

# The conditions of integrated education of pupils with disturbed communication ability

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**Abstrakt** At primary schools the teachers besides the pupils with expected level of communicative competence meet also pupils who show evident and more serious deficiencies in language and communicative abilities. The paper shows qualitative view on conditions of education of integrated pupils with disturbed communication ability. In the text the results of partial research investigations monitoring applications of supportive measures in integrated education are presented.

**Key words** pupil with disturbed communications ability, integrated education, conditions special education, supportive measures, subject specially pedagogic care, particular educational plan, assistant pedagogue

## 1. INTRODUCTION

The difficulties in speech, which were diagnosed in the pre-school age, often persist in pupils even at the beginning of compulsory school attendance. The teachers more likely meet pupils with prolonged period of physiological problems, the occurrence of pupils with disturbed communication ability is naturally less frequent. The extent and the severity of special educational needs are assessed by experts of school counselling facilities. They justify the need of special education, and it is necessary to note that majority of pupils with disturbed communication ability do not meet the conditions for placement to the system of special education (they are not pupils with severe impairment of communication ability). However, the problems with language and speech of middle and light grades can also have negative impact on school success and the overall development of the child. For these cases there should be primarily supported activities leading to more accurate **diagnosis by the experts of school counselling centres (especially by special education teachers and psychologists)** to prevent the risk of school failure. The diagnosis is the starting point for choosing optimal methods and approaches in the process of education. (Zezulková, E. 2011)

## 2. THE CONDITIONS OF EDUCATION OF PUPILS WITH HEALTH DISABILITIES AND DISADVANTAGES

We speak about **a severe impairment of communication ability**, if one of the language levels in the spoken form (or several levels at the same time) is particularly disturbed with respect to the communication intention of the individual and it greatly complicates the exchange of information in the spoken form as well as the acquisition of the written form of the language. This may be in the language level of sound (phonetics and phonology), grammatical (morpho-syntactic level), lexical and semantic level (vocabulary, word meaning) or pragmatic (social) level. When starting the school attendance, the speech of the child should achieve a certain level both in content as well as formal side. The basic speech development should be almost completed, during the school attendance it becomes more accurate, perfect and it improves in quality. Intellectualization of speech is a lifelong process. Because the entire educational system is based on adequately developed language and communicative abilities of the child (spoken and written language), with respect to school success the following can be considered a risk:

- pupils in whom persist physiological difficulties in the speech development at the beginning of compulsory school attendance, the re-education with logopedist does not take place;
- pupils with disturbed communication ability of a dominant nature, who are in the care of a logopedist;
- pupil in whom the disturbed communication ability is displayed during the school attendance;
- pupils with disturbed communication ability, which is a symptom of some other dominant disability (e.g. sensory, physical, mental, etc. ).

When planning and implementing educational process it is necessary to use specific findings and description of special educational needs and abilities of pupils. Although it is possible to find in certain groups of pupils with health disabilities and disadvantages common characteristics of educational needs and **the same kind of special educational support**, it is necessary to bear in mind the fact that the pupils as individuals in their individual educational needs and abilities differ. Therefore, the subjects of special educational needs are taught in accordance with **the principles of individualization and differentiation of education**.

For successful education of pupils with health disabilities and disadvantages it is necessary to ensure the following conditions:

- **use health aspects and respect individuality and needs of the pupil;**
- enable usage of all **supportive measures** for education of pupils;
- use the principles of differentiation and individualization of educational process when organizing activities, and when determining the content, forms and methods of the education;
- **provide professional teaching of subjects of special educational care;**
- take account of type, level and extent of disability or disadvantage when evaluating the results of the education;
- **cooperate** with parents or guardians of the pupil, school counselling centres and experts from school counselling centres, in case of need cooperate with experts from various departments (especially when creating individual educational plans);
- enable usage of maximal weekly time allotment set for each class in the Education Act to **include subjects of special educational care;**
- enable in School Educational Programme – if the health disability of the pupil objectively does not allow realization of educational content of some educational subject of Frame Educational Programme for Primary Education or its part – **to substitute the particular educational content or its part by a similar or different educational content**, which better suits the pupils' educational possibilities;
- **use alternative forms of communication** – sign language, Braille, alternative forms of communication;
- allow, if necessary, in accordance with law, **an assistant of the teacher** in the class or study group. (Frame Educational Programme for Primary Education)

