the census, 3.3% of the population stated that they had difficulty in walking and going up or down stairs, 1.4% had difficulties in seeing, 1.1% in hearing, 0.7% in speaking, 4.1% in carrying or holding objects, and 2% had difficulties in learning in comparison to their peers, and in solving simple math problems, remembering and concentrating. The educational levels of persons aged 6 years and above from different disability groups are summarized in Table 3.

TABLE 3: THE EDUCATIONAL LEVELS OF DIFFERENT DISABILITY GROUPS (%), 2011

Educational level	A lot of difficulty seeing / cannot see at all	A lot of difficulty hearing / cannot hear at all	A lot of difficulty speaking / cannot speak at all	A lot of difficulty walking or climbing stairs / cannot do so at all	A lot of difficulty holding or lifting something / cannot do so at all	A lot of difficulty learning / cannot do so at all
Illiterate	23.2	29.1	32.9	27.4	26.1	34.9
Literate but without a diploma	17.7	19.7	27.2	18.3	17.7	27.1
Elementary school	33.7	32.8	21.0	37.4	38.3	24.9
Primary education/Middle school	13.4	10.3	12.2	9.7	10.4	9.2
High school	8.2	5.7	5.2	5.2	5.5	3.0
Higher education	3.7	2.4	1.5	2.0	2.1	0.9

²⁶ TurkStat, 2013.

²⁷ UNICEF, 2012.

These findings demonstrate that groups experiencing difficulties in learning and speaking were more disadvantaged than others. As the educational level rises, levels of access were seen to fall across disability groups. While those who had graduated from elementary school made up 21 to 38.3% of the population with disabilities, the rate of graduates of high school or its equivalents remained below even 10% for all groups.

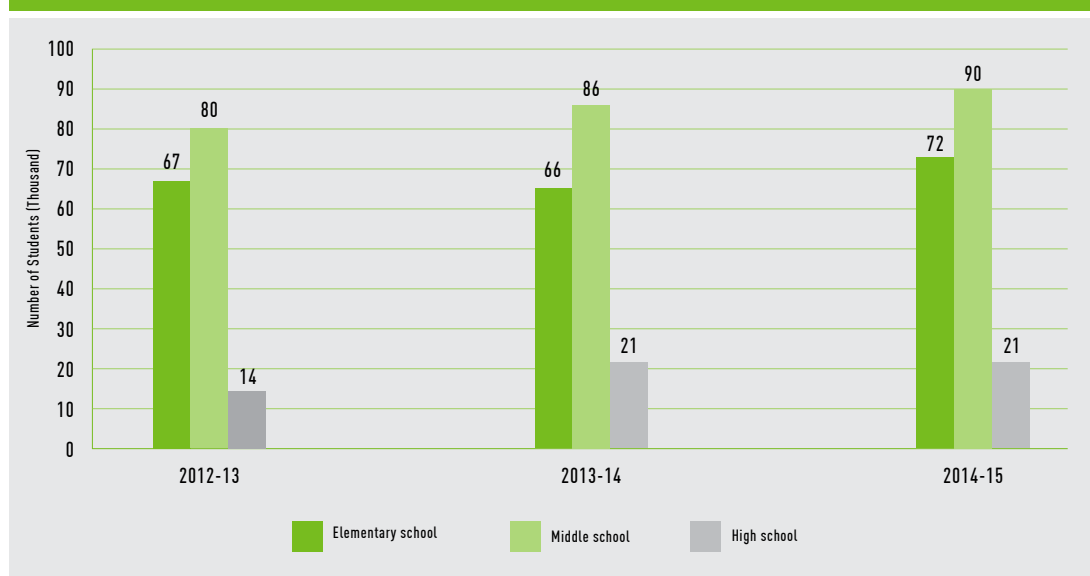
Official statistics annually published by MoNE give an idea on the extent to which children with special needs take part in formal education. In the 2014-15 academic year, 259,282 children had accessed special educational services.

The data available and services provided for children with special needs at the pre-primary level are quite limited. According to MoNE data, 1,631 children were in kindergarten classes within special education schools, and only 304 students were in mainstreaming preschools.²⁸ In addition to this, 506 students were attending special education preschools.²⁹ According to the 2011 Population and Housing Census, in Turkey there are approximately 70 thousand pre-primary-age children (3-5 year-olds) with at least one type of disability.³⁰ Hence, the percentage of children able to access special education services in this age group (among 3-5 year-olds) is merely 3.4%.

As mentioned in the previous section, mainstreaming education is prioritized in special education. In line with this, it is observed that a large portion of children receiving special education do so by way of mainstreaming. As of the 2014-15 school year, 70.6% of special education students are mainstreamed, 12.5% are in special education classes, and 16.9% are in special education schools.

Over the years, the number of mainstreamed students has increased gradually, especially in primary education. The new education system (commonly referred to as “4+4+4”), implemented since 2012-13, allows for disaggregating special education data in elementary and middle schools. As may be seen in Figure 1, the number of mainstreamed students is higher in middle school than in elementary school. This may indicate that students with special needs are not able to be diagnosed as early as necessary. Another striking pattern here is that the number of mainstreamed students in high schools decreases dramatically compared to elementary and middle schools.

FIGURE 1: THE NUMBER OF MAINSTREAMED STUDENTS IN ELEMENTARY, MIDDLE AND HIGH SCHOOLS, BETWEEN 2012-13 AND 2014-15



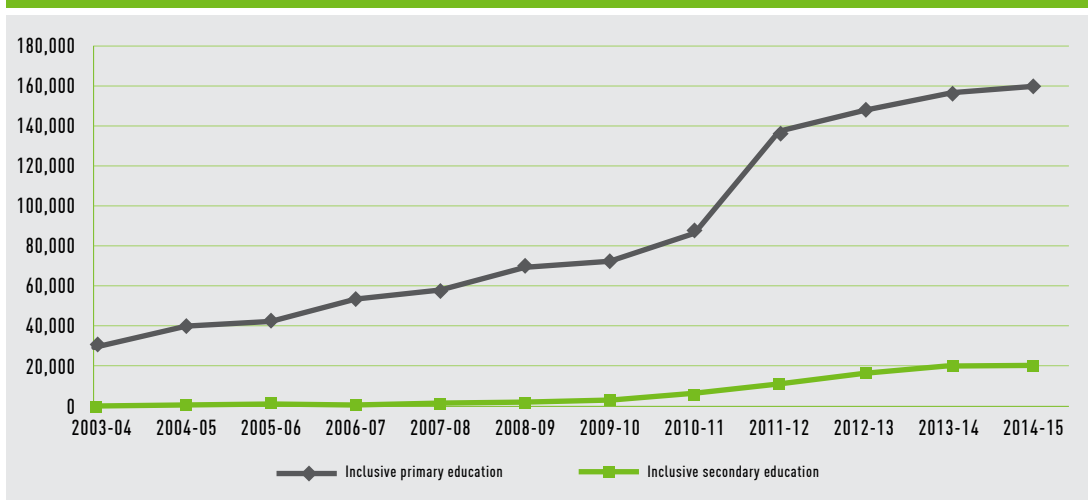
28 Data on mainstreamed students in kindergarten classes has not been included in the statistics published by the MoNE.

29 Association of Social Rights and Research (Toplumsal Haklar ve Araştırmalar Derneği), 2015.

30 Estimate calculated based on population data provided by TurkStat.

As may be seen in Figure 2, although there is an increase in the number of mainstreamed high school students over the years, the total number of students is still much lower at the secondary educational level than in primary education. In the 2014-15 school year, 41,770 students accessed special education services at the secondary level. An estimate based on the Population and Housing Census would indicate that there are around 120,000 children of high school age with at least one type of disability.³¹ In this case, approximately 35% of children with disabilities are able to access formal secondary education. While the number of special education students in primary education surpasses a hundred thousand, there is a significant loss of students in the transition to secondary education. Students with disabilities are not able to access formal secondary education.

FIGURE 2: THE NUMBER OF MAINSTREAMED STUDENTS IN PRIMARY AND SECONDARY EDUCATION, BETWEEN 2003-04 AND 2014-15



Students with disabilities are also at a disadvantage compared to their peers when it comes to completing school. As of 2011, 42% of young adults aged 18-24 in Turkey had left the education system without completing secondary education. This ratio increases to 62% for young adults with disabilities in the same age group.³²

One of the fundamental factors determining the quality of education provided for children with special needs is teachers. There is a significant shortage of special education teachers in Turkey. As may be seen in Table 4 and Table 5, along with the shortage of special education teachers, the quotas of education faculties of universities in relevant fields are not sufficient to meet this shortage in the near future. Another pressing issue is that most teachers are poorly-equipped for special education practices.³³ As shown in Table 4, a significant number of teachers working in the field of special education have not actually received training in this area.

³¹ Estimate calculated based on population data provided by TurkStat.

³² Eurostat, 2014.

³³ ERI, 2011; Kargin et al., 2005; MoNE Directorate of Educational Research and Development, 2010; Sucuoğlu, 2004.

TABLE 4: THE SHORTAGE IN SPECIAL EDUCATION TEACHERS AS OF 2011, THE TOTAL NUMBER OF TEACHERS AND THE PERCENTAGE OF GRADUATES IN THE RELEVANT FIELD AMONG EXISTING TEACHERS³⁴

Field	The 2011 Norm	The total number of existing teachers in the field	The number of teachers who are graduates of the relevant area within the field	The rate of teachers who are graduates of the relevant area within the field	The existing need for teachers	Teacher shortage
Visual disability	465	354	99	28 %	111	23.9 %
Hearing disability	763	706	190	26.9 %	57	7.5 %
Psychological counseling & guidance	38,228	18,289	6830	37.3 %	19,939	52.2 %
Intellectual disability	12,321	4,696	868	18.5 %	7,625	61.9 %

TABLE 5: THE NUMBER OF NEW STUDENT REGISTRATIONS AND GRADUATES INTO/FROM SPECIAL EDUCATION AND PSYCHOLOGICAL COUNSELING & GUIDANCE DEPARTMENTS WITHIN EDUCATION FACULTIES, BETWEEN 2004-05 AND 2012-13

		2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
Special Education	Graduate	410	500	538	518	652	602	670	784	-
	New student registration	557	642	618	631	835	1,009	1,152	1,673	1,832
Special Education	Graduate	-	-	-	-	-	-	-	-	-
	New student registration	-	-	-	-	-	30	37	34	40
Hearing Disabilities	Graduate	117	114	116	106	118	137	163	189	-
	New student registration	115	115	143	147	198	199	232	233	247
Intellectual Disabilities	Graduate	262	331	361	349	465	413	433	513	-
	New student registration	373	460	411	416	554	678	1,175	1,293	1,421
Visual Disabilities	Graduate	31	37	31	38	47	31	47	55	-
	New student registration	42	41	39	41	51	53	52	51	57
Gifted Education	Graduate	-	18	30	25	22	21	27	27	-
	New student registration	27	26	25	27	32	49	56	62	67
Psychological Counseling & Guidance	Graduate	788	994	993	1,179	1,407	1,338	1,462	2,043	-
	New student registration	1,222	1,436	1,278	1,442	2,111	2,660	3,294	3,876	5,033

Source: Higher Education Statistics of the Student Selection and Placement Center.

Although the statistics provide an overview of access to education of children with special needs, it is necessary to focus more closely on lived experiences within educational processes so as to be able to truly examine both the quality of educational services accessed by these children and the difficulties they experience in accessing them. A closer examination of these kinds of experiences in special education processes shall take place in the next section, through the findings of the field study conducted with teachers, school administrators, families and children.

34 The data provided here has been taken from a presentation made in the Teacher Employment Projections, Strategies and System Development Project Workshop, conducted in 30-31 January 2013..

