

Why do schools continue using 'medical reports' for students with intellectual disabilities?¹

*Márcia Denise Pletsch**
*Carla de Paiva***

Abstract

This article discusses the assessment and referral of students with intellectual disabilities based on the directives of inclusive education contained in the National Policy of Special Education in the Perspective of Inclusive Education. The research was carried out with administrators from the area of Special Education from seven teaching networks in the Baixada Fluminense region of Rio de Janeiro state. As a theoretical reference we used the Stephen Ball's policy cycle approach to discuss the various dimensions which still involve the assessment conceptions and practices adopted in teaching networks in order to guarantee (or not) the support of Specialized Educational Provision (AEE) for these students. Amongst other aspects, the results showed the predominance of the medical model, based on the use of medical reports, to the detriment of the social and rights model, in the assessment practices adopted by teaching networks. The investigation also pointed to the maintenance and even expansion, of public-private partnerships in the assessment processes of these individuals.

Keywords: Intellectual disability; Policy cycle; Assessment.

* Professora da Universidade Federal Rural do Rio de Janeiro (UFRRJ), Seropédica, Rio de Janeiro, Brasil.

** Professora das Redes Municipais de Educação de Nova Iguaçu e Rio de Janeiro, Nova Iguaçu, Rio de Janeiro, Brasil.

Por que as escolas continuam “laudando” alunos com deficiência intelectual?²

Resumo

Este artigo discute a avaliação e o encaminhamento de alunos com deficiência intelectual a partir das diretrizes de educação inclusiva contidas na Política Nacional de Educação Especial na Perspectiva da Educação Inclusiva. A pesquisa foi realizada com gestores da área de Educação Especial de sete redes de ensino da Baixada Fluminense/RJ. Como referencial teórico e metodológico empregamos a abordagem do ciclo de políticas de Stephen Ball para discutir as várias dimensões que envolvem, ainda hoje, as concepções e práticas avaliativas adotadas nas redes de ensino para garantir ou não o suporte do Atendimento Educacional Especializado (AEE) para estes alunos. Os resultados, entre outros aspectos, mostraram a predominância do modelo médico com uso do laudo, em detrimento do modelo social e de direitos, nas práticas avaliativas adotadas pelas redes de ensino. A investigação também sinalizou a manutenção e, até mesmo, a ampliação das parcerias público-privado no processo de avaliação destes sujeitos.

Palavras-chave: Deficiência intelectual; Ciclo de políticas; Avaliação.

¿Por qué las escuelas continúan "laudando" a alumnos con discapacidad intelectual?

Resumen

Este artículo discute la evaluación y el encaminhamiento de alumnos con discapacidad intelectual, a partir de las directrices de educación inclusiva contenidas en la Política Nacional de Educación Especial en la Perspectiva de la Educación Inclusiva. La investigación fue realizada con gestores del área de Educación Especial de siete Redes de Enseñanza de la Baixada Fluminense /RJ. Como referencial teórico y metodológico empleamos el enfoque del ciclo de políticas Stephen J Ball para discutir las diversas dimensiones que involucran, aún hoy, las concepciones y prácticas evaluadoras adoptadas en las Redes encuestadas para garantizar o no el soporte del Atendimento Educativo Especializado (AEE) para estos alumnos. Los resultados, entre otros aspectos, mostraron la predominancia del modelo médico con uso del laudo, en detrimento del modelo social y de derechos, en las prácticas de evaluación adoptadas por las Redes de Enseñanza. La investigación también ha señalado el mantenimiento y, incluso, la ampliación de las asociaciones público-privadas en el proceso de evaluación de estos sujetos.

Palabras-clave: Discapacidad intelectual; Ciclo de políticas; Evaluación.

Introduction

Based on the Policy Cycle approach of Stephen J. Ball and his collaborators, it is possible to trace an analysis of policies in a general form, and in particular in Special Education³. This perspective was developed to understand the political process and the connections between macro and micro agents of education policy.

According to this perspective, policies are in permanent movement through time and space, follow a trajectory, and maintain a level of uncertainty about their real consequences, assuming a unique and singular movement within a historic context. In other words, for Ball, a policy, in addition to processes and consequences, is also a text and discourse, which are complementary and implicit in each other, so that a disassociation between these two elements is very difficult (MAINARDES, 2006; BALL and MAINARDES, 2011; BALL, 2009, 2013, 2014).