A pupil with health disability is preferentially educated in the form of individual integration in mainstream school, if it suits his / her needs and abilities and conditions and possibilities of the school<sup>1</sup>. *The highest level of supportive measures* belongs with respect to the scope of special educational needs to pupils with severe health disability<sup>2</sup>. As **supportive measures** when educating pupils with health disabilities are considered **the usage of special methods, processes, forms and means of education, compensatory, rehabilitative and teaching aids, specialized textbooks and didactic materials, the inclusion of subjects of special-pedagogical care, providing pedagogical-psychological services, arranging services of the assistant of the teacher, reduction of number of pupils in the class or study group or other adjustment of organization of education reflecting special educational needs of the pupil.**

On the basis of the results of expert examination and comprehensive review done by the specialized worker of special educational centre providing services for pupils with speech impediments **an expert document for special education** (recommendation for integration of the pupil) is issued with all necessary legislative information, among which **supportive measures during education** and statement for creating **individual educational plan** also belong. The individual plan contains e.g.:

- information about the content, scope, course and way of providing individual specialized pedagogical or psychological care for pupils including explanation,
- the expression of need for an additional pedagogical worker or another person involved in work with pupils and its scope,
- a list of compensatory, rehabilitative and teaching aids, specialized textbooks and didactic materials necessary for teaching the pupil or for relevant examinations, etc.

In the following text we present the results of two partial **research investigations** (Zezulková, E., Randýsková, P., 2011; Zezulková, E., Slaná, M., 2009), in which we want to highlight current phenomena associated with the conditions of integrated education of a pupil with developmental dysphasia. The aim of the realized researches was to analyse **the process of school integration of pupils with developmental dysphasia** in a regular class of primary school with a focus on the application of supportive measures during the education.

**Developmental dysphasia** is a specific dysfunction in the development of speech, which does not take place in an expected way. It exhibits in reduced ability or inability to communicate verbally, even though all conditions for the development of speech are preserved. The child has adequate intelligence, no severe hearing impairment is present, or serious neurological or psychiatric findings, the child grows up in a stimulating environment without signs of an emotional deprivation. The pupils with developmental dysphasia require a long-term intensive logopaedic care. For more severe degrees of developmental dysphasia special education in the form of individual integration, or a temporary placement of the pupil into the logopaedic primary school is more suitable. It is desirable that the teacher in cooperation with other experts and parents understands the signals in the form of speech difficulties of the pupils, which can be significant elements in guiding and the optimization of the educational process of the pupil. **Readiness of teachers to understand pupils with a disturbed communication ability is a precondition for finding and applying appropriate tools for achieving the given educational aims.**

### 3. RESEARCH INVESTIGATION I

The research sample is an integrated girl attending first year in primary school. She is diagnosed with developmental dysphasia with manifestations in formal and content level of speech. Further she suffers from epileptic seizures, against which she is medically treated. She was placed into first year class after postponement of school attendance with recommendation for special education. Currently she is a student of second year. During the development the child's mother had not noticed any changes, in comparison with her older son she evaluated the psychomotor development as faster. She started to crawl in the 8<sup>th</sup> month and walk around 9<sup>th</sup> to 10<sup>th</sup> month. The mother noticed babbling and first words at around the age of 2, but she was aware of the fact that the girl does not imitate words after others, and that she did not react to various sounds (e.g. animals). The paediatrician had told the mother to wait until the girl was 3, "that it will get better and change". The mother dealt with the problem in the development of speech again at the age of 3, but the doctor recommended waiting until she was 4. At the age of 4 the girl underwent neurological and psychological examination. The epileptic foci were diagnosed in the temporal lobe and near the centre of speech and she was diagnosed with developmental dysphasia. Other health problems are presented in more frequent illnesses and epilepsy, which is currently manifested in momentary non-perception of reality (e.g. she stares at certain place). She started her school attendance one year later, she did not undergo any

<sup>1</sup> Decree no. 73/2005 Coll., on Education of Children, Pupils and Students with Special Educational Needs and the Exceptionally Gifted, as Amended.

