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# Knowledge and Techniques of Teachers in Basic Schools in the Identification and Management of Children with Special Educational Needs

## ABSTRACT

The objective of this study was to investigate the knowledge and techniques of teachers from basic schools in identifying and managing of children with special educational needs. The study adopted a cross-sectional descriptive research design. Sixty-five full-time teachers in Ghana (mean age of 35.04±9.05 years; mean work experience of 7.71 ±8.20 years) were recruited. Self-structured interview guide and questionnaire were used for data collection. Data analysis showed that 86.2% of the teachers reported being aware of educational and national policies for children with SEN in Ghana. Additionally, 93.9% indicated that they had received training and held responsibilities for identifying children with SEN in their classes. Regarding the methods used, 76.9% relied on referrals from parents, 75.4% on referrals from colleague teachers, and 70.8% on students' academic progress reports. Moreover, 63.08% stated that "special attention" was the primary technique used in managing children with SEN. 86.15% agreed that "there are no resources, strategies, or interventions in schools that are particularly effective in supporting SEN children. As for support techniques, 84.6% reported collecting more detailed information from class teachers and conducting further assessments, 76.9% relied on information from parents, while 75.4% set targets for identifying children with SEN. Participants significantly conducted further assessments and arranged for assessments from other professionals as techniques of identifying children with SEN. Although the participants have a general understanding of how to identify and manage SEN children, they need more extensive exposure and practical experience in working with SEN children within the regular classroom environment.

**Keywords:** Special educational needs, supporting children, barriers and issues, deployment of teaching assistants, sources of knowledge

## Introduction

Inclusive education is a fundamental principle that ensures all children, regardless of their abilities or disabilities, have access to quality education in mainstream schools (Li et al., 2024; Winter & Paul O'raw, 2007). The identification and management of children with special educational needs (SEN) is a critical component of inclusive education. Teachers from basic schools play a fundamental role in recognizing and addressing the learning difficulties of children with diverse educational needs (Jardinez & Natividad, 2024; Li et al., 2024). Children with SEN often experience difficulties in traditional learning environments, necessitating specialized instructional approaches.

The Salamanca Statement advocates inclusive education, emphasizing that all children should be given equal learning opportunities, regardless of their abilities (Ainscow et al., 2019; Graham et al., 2023; Jardinez & Natividad, 2024). Early identification of children with SEN is crucial for intervention, as research suggests that delayed identification can lead to academic failure, social isolation, and emotional distress (Mushtaq et al., 2024; Palfrey et al., 1987).

The knowledge of teachers about SEN is essential in fostering inclusive education. Studies indicate that many teachers have a limited understanding of the different types of special needs, including dyslexia, autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), and intellectual disabilities (Cook et al., 2007; Florian, 2017; Forlina & Chambersb, 2011). A study by Sharma et al. revealed that teachers with prior training in special

education exhibit greater confidence and competence in managing children with SEN (Sharma & Nuttal, 2016). However, in many developing countries like Ghana, pre-service and in-service teacher training programmes often do not provide sufficient exposure to inclusive education principles (Ackah-Jnr, 2020; Nketsia, 2016).

Effective identification of SEN involves both formal and informal assessment techniques. Teachers can use observation checklists, behavior rating scales, and standardized assessments to recognize learning difficulties of children (Harrison et al., 2012; Khurshed Ahmad, 2015; Morrison et al., 2013). Informal methods, such as classroom observation and teacher-student interactions, are crucial in detecting early signs of learning disabilities (Rotschild, 2024). However, research suggests that many teachers lack the necessary skills to correctly interpret assessment results, leading to either over-identification or under-identification of SEN cases (Florian, 2017; Hutchinson et al., 2025; Tristan, 2024).

Managing children with SEN requires adaptive teaching techniques, individualized educational plans (IEPs), and collaboration with special educators and parents (Aldosiry, 2022; Bettini et al., 2020; Hutchinson et al., 2025; Mahmood et al., 2024). Differentiated instruction, assistive technologies, and peer-assisted learning have been identified as effective strategies for supporting children with SEN (Davis et al., n.d.; Strogilos et al., 2023; S. R. L. Tomlinson et al., 2017). Studies have also shown that schools that adopt a multi-tiered system of support (MTSS) provide better outcomes for children with SEN by implementing evidence-based interventions (Batsche, 2014; Cusumano et al., 2014; Marlowe, 2021).