Also according to him, policies as texts are official documents, understood as an unfinished product of collective efforts, and have various levels of interpretation and translation. They are like representations made in codes which allow a plurality of readings, since a plurality of readers exists. They are thus codified in a complex way through conflicts, agreements, and interpretations on the part of the public authorities. In addition, they are also decodified by the interpretation of part of the actors involved which confer on them meanings in function of their experiences, histories, and possibilities. Or also neglected or their interpretations are misrepresented to maintain certain interests. In other words, policies move in function of dynamic conflicts and consensus. Ball calls this process 'contexts,' dividing it into three types: the context of influence, the text production context, and the context of practice.

Using as a basis the concepts developed by Stephen J. Ball, in this article we will discuss and problematize the assessment and referral of students with intellectual disabilities to Specialized Educational Provision (AEE), considering the orientations of Technical Note no. 4 from 23/01/2014, which ended the necessity for a medical report as a condition of access to AEE.

The Technical Note was a response of the Directorate of Special Education Policies of the Secretariat of Continued Education, Literacy Teaching, Diversity, and Inclusion (SECADI) to the idea that only students with a medical report would have guaranteed AEE access. The note advises teaching networks about the procedures to be adopted for the assessment and referral to AEE of students with disabilities, global development disturbances, or who are gifted. It stipulated that the assessment of students should occur through the AEE plan, to be prepared based on a case study. However, clinical diagnosis can be used as a complementary document to the case study (BRASIL, 2014).

It is worth noting that the population with intellectual disabilities – here we use the concept of the American Association on Intellectual and Developmental Disabilities (AADID, 2010)⁴ – makes up 69.9% of the total of 897,000 students registered in Special Education in public basic education, primarily in common teaching classes. Of these, only 37.3% receive AEE support (BRASIL, 2017). The growth of

registrations in common classes was also marked by Rebelo (2016), in analyzing the microdata of INEP referring to 2007 - 2014, showing that registrations in common classes had increased 128.3%.

We understand that this data is a reflection of the National Policy of Special Education in the Perspective of Inclusive Education (BRASIL, 2008), which established a proposal of inclusive education for all levels of teaching, from Infant Education to Third Level. Equally, it proposed that the support for students registered in common classes should primarily occur in multifunctional resource rooms, through AEE, as a complement and supplement to common teaching, and no longer in segregated teaching spaces, as had occurred and still occurs in special schools and classes. However, how were these directives incorporated in local policies in the Municipal Education Networks researched? Which paths and strategies have networks adopted to fulfill the principles of inclusive education and AEE for students with intellectual disabilities? How have these students been identified? Which strategies did they organize to guarantee AEE for these subjects? How have the networks translated in their practices the indications of Technical Note no. 4?

Methodological References and Procedures

The research was carried out under the auspices of the Observatory of Special Education and Educational Inclusion Research Group (ObEE)⁵, based on semi-structured interviews held in the second half of 2016 and the first half of 2017 with Special Education administrators from seven teaching networks from the Baixada Fluminense region (Belford Roxo, Duque de Caxias, Mesquita, Nilópolis, Nova Iguaçu, Queimados, and São João de Meriti). Baixada Fluminense has approximately four million inhabitants and it is composed of thirteen municipalities (IBGE, 2015). The social reality of this reality is marked by low human development indices (IDH), elevated school evasion, a high level of precariousness in health services, absence of basic sanitation, weak public transport, and high levels of violence (PLETSCH, 2016).

The interviews were carried out during a meeting of the Baixada Fluminense Permanent Forum of Special Education in the Inclusive Perspective (FPeeBF)⁶, formed by Special Education administrators and researchers from the two public universities in the region (Universidade Federal Rural do Rio de Janeiro (UFRRJ) and Universidade do Estado do Rio de Janeiro (UERJ)). Figure 1 systematizes the

Board 1 – Description of the Special Education Administrators participating in the research