IV. EXPERIENCES REGARDING THE EDUCATION OF CHILDREN WITH DISABILITIES

Z. HANDE SART, SEVDE BARIŞ

METHODOLOGY AND SCOPE OF THE STUDY

A qualitative approach has been used in this study, where data has been gathered through face-to-face, one-on-one interviews as well as through focus group meetings conducted in Istanbul, Ankara and Diyarbakır. This section details how participants were selected for the study, how the field study was conducted, the data collection tools, and the overall profile of participants. A total of 92 people were interviewed as part of this study, and the situation analysis was conducted using the data collected in these interviews. The distribution of interviews conducted has been summarized in Table 6.

	Focus group meetings	Interviews with parents	Interviews with children	Interviews with others*
Ankara	-	-	-	4
Diyarbakır	2 (10 participants)	13	2	2
Istanbul	7 (45 participants)	7	5	4
Total	9 (55 participants)	20	7	10

* Interviews conducted with officials from the MoNE, MFSP and provincial national education directorates and from counselors, special education and rehabilitation center staff, and CSO representatives.

SELECTION OF PARTICIPANTS

The opinions of key personnel involved in the educational processes of children with disabilities (teachers and psychological counselors working in schools; experts working in counseling and research centers, schools, and special education and rehabilitation centers; school and CRC administrators, etc.), the children themselves, and the parents of children with disabilities were included in this study.

A total of 55 people participated in the nine focus group meetings – two of which took place in Diyarbakır, while seven were in Istanbul. The research team reached out to teachers and CRC staff via the databases of Education Reform Initiative (ERI) and Teachers Academy Foundation (ÖRAV); a written invitation was sent out to all teachers in these databases, and all who were willing to participate were included in the focus groups in Istanbul. The research team reached rehabilitation center staff, parents and children using the snowballing method. Following introductory visits to rehabilitation centers, one-on-one interviews were conducted with their staff, as well as with the children who attended them and the children's parents who were willing to participate in the study.

Local civil society organizations in contact with UNICEF and the ERI provided support in reaching participants in Diyarbakır. Individual interviews were conducted with local CSO members. The CSOs helped compile focus groups with school and CRC staff and individual interviews with children with disabilities and their parents. All persons who had volunteered to participate were included within the study.

Children and parents were interviewed individually, whereas the interviews conducted with the key personnel members stated above were done through focus group meetings. The distribution of focus group participants according to their duties and the institutions they work in has been provided in Table 8. In addition to the focus groups, individual interviews with one psychological counselor and one SERC administrator were conducted.

Furthermore, one-on-one interviews were conducted with MoNE and MFSP officials regarding legislation, policies and recent developments in the field. One-on-one interviews were also carried out with authorities from the special education and counseling units under İstanbul and Diyarbakır provincial national education directorates and representatives from CSO.

INTERVIEW PROTOCOL

The diagnosis is of critical importance in special education processes. In line with this, questions posed in all interviews were grouped under three main headings: the pre-diagnosis phase, the diagnosis phase, and the post-diagnosis phase. All kinds of special needs (sensory, physical or intellectual disabilities, specific learning difficulties, attention deficit and hyperactivity disorder, etc.) were addressed; and the questions were personalized based on the participants (children, parents, personnel) of each meeting.

The focus group meeting protocol utilized here consists of two parts. The first part includes a short, structured questionnaire. All participants filled out this questionnaire before starting the focus group meetings. The second part of the interview protocol for focus group meetings contains semi-structured questions. Sample forms and interview questions are included in Appendix 1. During the meetings, the participants were asked to begin by filling out the first part. Before starting the semi-structured interview using the questions in the second part, participants were given an explanation of the chart in Appendix 3 as a reminder of the practices established in legislation regarding special education in Turkey. After the questions in the interview protocol were differentiated based on the fields and jobs/duties of participants, a total of 13 interview forms were prepared.

Separate interview forms for parents, children, local special education and counseling authorities, local family and social policy experts and CSOs were also developed for use in one-on-one meetings. These interview questions are provided in Appendix 1. All participants were given an explanation of the goals of the study and asked to sign a consent form (See Appendix 2). Both the structured and semi-structured questions were read out loud to parents and students. With the consent of participants, voice recordings were made during interviews and meetings. Later, these recordings were transcribed, and participant numbers were assigned instead of using names. Transcribed interviews were analyzed using qualitative analysis methods.

PARTICIPANT PROFILES

CHILDREN

A total of seven individual interviews were conducted with children with disabilities. Each interview took about 25-35 minutes, and they were all conducted in Turkish.³⁵ It was not possible to make use of all one-on-one interviews with these children in the study, as some of the children were unable to answer all of the questions, or a portion of what they said was incomprehensible due to their disabilities. As a result, the actual number of children taken into consideration in the qualitative study was four.

Five of the children interviewed were boys, and two were girls. Two of them lived in Istanbul, five lived in Diyarbakır. Three children had physical disabilities, two had visual disabilities, one had a hearing disability, and one had a muscular disease. None had mentioned being a member of a forum related to disability in social networks or on the Internet in general; and none had stated having others from the same disability group around them.

One of the children was a high school graduate, while two were still in high school, one of which was studying in open high school. The children stated that they had attended classrooms varying in size from 12 to 40 people throughout their learning careers, and that they preferred to spend their break times sitting in the classroom and studying or reading a book.

PARENTS

A total of 20 parents of children with disabilities were interviewed in Diyarbakır and Istanbul. These interviews lasted between 20-40 minutes. One of the interviews was excluded from the study, because all interview questions had not been answered. As the interviews were conducted on a voluntary basis, only the mothers of the children with disabilities participated, owing the fathers being unable to be reached.

Of these mothers, 13 lived in central districts of Diyarbakır. Their ages ranged between 28 and 48. Ten participants stated that their mother tongue was something other than Turkish. All of the mothers who took part in the study were housewives. Ten were elementary school graduates, three were illiterate, and two had graduated from high school. The highest degree completed was high school.

The average number of children these mothers had was four. Two mothers had more than one child with disabilities and seven mothers had children with more than one type of disability. The disability types and numbers of children with only one disability have been provided in Table 7.

TABLE 7: THE DISTRIBUTION OF DISABILITY TYPES

Disability	Number
Physical	3
Visual	2
Hearing	2
Neurologically- Based	2
Chronic Disease	2
Mental/Cognitive	2

³⁵ One interview planned with a hearing-impaired student was canceled due to the lack of an interpreter able to translate the questions in an adequate manner, even though teachers in charge of the hearing-impaired in the child's school were asked to suggest interpreters.

A medical diagnosis was made for the children of all participants interviewed – except for one mother. About half of the mothers stated that the medical diagnosis was made immediately after birth. After receiving the medical report upon the completion of the diagnostic process, seven families were given a briefing on their child’s disability by the responsible doctor.

The Special Education and Evaluation Board reports given by CRCs include sections on the educational evaluation and diagnosis, the recommended special education service, and programs available in special education and rehabilitation centers/units. Mothers were also asked about individualized education plans (IEP) prepared upon the completion of the educational evaluation and diagnostic process. Most of them responded that their children had not had IEPs, and that school administrations had not consulted them regarding their children. Only seven mothers mentioned that they had received family trainings regarding the disabilities of their children from CSOs partnered with special education and rehabilitation centers.

Eighteen mothers stated that their children were attending school, while the remaining two mothers explained that their children were unable to continue school due to the seriousness of their disabilities. Nine of the children attending school were in mainstreaming classrooms, 7 were in special education classes, only one child was attending a special school for the hearing-impaired and one child had graduated from high school. When the mothers were asked whether their children who had disabilities attended school along with their siblings, half said that this was not the case. Among the reasons stated were the existence of age gaps between siblings, the lack of special education classes in schools within the address-based system, and the registering of their children with disabilities in special education schools.

Mothers were also asked questions about the schools in which their children with disabilities received education. Ten mothers stated that there were counseling teachers and special education classes in their children’s schools. These same mothers also stated that they had never or only rarely met with these counseling teachers. At the elementary school level, mothers most often consulted with the classroom teacher about their children. Three mothers were forced to transfer their children to a different school due to their disability.

Fourteen mothers stated that they were receiving financial support for home care from the state due to their children’s disabilities. When asked about rights and services provided by the state, a majority stated that they were not aware of what these were exactly, and that all they knew about was financial support for home care and special education and rehabilitation services.

KEY PERSONNEL

A total of ten focus groups meetings were organized in Istanbul and Diyarbakır with the participation of CRCs and SERCs; CRC and school administrators; classroom teachers, field teachers, special education teachers and psychological counselors working at elementary and middle schools. In addition to the 55 individuals who participated in the focus groups, a rehabilitation center administrator and one psychological counselor were interviewed separately. In total, 57 individuals who worked in schools, CRCs, or special education and rehabilitation centers were included in the study. Of the participants, 36 were female and 22 were male, with their ages ranging between 22 and 50, while their experience in the field varied between 1 and 22 years. Eleven participants were from Diyarbakır and 46 from Istanbul, and 22 participants stated they were members of CSOs. The participants’ fields of work are summarized in Table 8.

TABLE 8: THE FIELDS OF WORK OF THE PARTICIPANTS OF FOCUS GROUP MEETINGS CONDUCTED AS PART OF THE QUALITATIVE STUDY

Field	Number of persons interviewed
Field teachers	7
Classroom teachers	3
Preschool teachers	9
Psychological counselors	11
Special education teachers	2
Teachers of the mentally-impaired	6
Teachers of the visually-impaired	2
Teachers of the hearing-impaired	1
School principals / Assistant principals	4
Independent movement educators	1
Experts working in CRCs	2
CRC principal	5
SERC principal	2
Psychologists	2
Total	57

Focus group meetings were conducted with a total of 15 people in two SERCs. Both centers are located in Istanbul and have connections with CSOs. One specializes in visual disability and the other in hearing disability.

A total of eight people working in seven different CRCs were interviewed. Five participants were administrators and two were psychological counselors employed in CRCs. Five of the participants worked in Diyarbakır, while three worked in Istanbul. The number of students they actively followed differed based on the districts in which the CRC was located; the average number was 3,700 students. Along with educational evaluation and diagnosis, family trainings, educational counseling, psychosocial intervention trainings, IEP preparations, and the detection of gifted children were also carried out within CRCs. The tests implemented were determined by the MoNE. The Wechsler Intelligence Scale for Children, the Stanford-Binet Intelligence Test and the Leiter Performance Test were among the tests commonly used to evaluate children in these centers. These tests were administered by psychological counselors trained at the center.

Participants from 24 different elementary and middle schools took part in the focus group meetings. Seven of the participants worked in private special education schools, while 28 were from public institutions. Nineteen teachers had students with disabilities in mainstreaming classrooms.³⁶ Half of the participants from public schools stated that they had taken no class whatsoever in the field of special education during university, while only 40% mentioned that they had received in-service trainings after graduation. The field teachers interviewed stated that they had not received any kind of in-service training with regards to students with disabilities. Teachers from public schools stated they had the least experience in working with students with visual disabilities and gifted students, and the most experience in dealing with students who had attention deficit and hyperactivity disorders, specific learning difficulties and intellectual disabilities.

³⁶ The term "student" has been used instead of "child" within the text if the context is school-related.

RESEARCH FINDINGS

In this section, the findings from the field study are presented, highlighting the factors that enable or hinder the right of children with disabilities to receive an education, as reflected in the opinions of key stakeholders in special education, children with disabilities and their parents. Based on the biopsychosocial model approach, this study focuses on the child with disabilities and seeks to include all the systems that surround him/her.

What distinguishes the current study from other works in the literature is that it depicts the effects the changes in legislation (compulsory education has been increased to 12 years and divided into three levels (“4+4+4”)), has had on special education. Moreover, opinions are presented on palm scanning—which is on the agenda but has not yet been implemented.

Like all studies, the current study also has certain limitations. First, since this is a qualitative study, only a limited number of in-depth interviews were carried out. All focus group meeting participants took part in the study on a volunteer basis and specified the problem areas as they saw them. Interviews were conducted face-to-face. Although confidentiality was assured, there always remains the possibility that interviewees refrained from expressing their true opinions.