Despite the importance of early identification and proper management, teachers often face several challenges, including inadequate training, large class sizes, lack of resources, and insufficient support from school administration (Asodike & Onyeike, 2016; Osai et al., 2021; West & Meier, 2020). Research indicates that teachers in low-resource settings struggle with implementing inclusive practices due to the absence of specialized instructional materials and limited access to expert consultation (An et al., 2020; Lee et al., 2024; McKenzie et al., 2024; Price, 2018). Given the critical role of teachers in identifying and managing children with SEN, it is imperative to assess their knowledge and techniques in this area. Understanding the level of preparedness of teachers could inform the development of training programmes and policies that promote inclusive education. In addition, the effectiveness of the role of teachers in inclusive education is largely influenced by the level of knowledge and the techniques they employ in identifying and managing SEN children. The lack of adequate knowledge and practical strategies among teachers can

hinder early intervention, leading to long-term educational disadvantages for children with SEN (Florian, 2017).

Furthermore, scholars have examined school teachers responses on different concepts such as knowledge, identification, support services, attitude, and preparedness towards inclusive education in Ghana (Acheampong et al., 2019; Gyimah et al., 2009; Mprah et al., 2016; Wisdom et al., 2015). However, further research focusing specifically on the knowledge and techniques of teachers from basic schools in identifying and managing children with special educational needs would provide a deeper scientific understanding of teachers' roles and practices concerning SEN.

### **Purpose of the Study**

This study examined the knowledge and techniques of teachers from basic schools in identifying and managing of children with SEN, while also identifying gaps and proposing practical interventions to improve their effectiveness. In line with this objective, the research questions are as follows:

1. Do teachers in KNUST Basic schools have the knowledge and techniques of how to identify children with SEN?
2. Do teachers in KNUST Basic schools have the knowledge and techniques of how to manage the children with SEN?

### **Method**

#### **Research Model**

The study adopted a cross-sectional descriptive research design. This design involves collecting data from participants at a single time point to represent the population under investigation (Grimes & Schulz, 2002). The cross-sectional approach is particularly advantageous for assessing the prevalence of a phenomenon, characteristics of a population, or associations between variables within a defined timeframe (Levin, 2006; Wang & Cheng, 2020). This design facilitates the collection of data from a representative sample, allowing for broad generalizability while maintaining efficiency in terms of time and resources (Moutinho et al., 2014).

#### **Participants**

The study was conducted in public basic schools, which typically include primary and junior high schools. The purposive sampling technique was used to select participants who had at least three years of experience as public primary and junior high schools teachers, had administrative responsibilities, served as class teachers, were relatively healthy, and were not living with any diagnosed disability. Teachers from basic schools who were part-time, living with disabilities, serving as administrative heads of school, or having communicable diseases were excluded. The four basic schools used in the study have a total of 183 teachers. The G\*Power software 3.1.9.4 was

used to calculate the required sample size based on a population size of 183,  $\alpha$  err prob of 0.5, power ( $1-\beta$  err prob) = 0.95 and an effect size of 0.5 using the medium effect size (Cohen's d) where 80 were required. To cater for attrition rate, the sample was increased to 100 where the questionnaire used was given to 25 participants in each of the schools. However, only 65 (81.25%) participants duly filled and returned complete questionnaire administered without error. Data analysis was, hence, based on 65 participants.

The sampled participants were full-time teachers with a mean age of  $35.04 \pm 9.05$  years and a mean work experience of  $7.71 \pm 8.20$  years). Male were 21(32.3%) while 44(67.7) were female. An initial discussion was conducted with the participants, during which the confidentiality, benefits, nature, and purpose of the study was explained to both the participants and the schools. Thereafter, informed consent forms were issued to the participants before the data collection. When the instrument was administered, participants were allowed to keep it for one week, after which the researcher collected it.

#### Data Collection Tool

The instrument used for data collection in this study was adapted from the questionnaire developed by Johnson, Carroll and Bradley (2017). To ensure its validity and reliability, the modified instrument was pilot tested in a school that was not included in the main sample, yielding Cronbach's alpha of 0.82. The instrument had two parts under the following headings: socio-demographic data (Section A) and questions (Section B). The socio-demographic section elicited information on age, gender, marital status, training received, experience in service, leadership styles of school management, extent of teamwork among staff, availability of educational and national policies on SEN. Sections B centered on the modified instrument, which consists of five sections centered on (i) Identifying Special Educational Needs (3 items), (ii) Supporting children with Special Educational Needs (5 items), (iii) Barriers and Issues (4 items), (iv) Deployment of Teaching Assistants (4 items) and (v) Sources of knowledge (1 item).