<sup>2</sup> As pupils with severe health disability for the purposes of this Decree are considered pupils with severe visual impairment, with severe hearing impairment, with severe physical disability, with severe communication ability disorder, deafblind, with multiple disabilities, with autism, with severe or moderate physical disability, severe or profound mental disability.

psychological trauma and the social status of the family is appropriate.

The evaluation of application of supportive measures in integrated education<sup>3</sup>:

**a) usage of special methods, processes, forms and means of education**

The teacher of the integrated pupil was initially abashed because she did not now “*what was she about to face and what it entails*”. Her attitude towards the girl was positively influenced by the fact that the girl would have her assistant. At the beginning the teacher did not understand the girl very much and therefore she gave her only individual work with the assistant. However, the girl started to show that she did not want to do “*something else*”. Therefore, now the girl with her assistant does the same tasks as other children. Only for some selected activities the teacher calls the girl to the board (especially when practising Czech Language), the rest of the lessons is organized by the assistant. Tolerance for slower pace of the girl is apparent.

*Examples of the application of the individual approach in lessons (records from the observation):*

*The teacher asks the girl to the boards, where she has a certain extract from the text in the reading book. First the girl reads with the teacher, then she reads it alone. Some of the words she does not manage to read even for the second time, so the teacher repeats sentences and difficult words once more. The third time the girl is able to read the sentences on her own.*

**b) usage of compensatory, rehabilitative and teaching aids, specialized textbooks and didactic materials**

In teaching the Czech Language special computer programs, images, colouring books, books, alphabet letters for writing and reading and a board of written script are most frequently used. The bookmark is used by all children. In mathematics she uses the abacus as other pupils.

**c) inclusion of subjects of special-pedagogical care**

The subject of special-pedagogical care is not included in the teaching programme.

**d) providing pedagogical-psychological services**

The expert from special pedagogical centres attends the school twice a year. If the class teacher has a problem with securing special educational needs of the pupil during the year, it is possible to contact the centre by phone or through parents in the form of an individual visit in the centre.

Once in two weeks the girl visits a logopedist in a special pedagogical centre (current content of the re-education: *rhymes for letters S, C, L, perception exercises, mixed images, determination of what does not belong there*).

**e) arranging services of the assistant of the teacher**

The assistant does not prepare for the work with integrated girl, instruction for the course of the lesson is given to her by the teacher. „*If the girl needs to repeat certain things or restore some e.g. meanings of words, I use computer program or a memory game and various puzzles. We also practise the missed schoolwork in after school-care centre.*” (note: the assistant is also the educator in the after school-care centre)

*Examples of an individual approach of the assistant during the lessons:*

- *When writing dictations the girl initially wrote only the first letter in the word, now she is able to write the first syllable, therefore the assistant helps her one by one which letters should be written in the words.*
- *The assistant opens the books for the girl and tells her where to start reading.*
- *Sometime the girl reads with the help of the assistant, who adds and corrects longer words, or reads the whole work and the girl repeats it. The same process is used when reading aloud in front of the classroom (more frequently the girl only listens).*
- *In mathematics the assistant helps the girl to understand word tasks and formulate the answers.*
- *The assistant gives necessary information to parents and she recommends the content of homework of the integrated pupil.*

**f) reduction of number of pupils in the class or study group or other adjustment of organization of education reflecting special educational needs of the pupil**

In the classroom the girl sits next to the door and next to an integrated pupil with mental disability. The assistant thus helps both integrated pupils in the classroom according to their need.