As focus group meetings were conducted in Diyarbakır and Istanbul provinces only, the sample is not representative of Turkey at large and therefore, the practices in Turkey’s remaining 79 provinces may vary. Although the findings may not be generalized, they do nonetheless offer important insights into the experiences of children with disabilities and practitioners. This study may serve as a pilot case study for the conduct of a nation-wide situation analysis.

Since fathers did not participate, data was collected only from mothers in the family interviews carried out. A limited number of children with disabilities were interviewed, and it was not possible to interview children from each and every disability group. Since no high school teacher/administrator participated in the voluntary interviews, an analysis of the high school level was unable to be conducted.

As the medical model is prevalent in Turkey, diagnosis plays a leading role in the education of children with disabilities. Therefore, the situation analysis is presented in three parts: pre-diagnosis, diagnosis and post-diagnosis. After presenting overall findings that are relevant to all three stages, findings related to each of the three stages are presented in their respective sections.

OVERALL FINDINGS

Physical infrastructural problems and material shortages were among the frequently indicated problems. Schools, CRCs, SERCs and science and art centers all experienced problems related to physical conditions and materials. CRC staff stated that due to inadequate conditions, they often conducted multiple evaluations simultaneously. At times, the evaluations were even conducted in the same room, “in a way that children may hear one another”. Therefore, they were not able to perform evaluations properly. The staff stated that even the furnishing of CRCs were inadequate (i.e. table heights not suitable for children etc.). Moreover, accessibility was often understood solely in terms of physical accessibility, with access to information tending to get disregarded.

All participants asserted that the lack of induction systems in classes involving children with hearing disabilities was a problem. Furthermore, the fact that families were responsible for the maintenance and the spare batteries of the state-provided hearing aids negatively impacted the quality of education. While the state provides such equipment, it is the families who need to pay

for maintenance and new batteries. Families who do not have the necessary financial means may struggle to meet the upkeep needs of the devices, which, in turn, affects their children's education. One parent stated, *"My child uses a device; and its batteries run out eventually. When it runs out of batteries, he simply sits in the class, doing nothing at all. His teacher doesn't know how to teach him."*

There are a limited number of teachers and experts that speak languages other than Turkish, which becomes a problem at various stages of education when the child's mother tongue is not Turkish. CRC staff expressed that they had come across children whose mother tongue was different than Turkish. In Diyarbakır, experts who know Kurdish are mobilized to help with diagnostic processes for children whose mother tongue is Kurdish. In Istanbul, it is more difficult to find experts who are fluent in children's mother tongues. The same situation reveals itself in the limited number of experts who know sign language. Whether it is Kurdish or sign language, the lack of experts with advanced language skills in children's mother tongues leads to the children's academic or cognitive performance being misevaluated to be lower than it actually is or to children being possibly misdiagnosed with having multiple disabilities.

The inadequate number of experts who know sign language also leads to significant problems in education processes. As most teachers who teach children with hearing impairments lack even basic level sign language skills, they are inadequately positioned to provide the education of children with congenital hearing loss who are not supported with a hearing aid. The use of sign language in the classroom for education purposes depends on the teacher's language skills as well as their willingness to use them. The parent of a child with congenital hearing loss, attending a school for the hearing impaired, expressed that teachers "shout or call after the children", demonstrating how little experience they have in working with children with hearing disabilities. The language barrier may also lead to the lack of communication in teacher-parent relationships (i.e., when the parent also has a hearing disability).

Another problem faced in all stages is the shortage of key staff. For instance, the number of child and adolescent psychiatrists are inadequate. Counselors work without support in crowded schools and despite vacancies in schools, there are not enough counselors appointed. There is also an insufficient number of special education teachers. The short-term training programs, developed to encourage teachers from other fields to transfer into special education, have been criticized on the grounds that these programs do not provide a long-term, quality solution to the problem at hand.

Teacher acceptance of children with disabilities is also a significant issue, as the teachers' approach is quite influential in the mitigation of negative attitudes of the children's peers. *"My class is already overloaded; how can I spare time for such students?"* is an example of the type of responses found on one end of the spectrum, while on the other end, there are cases where teachers warn the other students when a student with visual impairment approaches, calling out *"Clear the way, Mert³⁷ is coming, get out of his way!"*

Acceptance or discrimination may also stem from other children in the class or parents. Cases of social exclusion emerge when petitions are organized to have a student change classrooms or when a child with disabilities is a victim of violence from another child's parent or bullied by her/his peers.

One mother shared that her child could not make it to the bathroom and ended up peeing his pants in the classroom. After this incident, some of the parents adopted a negative approach

37 Real names are not used.

toward him, often saying, *“Your child should not be here. He stinks.”* Another mother expressed that her child *“wants to play with her/his friends, but they say, ‘You are handicapped.’”* A child with a visual disability said that his friends say things like *“let us punch your eye, so that you can see”* or *“you are begging for grades; maybe we should all become blind like you.”*

Children may face exclusion or discriminatory practices at special education schools as well. A mother whose child has a hearing disability child shared their experience at the school for the hearing-disabled: *“My child cannot use hearing aid devices; therefore, his teacher uses sign language during classes. However, other parents—of children using devices or with implants—do not want my child in their class, asserting ‘we want our children to learn how to talk, we don’t want them to pick up sign language.’”* Some parents oppose sign language integrated practices in preschool. A parent of a child attending a school for the visually impaired shared her thoughts, saying *“For instance, they put children who have partial sight in the front. And the ones who cannot see at all, they make them line up like a train in the backyard. Like a train. I don’t know whether they teach children how to use a walking stick; still, I was not fond of this. During the training session, I thought to myself, there is no separate town for the blind. He will have to live in this society somehow.”*

Another issue that came up is the reflection of the changes in the education system, namely the “4+4+4” regulation, on special education. In the new system, pre-primary education is not included in compulsory education. While pre-primary education is compulsory for children with disabilities, this has not been secured in the new education system. Because children with disabilities are usually introduced into the education system in first grade, this impacts their development and performance negatively. Moreover, since the transition to “4+4+4” has negatively impacted the physical conditions of schools, this also affects special education practices. For instance, even administration offices have been turned into classrooms to accommodate the increased number of students; therefore, it is not possible to make space for the opening of special education resource rooms.

Lastly, a general problem is that key staff working in different areas of special education do not have a thorough understanding of one another’s duties and responsibilities and there is a lack of strong communication among practitioners responsible for different aspects of special education. Also, comments from the study participants suggest there is a lack of standardized implementation of special education practices across different schools.

PRE-DIAGNOSIS

All adult interviewees shared their opinions on the pre-diagnosis stage. In these interviews, the participants pointed out the challenges faced throughout the pre-diagnosis stage.

Routine newborn screening tests enable possible disabilities to be identified at an early stage. Prior to referral to medical diagnosis or educational evaluation, possible impairments can be detected by teachers; these observations are then shared with the school counselors to ensure that the necessary steps are taken. Pre-diagnosis challenges are presented below under sub-headings.

CORRECT TIMING FOR DIAGNOSIS AND REFERRAL FOR EVALUATION

The delays in diagnoses and interventions for children with disabilities can be attributed to various reasons, such as inadequate screenings in early childhood, families’ refusal to accept their children’s disability, and the prolonged process of trying to persuade a family to have their child evaluated. To address these issues, participants suggested implementing routine screening tests in Family Health Centers, with the support of psychologists.

In certain cases, disabilities can be diagnosed right after birth; but when that is not the case, secondary disabilities can develop over time. For instance, hearing disabilities are often accompanied by learning disorders, mainly due to shortcomings related to the learning environments, such as not being well-equipped, being mostly based on auditory/verbal skills and neglect in using methods integrated with the Turkish Sign Language (TSL). In some cases, a formal diagnosis of disabilities is delayed intentionally. To illustrate, experts might refrain from diagnosing children with pervasive developmental disorders before the age of 3, preferring instead to wait for the child to start talking. This results in the loss of valuable time, the delay of interventions that could have started earlier, and the potential for negative effects on the child's development.

School staff stated that diagnostic processes in schools may only start with the family's consent; however, sometimes they have difficulty convincing them. Various reasons may contribute to a family's wish to slow the diagnosis process, with the main reason being the belief that once their child is diagnosed, they will be labeled afterwards. Parents also worry that once this perception is constructed, it will have a negative influence on their child's future and they won't be able to get married, complete their military service, or find a job. Sometimes families believe that the problem is not with their children, but with the teachers' indifference or opposition to having these children in their classes.

From time to time, in order to speed up the process, school administrators schedule hospital or CRC appointments on behalf of families and provide transportation support with school buses. Schools often refer families to hospitals for medical diagnosis in order to provide the family with information on their child's condition and to obtain their approval for the diagnostic process. In this process, sometimes the CRC evaluation gets overlooked. Even if the school administration completes all procedures, the process cannot start unless the family consents. There is no sanction against families for failing to start the diagnosis procedure in the event of a possible disability. Participants expressed that such cases should be treated as child neglect and that social services experts should intervene when necessary. SERCs are also important in initiating the diagnosis, as they can often be more effective than schools in convincing families.

In the focus group meetings, school principals stressed the necessity of starting identification processes in preschool, as elementary school was too late to identify disabilities. As pre-primary education is not compulsory in Turkey, elementary schools and elementary school teachers play a critical role in detecting disabilities. The necessary paperwork for CRC referrals for educational assessment and diagnosis should be filled out completely by teachers and school counselors. This is particularly important given that sometimes the paperwork is incomplete or empty forms, with nothing other than a name on them, are submitted to CRCs. School counselors are key to the diagnosis and evaluation process.

All of the stakeholders in schools indicated that CRC referral was often seen as a way to "get rid of" students with disabilities, as the diagnosis of disability would mean that the student would be placed in special education classes or schools. Some of the stakeholders noted that teachers may even get "disappointed" when children with disabilities were mainstreamed in their classrooms; on top of "getting stuck with the child", they also had to prepare individualized education plans.

REFLECTIONS ON “4+4+4”

In Turkey, compulsory education was recently increased from eight to 12 years, while the age for starting elementary school was pulled back to age 5. In the course of these changes, preschool was not included in compulsory education. Teachers from special education schools believe that the canceling of a compulsory prep class prior to attending 1st grade in special education is a problem. The changes in the structure of the education system and curricula may result in delays, especially in identifying certain special needs groups. For instance, as a result of the change in school-starting age, the process of learning to read and write can now extend up to the 3rd grade. This setback leads to a delay in the diagnosis of students with learning difficulties.

Primary school teachers interviewed in focus group meetings stated that even when they detect reading difficulties in the 1st grade, school counselors would usually respond with, *“Let’s wait a bit longer.”*

School counselors noted that, even in cases where they managed to convince the family, CRCs usually told them to *“apply again at a later date”*; this response led to tensions between counselors and parents, with the latter accusing school counselors, saying *“There is nothing wrong with my child, why are you referring us to the CRC?”* School counselors indicated that in order to ensure early intervention, they tried to convince CRC experts, through detailed observation forms, to have cognitive skills evaluated without a medical diagnosis.

DIAGNOSIS

MEDICAL DIAGNOSIS AND EDUCATIONAL EVALUATION

Within the current practices in Turkey, medical diagnosis serves as a central component to the diagnosis process. Evaluation processes in a CRC can only begin after a medical diagnosis is given. Referral to a CRC is required to identify cognitive ability levels. The issues that have generated the most criticism include the complicated nature of medical diagnosis and reporting procedures and the reports’ lack of classification by age as well as lack of any information on the capabilities of the child with regard to their impairment.