The ethical process in the study was as follows:

Ethics committee approval was obtained from the Committee of Human Research, Publications, and Ethics at Kwame Nkrumah University of Science and Technology (our ref.: CHRPE/AP/018/21). Informed consent has been obtained from the participants.

#### Data Analysis

The quantitative data was analyzed using the SPSS computer analytical tool, version 23.00. Descriptive statistics such as frequency, percentages, means and standard deviations were calculated. Multivariate analysis was carried out to determine the effect of age, gender, marital status, qualification, and years in service on identification of children with SEN.

#### Results

According to table 1, the participants in this study were had a mean age of  $35.04 \pm 9.05$  years and a mean work experience of  $7.71 \pm 8.20$  years. The table also indicates that 67.7% of the participants were female, 66.2% were married, 52.3% held a BSc/BEd degree, 66.2% adopted a democratic leadership style, 52.3% described teamwork among staff as normal or good, and 86.2% reported having awareness of educational and national policies for children with SEN in Ghana.

**Table 1.**

#### *Demographic Information of the Participants*

Variables	Classifications	N (%)
Age (years, Mean $\pm$ SD)	$35.04 \pm 9.05$	
Year of working Experience (Mean $\pm$ SD)	$7.71 \pm 8.20$	
Gender	Male	21 (32.3)
	Female	44 (67.7)
Marital Status	Single	19 (29.2)
	Married	43 (66.2)
	Others	3 (4.6)
	O and A Level	4 (6.2)
Academic Qualification	Diploma	21 (32.3)
	BSc/BEd	34 (52.3)
	Masters	6 (9.2)
	Democratic	43 (66.2)
	Autocratic	6 (9.2)
Leadership Styles	Laissez-Faire	8 (12.3)
	Strategic	5 (7.7)
	Transformational	3 (4.6)
Description of Teamwork among Staff	Extremely Good	4 (6.2)
	Very Good	21 (32.3)
	Normal/Good	34 (52.3)
	Poor	6 (9.2)
Awareness of Educational and National Policies for Children with SEN in Ghana	Yes	56 (86.2)
	No	9 (13.8)

Table 2 revealed that 93.9% of the teachers reported having received training, and acknowledged their responsibilities to identify children with SEN in their classes.

**Table 2.**

*Participants' Knowledge of Special Educational Needs (SEN) Children (N,%)*

Knowledge Variable	Agree	Partly Agree	Disagree	Don't Know
It is parts of the training and responsibilities teachers to have the knowledge of children with Special Educational Needs in their class	57 (87.7)	4 (6.2)	2 (3.1)	2 (3.1)

From table 3, 50 teachers (76.9%) relied on referrals from parents, 49(75.4%) on referrals from colleague teachers, 46(70.8%) on students' academic progress reports, and 38(58.5%) on behaviour logs or records as tools to identify SEN children. Only 6(9.2%) and 3(4.6%) used the British Picture Vocabulary Scale and The Ravens Progressive Matrices Test, respectively.

Table 4 indicates that 55(84.6%) collected more detailed information from class teachers and conducted further assessments, 50(76.9%) gathered further evidence from parents, 49(75.4%) set targets, 41(63.1%) supported class teachers with additional teaching strategies, 40(61.5%) provided additional staff input, while 35(53.8%) also provided interventions as support techniques of identifying children with SEN.

Table 5 showed that age, gender, marital status and qualification negatively predicted SEN children's identification, while year of service had a significantly positive prediction ( $p < .05$ ).

Table 6 shows a significant association ( $p < .05$ ) between referrals from parents and three practices: collecting more detailed information from class teachers, preserving the initial information obtained, and arranging for assessment from Occupational Therapists. Similarly, referrals from colleague teachers were significantly associated with collecting more detailed information from class teacher, preserving the initial information obtained, arranging for assessment by other professionals such as Educational Psychologists, arranging assessment by Occupational Therapists, setting targets, and providing interventions as support ( $p < .05$ ). The association of referrals from Speech and Language Therapists was significantly related with most

of the techniques ( $p < .05$ ) except for collecting more detailed information from class teachers and supporting class teachers with additional teaching strategies ( $p > .05$ ). Likewise, the association of referrals from Medical Professionals was significantly related with most of the techniques ( $p < .05$ ) except for collecting more detailed information from the class teacher ( $p > .05$ ).