#### 4. RESEARCH INVESTIGATION II

The research sample is an integrated pupil diagnosed with severe developmental dysphasia, which is conditioned by cerebellar syndrome. The boy was integrated into primary school from the first year after two years of postponement. Currently he is attending 4<sup>th</sup> year. At the beginning of compulsory school attendance help and support when walking, moving into other rooms, hygiene and other self-care activities were necessary. Now he is able to move without support, he is independent during hygienic tasks and eating. The speech is influenced by cerebellar syndrome. The boy suffers from movement disorder, therefore the communication is performed by sounds and pointing. There is no active vocabulary, he only expresses himself by sounds. Understanding of speech is excellent.

The evaluation of the application of supportive measures in integrated education<sup>4</sup>:

**a) usage of special methods, processes, forms and means of education,**

The pupil was placed to school only “on trial”. Nobody knew if the integration was suitable for him and what it would look like. He participates in all lessons with certain facilitation and tolerance in particular subjects:

**Reading**

- tolerate worse orientation in text
- tolerate lower ability to concentrate on one line of text
- choose shorter extracts for reading at school and at home (use tables with words)
- take into consideration slower pace and dysgraphia

**Methods and form of work:**

- use bookmark
- use a card with i, y
- practise composing syllables, words and sentences from cards

<sup>3</sup> the results of the research investigations are reduced for the needs of this article

<sup>4</sup> the results of the research investigations are reduced for the needs of this article

- assign block letters or words to writing ones
- circle or underline words in texts

#### Writing

- practicing fine motor skills (copy and transcript) despite the great effort and fatigue,
- shorten the length of text to half

Education in other subjects is linear with other pupils, it is only adjusted to current psychological mood of the pupil. He is evaluated in words at the end of the year.

*Examples of application of an individual approach in lessons (records from the observation):*

In the **writing** lesson the pupil uses his personal computer and works with the program “*Učíme se psát všemi deseti*” [a program for learning touch-type]. The assistant helps him with this activity, first he writes the letters from the textbook and then the pupil copies them, at the same time he has to put them in order and also keep the spaces (e.g. fk fk fk fk etc.). This individual work is of no real interest for the pupil, he has difficulty to concentrate and more often he monitors the activity in the classroom.

In **mathematics** (geometry) the pupil does not manage to work with a ruler and a pencil. The pencil slips from the ruler, which he cannot hold so as it is still. He cannot draw a line segment of certain length without the help of the assistant. Failure leads him to be undisciplined and he refuses to cooperate with the assistant, the teacher admonishes him frequently.

In **practical skills and art** due to severe deficits in the sphere of gross and fine motor skills the pupil is unable to manipulate with working tools such as scissors, brushes, paints, etc. He is clumsy with a pencil, a brush, he is not able to colour the picture properly, he is not able to present his imagination on paper. He cannot draw a figure, mostly he uses only one colour, etc. He is not motivated to these activities. He starts to fulfil the given task, but after a while he asks the assistant to finish it. The prospect of failure and great amount of fatigue when using working tools discourages him from trying harder. Despite all the effort of the assistant and encouragement of the teacher, the pupil does not cooperate.

In **music lessons** the pupil sits with the assistant and observes the children in the classroom. He does not have any individual work.

#### b) Usage of compensatory, rehabilitative and teaching aids, specialized textbooks and didactic materials

- computer, a program “*Méd'a čte*” [a program for children to learn reading], “*Učíme se psát všemi deseti*” [a program for learning touch-type]
- a table for reading by the global method
- a keyboard of classical size
- a table with figures up to 1000, a table with multiples
- a foil
- cards with picture

#### c) inclusion of subjects of special-pedagogical care

The subject of special-pedagogical care is not included in the teaching programme.

In the **reading lessons** the assistant used *global method of teaching reading*. At the beginning he worked with the integrated pupil individually in a separate classroom. He used cards with syllables and words and the pupil formed words or letters according to a model. The difficulties arose during auditory analysis and synthesis

of words. The content of the individual lessons was so exhausting for the pupil that he was not able to concentrate in lessons that followed. Therefore, this individual activity was cancelled and the pupil practices the global method with parents at home.