Mothers recounted the difficulties they faced throughout the medical diagnosis process, with one of them stating, *“They messed everything up. We quarreled and then I went to see the chief physician. Only then did they issue the report, but without signatures. They delivered the report late. Later, they called us requesting a new photograph, saying they did not like the one we had submitted. I wish I had had the report issued in the previous year, under my name; his father’s name is Arif, but in the report it was specified as Ahmet. Luckily I had another report with me, which was notarized. I used it to handle all the procedures. You see, that hospital depresses me.”* Another mother reported on her experience, saying *“They did not like his photograph. He is just seven month old; they asked for a photo with wide open eyes. My child has sleepy eyes; during our efforts to have his eyes open, he experienced ptosis, retinal detachment and eye shrinking. Even when his eyes are open, you are only able to notice it if you look carefully.”*

CRC experts also indicated problems regarding the language of the medical diagnosis report. The report, they claimed, did not serve as a useful resource, as the medical language used was difficult to understand and during the diagnosis, families were rarely informed about their children’s conditions. To prevent misunderstandings, we requested several times that a description of the report using standard terminology and clear language be made a requirement. Parents stated that they were not provided with information after the medical diagnosis, and they had a hard time

understanding what their children's disabilities and special needs entailed. Moreover, CRC experts argued that using percentages to define disability was a problem; these percentages were not meaningful for them. It would be helpful to include special education experts in the committee tasked with issuing the report.

Due to the high number of applications, both the medical diagnosis and the educational evaluation are completed within a short amount of time; mismatches can occur between the medical diagnosis and educational evaluation due to the lack of proper tests/evaluation tools. Such problems can only be overcome by an interdisciplinary approach. Since both reports (medical and educational) can have different dates of validity, families may experience significant challenges in renewing these reports.

The CRC process is largely limited to a formal assessment; observations at school and in home should become a part of the diagnosis process. CRC experts indicated that not all children referred to CRC were identified with a diagnosis and that children were referred to medical and educational diagnosis without the necessary adjustments being made in school and classroom environments, a failure which leads to a significant increase in application files. The experts contended that families and practitioners must overcome the notion that children should be supported only after they have been formally diagnosed.

Although early diagnosis is critical, sometimes practitioners wait for the condition to worsen before formally diagnosing the child. This poses a disadvantage for children who are on the border of diagnosis. During focus groups at SERCs, experts highlighted the importance of collaboration when it comes to changing a former diagnosis. This decision comes under the responsibility of doctors, which is a relief for families but alarming for the special education experts. Experts working at SERCs believe that there is a common notion that SERCs do not want diagnoses to be changed/reversed "because of commercial concerns."

CRC staff revealed that families of children with disabilities were worried about losing both special education and home care allowances provided by the state should their children demonstrate improvement during the educational assessment process. A CRC expert reported an incident illustrating this concern: *"We experience situations where a mother of disabled twins brought the one in worse condition, relying on the fact that they looked alike. All to maintain their allowances."* A similar instance was reported by psychological counselors working at CRCs, who disclosed that children with hearing disabilities may turn their hearing aid off on purpose during diagnostic processes.

OVERALL SITUATION AT CRCs

Psychological counselors are key to educational assessment and diagnostic processes. According to legal regulations, diagnosis should be completed within two months; however, the inadequate number of staff results in making back-to-back assessment appointments. Consequently, throughout the day, the experts responsible for making the assessment become tired and less efficient at performing this task, resulting in the assessment not being conducted effectively. The study participants stated that the physical capacities of CRCs are inadequate. As some CRCs do not have a separate building of their own, they are located within buildings of other schools. Moreover, sometimes they are forced to evaluate two or three children within the same room, at the same time.

Although the medical report is valid for two years, schools are required to prepare annual student development reports and share them with CRCs. These reports are sent to CRCs, but they are often

incomplete. CRC experts repeatedly expressed the need for increased authority to contact with schools in such situations.

Another significant issue regarding CRCs is that due to their current workload, in practice they have become centers that solely diagnose and evaluate children with special needs. In fact, CRCs are not designed solely for this purpose, but rather, they are supposed to perform overall guidance and research activities as well. Most CRCs follow the steps of pre-diagnosis interview, performance evaluation, diagnosis and informing the family. However, there can be operational differences among different CRCs. Some of the stakeholders at schools pointed to the common impression that “CRCs’ mere function is labeling children.” One reason that can account for such an impression is that the assessments mostly focus on what children cannot do, rather than on what they can do. Lastly, CRCs are often perceived as units affiliated with SERCs.

ASSESSMENT TOOLS AND IMPLEMENTATION

Standardized tests are used in educational assessment. Some tests lack norm-referencing studies for Turkey, while others are outdated. The Woodcock-Johnson Cognitive Abilities Battery (WJIII), developed within the scope of the Strengthening Special Education Project (SSEP), will enable a detailed measurement and evaluation of cognitive abilities and development of individuals ranging in age from 2-90 years old. This is a significant step in improving the assessment of children with special needs. Psychological counselors at schools and CRCs stated that since the use of intelligence tests are highly prevalent among evaluation tools, in the current situation, Intelligence Quotient (IQ) is usually the only criteria for diagnosis and evaluation and therefore, individual levels of functioning, adaptive skills or support needs fail to be identified and included in the evaluation. Furthermore, key questions should be added during evaluation. As an expert suggested, *“Some questions should be included, such as: Can she/he walk?; Can she/he run?; Can she/he answer when her/his name is called?”*

The repeated use of the same assessment tools may also pose a problem in some cases. For instance, some private schools utilize psychological tests for school admissions. Students who have taken these tests become familiar with the questions. If they are referred to testing at CRCs later on, they perform higher than their actual level because of this.

Lastly, the CRC staff members need to receive training for administering tests and utilizing assessment tools. Although in-service trainings are offered in certain intervals, these are not sufficient. Some experts who administer the tests are not certified to do so. As revealed by experts, currently, test implementation is “learned on the field” with practice.

PROBLEMS WITH E-SCHOOL SYSTEM

After the completion of the diagnostic process in CRCs, school types for placement are assigned in the e-school system. However, in the system, it is not possible to register children placed in special education classes within special education schools. This category should be defined and added to the e-school system. A psychological counselor working at a CRC shared their thoughts on the problem, *“You can place a student with a visual disability in a school for the visually-disabled. This you can register in the e-school system. Then, as to her/his other disability, you want to place this child in a special education class within that same school. In reality, you can do the placement, but you cannot indicate it in the e-school system.”*

Through the e-school system, a significant amount and variety of data on students is collected. However, the system needs to be improved in terms of data collected regarding children with

disabilities. Data collected via e-school will also contribute to mitigating the need for data on the population with disabilities. Among reasons for absenteeism, disability is not listed in the system. Collecting this information in a detailed and reliable manner will bring greater understanding to the underlying reasons for student absenteeism and therefore contribute to the improvement of educational assessment processes and the planning of interventions/support education services.

POST-DIAGNOSIS

PLACEMENT IN SCHOOLS AND CLASSROOMS

After a decision for the placement of a child with disabilities is made, a common situation that many face is long waiting lists for enrollment in special education classes or schools. Since the current numbers of these schools or classes do not suffice to meet the needs, children cannot enroll until there is an opening. Here is how one mother described the situation: *“I have been keeping track of the local National Education Directorate for three years now. All the schools that I applied to shut the door in my face, saying their quota was full, which means, my kid hasn’t received any education in three years.”* Another mother’s account about the matter is as follows: *“Deputies of schools I’ve been to until now have all turned us down, and even when I ask them for a suggestion about another school, they say ‘you’ve got to find it yourself’.”* The interviews conducted both in Istanbul and in Diyarbakır revealed that the limit in class size was exceeded in some cases in order to reduce the aforementioned waiting time, and thus the quality of education was sacrificed for all children. The interviewed MoNE officials stated that one of the targets anticipated for MoNE’s new strategic plan was to bring down the number of children with disabilities who are on the waiting list for enrollment.³⁸

The diagnostic processes are followed by the placement of students, with a focus on providing them “the least restricting educational environment” possible.

The provision regarding class size in mainstreaming classrooms at primary, middle and high schools under the Special Education Services Regulation stipulates that “class size limit is 25 for classes where there are two individuals with special educational needs, and 35 where there is one.” It has been emphasized in all the interviews conducted that mainstreaming practices were almost always applied in crowded classrooms. School staff stated that the crowded classrooms prevented teachers from attaining planned learning outcomes and that instead of being included, mainstreamed and integrated, students with disabilities were rather forced to “blend in”. School counselors shared the concern of parents of children who were found eligible for mainstreaming regarding the inadequacy of the education their children received in overcrowded general education classes and their struggle to get them enrolled in less crowded special education classes. The same concern was also expressed in interviews conducted with parents and students.

The regulation also stipulates that a maximum of two mainstreamed students can be placed in the same class. In practice however, there are many cases where more than two mainstreamed students are placed in the same classroom. This can be quite challenging for teachers.

CRC staff stated that they were unable to follow up on the progress of students who had been placed in school after their assessment and educational diagnosis. They said that they would like to be able to monitor the students through the e-school system. While follow-ups regarding

38 The 2015-2019 strategic plan of MoNE was published as this report was being processed for publication; it does not include any targets, strategies or performance indicators about this issue.

school placements are usually conducted by district directors of national education, since school principals sometimes refuse to enroll students, parents visit CRCs and ask for their support.

It was often stated that school principals were particularly reluctant to admit children who had been found eligible for mainstreaming, resorting to various excuses to avoid enrolling them. For instance, the mother of a child with a visual disability was sent to a special education school by the vice principal of the school to which she applied. However, the family later discovered that the school was actually for children with hearing disabilities:

"We've had many problems with the vice principal. He literally refused to accept my kid to school. They said they hadn't worked with a kid with such a disability. I struggled for three days to get her enrolled while the vice principal was saying things like, 'This kid does not belong here'; 'If she was enrolled, she would come here each day, sit around, do nothing and go back home'. 'If you come in next year, I won't enroll her in the first grade, either.' He kept saying it wasn't the right place for the kid, (...) that there was a special school for them. I asked for an address, surprised that there was such a school, one that I didn't know about, in the neighborhood. We looked it up on the internet, and contacted them, but they said, 'this school is not for the blind, it is for the hearing impaired!'"

Here is how another mother of a child with a visual disability described the response she received from the principal of the school to which she applied to enroll her child in mainstreaming education: *"They say 'Why don't you send your child to a school for the visually impaired? You are picking the easy way.' But actually we picked the hard route. They did try to persuade us otherwise, of course, with all the questions they asked. They said it would be better that way, that we would have a hard time there, and that the psychological impact on the child would be worse."* Another mother talked about the resistance she faced: *"The problems we've had at the nurseries... We can only go three days a week. I think, if it were up to them, they would turn us away altogether... As for primary school, they say 'Isn't there a normal school near home? Take him there.' So, my kid is simply not accepted anywhere, I can tell you that."*

Many students who have completed primary education in special schools face the challenge of being unwanted in high school, as they move onto mainstreaming classes. Although it has been announced that students with disabilities are free to proceed to any high school they wish, particularly to those offering multiple programs, by taking the Transition from Primary to Secondary Education Exam (TEOG), interviews revealed that students with qualifying scores were still not accepted, and therefore open high schools remained the only choice for students with disabilities in reality. The following relates the experience of a student with visual disability who decided to go to open high school: *"The first day I went, the lesson had already started (...) I sometimes had trouble keeping in mind what the teacher had taught. The second day I went, for example, the same teacher came and said 'you remember the previous lesson, don't you?' but I could only recall a few things. While the others took notes, I couldn't. I also didn't have a book those days. (...) So, that's why I decided to move to open education. It's fine now. I don't find 9th grade that hard."*

Lastly, challenges specific to the placement of children with several disabilities in school have also been identified. For instance, it was reported that the family of a child diagnosed with both intellectual disability and autism preferred a school for mental disabilities to the education centers for children with autism (ECCA). Another example is of a child diagnosed with both autism and visual disability who was placed in a special education class of a school for the visually impaired. It turns out that she did not receive any training or support for her needs based on autism.