**Table 3.**

*Knowledge of Participants on the tools used for SEN Children identification*

Identification Variables	Yes Freq. (%)	No Freq.(%)	I don't know Freq.(%)
Referrals from parents	50 (76.9)	4(6.2)	11(16.9)
Referrals from Colleague teachers	49 (75.4)	6(9.2)	10(15.4)
Referrals from Speech and Language Therapists	17(26.2)	29(44.6)	19(29.2)
Referrals from Medical Professionals	20(30.8)	26(40.0)	19(29.2)
The Ravens Progressive Matrices Test	3(4.6)	35(53.8)	27(41.5)
British Picture Vocabulary Scale	6(9.2)	25(38.5)	34(52.3)
Neale Analysis of Reading Ability	12(18.5)	19(29.2)	34(52.3)
Cognitive Abilities Test	28(43.1)	9(13.8)	28(43.1)
York Assessment of Reading for Comprehension	12(18.5)	13(20.0)	40(61.5)
Comprehensive Test of Phonological Processing	23(35.4)	17(26.2)	25(38.5)
Academic Progress Report	46(70.8)	4(6.2)	15(23.1)
Behaviour Logs or Records	38(58.5)	4(6.2)	23(35.4)
Data which indicate a child had received exam concessions in the previous school	15(23.1)	21(32.3)	29(44.6)
Information gained through the application process	16(24.6)	22(33.8)	27(41.5)

**Table 4.**

### Techniques of Identifying SEN Children

Techniques Variable	Yes Freq.(%)	No Freq.(%)	I don't know Freq.(%)
Gather further evidence from parents	50(76.9)	3(4.6)	12(18.5)
Collecting more detailed information from class teacher	55(84.6)	4(6.2)	6(9.2)
Conducting further assessments	55(84.6)	3(4.6)	7(10.8)
Arranging for assessment from other professionals such as Educational Psychologists	22(33.8)	25(38.5)	18(27.7)
Arranging for assessment from Speech and Language Therapists	10(15.4)	35(53.8)	20(30.8)
Arranging for assessment from Occupational Therapists	12(18.5)	30(46.2)	23(35.4)
Supporting class teachers with additional teaching strategies	41(63.1)	4(6.2)	20(30.8)
Setting of targets	49(75.4)	3(4.6)	13(20.0)
Provision of interventions as support	35(53.8)	11(16.9)	19(29.2)
Provision of additional staff input	40(61.5)	4(6.2)	21(32.3)

**Table 5.**

*Multivariate analysis of the predictive effect of Age, Gender, Marital status, Qualification, and Year in Service on the identification of children with SEN*

Predictor	Regression Coefficient ( $\beta$ )	aOR=Exp ( $\beta$ )	P-value
Constant	-20.712	0.999	.000*
Age	-0.326	0.722	.099
Gender	-1.342	0.261	.229
Marital status	-2.462	0.085	.090
Highest	-0.094	0.911	.957
Qualification			
Year in service	0.443	1.558	.036*

*Positive value of  $\beta$  indicate aOR > 1.0 or positive association, negative values indicate aOR < 1.0 or protective association, aOR = adjusted odds ratio, \*Significant ( $p < .05$ ).*

The Raven's Progressive Matrices Test was not significantly associated with most of the techniques ( $p > .05$ ) except for gathering further evidence from parents, collecting more detailed information from the class teacher, preserving the initial information obtained, and supporting class teachers with additional teaching strategies, which showed significant associations ( $p < .05$ ). British Picture Vocabulary The scale was significantly associated with most of the techniques ( $p < .05$ ), except for gathering further evidence from parents, collecting more detailed information from class teachers, conducting further assessments, and supporting class teachers with additional teaching strategies. The association of Neale Analysis of Reading Ability was not significant only with gathering further evidence from parents. The Cognitive Abilities Test significantly associated with all techniques ( $p < .05$ ) except for collecting more detailed information from the class teacher, and preserving the initial information obtained.