#### d) Providing pedagogical-psychological services

The experts from the special pedagogical centre attend the school three times a year, they monitor the course of lessons, and with the class teacher they discuss the question of the individual educational programme and also next steps of the education of the integrated pupil. If the class teacher has a problem with securing special educational needs of the pupil during the year, it is possible to contact the centre by phone or through parents in the form of an individual visit in the centre. According to the class teacher the cooperation with the special pedagogical centre is not sufficient.

#### e) Arranging services of the assistant of the teacher

- work with the pupil according to previously agreed instruction of the teacher
- the assistant helps taking notes in the notebooks
- the assistant practices the problem curriculum with the pupil
- he / she uses pupil's computer during work
- he / she supervises the pupil during a break
- he / she helps preparing and cleaning of school aids, also helps while changing clothes for PE, walks
- he / she accompanies the pupil to other areas (toilets, gym, computer room, playground, walks, theatre, swimming pool, ...)
- he / she cooperates with parents, they are daily informed about the course of lessons and also about the homework, which has to be done for next day (note: despite recommendations that individual work outside the classroom is not suitable because of fatigue).

#### f) Reduction of number of pupils in the class or study group or other adjustment of organization of education reflecting special educational needs of the pupil

The pupil sits at the back of the classroom because he needs more space for work, among others he has a computer next to his desk, which he uses mainly during the lessons of reading and writing.

## 5. CONCLUSIONS OF RESEARCH INVESTIGATIONS

Due to the fact that to the pupil with disability, who is preferentially educated in the form of individual integration in mainstream school, belongs the highest possible level of supportive measures with respect to the scope of special educational needs, we dare say that the mentioned examples document a wide margins in conditions for integrated education (already discussed for a long time). We would like to draw attention to an alarming need for anchoring the function of special education teacher as a member of school counselling centre. It is desirable that the teacher in cooperation with other experts and parents understands the signals in the form of speech difficulties of the pupil, which can be a significant element in guiding and the optimization of educational process of the pupil.

It is also a logical requirement that the logopaedic care should have a direct link to the educational process and school. The initial platform is represented by Methodological Recommendation ref. 14 712/2009-61 to secure logopaedic care in schools. The solution suggests a creation of personal and material conditions for the application of the mentioned Methodological Recommendation to practice and also to expand the activity of regional coordinators of logopaedic care in schools. The Methodological Recommendation



deals with the conditions of organizational securing of logopaedic care in the education sector, its coordination, the preconditions of qualification and scope of competences of the workers with working title of *logopedist* and *logopaedic assistant*, who provide the logopaedic care of development of communicative competences and abilities of pupils and students. Preparedness of teachers to understand pupils with disturbed communication ability is a precondition for finding and applying suitable means for achieving given educational aims.

Frequently the regular logopaedic intervention with integrated pupils with disturbed communication ability does not take place, because there is not a qualified pedagogical worker in school and in the school counselling team there is not a special educational teacher, who would coordinate the whole process of the integration. In case of the integration of a pupil with disturbed communication ability the first needed person is a pedagogical worker - teacher, who is in a daily contact with the pupil (class teacher). He / she does not know what to do with the integrated pupil and he / she needs the counselling support of the special educational teacher. This is also one of the possibility to practically achieve higher quality of training the teachers for the integration of pupils with special educational needs and at the same time to improve the cooperation of teachers with institutions providing school counselling services.

#### **Suggestion of supportive measures within the integrated education of pupils with disturbed communication ability:**