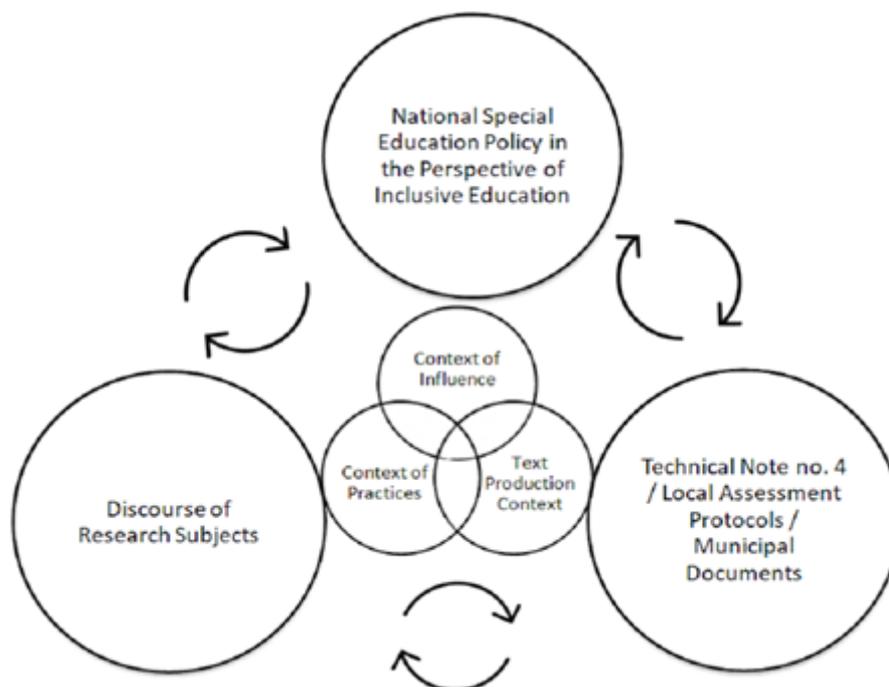
Administrators	Special Education	Experience in Special Education	Experience in Administration
G1	Specialization in Psycho-Pedagogy	18 years	4 years
G2	Pedagogy – Additional Studies in Deafness	10 years	2 years
G3	Specialization in Special Education	17 years	3 years
G4	Specialization in Psycho-Pedagogy	7 years	6 years
G5	Specialization in Psycho-Pedagogy	7 years	3 months
G6	Specialization in Special Education.	16 years	7 years
G7	Specialization in Special Education	12 years	8 years

Source: Paiva (2017, p. 76).

We also carried out documentary research covering the Municipal Education Plans, the National Policy of Special Education in the Perspective of Inclusive Education, the National Education Plan, and Technical Note no. 4.

For the analysis and interpretation of the data we used the references of the qualitative research, based on the Policy Cycle Approach, as indicated in the following figure.

Figure 1 – Application of Policy Cycle Approach for the Analysis of Data



Source: Prepared by Paiva and Pletsch (2017, p. 80) based on Ball (2009).

We organized the discussion of the results in two themes. The first, the context of text production, took into account the assessment of students with intellectual disabilities in Municipal Plans of Education. Second, the context of practices, problematizing the translation of policies related to the assessment, identification, and referral of students with intellectual disabilities to AEE.

The context of the production of the text: the assessment of students with intellectual disabilities in Municipal Education Plans

According to Ball and Mainardes (2011), policies cannot be thought of as circumscribed only to national states. They constitute “incalculable transnational capillarities” (p.13), carrying in themselves discourses about how one should act to provide good education. With this perspective, we traced some considerations about the political discourse adopted in the country about the type of assessment involving in identifying students with intellectual disabilities, based on the reference of nationally produced legislation.

Following the direction of new conceptions of assessments, Technical Note no. 4 corroborates the perspective of inclusive education and discussions about the arbitrary value of the medical report in the practices of educational assessment. In

other words, based on the Technical Note, the medical report came to be a complementary document in the assessment and identification of students with disabilities in school. To a certain extent, this document, following international tendencies, launched the idea of the bio-psychosocial model present in the Brazilian Law of Inclusion—LBI (BRASIL, 2015). The law stipulated the following about the assessment of disabilities:

Art. 2 A disabled person shall be considered to be someone who has a long-term impediment of a physical, mental, intellectual, or sensorial nature, which, in interaction with one or more barriers, can obstruct their full and effective participation in society in equal conditions with other people.

§ 1 The assessment of the disability, when necessary, shall be bio-psychological, carried out by a multi-professional and interdisciplinary team and shall consider:

- I - the impediments to the functions and structures of the body;
- II – socio-environment, psychological, and personal factors;
- III – limitation in the performance of activities;
- IV – restriction of participation.

Understanding, like Ball (2011, 2013, 2014), that documents are formulated in contexts in constant movement, we analyzed the 'context of text production' to understand how the assumptions of Technical Note no. 4 were incorporated in Municipal Education Plans (PME), the principal document that guides the local educational actions of the networks participating in this research. In relation to Special Education, the Municipal Education Plans follow the same principles and targets stipulated in the National Education Plan (BRASIL, 2014a). With the exception of the Municipal Plan of Nilópolis which did not incorporate in an explicit form the Special Education proposal in an inclusive. Having made this observation, we can say that the other points follow and reproduce the federal text.