York Assessment of Reading for Comprehension and Comprehensive Test of Phonological Processing were significantly associated with all techniques ( $p < .05$ ) except for collecting more detailed information from the class teacher. The Academic Progress Report was significantly associated with gathering further evidence from parents, conducting further assessments, arranging for assessment from other professionals such as Educational Psychologists, setting of targets, providing interventions as support, and providing additional staff input ( $p < .05$ ). Behaviour Logs or Records, data indicating that a child had received exam concessions in a previous school, and information obtained through the application process showed significant association with all the SEN Children identification techniques ( $p < .05$ ).

## Discussion

The main objective of this study was to investigate the knowledge and techniques of basic school teachers in identifying and managing children with SEN. In the study, basic school teachers were found to have the knowledge and understanding of the techniques required for identifying and managing children with SEN (Table 2). The findings align with the view that teachers are usually the first to identify children with SEN, as most children are now enrolled in regular classroom settings (O'Connor et al., 2016; Osai et al., 2021). Knowledge acquisition is not only essential for qualitative teaching and learning but is critically appealing to the tenacity of handling SEN children in the absence of biological parents. The complexity of basic knowledge about this special population could be overbearing for teachers to



understand all aspects of SEN to effectively advocate for them.

Table 3 presents a significant association between participants' knowledge of, and all the tools required for SEN identification. Understanding of SEN identification tools are essential for early diagnosis and treatment. Early detection and identification of SEN children in the school environment are necessary to provide care, design effective teaching and learning strategies, and train parents, guardians, and families (Gyimah et al., 2009; Mensah & Badu-Shayar, 2016; O'Connor et al., 2016; Rose & Howley, 2006; S. Tomlinson, 2012).

Results showed that at least more than 50.0% of participants in this study mostly rely on referrals from parents, colleagues (co-teachers), academic progress reports and behaviour logs or records as tools for SEN identification. It has been emphasized that the assessment of children with SEN requires the use of variety of instruments to define "what should be measured", "procedures for data collection", and "data sources". Studies have established the purposes of assessing children with SEN as follow; "to determine progression on meaningful developmental achievements", "place or promote", "detect special needs, learning, and teaching problems", "assist with curriculum and instruction decisions", "help a child assess his or her own progress", "boost learning", "evaluate interventional programs", "monitor trends", and "high-stakes accountability" (Price, 2018; Robbins, 2011).

The present study showed that more than 50.0% of the participants employed techniques such as gathering further evidence from parents, collecting more detailed information from class teachers, conducting further assessments, supporting class teachers with additional teaching strategies, setting of targets for the identified SEN children, providing interventions as support and offering additional staff input (Table 4). Studies have shown that parents and caregivers play crucial roles in stimulating the early development of a child's potential to avert the onset of severe secondary disabling conditions, which can affect both physical and intellectual abilities (Mensah & Badu-Shayar, 2016; West & Meier, 2020).

Findings from this study indicate that most of the identification tools and techniques used by the participants significantly enhanced the identification of SEN children (Table 5). This implies that participants were able to combine appropriate tools with expected techniques to provide sustainable teaching and learning experiences. The teaching and learning environments in such situations will be encouragingly void of stigmatization of children with SEN and stimulate intellectually creative performance for children.

As seen in Table 6, participants' age, gender, marital status and qualification negatively predicted children with SEN identification while years of experience had a significantly positive prediction. The influence of these demographic factors on disability has been well reported collectively (Achenbach & Edelbrock, 1981; Coutinho et al., 2002; Coutinho & Oswald, 1998; Villodas et al., 2019) although their independent effects have not been examined.

On the other hand, the age of assessors (participants) is an unusual factor in the literature when considering SEN children identification; instead, the focus is typically on the age at which SEN children are identified. This could suggest that early identification of SEN children is significantly prioritized over the age of assessors, as seen in many studies (Acheampong et al., 2019; Mensah & Badu-Shayar, 2016; Oberklaid et al., 2013). The mean age of the participants in this study (35.04±9.05 years), which is regarded as young adulthood (Hornig et al., 2001) can also play significant role in the negative influence as observed.

Given the socio-cultural insinuations about the positive roles of women in child care (Curtiss, 2018; Lewis & Kieffer, 2002), especially in West Africa (Brydges & Mkandawire, 2020; Unachukwu & Nwosu, 2020) one would expect gender to positively predict SEN identification with inclination towards women. Although the sample included more females than males (male=21, 32.3% < female= 44, 67.7%), the findings of this study indicate the opposite.