- placing the pupil into the subject of special educational care in school in the scope of 45 minutes once a week and preparing an individual educational programme for this subject (do not consider this lesson a space for tutoring but use it for development of visual, auditory perception, etc. – see below),
- regular logopaedic intervention,
- team work (close cooperation with parents, pedagogical-psychological advisory centre, special pedagogical centre, school),
- development of overall personality of the pupil with emphasis to encourage and respect his personal pace and development of:
- visual perception (orientation on the given picture – from top to bottom, left to right, coordination eye – hand, graphic form of letters),
- auditory perception (differentiation of sounds of natural and social environment, phonemic differentiation – syllable and sound analysis and synthesis, differentiation of length of the sounds by the help of buzzer sounds),
- thinking (development of vocabulary with opinion, assigning words to pictures and vice versa, preference of the content of speech over the formal level),
- memory and attention (repetition and practice of activities and processes, recalling of words, rhymes, sentence stereotypes, concentration of attention, memory game),
- motor skills (development of gross motor skills – walking, coordination of optical-space orientation, e.g. imitation of body movement in a mirror),
- graphomotor and oral-motor skills
- speech (development of vocabulary with an opinion, sentence stereotypes, training of mechanisms of speech, prosodic factors),
- when acquiring new curriculum ensure the application of the principle of illustration and multi-sensory approach
- perform a dictation in an alternative form (word completion, using cards, reduced version, etc.)

## **6. CONCLUSION**

What the mind, such a speech – says one of the folk wisdoms. In children with disturbed communication ability in context of lifelong education the relationship between thinking and speech acquires specific dimension. In practice it often happens that the teacher sees the children rather distorted and he / she very often limits only to formal (sound) level of the speech, to the sound language level. Although most frequently dyslalia manifests itself as disturbance of communication ability of child's age, it is not possible to simplify the issue of pupils with speech problems in such a way. Earlier major orientation on pronunciation is currently changing to orientation of content level of the speech, thus to all language levels (lexical, grammatical and pragmatic), where the term to cover the impairments of communication ability is *disturbed communication ability*. Expected change in attitudes to pupils places higher demands especially on preparedness of the teacher to apply methods supporting child's desire to communicate. It is a matter of pedagogical tact and empathy so as it happens peacefully without all useless commands and mentoring lessons, which on contrary lower the willingness to acquire experience of speaking. It is more effective to arouse liking for communication and joy of speech, e.g. not only through language games, but also in respecting the rules for communication (exchange of communicative role), own speech model, etc. When choosing the teaching methods the principle of adequate space for verbal communication of the pupil on the basis of reduction the verbal activities of the teacher should be respected (there are still frequently used methods which exclude the speech activity of the pupil). Should there be during the educational process fixed newly deduced desirable speech connections, the pupil has to have under the teacher's supervision the possibility to repeatedly and frequently practise. In addition this requirement fully corresponds to current trends of modern pedagogy, which favour priority use of teaching methods based on dialogue activating not only pupil's thinking but also his verbal expression and the need for communication.

## **Resources**

1. ALLEN, K. E., MAROTZ, L. R. Přehled vývoje dítěte od prenatalního období do osmi let. Praha: Portál, 2002. ISBN 80-7178-614-4
2. AKIMJAKOVÁ, B. 2014. *The Integration of Religious Education Content into the Curricular Content of Primary Education*. Chelm : Państwowa Wyższa Szkoła Zawodowa w Chelmie, 2014. 140 pp. ISBN 978-83-61149-34-7
3. ATKINSONOVÁ, R. L., ATKINSON, R. C., SMITH, E. E., BEM, D. J. Psychologie. Praha: Victoria Publishing, 1995. ISBN 80-85605-35-X.
4. BARTOŇOVÁ, M., VÍTKOVÁ, M. Vliv současných změn v edukaci žáků se speciálními vzdělávacími potřebami na přípravu učitelů. In PIPEKOVÁ, J. a kol. Kapitoly ze speciální pedagogiky. Brno: Paido, 2006. ISBN 80-7315-120-0.
5. BARTOŇOVÁ, M., VÍTKOVÁ, M. Strategie ve vzdělávání dětí a žáků se speciálními vzdělávacími potřebami. Texty k distančnímu vzdělávání. Brno: Paido, 2007. ISBN 978-80-7315-158-4
6. FONTANA, David. Psychologie ve školní praxi: příručka pro učitele. Vyd. 3. Přeložil Karel Balcar. Praha: Portál, 2010, 383 s. ISBN 978-80-7367-725-1.
7. GAVORA, P. Diagnostikovanie a hodnotenie žiaka vo vyučovaní. In KOLLÁRIKOVÁ, Z., PUPALA, B. (ed.) Předškolní a primární pedagogika. Předškolní a elementární pedagogika. Praha: Portál, 2001. ISBN 80-7178-585-7.
8. HARTL, P., HARTLOVÁ, H. Psychologický slovník. Praha: Portál, 2004. ISBN 80-7178-303 X.

