

**PERSPECTIVE OF EDUCATION PROFESSIONALS AND CAREGIVERS ON THE
SCHOOL INCLUSION PROCESS****PERSPECTIVA DOS PROFISSIONAIS DA EDUCAÇÃO E CUIDADORES SOBRE O
PROCESSO DE INCLUSÃO ESCOLAR****PERSPECTIVA DE LOS PROFESIONALES DE LA EDUCACIÓN Y DE LOS
CUIDADORES SOBRE EL PROCESO DE INCLUSIÓN ESCOLAR**

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ABSTRACT

Objective: To analyze the process of school inclusion from the perspective of professionals in primary education and caregivers of children with disabilities. **Methodology:** Qualitative interpretive study. The interviews guided by a semi-structured script were submitted to content analysis. **Results:** 43 people participated. The analysis made it possible to identify three categories: The knowledge of education professionals about childhood disability and school inclusion; Inclusion for the child from the perspective of education professionals and caregivers and Changes necessary for inclusion. **Conclusion:** In the research scenario, there are challenges for a truly inclusive education. Given this, it is identified that nurses could work in school environments to contribute to aspects that involve inclusion. In addition, changes to school infrastructure are needed; in teaching undergraduate courses in the field of education; in the concept of disability and training of the professionals involved.

Descriptors: Education special. Mainstreaming education. Disabled children. Interdisciplinary placement.

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RESUMO

Objetivo: Analisar o processo de inclusão escolar na perspectiva de profissionais da educação do ensino fundamental e de cuidadores de crianças com deficiência. **Metodologia:** Estudo qualitativo interpretativo. As entrevistas guiadas por roteiro semiestruturado foram submetidas à análise de conteúdo. **Resultados:** Participaram 43 pessoas. A análise permitiu identificar três categorias: O conhecimento dos profissionais da educação sobre a deficiência infantil e inclusão escolar; A inclusão para a criança na perspectiva dos profissionais da educação e cuidadores e Mudanças necessárias à inclusão. **Conclusão:** No cenário de investigação há desafios para uma educação de fato inclusiva. Diante disso identifica-se que os enfermeiros poderiam atuar nos ambientes escolares para contribuir com aspectos que envolvem a inclusão. Além disso, são necessárias mudanças na infraestrutura das escolas; no ensino dos cursos de graduação na área da educação; na concepção sobre deficiência e capacitação dos profissionais envolvidos.

Descritores: Educação especial. Inclusão escolar. Crianças com deficiência. Práticas interdisciplinares.

RESUMEN

Objetivo: Analizar el proceso de inclusión escolar desde la perspectiva de los profesionales de educación primaria y de los cuidadores de niños con discapacidad. **Metodología:** Estudio cualitativo interpretativo. Las entrevistas guiadas por un cuestionario semiestructurado se sometieron a análisis de contenido. **Resultados:** Participaron 43 personas. El análisis permitió identificar tres categorías: Conocimiento de los profesionales de la educación sobre la discapacidad infantil y la inclusión escolar; Inclusión del niño desde la perspectiva de los profesionales de la educación y de los cuidadores y Cambios necesarios para la inclusión.

Conclusión: En el escenario de investigación, existen desafíos para una educación verdaderamente inclusiva. Se considera que los enfermeros podrían trabajar en ambientes escolares para contribuir con aspectos vinculados a la inclusión. Además, es necesario que se realicen cambios en la infraestructura escolar; en la enseñanza de las carreras del área de la educación; en la concepción de discapacidad y en la formación de los profesionales involucrados.

Descriptor: Educación especial. Integración escolar. Niños con discapacidad. Prácticas interdisciplinarias.