Although 66.2% of the sample population in this study were married, the negative prediction of marital status on SEN children identification negates the reflection of typical traditionally married African. Most married Africans have caring consideration and attachment to children, given parental availability and the maturity of the child (Casper & Smith, 2004). Sun et al., (2017) reported that caring parents understand the developmental risks of children based on the state of mental and physical health status through multiple social and biological pathways.

Year of experience is the only demographic factor that positively and significantly predicted SEN children identification in this study. This finding supports earlier studies showing that teachers who have experience working with children with ASD have a better understanding of the disability than those who have no previous teaching experience with ASD individuals" (Ballantyne et al., 2021).

It has been confirmed that the experience of working closely with SEN children correlates with increased self-efficacy (Mintz, 2018). This implies that consistent teacher-students (children) interaction over the years serves as impetus for

teachers to recognize maladjusted behaviour among children. Experienced teachers tend to be good listeners, observers, and most importantly, give keen and critical attention to any untoward attitude(s) of children as compared to less experienced teachers (Ballantyne et al., 2021; Li et al., 2024; Osai et al., 2021; Siboret, 2021).

Studies have shown that teachers who had experience working with SEN children had a better understanding of the disability than teachers who had no previous experience of working with individuals with SEN children (Acheampong et al., 2019; Forlina & Chambersb, 2011; Haimour & Obaidat, 2013; O'Connor et al., 2016). Recent studies affirmed that teaching experience is generally related to higher positive attitudes and knowledge towards inclusion (Abu-Hamour & Muhaidat, 2014; Avramidis et al., n.d.; Leonard & Smyth, 2020; Su et al., 2020).

### **Conclusion and Recommendations**

Based on the findings of the study, it was concluded that the participants were young adults who had, on average, worked for more than five years in basic schools. The population comprised more female teachers most of whom were married and held BSc./BEd. certificates. A democratic leadership style was the most commonly used among the participants, who were also aware of educational and national policies for children with SEN in Ghana. They had received training and carried the responsibility of recognizing when children with Special Educational Needs were present in their classes. There was a significant association between basic school teachers' knowledge and all the tools required for SEN children identification. Basic school teachers frequently conducted further assessments, arranged evaluations from other professionals such as Educational Psychologists, arranged for assessments from Occupational Therapists, provided interventions as support and offered additional staff input as techniques of identifying children with SEN.

Comprehensive tests of phonological processing, behaviour logs or records, data indicating that a child had received exam concessions in a previous school, and information obtained through the application process had significant associations with the techniques for identifying SEN children. Most of the school teachers reported using "special attention" as the primary technique for managing SEN children, while they agreed that there are limited resources, strategies, or interventions in schools that are particularly effective in supporting children with SEN. Finally, we conclude that some basic school teachers emphasized the

need to improve learning resources to reduce distractions during class, strengthen "parent-teacher agreements", ensure that "children with special needs should be attended to and given special attention", promote "parental counselling", and enhance "provision of special education teachers to assist".

Based on the outcome of this study, it is recommended that basic school teachers need to be exposed to more extensive and practical experiences to strengthen their techniques of children with SEN management. They should be adequately resourced to foster more positive attitudes towards the management of children with SEN in the regular classroom environments. There is also an urgent need for stakeholders in education to pay more attention to the early identification of children with SEN, particularly those who have difficulties with reading and learning, by integrating such content into teacher training programme. Further studies could examine the influence of age, gender, marital status and qualifications of basic school teachers on children with SEN identification and management. Additionally, exploring the type of in-service training required to better equip basic school teachers to effectively support the inclusion of children with SEN in their classes is necessary.