GENERAL OVERVIEW OF SPECIAL EDUCATION CLASSROOMS AND MAINSTREAMING EDUCATION

In addition to the challenges faced regarding placement, problems are also encountered with regard to the attendance of enrolled students. One of the reasons for this is that families sometimes prefer rehabilitation to schools. Special education support offered to all children with disabilities has been limited to 12 sessions a month. No differentiation is made between different disabilities, and no increase in the number of hours is possible in cases of several disabilities. Although options customized to the child's needs, such as physiotherapy, are offered, they are not always provided at an adequate enough level or available at every single rehabilitation center. Some parents chose to not send their children to school on the grounds that they were unable to learn there. They preferred, instead, rehabilitation centers, claiming that the teachers there tended to be more attentive. One of the interviewed mothers expressed her dissatisfaction with the rehabilitation centers, implying that the teachers there were underqualified, and she even went so far as to suggest that they be closed down, *"These centers should be closed down, and the money saved should be invested in schools, so that better teachers can be employed."* The current legislation does not allow children with disabilities to be taken out of class during school hours to send them to rehabilitation centers. Interviews conducted with the school staff and mothers revealed that since the make-up lessons, or in some cases, even entire sessions, held at the rehabilitation centers were scheduled for school hours, children had problems attending their school lessons.

Students with disabilities often encounter difficulties during transition between stages of education. Since the single form teacher of the elementary school level is later replaced with several subject matter teachers, the progress of students with disabilities becomes harder to monitor. From this level on, since mainstreaming education cannot be effectively applied, families tend to prefer special education classes and special education schools. For instance, it was reported by school counselors that children with hearing disability are first mainstreamed in primary schools, and then for middle school they want to change schools in order to be able to study in a less crowded classroom for the hearing impaired. Students with disabilities have difficulty adapting due to the lack of sufficient support, particularly during transition from middle school to high school.

A great majority of high schools are not well-equipped enough to provide quality education to students who have received primary education at special schools and then moved on to mainstreaming in high school. For instance, students with minor mental disabilities were reported to have faced great challenges when moving onto high school. Some measures need to be taken for high school education, which is now compulsory, in order to support mainstreaming practices. School administrators pointed out that work needed to be done on mainstreaming in high school, particularly outside work and training schools, and that the pre-service inadequacy of subject matter teachers impacted their class environments, both at middle school and at high school levels.

In some schools with special education classrooms, the recess times for special education classrooms and others were at different times. This hinders opportunities for children with disabilities to mingle and socialize with their peers.

Issues tackled during the interviews included mainstreaming education practices, physical conditions of the education resource rooms at schools, task delegations to relevant staff and pricing per lesson. Among the other subject matters brought up were the problems involving the physical infrastructure of classrooms, the frequent replacement of contracted teachers, the

inadequacy of educational materials, and the insufficient number of staff assigned to undertake assessments.

SPECIAL EDUCATION PRESCHOOLS

Another topic highlighted during the interviews was the proliferation of special education preschools. In addressing this matter, it was noted that the new staff to be assigned to the field of special education as preschool teachers need to have the requisite knowledge and skills, both in special education and in early childhood education.

In the present situation, waiting lists seem to be the inevitable result of the scarcity of special education preschools. Furthermore, two preschool teachers who worked at special education and attended the focus groups said that because there were so many different levels of disability groups at schools, they had difficulty figuring out how to shape the classrooms. In addition, it was reported that there was uncertainty involving which legislation would apply at these schools as well as the regulations governing special education and those governing pre-primary education. Responses from focus group participants suggest that some support and information as to the arrangement of physical conditions in the classrooms were also needed. As of the 2014-2015 academic year, there were only 13 special education preschools. It was suggested that it would be beneficial if the teachers working at these preschools came together to share information with one another.

INDIVIDUALIZED EDUCATION PLANS

After completing the diagnostic process, the individualized education plan (IEP) preparation process defined in the legislation should be structured and set in motion in accordance with the child's special needs. This plan's designated outcomes should be described in detail and delivered in both the short term and the long term. The individualized teaching plan (ITP) also includes the educational goals prepared in line with short term purposes. Led by the principal/vice principal, the IEP team should develop this program by consulting the opinion of parents, together with form teachers, if the student is in the preliminary stage, and with subject matter teachers, psychological counselors as well as special education teachers (if the school has them), if the student is in the later stages of their education.

All of the school counselors revealed that they usually had to carry out this process on their own, even having to remind the administrators that they were required to chair the IEP process. School counselors have played an important role, both in the educational diagnostic process, as well as in the creation and implementation of IEPs. Further, all of the study participants, with the exception of principals and vice principals, stated that they had either not been included in IEP preparation processes, or that although they had been included they had been unable to contribute since they did not know how to prepare IEPs, despite having students diagnosed with special needs in their classes. During the interviews and focus group sessions, the participants noted that the opinions of the parents were not taken throughout the IEP process. Some SERCs stated that they needed to provide support to schools in terms of IEP, as well.

Just as lesson plans for basic education are typically prepared using resources from the Internet, IEPs too are mostly downloaded from the Internet. It was pointed out that IEPs, which are supposed to be individually devised for each child with disability, were instead being prepared in general terms, and that plans for students from the same disability group exhibited strong similarities.

On another note, it was urged that there should be stronger consistency between the different IEPs devised in schools, as well as in SERCs. Here is how one expert working at a rehabilitation center related the matter: *“While we solve problems at the center, the students at school would still be practicing four operations on a basic level.”*

Various challenges will still be faced with classroom implementations and examinations, even in the event that an IEP, ITP or an enriched school support program for gifted children is prepared. A better structuring of branch and IEP meetings would alleviate the challenges of classroom practices.

Class size was yet another matter mentioned among these challenges. Teachers pointed out that IEPs were harder to apply in crowded classrooms, and that sometimes, when there were several students from the same requirement group, they had difficulties regarding which methods to use, a problem that prompted them to have recourse to support from school counselors.

One of the fundamental reasons for these challenges is the teachers’ and schools’ lack of knowledge regarding the implementation of IEPs. A few examples of this were shared during the interviews. For instance, one teacher admitted that he did not know how to support students with disabilities during an exam: *“If the only convenience they can offer to students with disabilities for the TEOG exam is some extra time, how am I supposed to come up with something more than that for my own exams?”* Here is how a psychological counselor described the inconsistency of IEPs and the grading system: *“I find it very hard to understand that students with disabilities are limited to getting a 70 instead of 100 out of 100, even when they have fulfilled the outcomes designated in their IEPs, only because they are evaluated according to the same assessment criteria as other students.”* A visually impaired high school student said that some teachers used expressions like *“let’s settle on a 70,”* irrespective of an IEP. Subject matter teachers stated that they hadn’t received any university training on the implementation of IEPs. Another of the interviewed teachers said that during exams, she would put two separate papers in front of her students with disabilities, one being the exam every other student received, and the other, the exam the students with disabilities were expected to complete. The reason she did this, she said, was to protect the students with disabilities, as she knew the others would ask about why they were taking a different exam.

While normally, the students should not be allowed to the next level unless they have fulfilled the outcomes specified under the IEP, teachers sometimes would keep their expectations low and give them higher marks than they deserved. One of the possible outcomes of this was that some students made it to middle school, or even high school, without having acquired the most basic skills, such as reading and writing. Some even more peculiar practices had also been witnessed in relation to students advancing to the next grade level; for instance, the mother of a student with a mental disability, who attended school regularly said: *“My son has been going to school for years now, but it turns out that he was always enrolled in the 1st grade, over and over again.”*

Another point stressed about IEPs was the prevalence of adopting an approach that supported exemption rather than sensible adaptation. For instance, some teachers believed that since English lessons were based mostly on auditory skills, students with hearing disabilities should be exempt from participating in these lessons. Similarly, it was problematic that some courses designed for students with disabilities were not included in the curriculum. One example illustrating this involved the physical education and walking stick/independent movement lessons taught in schools for the visually impaired; these lessons were not properly included in or entirely excluded from the curricula.

It was also noted that the challenges encountered in primary education arose in special education as well, and that the issue of an overloaded curriculum, which is reflected in these programs too, leave no time for the practice of classroom activities. Regarding the overloaded curriculum, attention was called to the issue of the achievement of children with disabilities being perceived only from an academic perspective and of the ITPs devised in parallel to IEPs being mostly composed of academic activities.

STAFF SHORTAGE AND PROFICIENCY

After each placement decision regarding a student with disabilities is issued, the necessary arrangements must be prepared (developing an IEP, arranging of classroom implementations, functionalizing of ITPs etc.). Staff capacity is a key factor for this process.

Staff employed at schools and CRCs stressed the necessity of having designated resource rooms for special education. The lack of teachers in the field of special education may cause problems, both in special education classes and resource rooms. It was reported that the paid teachers were not able to get paid when students in special education classes were absent from the lessons. Teachers assigned to special education classrooms often tended to demand changes of post since they were not permanent staff.

It was emphasized that teachers assigned to mainstreaming classrooms needed supporting staff in the classroom environment, particularly due to the over-crowdedness of classes. Here is how one mother described the state of a form teacher: *“There is no assistant, the teacher is on his own in class, and as soon as I go in, he tells me, ‘Don’t expect me to show special attention to your kid when I have thirty of them to deal with.’ That’s what he says. Then I go into the classroom, and what do you think I see? Well, my kid, dozing off in a corner somewhere.”* Although it is not officially included in the legislation, the practice of having a “shadow teacher” was reported to be used in some schools with the approval of the principal and the teachers. Itinerant teaching, in other words, teaching offered by travelling special education teachers, cannot be applied in its true sense, although it is stipulated in the relevant regulation.³⁹ One particular instance where itinerant teachers cannot be appointed, or might be assigned with significant delay, are cases of chronic diseases (cases where the child cannot leave the house); it was also stated that the itinerant teachers who are finally appointed to such cases usually do not know what to do exactly.

In some cases, parents were seen to attend classes in order to provide support, which, of course, has its relative pros and cons. For instance, although parents can indeed be of support in class, they might also on occasion disrupt the usual order of things. One of the interviewed teachers said that she allowed the parent of a child with disabilities in her class and put him in charge during some class activities, while she herself dealt with the said student. The teacher was, however uncomfortable with this arrangement, as she felt she neglected the other students.

Counselors working at state schools pointed out that they tended to have problems reaching the students in crowded schools and classrooms. Since the hours that were previously set aside for counseling were cancelled to allow time for revision lessons in middle school schedules during the transition to the new system known as “4+4+4”, counselors encountered difficulties reaching mainstreamed students in the classroom environment.

³⁹ Under regulations regarding special education services, itinerant teacher has been defined as a form teacher of students with visual, auditory and intellectual disabilities assigned for undertaking education and support services designed for individuals in need of special education at home, in hospitals, at schools and other institutions.

As for teacher qualifications, it was reported that teachers who didn't know sign language were assigned to schools for the hearing impaired and those who didn't know Braille were assigned to teach at schools for the visually impaired. The experience of burnout in teachers was another topic brought up. All of the stakeholders at schools said that they sometimes experienced a sense of burnout when trying to adapt to the changing system and the new regulations.

TEACHING-LEARNING MATERIALS AND EDUCATIONAL SUPPORT PROGRAMS

The choice of materials is quite an important factor in the education of children with disabilities. MoNE's free textbook offer also covers children with disabilities. However, it was reported that the provided relief printing (Braille printing) books, which incorporate abbreviated Braille, presented serious challenges for the visually impaired students. Another reported difficulty was that only the main text books, and not the student workbooks/practice books, were available in relief printing. One of the interviewed mothers described how she could not follow her visually impaired child's workbook during class activities, and therefore saw no point in attending the lessons.

A total of seven education support programs approved by the MoNE Board of Education have been underway since the year 2009. The fields covered by these programs include physical disabilities, language and speech disorders, visual disability, hearing disability, special learning difficulties, pervasive developmental disorders and intellectual disabilities. Apart from not covering all groups of disability, the programs have also been described as insufficient in terms of their outcomes. Opinions shared by the participants in the focus group held at SERCs revealed that these programs remained rather elementary, and that the same outcomes were constantly repeated, particularly for visually impaired high school students.