INTRODUCTION

Inclusive education can be understood as a set of educational processes that, based on articulated policies, aim to prevent any form of segregation, discrimination and/or isolation. Education is a right of the person with a disability that aims to reach their maximum development in the various behavioral skills according to their own characteristics.¹

There are many challenges faced today for the inclusion of children with

disabilities in regular schools, such as: lack of physical and adapted structure in the environments, scarce pedagogical teaching resources for this public, lack of knowledge by educators of the specificities and needs of children, absence of articulation between education and health professionals, discrimination by the community, among others.²

There are several factors that can contribute to the appearance of disabilities in childhood, they can be related to

assistance to women during pregnancy, childbirth and postpartum, with malnutrition, communicable diseases, chronic diseases and events, psychiatric disorders, trauma and injuries. About 70 to 80% can be avoided by specific actions aimed at each context.³ On the other hand, there are those that are unavoidable from hereditary issues and all of them have repercussions for a lifetime.

In view of this, children in the process of school inclusion have different health demands, which signals the relevance of the presence of a health professional, such as a nurse, who understands such needs and works together with educators and caregivers in school inclusion. We start from the premise that the presence and actions of nurses in the school environment are opportune and necessary to support educators in the inclusive process. However, there is a lack of national studies on the role of health professionals in inclusive education.⁴

Based on the foregoing, the following question was raised: How is the process of school inclusion of elementary school children configured from the perspective of education professionals and caregivers? The research aimed to analyze the school inclusion process from the perspective of elementary school education professionals and caregivers of children

with disabilities in a municipality of Minas Gerais.

METHODOLOGY

Interpretative qualitative study that sought the meaning, attributed by the participants, to the experiences lived in the daily school inclusion of children with disabilities using a semi-structured instrument developed by the researchers, considering the objective and the theoretical framework adopted.

It was adopted the theoretical framework of Boa Ventura de Souza Santos, who invites us to leave a state of persuasion or naturalization of social differences and inequalities, betting on the renewal of critical theories and social re-emancipation. These transformations will take place through subjectivities that seek new possibilities of organizing society, making it more inclusive, overcoming the reification of the present, without, however, abandoning a project for the future. In this sense, the theorist calls us to refuse a logic of thought and actions in which there is nothing beyond what exists, signaling the importance of building new ways of thinking and doing.⁵ This framework is relevant to look at and analyze the object of this investigation because it considers the diversities of production of life existing in everyday life, and can be expanded to school territories. In this regard, with this

framework, researchers recognize disability in childhood not as a disease but as a way of being in the world, and that difference is part of the constitution of society.

Participants in the research: ten caregivers, ten directors, ten educational assistants and 13 teachers, totaling 43 participants. The criterion for inclusion of the participants was to be a teacher, educational assistant, principal and primary caregiver of children up to ten years of age with physical or multiple disabilities enrolled in elementary school at municipal schools in the city where the study was carried out. Based on information provided by the municipal education department and adopting the inclusion criteria, 14 children would be selected to participate in the research, but one of the mothers did not have time available for the interview, and one of the schools was unable to identify the child. Therefore, professionals from ten schools were interviewed.

The semi-structured interview was conducted seeking information about how the child care routine is, how the inclusion process was, what challenges and facilities were encountered, how participants currently perceive the inclusion of children in school, what strategies are being planned and carried out to favor this process in the municipality and how the articulation with the family and health service professionals happens.

After the interviews were carried out, they were transcribed in full and with the purpose of preserving the identity of the participants, the code "I" was established for "interviewee" followed by "E", "T", "P" and "C" for educational assistant, teachers, principals and caregivers respectively. A numerical sequence was assigned to each interviewee according to the interviews, ranging from one to thirteen for the teachers and from one to ten for the other participating categories. Coding was used throughout the organization and analysis of the study, maintaining the same order.

The collected data were submitted to content analysis.⁶ In the initial phase, called pre-analysis, the material was organized with the transcripts of all the interviews allowing a first contact with the texts. Subsequently, a floating reading of the interviews was carried out, capturing the content generically. In the second stage, after successive and repeated readings, the indexes were referenced and indicators were prepared with text clippings, which favored categorization. Categorization was a process of grouping ideas by similarity to allow the presentation of nuclei of meanings. Finally, the third stage was implemented, in which data interpretation with relevant bibliography was developed.

