23-3 – Good practice of inclusive education with children with multiple disabilities in Portugal

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A successful history of inclusion within the school system is Maria's story. She is 9 years old and was born with Angelman syndrome, diagnosed through cytogenetic analysis, when she was 15 months old. The student was assessed by reference to ICF (see chapter 4), at the end of her pre-school attendance, one month before entering first grade. Maria began primary school in the 2013/2014 school year. From that assessment, we retain here what has not changed and we mention the improvements that we have been recording. In accordance with ICF's Body Functions and Structure, Maria displays a non-specified impairment on intellectual functions and in cognitive dimensions. She has impairments in certain sleep functions, in attention, memory and basic psychomotor and cognitive functions. With regard to voice, articulation, fluency and speech rhythm functions, there is no verbal communication. She has impairments in digestive and urinary functions, as well as impairment in stability of joint functions, muscular strength and tonus, involuntary motor reactions, imbalance impairment, exhibits a mild impairment in voluntary movement and muscles and function of movement. In relation to ICF's Activity and Participation, Maria has a severe impairment in interaction with objects, has limitations in language acquisition and development, limitations in performing general tasks and demands, a severe impairment in body control, a severe impairment in communication, full impairment in self-care, a severe impairment in eating and drinking function. Concerning interaction and interpersonal relationship level, she also displays impairments. In the major life areas, she displays a complete impairment.

In relation to ICF's Environmental Factors (facilitators or barriers to participation and learning), we consider as a complete facilitator the use of medication to assure Maria's well-being as far as they prevent convulsive episodes that can harm her development, provoking a regression in her acquisition/skills. For communication as a moderate facilitator, the first phase of PECS was started, as a means of augmentative communication. For Education as a significant facilitator, we consider that the utilization of mainstream products and technologies for education could facilitate the acquisition of new skills.

Concerning the support and relationships, we consider as a full facilitator the immediate family, friends, peers, colleagues, neighbours, and community members.

As a complete facilitator, individual attitudes from immediate family members, from friends, acquaintances, peers, colleagues, neighbours, and community members and from health care staff and personal assistants who show complete receptivity to all of our suggestions and strategies.

As a complete facilitator, it is possible to register her good relationship with social security, with health (having a timely medical surveillance of the child's needs and referrals) and with work and with the job (because the mother's job allows her to take care and respond adequately to Maria).