The following statement, taken from page 8 of the support program developed for those with hearing disabilities, was shared at focus groups:

"Individuals with hearing disabilities may benefit from this program, only if they wear a hearing aid suitable for the type and degree of hearing loss they suffer from. Individuals with hearing impairments who do not use any hearing aids may not enroll in this program."

As this statement clearly demonstrates, the support education curriculum does not serve individuals who do not wear a hearing aid, or a cochlear implant.⁴⁰ Experts at CRCs stressed the need to develop sign language supported programs. This issue was also touched upon by teachers who had been trained to teach the hearing impaired, as well as by subject matter teachers working at schools for the hearing impaired.

CRC experts reported a similar situation in the e-school CRC module for assigning support programs. In the module, there are several criteria/rationales listed as to why a diagnosed special needs student "does not need support education services". These include the following two:

"As stated by the Hearing Impairment Support Education curriculum, this program is for people using hearing aids. Select this rationale for persons with no hearing aid."

"Support education recommendation cannot be made, as there are no education programs, pursuant to the age and development level of the individual in the scope of disability type and degree, which are approved by Board of Education. Select this article for individuals with no program or whose age levels do not conform."

40 A cochlear implant is a surgically implanted medical device that provides a sense of sound or increases this sense in individuals with severe-to-profound hearing loss.

The first statement shows that children with total hearing loss and children who cannot hear, even with hearing aids, are deprived of support education, as there are no adequate programs. The latter demonstrates that there are no convenient support education programs, in SERCs or in schools, for children who are not included in these seven areas defined. For example, although children with an attention deficit disorder with hyperactivity diagnosis constitute a group suitable for support education, there are no programs available for them.

PUBLIC FUNDING

Once the medical and educational diagnostic processes are complete, some precautionary measures, such as classroom support practices, special education and rehabilitation services for children with disabilities, are decided upon in accordance with the relevant legislation. A significant amount of public funding is invested in these services. A monthly maximum of 12 sessions of educational support is provided (sessions are 45 minutes, with five minutes for informing the family, and 40 for addressing the child's education). Regardless of the child's age and requirement, a total of 12 hours of educational support is provided, eight of which are for individual training (55 TL per session), and four for group sessions (31 TL per session). The fact that current regulations do not differentiate between children with one and several disabilities, and that the state-provided support services remain limited to 12 hours a month (8 individual, 4 group hours), even for children with several disabilities, creates a serious problem.

There is also the home care support offered to families of children with disabilities under 18 years of age (monthly price for 2015 is 291.62 TL). Interviewees have suggested that these resources should be customized and distributed in accordance with the child's age and needs. The following is an excerpt from a mother's account of this matter: *"My son is too young to travel on his own. He does have a disability pass, but they haven't given me an attendant's pass. So they charge me each time he has to take the bus. And then they say, 'let your child socialize.' Well, it is not really possible when the means are this limited, is it?"*

MoNE does, in fact, offer students with disabilities free shuttle rides to and from school. In some instances, children with disabilities end up having to start school late, due to delays in shuttle/transport bidding phases. However, the interviews revealed that not all children diagnosed with special needs have been accorded this right. Shuttles are available to students of special education schools and classrooms, but not to students enrolled in mainstreaming classrooms. In one case, a student who was eligible for mainstreaming found he could no longer enjoy his right to travel by shuttle after he enrolled in a school where he was offered better quality education. And this is how another mother described a similar experience: *"They called us from school and said, 'this is only for younger age, special classes, and your child is in mainstreaming, so you're not eligible for this'."* Gifted children are also among the ones deprived of the right to free shuttle rides. Finally, long distance journeys may cause major problems, especially in cases of serious conditions (such as autism).

THE STATE OF PARENTS DURING EDUCATION

In all the focus groups held, the parents of students with disabilities revealed that they waited for their children during both school time and rehabilitation hours, in case there was an emergency or to assist them in going to the toilet or to eat. Parents sometimes ended up waiting for their children at the centers for up to four hours. Some of the centers even offer activities for parents during these waiting periods. Parents accompany their children to rehabilitation centers, especially when their child needs to make a long shuttle journey.

Parents sometimes attended lessons as well in order to provide support to teachers. In some cases, parents waited voluntarily, out of worry for their children. Here is how one mother described her feelings when she goes back home instead of waiting for her son: *“I’m always thinking, ‘I wonder what he is doing now.’ I often wish I was a bird so that I could fly off to watch him from the window; there is this constant state of worry and fear about whether they are taking good care of him or not.”*

These kinds of fears were expressed not only about the child’s daily life at school or at the center, but also in relation to their future. Mothers related their desire for their children to get educated and to be able to look after and protect themselves, as well as their concern regarding who was going to take care of them when they were gone. During the interviews, the need to develop more community-based support programs for parents was also emphasized.

INSPECTIONS AND PALM SCANNING

Whether the special education services offered for support and rehabilitation are sufficiently inspected, or if the staff members assigned as inspectors are competent are issues much debated. It was reported that some institutions that had been closed down following an inspection were seen to have been reopened under new names. Inspection is usually carried out on an administrative level and does not cover the quality of the service delivered. Results usually remain on paper, while issues such as incorporating proper content into IEPs and structuring them in a way to meet the needs of the child are not taken into consideration. Here is what a special education form teacher had to say about the matter: *“The frequently asked questions are ‘Do you have an IEP?’, ‘Do you have an ITP?’ or ‘Why is there a projector in the class for students with mental disabilities?’ Frankly, I was expecting something much different.”*

A new practice known as ‘palm print recognition’ is now underway for monitoring the progress of the support trainings for children with disabilities who have applied to a CRC and received a diagnosis. All the interviewees were asked questions about palm print recognition and all of the stakeholders were aware of the implementation. The following is a description of the practice from an expert working at a SERC: *“Thanks to this, we will no longer be regarded as potential criminals.”*

Palm prints of every child have already been taken for this practice; however, it hasn’t started to be applied everywhere yet. The method has been found to be partly beneficial in terms of monitoring students and in being able to differentiate good special education institutions from others. Nonetheless, some challenges during implementation have been identified. For instance, there will be no make-up classes if the student is only 15 minutes late; the make-up class, which needs to be arranged within a week, will not be possible during summer months due to holidays; palm recognition might take time; groups arriving in shuttles may have to wait in lines to have their palms scanned; palm print scanning will not be possible outside the center, so shadow teaching will no longer be possible (particularly an expert from the rehabilitation center acting as a shadow teacher in the classroom of a student with disabilities). Here is what a parent has to say about palm scanning, applied with the intention of monitoring implementation: *“I think if the money invested in all those new methods, such as palm print recognition, and all that rehabilitation was provided instead for the hiring of school teachers for educational purposes, it would have been much more beneficial for my child.”*

V. CONCLUSION AND RECOMMENDATIONS

Z. HANDE SART

There are about 600 thousand children with disabilities living in Turkey.⁴¹ More than half of these children are out of school. Especially at the pre-primary level, which is vital for early diagnosis and intervention,⁴² access to education is critically low. Only 3.4% of the children in this age group have access to education. As described in the findings of the study, one of the underlying reasons for this is the challenges in diagnosis and evaluation processes, while another is the insufficient number of schools and classrooms. Lastly, as opposed to what is mandated in the relevant legislation, in practice, schools refuse to enroll children with disabilities.

While estimates based on current population figures and the 2011 Population and Housing Census provide a general picture about the challenges in access to education, these are not enough. Turkey needs to produce disaggregated, quality and up-to-date statistics on disability.

A major step that needs to be taken in this regard is the transition to a biopsychosocial model. The current system is predominantly based on the medical model, where disability is defined in terms of percentages. The same medical reports are used for all age groups. A promising step taken in this regard has been the efforts led by UNICEF Turkey and MFSP towards a transition to special needs reports for children.⁴³ Preparation of the legal framework and infrastructure for this report, which is based on the ICF model, is underway.⁴⁴

With regards to education statistics in particular, the e-school system can be mobilized to collect data on the status of children with disabilities as regards their enrollment, absenteeism and special needs in education processes. Data collected via e-school will also contribute to improving the amount of data available on the population with disabilities.

In addition, the quality of education that children with disabilities can access constitutes a second major problem area. The current situation in Turkey indicates that there is a significant gap between legislation and practices. Even at institutions that are willing to put policies into practice, the lack of resources as well as knowledge and skills in special education makes implementation difficult.

Although Turkey prioritizes mainstreaming education, all the stakeholders that took part in the research stressed that there were serious challenges with regard to the quality of its implementations. Research conducted in Turkey on mainstreaming education seems to put the most emphasis on teachers' lack of knowledge and skills, improper attitudes and thoughts as well

41 Estimate calculated based on TurkStat (2013) and population data provided by TurkStat.

42 Leeber, 1998; Shonkoff et al., 2009.

43 Ertem et al., 2012.

44 Information conveyed by the MFSP representatives at a meeting held in December 2014 where this research's preliminary findings were shared.

as the physical conditions related to the practice.⁴⁵ Evidently, challenges in the field of special education do not occur independently from challenges in the education system in general. As challenges such as inadequacy of teacher quality, physical conditions etc. concern the entire education system, they too have negative repercussions on special education practices.

Research findings reveal that mothers feel particularly indecisive when it comes to choosing between mainstreaming education practices and special education classes or schools. They have though, tended to prefer special education classes and special education schools, which offer a particular advantage with their less crowded classroom environments. The children with special needs who were interviewed also voiced their preference for special education classes and special education schools. Due to obstacles encountered in implementation and the prejudices held by practitioners, the general preference seems to be directed not towards the least restrictive, but rather to the more isolated environments. When the individual is educated in the most restrictive environments or in special schools, such as those for the hearing impaired or the visually impaired, that are isolated from the society, it is inevitable that an “us and them” perception to form. In this sense, the example of the visually impaired student, who after eight years of studying at a school for the visually impaired (these types of schools are known to have the most restrictive environments), chose to enter mainstreaming education for high school, but then decided in two days’ time that he’d rather enroll in open high school, saying, *“I wish there was a separate high school for people like us”*, serves to demonstrate that in reality the right to mainstreaming education is a right that is unable to be enjoyed.

Recommendations for policy and practice, based on the research findings are presented below.

RECOMMENDATIONS REGARDING THE PRE-DIAGNOSIS STAGE

1. Ages 0-3 are among the most significant in terms of child development. Early intervention in a possible case of impairment has been seen to have positive effects. In order to enable early diagnosis of a case of disabilities, the existing family physician system needs to be revised.
2. When the families are not aware of, or do not accept their child’s impairment, the school administration has no means to direct them towards a diagnosis. Families need to be offered trainings that inform them about the details of disabilities and the important role of early intervention.
3. Disability and socio-economic status are relational in certain ways. For families from low socio-economic and educational levels, hospital-CRC-rehabilitation processes can be rather complex and demotivating. A structure should be developed that can provide families with the support and knowledge they need to go through these processes. Under this system, families should be guided each step of the way and informed about whom they can get support from when they have a problem.
4. Starting the diagnostic process should not be the only purpose assigned to psychological counseling systems at schools. Preventive approaches are possible

⁴⁵ Baykoç-Dönmez et al., 1997; Mağden and Avcı, 1999; Polat, 2011; Sart et al., 2004; Sucuoğlu and Akahn, 2010.

through early interventions in classroom environments. Particularly in primary schools, a consultation model may be formed in the field of psychological health with the help of form teachers, and work may be done regarding certain behavioral problems. Similarly, in the pre-diagnostic stage, preventive interventions in problem areas should be started.⁴⁶

5. Psychological counselors' qualifications need to be improved through the provision of more in-service trainings (in skills such as using assessment tools in school environments and drawing up reports for individuals with special needs).