The research was developed in compliance with resolution 466/2012, which deals with research involving human

beings. It was approved by the Ethics Committee of the proposing institution under CAAE number 74009317.1.0000.5545. Before conducting the interviews and applying the questionnaires, the participants granted authorization to participate by accepting and signing the Free and Informed Consent Form, receiving a copy of this document.

RESULTS AND DISCUSSIONS

The caregivers participating in the research were all female, only one was the child's grandmother, age ranged from 26 to 66 years, most lived in their own home with an income between one to two minimum wages. In relation to schooling, 60% had not completed high school, 20% had completed high school and 20% had completed higher education. The education professionals were between 20 and 62 years old, most were female, with time of work between one and ten years and of the total, five were in internship, that is, in attending undergraduation.

The content analysis of the interviews made it possible to identify three categories: The knowledge of education professionals about child disability and school inclusion; Inclusion for the child from the perspective of education professionals and caregivers and Changes needed for inclusion.

Knowledge of education professionals about child disability and school inclusion

The analysis indicates that most of the education professionals interviewed did not receive theoretical and practical subsidies on inclusion and/or disability in childhood during undergraduation. The knowledge about the school inclusion process, in the investigation scenario, happens from the experience and coexistence with the child in the daily work. Faced with the diversity and peculiarities of disabilities, professionals seek knowledge according to demand, through the internet, conducting courses and exchanging experiences with co-workers. One of the difficulties presented by the education interviewees is the lack of knowledge about the disability, needs or demands that the child has. This evidence is exemplified in the following statements:

IP1- I do not have a lot of knowledge because I did not have it, right, when I graduated, I did not have the discipline that worked with inclusion, taught how to work with inclusion. Therefore, my knowledge was because I have already worked in the classroom with students who had some difficulties, so I tried to read a little and everything, but the deficiencies are diverse, right, so there are some that I do not have much knowledge of yet. IT2- Although paper is one thing, practice is something else. You learn by stirring. However, you have to have the knowledge for you to know how you are going to act in certain situations.

One of the main challenges of school inclusion is related to the training

process of professionals, they are not being trained to work with children with disabilities or to insert them in the context of the classroom. During teacher training, there is a lack of work with students with disabilities, triggering an unprepared work, whether practical or theoretical.⁴ In order for the educator to recognize the specific health and care demands of children, interprofessional action is necessary. In this sense, the intersectoral role of nurses at school is recommended with a view to promoting health and preventing diseases, carrying out training, so that education professionals are prepared to recognize and deal with health needs in everyday school life.

Although it was identified a shortage in the training of the professionals interviewed, we inferred that this should not become a justification for reproducing a discourse of infeasibility, as stated by IT1. We must, as the reference invites us, give a new meaning to this reality, seeking practical strategies and theoretical knowledge that allow us to daily create the new and actually contribute to the recognition and legitimation of citizenship and social inclusion of these children.⁵

The analysis also revealed that education professionals perceive an increase in the number of children with disabilities in recent years in the schools in which they work. They relate this growth to

the fact that children are no longer referred to special schools but are enrolled in regular schools, as can be seen in the following statement:

IP3- Well, disability today is on a much larger scale than that, I have fourteen years of profession in the classroom, and I observe that in the last five years, we had one, two, I do not know if it is because these children were coming to the regular school, because until then they had an institution that attended to them, maybe it is because of this, that they had an institution that attended and today the regular school receives these children.

Statistics from the National Institute of Educational Studies and Research Anísio Teixeira (2014), point to a significant growth in the enrollment of students in special education in regular schools. Data from the technical summary of the 2013 school census registered in 2007, 306,136 enrollments of students supported by Special Education in Basic Education and in 2013, 648,921 students.⁷ However, there are no consistent data on child disability in Brazil, which makes a reliable analysis and inferences about the access of this public to school difficult, nor does it allow us to say whether these children are actually included or only present in school spaces.