**Table 6.**  
*Association of Techniques for Identification of SEN Children*

Identification Tools	Techniques Variables										
	A $\chi^2$ (P-value)	B $\chi^2$ (P-value)	C $\chi^2$ (P-value)	D $\chi^2$ (P-value)	E $\chi^2$ (P-value)	F $\chi^2$ (P-value)	G $\chi^2$ (P-value)	H $\chi^2$ (P-value)	I $\chi^2$ (P-value)	J $\chi^2$ (P-value)	K $\chi^2$ (P-value)
Referrals from parents	4.520 (.340)	19.285 (.001*)	1.634 (.803)	14.785 (.005*)	4.269 (.371)	3.201 (.525)	17.046 (.002*)	2.033 (.730)	7.404 (.116)	8.817 (.066)	3.664 (.453)
Referrals from Colleague teachers	9.341 (.053)	14.536 (.006*)	7.080 (.132)	18.640 (.001*)	12.883 (.012)	8.079 (.089)	18.180 (.001)	7.233 (.125)	15.608 (.004)	20.504 (.000)	5.282 (.260)
Referrals from Speech and Language Therapists	9.895 (.042)	4.912 (.296)	11.138 (.025)	11.022 (.026)	20.878 (.000)	31.819 (.000)	24.073 (.000)	7.837 (.098)	19.848 (.001)	28.788 (.000)	10.150 (.038)
Referrals from Medical Professionals	13.852 (.008)	6.378 (.173)	9.970 (.041)	10.502 (.033)	17.637 (.001)	29.492 (.000)	30.169 (.000)	15.569 (.004)	19.842 (.001)	32.107 (.000)	22.612 (.000)
The Ravens Progressive Matrices Test	8.392 (.078)	0.782 (.941)	13.054 (.011)	5.197 (.268)	14.738 (.005)	30.366 (.000)	21.238 (.000)	7.527 (.111)	21.788 (.000)	29.536 (.000)	16.749 (.002)
British Picture Vocabulary Scale	0.705 (.951)	0.922 (.921)	7.843 (.098)	9.675 (.046)	19.931 (.001)	10.741 (.030)	15.918 (.003)	9.418 (.051)	19.352 (.001)	30.555 (.000)	11.295 (.023)
Neale Analysis of Reading Ability	1.886 (.757)	9.411 (.052)	12.086 (.017)	12.438 (.014)	15.267 (.004)	14.344 (.006)	26.014 (.000)	19.825 (.001)	16.872 (.002)	17.391 (.002)	16.881 (.002)
Cognitive Abilities Test	18.331 (.041)	8.076 (.089)	17.471 (.002)	7.959 (.093)	16.122 (.003)	14.769 (.005)	17.197 (.002)	13.533 (.009)	13.399 (.009)	20.509 (.000)	8.903 (.064)
York Assessment of Reading for Comprehension	11.045 (.023)	7.386 (.117)	9.939 (.041)	10.343 (.035)	21.911 (.000)	13.960 (.007)	24.561 (.000)	16.722 (.002)	11.445 (.022)	18.251 (.001)	13.070 (.011)
Comprehensive Test of Phonological Processing	18.718 (.039)	9.500 (.050)	15.068 (.005)	10.569 (.032)	26.314 (.000)	17.992 (.001)	30.284 (.000)	20.023 (.000)	17.740 (.001)	26.016 (.000)	14.699 (.005)
Academic Progress Report	14.331 (.042)	2.506 (.644)	30.075 (.000)	3.606 (.462)	10.978 (.027)	9.193 (.056)	7.001 (.136)	8.783 (.068)	13.847 (.008)	9.997 (.040)	16.314 (.003)
Behaviour Logs or Records	26.489 (.000)	21.581 (.000)	18.508 (.001)	18.782 (.001)	18.103 (.001)	26.085 (.000)	13.103 (.011)	26.636 (.000)	25.528 (.000)	20.004 (.000)	20.634 (.000)
Data which indicates a child had received exam concessions in previous school	22.007 (.020*)	14.671 (.005*)	11.744 (.019*)	21.866 (.000*)	32.419 (.000*)	29.859 (.000*)	15.297 (.004*)	26.024 (.000*)	22.727 (.000*)	24.875 (.000*)	21.169 (.000*)
Information gained through the application process	12.843 (.019*)	16.633 (.002*)	12.792 (.012*)	33.257 (.000*)	16.187 (.003*)	20.955 (.000*)	19.429 (.001*)	34.045 (.000*)	29.872 (.000*)	44.816 (.000*)	31.673 (.000*)

\*Significant ( $p < .05$ ). Key: A-K, A = Gathering further evidence from parents, B= Collecting more detailed information from class teacher C=Conducting further assessments, D=Preserving the initial information obtained, E = Arranging for assessment from other professionals such as Educational Psychologists, F = Arranging for assessment from Speech and Language Therapists, G = Arranging for assessment from Occupational Therapists, H = Supporting class teachers with additional teaching strategies, I = Setting of targets, J = Providing interventions as support, K = Providing additional staff input



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**Informed Consent:** Written informed consent was obtained from service teachers who participated in this study.

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