RECOMMENDATIONS REGARDING DIAGNOSIS

1. State of disability should not be defined by the "disability rate", but rather by special needs, functionality, effectiveness and participation in life, all of which are essential components of ICF, and a system structured accordingly should be adopted.⁴⁷ During transition to this system, separate legislations should be drawn up for the childhood age group and the adult age group.
2. CRCs need to be accessible, and their physical conditions should be made fit for educational assessment.
3. More in-service trainings should be organized for the application and administration of measurement and assessment tools.
4. Other than educational diagnosis and assessment, CRCs should not carry out additional duties, such as individual intervention, group interventions, and family trainings. The family of the child who has been diagnosed with a special need should be given support, both in their particular special need and in the exercise of their rights. CRCs may, therefore, need to be restructured in this context. Findings from previously conducted studies on this matter could be beneficial.⁴⁸
5. Community-based centers that can provide support to families and offer a platform from which resources can be shared to inform the families about disabilities must be established. In order for such centers to open, collaboration should be formed between research hospitals, CRCs, schools and universities.
6. The secondary preventive approach model in psychological counseling should be adopted for children whose diagnostic process did not result in a diagnosis, yet who function at the lowest limit, and teachers should work with them in their classroom and school environments with the school counselor's consultation. The consultation system could be designed to include faculty members of universities who are experts in the field.

⁴⁶ Shapiro and Clemens, 2009.

⁴⁷ Ertem et al., 2012.

⁴⁸ Tiryakioğlu and Avcıoğlu, 2013.

RECOMMENDATIONS REGARDING THE POST-DIAGNOSIS STAGE

1. Teachers need support in improving their knowledge and skills in special education. Education programs covering pre-service and in-service trainings to improve knowledge and skills regarding special needs should be developed. Classroom and subject matter teachers should be offered in-service trainings in special education topics that complement classroom practices. Requests to university faculty members who are experts in the field should be made to support these trainings.
2. The shortage of teachers in the field is currently being dealt with by filling the gap with teachers who are outside of the field of special education and who have only undergone brief training sessions. However such practices do not suffice to produce well-qualified and well-equipped teachers in special education. Alternative suggestions include extending education faculty programs, particularly form teaching programs, to five years and turning them into non-thesis master's programs as well as developing a new classroom teaching model, one that will include practices of mainstreaming education.
3. Mechanisms that facilitate the transfer of valuable knowledge, background and experience in special education and the provision of support, from staff employed at special schools, to teachers at schools that offer mainstreaming education should be put into place.
4. A consultancy field should be formed with regard to mainstreaming education.⁴⁹ Unlike rehabilitation consultancy, this field should be structured based upon a biopsychosocial model.
5. The teaching of students with auditory, visual and mental disabilities, which used to be three separate branches, was recently placed under the single title 'special education teaching'. This change needs to be revised in order to have teachers specialize in particular disabilities.
6. At universities, the creation of special education departments should be encouraged, and educators who wish to proceed with doctoral studies in this area should be supported.
7. While implementing mainstreaming education, teachers face major difficulties with crowded classrooms. In order to alleviate this challenge, teachers need to be supported with assisting staff. Legislation mandating the inclusion of shadow teachers or assisting staff in mainstreaming education is particularly important.
8. All school staff, all teachers and all students, other than those with special needs, should be provided training to gain awareness of special needs.
9. Collaboration and coordination should be maintained between different organizations, such as CRCs, schools and rehabilitation centers.
10. Children with multiple disabilities are currently offered no more than the special education services devised for a single disability. Education programs should be revised

accordingly, and special education practices covering several disabilities should be developed.

11. Education support programs and the e-school CRC module criteria/rationales corresponding with them should be updated in order to include all disability groups. Support programs should be devised for all areas and types of special needs/disabilities defined under the legislation.
12. The legislation and the functioning of special education preschools should be revised, and institutions should be able to share their experiences with each other and get the necessary support to do this. In addition, programs applied at special education preschools should be revised (for instance, the necessary arrangements should be made for the transition of children with hearing disabilities to an education model integrated with sign language).
13. Staff inspecting special education institutions should be from the special education field; a system whereby the inspection duty will be assigned to experts of the field should be established.
14. Inspection systems which enable the tracking of public expenditures on special education to should be established to ensure efficiency.
15. Disability is in itself a reason for student absenteeism. The reasons for children's absenteeism should be looked into, and the house visiting mechanisms should be revised.
16. The opinions of individuals with special needs and their families on current practices and services should regularly be sought; and implementations should be revised, as required, accordingly.

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APPENDICES

APPENDIX 1: INTERVIEW FORMS

FOCUS GROUP INTERVIEW FORMS

A total of 13 forms were prepared for focus group meetings; forms are differentiated for participants from/appointed from different institutions. The distribution of forms is as follows: For psychological counselor (2 forms; inclusion student and schools with special education classes and special education schools); for teachers (3 forms; inclusion classes, special education classes, special education schools); for school principal/assistant school principal (1 form); for CRC experts (1 form); for experts working at rehabilitation and special education centers (1 form).

FIRST PART: SAMPLE SURVEY FORM

QUESTIONS ON ALL FORMS		
Interview date		
Name		
Name of school/center		
Contact information		
Province/District		
Sex		
Date of birth		
Are you a member of any CSOs?	1> If yes, please indicate. 2> No	
Education status? (Please specify the highest grade you have completed)		
(Unless a graduate of Faculty/Institute of Education) Do you hold a Pedagogical Formation Certificate for Teachers?	1> Yes 2> No 3> Not required	
Years of experience in the profession.		
Did you take any courses on students with disabilities during your university education?	1> No 2> Yes, (please specify the course names) _____	
Did you receive any in-service training on special needs students?	1> No 2> If yes, please specify the field	
Training Title/Subject	Duration (hour)	
Do you have any experience with any of the below stated groups? If so, please specify.		
Groups	Yes	No
Orthopedic disability		
Special learning difficulty		
Attention deficit disorder with hyperactivity		

Intellectual disability		
Hearing disability		
Autism spectrum disorder		
Special abilities		
Speech disorder		
Visual disability		
Neurologically-based (i.e. epilepsy, etc.)		
Chronic diseases (i.e. diabetes, cancer, etc.)		
Multiple disability 1. Group: 2. Group:		
Other (please specify) _____		
Please specify the 5 most frequent disability groups among the above listed groups you have encountered while working as a psychological counselor in school (please rank from most frequent to the least, starting from 1.		
1. _____ (most frequent)		
2. _____		
3. _____		
4. _____		
5. _____ (least frequent)		
In your school, are there any students diagnosed with disability as to mother tongue issues?	1> Yes 2> No 3> I don't know	
Do you prepare IEPs at your school/center? If yes, who is involved in the process? Please specify.		
Have you participated in the IEP process at your school/center?	1>Yes 2>No	
Which grade are you responsible for at the moment? You may make more than one selection.	1> Nursery class 2> Primary class 3> Secondary class 4> High school 5> Special education classroom	
QUESTIONS ADDED TO SCHOOL AND CRC FORMS		
Is there a separate resource room for students with disabilities at your school/center?	1> Yes 2> No	
What is your current employment status at this school/center?	1> Permanent staff 2> Permanent staff of another school 3> Contracted 4> Other (please specify): _____	
QUESTIONS ADDED TO SCHOOL FORMS		
What is the average number of students/classrooms at your school?		
Previously you indicated the number of special needs students registered at your school. Please demonstrate the overall situation with respect to disability status, level, placement status (inclusion/special education class) of students receiving support according to these aforesaid numbers.		
Number of students at your school?	_____ students	
	Elementary school: Middle school:	
Single shift (full time) or double shift (half time) school?	1> Full time 2> Double shift 3> I don't know	
How many teachers/counselors are at your school, including yourself?		
Are there special education teachers at your school?	1> If yes please specify 2> No 3>I don't know	
Is there an IEP Development Unit in your school?	1>Yes 2>No	

QUESTIONS CUSTOMIZED FOR SCHOOL TYPE/POSITION/OCCUPATION	
Your teaching field?	1> Classroom teacher 2> Field teacher
Your field?	
How many students at your school are diagnosed with special needs?	Total: In inclusive education: In special education:
Are there any students diagnosed with disabilities in your classroom?	1> If yes, how many? 2> No
Is there a special education classroom at your school?	1> Yes 2> No
Is your school a boarding school?	1> If yes, how many boarders do you have? _____ 2> No
Which disability group does your school serve (please specify)	
Are you a special education teacher?	1> Yes 2> If not, your field is _____
If you are not trained as a special education teacher, did you take part in a certification program to work at a special education classroom?	1> If yes, please specify _____ 2> No
Have you taken part in any certification programs to work at a special education school?	1> If yes, please specify _____ 2> No
Is there a special class in your school for children with multiple disabilities?	1> If yes, how many? _____ How many students? _____ 2> No 3> I don't know
Does your school offer support services/resources for students with disabilities?	1> Yes (please specify) 2> No 3> I don't know
What kind of resources are offered for students with disabilities at your school? (Braille, independent movement, technology-aided education, etc.)	
Which subgroup of disabilities is the most common at your school within the disability group you mentioned? Please specify.	
How many students are there in you classroom? (If you work one-on-one, please indicate one-on-one instead of a number)	
In your school, are children within the same disability group (except special education class) placed in the same classes?	1> Yes 2> No
Are there students from the same disability group in your class?	1> If yes, please specify which groups. 2> No
QUESTIONS ADDED TO CRC FORMS	
Number of staff members	Psychological counselor: Psychologist: Assessment and evaluation expert: Special education teacher: Other: _____ (please specify)
How many of your students are diagnosed with disability and being followed up?	Total:
Has your center implemented the palm scanning practice?	1> Yes 2> No
Do you provide trainings for parents after diagnosis?	1> Yes 2> If not, please indicate why: _____
What services does your center offer other than educational diagnosis and assessment. Please specify.	
What are the most frequently utilized tests in your center? Who administers them? Please specify.	

QUESTIONS ADDED TO SERC FORMS	
Number of 0-18 year-old students in your center	_____ students
How many years of professional practice do you have in your field?	
For how many years have you worked at a rehabilitation center?	
Is your center a boarding institution?	
What number of staff are qualified as experts in your center?	
Please specify 5 disability groups (among the above listed groups) receiving services from your center; please rank from most frequent to the least, starting from 1.	
1. _____ (most frequent)	
2. _____	
3. _____	
4. _____	
5. _____ (least frequent)	
Are IEPs prepared in your students' schools?	1> Yes 2> No 3> Student does not attend school 4> I don't know
Do schools ask for your opinion in the preparation of IEPs?	1> Yes 2> No 3> Student does not attend school 4> Sometimes
Number of 0-18 year-old students you monitor at your center?	
Previously you indicated the number of students you follow. Please demonstrate the overall situation with respect to disability status, level (not in percentages but as i.e., mild, low, etc.), as well as the services provided by your center and by you to the students receiving support, according to these aforesaid numbers.	

Thank you for your support.

On behalf of the project team

Z. Hande Sart, PhD

Boğaziçi University, Asst. Prof.

SECOND PART: SEMI-STRUCTURED INTERVIEW QUESTIONS

School psychological counselors working at mainstreaming schools and schools with special education classrooms

As the school counselor, you have a key role in the education of students with special needs. Let us separate the process into three stages: pre-diagnosis, diagnosis, and post-diagnosis.

1. Please describe the pre-diagnosis processes. What are the problems you encounter most frequently? Who refers the student to you? Describe the parent-teacher relationships. Are the evaluation tools used at the school adequate?
2. What kind of problems do your students face during diagnosis? During medical diagnosis? During educational diagnosis/evaluation? Are there problems in getting appointments for diagnosis/evaluation?
3. Educational and medical diagnosis is completed and your student is formally diagnosed. Within that context, what kind of problems do you encounter? Problems regarding placement? Mainstreamed students/special education classrooms? IEP preparation? Families? Teachers? Other parents? Administration? Equipment supply? Peer relationships? Flexible lesson plans, physical accessibility? Assistant teachers, transition between schools/levels of education, etc.

In light of all these issues, what are the indispensable factors for ensuring the students with disabilities access to quality education, their full engagement in education, their enjoyment of the same opportunities as their peers? What should be done? Your suggestions, solutions?

CRC staff

As the CRC staff, you have a key role in the education of students with special needs. Let us separate the process into three stages: pre-diagnosis, diagnosis, and post-diagnosis.