The knowledge that professionals have about disabilities in childhood is that they are diverse, their causes are related to several factors and each one has its specificities. This demands that the professional educator develops

differentiated work considering these peculiarities, a process that can be facilitated by working together with the nurse, leading to the pedagogical improvement and integrated student learning. Professionals also report the difficulty of accepting non-apparent deficiencies, such as intellectual disability, Autism Spectrum Disorder (ASD), and others. They state that these deficiencies are the most common and that they represent challenges in the process of school inclusion. As for the causes of disability in childhood, they relate to the appearance of complications during pregnancy, drug use and genetic problems.

IT1- I see it as... Something that happened during pregnancy... As something genetic, as the principles of, it is... Abortion, a troubled pregnancy. Because there are several types of disability, right, it is not always linked to genetics, most are linked to pregnancy, to... The beginning of abortion, that one, it is... Rejection. IE2- So... There are several disabilities, right, and each child has their own peculiarities, so... So... it is very important to develop works, right, aimed at each type of disability that the child has. IT7- (...) as an educator, we, I see that people have a false view of disability, because when we talk about disability, people think only of what is apparent, right, and we deal with exactly the other side, the one that is not seen.

IT7's speech demonstrates the importance of the educator's perception regarding the performance of their students within the classroom, for the early identification of non-apparent deficiencies

and the proper referral to health professionals. The school plays an important role in the diagnostic process when educators warn parents about delays in their children's learning process. However, there is greater resistance from the family to accept a diagnosis when it does not present biological markers.⁸ This underlies the importance of the presence of nurses in the school environment that could contribute to early diagnosis.

Inclusion for the child from the perspective of education professionals and family members

Education professionals affirm the importance of inclusion for the development of children, as the interaction with other children in the school environment can be considered a form of stimulation. The analysis reveals an acknowledgment of the child's evolution in their motor, social and literacy skills.

IP4- I think, I think that for us here at the municipal school (...) the advances are to get these children, many of them, right, with disabilities who previously would have a prognosis of difficulty in becoming literate, these children can become literate. .. IT5- When the student is alone in the special school, that is, he is alone among his peers, the development is much lower. Cognitive, affective, social... Everything is very limited. When he is with typical children, it is... I think that because of experiencing someone who is like that, who, who... I do not know if that is the word, that the child has more capacity, you know? That the child sees someone who is beyond his limit, the child develops,

because he tries to get there. His goal becomes something bigger. More encouragement for him.

School inclusion provides contact between children, which can minimize prejudice and assist in the formation of a less excluding society. Therefore, it can be seen as beneficial not only for the child of inclusive education, but for all actors in the school community: other students, teachers, principals, students' parents and school staff. Professionals report a feeling of growth when observing, in the daily life of the learning process, the development of children.⁹

Socialization is a prominent theme when discussing school inclusion. For some professionals, several children are at school to experience the social side and end up managing to acquire skills through this coexistence. The main difficulties are related to children who have autism spectrum disorder, due to the characteristics of the disorder, and also those with aggressive behaviors. Among these differences, the acceptance of classmates in relation to the child stands out; they adapt easily and show no resistance to difference.

IP4- The issue of socialization that we know today, which does not only take place within the school, right, but the school is important in this socialization factor. So we perceive this well-socialized child, we perceive it is... The family's satisfaction in being at school with us. IT5- I have autistic children, it is... With Fetal Abstinence Syndrome who cannot socialize, because then they

act aggressively, colleagues do not want you to approach them. And I see this as one, a very big obstacle for my work.

Socialization, however, should not be considered as the only objective, leaving the learning process in the background. Often, students with disabilities, who are considered unable to acquire knowledge or have difficulties in entering the school curriculum, end up being led to experience experiences focused on coexistence/sociability. Therefore, socialization should be valued, but not adopted as a priority in the school inclusion process regardless of any reason.¹⁰

Caregivers also mention the facilities and difficulties encountered in children's socialization and literacy. The latter is permeated by uncertainties about the child's ability and fascination with the development of some skill. Despite the difficulties in the learning process, there is some success, in which they highlight the role of the Specialized Educational Service (AEE) and the Educational Assistant, as can be seen below:

IC8- Well, the issue of socialization after he started school when he was a year or so old, he went, he became much more sociable, he does not surprise anyone, it is... he participates in the same activities as me. IC2- There is a support teacher, right? That it is a very good job, that she... As he does not have a neurological problem, so she stays more for locomotion, to get something for him, you know?