9. KALEJA, M. 2013. *Determinanty hodnotových konstruktů ve vzdělávání romských žáků základních škol*. Ostrava: PdF OU, 2013, ISBN 978- 80-7464-233-3.
10. KALEJA, M. 2014. *Determinanty edukace sociálně vyloučených žáků z pohledu speciální pedagogiky*. Ostrava: Pedagogická fakulta OU, 2014. 248 s. ISBN 978-80-7464-544-0.
11. KLENKOVÁ, J. Logopedie. Praha: Grada, 2006. ISBN 80-247-1110-9.
12. KUCHARSKÁ, A. Přehled pedagogicko-psychologické diagnostiky dětí předškolního věku. In MERTIN, V., GILLERNOVÁ, I.(eds.) *Psychologie pro učitelky mateřské školy*. Praha: Portál, 2003. ISBN 80-7178-799-X.
13. MERTIN, V. Individuální vzdělávací program pro zdravotně postižené žáky. Praha: Portál, 1995. ISBN 80-7178-033-4.
14. MERTIN, V., GILLERNOVÁ, I.(eds.) *Psychologie pro učitelky mateřské školy*. Praha: Portál, 2003. ISBN 80-7178-799-X.
15. MIKULAJOVÁ, M., RAFAJDUSOVÁ, I. Vývinová dysfázia. Špecificky narušený vývin reči. Bratislava (vlastní náklad): 1993. ISBN 80-900445-0-6.
16. PRŮCHA, J. Dětská řeč a komunikace: Poznatky vývojové psycholingvistiky. 1. vyd. Praha: Grada, 2011. ISBN 978-80-247-3181-0.
17. RANDÝSKOVÁ, P. Integrace žáka s narušenou komunikační schopností v ZŠ. Diplomová práce (NMgr.). Ostrava: PdF OU, 2011. Ved. práce: E. Zezulková.
18. ROCHOVSKÁ, I. AKIMJAKOVÁ, B. et al. 2012. *Umiejętności przyrodnicze a edukacja przyrodnicza w pedagogice przedszkolnej i wczesnoszkolnej*. Chełm : Państwowa Wyższa Szkoła Zawodowa w Chełmie, 2012. 137 s. ISBN 978-83-61149-61-3
19. SLANÁ, M. Integrovaný žák s narušenou komunikační schopností v základní škole. Diplomová práce (NMgr.). Ostrava: PdF OU, 2009. Ved. práce: E. Zezulková.
20. ŠAFROVÁ, A. Školní speciální pedagog. In KNOTOVÁ, D. a kol. *Školní poradenství*. Praha: Grada, 2014. ISBN 978-80-247-4502-2.
21. VÍTKOVÁ, M. et al. Vzdělávání žáků se speciálními vzdělávacími potřebami I. Brno: Paido, 2007. ISBN 978-80-7315-163-8.
22. VÍTKOVÁ, M. Specifika realizace inkluzivní edukace v České republice. In LECHTA, V. (ed.) *Základy inkluzivní pedagogiky. Dítě s postižením, narušením a ohrožením ve škole*. Praha: Portál, 2010, s. 169-182. ISBN 978-80-7367-679-7.
23. ZEULKOVÁ, Eva. Žák s narušenou komunikační schopností v procesu edukace. Ostrava: PdF, 2009. 64 s.
24. ZEULKOVÁ, E. Jazyková a komunikativní kompetence dětí s mentálním postižením. Ostrava: PdF OU, 2011, 134 s. ISBN 978-80-7368-991-9.
25. ZEULKOVÁ, E. Rozvoj komunikační kompetence žáků s lehkým mentálním postižením. Ostrava: Ostravská univerzita v Ostravě, Pedagogická fakulta, 2013, 172 s. ISBN 978- 80-7464-395-8.