1. Please describe the pre-diagnosis processes. What are the problems you encounter most frequently? Who refers the student to you? How does the process begin?
2. Please describe the diagnosis process. What are your thoughts on the equipment and facilities at CRCs? Have you started implementing new tools and practices developed as part of the SSEP? What are your thoughts on the medical diagnosis process? What are your thoughts on the educational diagnosis/evaluation process?
3. Educational and medical diagnosis is completed and your student is formally diagnosed. After that, do you encounter any problems? Placement? Parent, teacher relationships? Absenteeism? IEP implementation?
4. What happens if the student does not get a diagnosis? Are support services provided in that case?
5. In light of all these issues, what are the indispensable factors for ensuring the students with disabilities access to quality education, their full engagement in education, their enjoyment of the same opportunities as their peers? What should be done? Your suggestions, solutions?

SERC staff

As the SERC staff, you have a key role in the education of students with special needs and rehabilitation services. Let us separate the process into three stages: pre-diagnosis, diagnosis, and post-diagnosis.

1. Please describe the pre-diagnosis processes. What are the problems you encounter most frequently? How does the referral procedure work?
2. What kinds of problems are encountered throughout diagnosis? Are the diagnoses reliable and correct, in your opinion?
3. The CRC and hospital process is completed, and the student has an official diagnosis. He/she will get rehabilitation services from your center. Particularly taking into consideration the quality and adequacy of rehabilitation centers, what kind of problems do you encounter? IEP preparation? Families? Administration? Equipment supply? Peer relationships? Transitions? Flexible lesson plans, accessibility? Assistant teachers? How frequently are you able to communicate with the students' school? Are you able to coordinate with the schools?
4. In light of all these issues, what are the indispensable factors for ensuring the students with disabilities access to quality education, their full engagement in education, their enjoyment of the same opportunities as their peers? What should be done? Your suggestions, solutions?
5. Has your center implemented the palm scanning practice? What are your thoughts about this practice? What are its advantages/disadvantages, in your opinion?

INDIVIDUAL INTERVIEW FORMS

FORM FOR PARENTS⁵⁰

First part

Interview date	
Name / Last name	
Contact information (phone number)	
Province / district	
Date of birth	
How many children do you have, including your child with disabilities?	
Degree of relationship with the child	
What is your child's disability? Please indicate if he/she has more than one.	
You child's gender?	
Highest degree earned	
Single shift (full time) or double shift (half time) school?	1> Full time 2> Double shift 3> Don't know

⁵⁰ If the interviewee is not the child's parent, "your child" is replaced with the name of the child throughout the interview.

What is the placement status of your child?	1> Special education class 2> Special school 3> Mainstreaming 4> No school 5> Other (please specify)
Does your special needs child attend the same school with her/his siblings?	1> Yes 2> No
Are you a member of any CSOs?	1> If yes, please indicate. 2> No
Were you briefed about your child's disability during the diagnostic process at the hospital?	1> No 2> If yes, how were you informed? Was it adequate?
What are the materials/resources (Braille, elevator, ramp, etc.) your child needs at school with respect to her/his disability?	
Are there any programs especially designed for your child? Individualized education program?	1> Yes 2> No
Was your opinion sought during individualized education program preparations?	1> Yes 2> No
Do you utilize technological aids for your child (such as audio programs, reading programs, etc.)?	1> Yes 2> No
Have you ever become a member of and received support from an association, CSO about your child's disability?	1> If yes, please specify 2> No
Are there any special education teachers in your child's school?	1> Yes 2> No 3> I don't know
Are there any other students with disabilities in your child's class?	1> Yes 2> No 3> I don't know
Is there a separate resource room at your child's school?	1> Yes 2> No 3> I don't know
Are there any psychological counselors in your school?	1> Yes 2> No 3> I don't know
Are you informed about your child's rights?	
1> No 2> Yes How and by which means did you receive information on these rights? Please indicate in detail, if you have received any training. Do you receive any state support for your child's needs? 1> If yes, please indicate. 2> If no, please indicate why.	
What are biggest challenges you face regarding your child's education? (Teacher, transportation, materials)	
1. _____ (most frequent) 2. _____ 3. _____ 4. _____ 5. _____ (least frequent)	
Has your child changed schools?	1> If yes, how many times? Why? 2> No
How does your child go to school/the center?	
What is the total number of students in your child's class?	
Is your child's mother tongue different than the language of instruction?	1> Yes 2> No
Does your child go to a SERC?	1> If yes, for how many hours? Individual ____ Group ____ 2> No
Is your child on a specific medication, etc.?	1> Yes 2> No

Second part

Consider your child with disabilities. You do all you can for her/his education. Let us separate the process in three parts: **pre-diagnosis, diagnosis** and **post diagnosis**;

1. Can you describe the pre-diagnosis process? What were the problems you encountered? Who referred your child for diagnosis, was it you who noticed, what did you do?
2. Did you encounter any problems throughout diagnosis? What kinds of problems? Were you asked for information? Do you think your child was diagnosed correctly? What kinds of problems did you encounter while obtaining the medical report for disability? What would have made the diagnosis process easier for you?
3. The CRC and hospital processes have been completed and your child is formally diagnosed. What kinds of problems have you encountered in this context? If the parent indicated them, the following can be asked:

Did you encounter any problems regarding your child's placement into school? What kinds of problems did you encounter during enrollment? Problems regarding placement-mainstreaming-special education classroom? IEP preparation? School administration? Teachers? Transitions?

What kinds of problems do you encounter in accessing/reaching the school? What kinds of supports/services are offered to you? Are you able to use these services easily? Do you have to wait for your child while he/she is at school/training?

Are there materials/resources for your child's special needs available at the school (such as Braille, elevators, flexible lesson plans, etc.)?

How often do you meet or talk to the school counselor?

Have you received any help from the school counselor regarding your child's condition?

How often do you talk to other teachers from the school?

When you are away from your child, how do you feel?

Have you experienced exclusion, being unwanted by other parents in the class?

Do you think your child is excluded by his/her friends?

Do you think he/she is discriminated against by his/her teachers?
4. Considering all these issues, where lies the most important problem? What should be done? Your suggestions, recommendations.
5. What are your expectations regarding your child's school attendance, completion and his/her future?
6. If their child is attending a SERC the following can be asked: As far as you are aware, do they practice palm scanning at your child's SERC? What do you think about this practice? What are its advantages/disadvantages for you?

FORM FOR CHILDREN/ADOLESCENTS

(hearing/visual/physical disability/attention deficit disorder/learning difficulty/autism)

First part

Interview date	
Name / Last name	
Contact information (phone number)	
Province / district	
What year were you born?	
What school do you attend?	
Gender	
Do you have any siblings? If so, how many brothers and sisters?	
Do you go to the same school with your siblings?	1> Yes 2> No
How do you travel to school? (Family takes you, school bus, on foot, etc.)	
Can you read and write?	1> Yes 2> No
How many students are there in your class?	
When you have difficulty because of your special need, are additional materials/resources used in your class? (Braille, elevator, amplifier, etc.)	1>If yes, please specify. 2> No
Have any modifications been made in your school for your special needs?	1>If yes, please specify. 2> No
What do you do at breaks?	
What kinds of extracurricular activities do you participate in? (Student clubs, student council, etc.)	
At school, what is the most frequent word/statement you hear from your teacher?	
At school, who do you visit first when you are faced with a problem?	
Do you have close friends at school?	1>Yes 2> No
Do you spend time with your close friend(s) after school? (i.e. see a movie, etc.)	1>If yes, what do you do? 2> No
Do you have any other friends/acquaintances with the same special needs as yours?	1>Yes 2> No
Are you a member of any online forums or groups?	1> If yes, please specify 2> No
With regard to your future education, what frightens you most?	
What was most frightening about moving from preschool to elementary school, from elementary school to middle school? Can you please elaborate?	

Second part

1. You are a child/adolescent with special needs/who learns differently. Do you know what this difference is?
2. Does this difference cause challenges in any areas for you?
 - At school?
 - In the classroom?

Among your friends?

At the rehabilitation center?

Following questions can be asked, if the child is attending a SERC and is old enough:

3. Do they practice palm scanning at the rehabilitation center?
What do you think about this practice? Benefits/challenges for you?
4. Are there any moments where things become easier for you as to your difference?
5. What are the three things you would like to change in your life?
6. What would you like to be when you grow up? (To end on a positive note)

OTHER INDIVIDUAL INTERVIEW FORMS

Ministry of National Education/Provincial Directorate of National Education

As the provincial directorate, you have a key role for children with disabilities.

- If we are to separate the process into three parts: **pre-diagnosis, diagnosis** and **post diagnosis**; what are the challenges encountered in all these processes? At CRCs? Mother tongue? Placement? Inspections?
- What are the services provided by your directorate to support education of children with disabilities / to ensure their access to education?
- How many people have utilized these services last year/this year?
- According to your observations, what are the challenges families face in accessing services available to them? What should be done to help ease the families' and children's access to such services?
- Please describe the type of collaboration/coordination between your directorate and other directorates. How can these relationships be improved?
- Disability is one of the reasons for student absenteeism. Does your directorate have any current or planned activities for children who cannot attend school?
- Among all the responsibilities of your directorate, how are services provided for persons with disabilities prioritized? Can you provide information, documents (i.e. activity reports, etc.) about the allocated budget and last year's activities?
- What should be done for children who are observed to have disabilities but are somehow not formally diagnosed?
- Any changes in policy planned for the near future? Within the Ministry?

Ministry of Family and Social Policies/Provincial Directorate of Family and Social Policies

As the provincial directorate, you have a key position for persons with special needs aged 0-18. Especially taking into consideration the General Directorate of Services for Persons with Disabilities and the Elderly within the Ministry.

- If we are to separate the process in three parts: **pre-diagnosis, diagnosis** and **post diagnosis**; what are the challenges encountered in all these processes?
- What are the services provided by your directorate to support the education of children with disabilities / to ensure their access to education?
- How many people have utilized these services last year/this year?
- According to your observations, what are the challenges families face in accessing services available to them? What should be done to help ease the families' and children's

access to such services?

- Please describe the type of collaboration/coordination between your unit and the provincial directorate of national education. How can these relationships be improved?
- Among all the responsibilities of your directorate, how are services provided for persons with disabilities prioritized? Can you provide information, documents (i.e. activity reports, etc.) about the allocated budget and last year's activities?
- What should be done for children who are observed to have disabilities but are somehow not formally diagnosed?
- Any changes in policy planned for the near future? Within the Ministry?

Civil Society Organizations

CSOs bear much responsibility to ensuring that disability rights are protected and that relevant adjustments are made. In the scope of your mission, what does your organization do that is especially oriented towards 0-18 year-old children with disabilities?

- If we are to separate the process in three parts: **pre-diagnosis, diagnosis** and **post diagnosis**; what are the challenges encountered in all these processes?
- What are the services provided by your organization to support the education of children with disabilities / to ensure their access to education?
- According to your observations, what are the challenges families face in accessing services available to them? What should be done to help ease the families' and children's access to such services?
- Please describe the type of collaboration/coordination between your organization and the ministries? How can these relationships be improved?
- What areas require more advocacy? Especially in the context of education?

APPENDIX 2: CONSENT FORM

Dear Participant,

We are conducting a study on the level of realization in Turkey of the right to education and rights in education for children with special needs, in collaboration with the Education Reform Initiative and UNICEF. As part of the study, we will be asking you questions regarding disability and education. In the scope of this work, your name will be kept strictly confidential. In line with the answers provided by all participants, overall results will be shared publicly. You may end the interview at any time you want. You may contact us at any time for any questions related to this study. Thank you in advance for your contribution and sensitivity.

On behalf of the project team

Z. Hande Sart, PhD
Boğaziçi University, Asst. Prof.

Sevde Barış
Boğaziçi University, Research Asst.

Participant Name/Last name:

Signature:

Date:

School/organization:

APPENDIX 3: FLOW CHART