The caregivers interviewed expressed a positive perception about the inclusion process and expressed satisfaction with the assistance provided to their children, with the professionals involved, and with the socialization process. Studies have found similar results with regard to parents' expectations in relation to the school inclusion process.^{11,12} Most parents stated that they had good experiences in the inclusion process, with expectations focused on the learning process, such as literacy.

Adaptations and changes necessary for inclusion

Despite the resources available for children with disabilities, professionals say that little progress has been made. They mention the lack and/or inadequate infrastructure; school's unpreparedness to receive these students in classrooms with a high number of students and lack of adequate material. Thus, there is a need for investments both for physical adaptations and for human resources, in addition to the adaptation of pedagogical material, which constitutes the main strategy for literacy and teaching of children with disabilities and a challenge for professionals who deal directly with teaching, such as evidenced in the following speeches:

IT3- I think the issue, the school, is what I said, it is not ready. The question of accessibility, you know? From... Even the material itself is, right?

Schools are not prepared, no matter how much the teacher, no matter how much, you know, investing in these things, it is still not prepared for it. IP1- There is the case of the educational assistant, which not all children have, many of them have interns, the interns do not have the knowledge to work with these children. Sometimes the child is there, the intern who comes to us is doing physical education at a distance, he is in the first period. He no, he is never even heard of inclusion. He comes here to watch these kids, right?

In the research scenario, the educational assistants are normally interns who attend different undergraduate courses in the education area. It is possible to verify that students in the undergraduation process, who do not have contact with the theme related to school inclusion, feel unprepared for the reality they face with students in inclusion. The role of the intern who works with these students is to offer support to the teacher, however what is observed is that responsibilities are transferred to these students that are outside their attributions and that receive little support for the role they perform.¹³

The speech of IP3 expresses that the high number of students per class makes the process of working with the student in inclusion difficult. This overcrowding can also be observed throughout the country, and when combined with inadequate infrastructure, it is capable of directly interfering in the teaching-learning process of students.¹⁴ The absence or inadequate

accessibility, inside or outside schools, is a reality in the scenario of investigation. This highlights the need for a multidisciplinary team for architectural and furniture adaptations that facilitate the daily life of children with disabilities.¹⁵

FINAL CONSIDERATIONS

Challenges that permeate the process of school inclusion in the research scenario range from the need to adapt the physical space of schools to the training of professionals involved in the process, increase in the number of educational assistants, adequacy of the curricular matrix of undergraduate courses in the area of education, change in the conception of disability and learning by some professionals. Despite this, there are achievements, such as the right of children with disabilities to be included in regular schools, the good acceptance of children by classmates and non-exclusion by them, contributing to the reduction of discrimination and stigmatization of this public.

The results of this investigation indicate that the creation of a space for meetings in schools, and an approximation involving professionals in the areas of health, family and education would be an achievement in the inclusion process, as it would enable group discussions with exchange of knowledge in order to meet the

demands of children in different aspects, in addition to favoring a better understanding of the different deficiencies that present themselves and what would be the development possibilities for each child. In this way, with an opportune articulation between the pedagogical and clinical aspects, the children of inclusive education would have the possibility of achieving development with greater quality and success. This highlights the importance of nurses working in the school environment in conjunction with education professionals.

The present research contributed to reveal how the process of school inclusion in the investigation scenario has been configured, but it is worth mentioning the existence of limitations in the study, such as the lack of articulation between the data provided by the municipal education department and the identification of enrollment in the school for the location of the student, availability of the caregiver's schedule incompatible with the schedules provided by the researchers and the restriction of data collection to only one municipality and in public schools, not including private services, which would allow further analysis.

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