Another aspect which called our attention in the analysis of the Special Education strategies in the PMEs is the diversity of public partnerships with different private organizations – communitarian, philanthropic, confessional, non-profit, private, non-governmental (NGOs), and social organizations (OS) (PAIVA, 2017). There is a historical practice in public partnership with private organizations in Special Education which was maintained in the municipal plans analyzed. In other words, the incorporation of national assumptions in local terms agrees with what Ball (2009, 2011, 2014) calls the dominant thought. However, as Ball himself suggests, in its field of local production, the context of influence suffers from the strength of groups and actors in that sphere and gains contours more linked to local subjectivities that taken into account by the context of influence. In the discourse of one of the administrators it can be seen how these partnerships develop:

Here in the municipality there is the Association of Parents and Friends (APAE), but there is not always a place, but we make a call, and try to find out if they can be fitted in. We have a part-

nership, we call or we refer a family, if they are not seeing a speech therapist, a psychologist, here we make the referral [...] sometimes the demand is great, sometimes the family does not bring the person to the referral, sometimes they do but there is no place, so we have to look elsewhere. There is also *Sociedade Beneficente de Anchieta*, which is also close and is a well-known institution and also offers all these services, psychologist, speech therapist, they also have neuro-pediatrics. It has a very good structure, but it is always overcrowded (G4 in an interview carried out in the second half of 2016).

According to Laplane, Caiado, and Kassar (2016), the partnership with the APAEs, for example, is a very strong tendency in the History of Special Education in Brazil, which has been increasingly strengthened by the deliberate action of the political actors responsible for the formulation of the laws about education in Brazil. This practice is often naturalized by various spheres of the provision of Special Education to the public with a discourse that appeals to families' right of choice about where to register their children, for example. However, in practice by using public resources these institutions provide health service that are often not offered in the public health service. In other words, families frequently do not have 'freedom of choice.'

In the case of the assessment for the identification of disabled students, in their regulations the municipalities researched PNE indications. For the analysis of the PME's, we used the descriptors 'assessment,' 'medical report,' and 'identification,' widely discussed by Paiva (2017). Based on this, we found that 'assessment' appears in 14 strategies of six networks, 'medical report' appears once in one network, and 'identification' appears three times in the same network.

In relation to partnerships with the area of health to obtain a medical report/clinical diagnosis, schools ended up playing an important role, since they stimulated families to look for a medical report, which to a certain extent gives schools and teachers some support in relation to the situation of learning of students considered to have intellectual disabilities, showing the striking presence in school culture of the medical model of disability to the detriment of the social and rights model. On the other hand, to achieve determined benefits, the medical report is imperative, as in the case of Continuous Provision Benefit (BPC).

The use of the medical report is part of school culture, functioning as a support for pedagogical practices. It was common for us to hear phrases such as "*for those without medical reports, it is complicated to implement practices*" (an AEE teacher in an interview in the first half of 2013). Predicting or even judging the impossibility of students with intellectual disabilities to learn has been common in the history of Brazilian education, whose most traditional practices have opted for decontextualized assessments as an end in themselves, and not as a process.

In relation to this, Oliveira's research (2016) contained the proposal of mediated assessment as one of the possibilities for students with intellectual disabilities. Valentim and Oliveira (2011) raise reflections about what to assess, how, what for, and whom. According to these authors, these questions should be part of the entire edu-

cational process, so that “the action of assessing can serve to perceive the movement and point to paths in pedagogical practice, and not to classify, label, and stigmatize” (p. 27). Pletsch and Oliveira (2015), in turn, reinforce the authors’ arguments saying that the flexibilization of the assessment process is fundamental, given the specificities of students with intellectual disabilities. Furthermore, according to them, when these specificities “are not respected the stigma of the ‘worst student’ harms not only their development, but also corroborates the (false) idea that low school development is inherent to disability” (p. 131). It is worth remembering that in 1989, Ferreira was already warning about the close relations between the assessment of intellectual disability based on indicators such as low academic attainment and school failure. These are some clues about the reasons why schools continue to use medical reports with their students.

In the case of the municipality of Nova Iguaçu, for example, there is a specific professional (the Special Education support agent) for students of Infant and Fundamental Education, depending on the “need identified through pedagogical assessment carried out by the mobile teacher, listening to the family and the student” (NOVA IGUAÇU, 2015, p.9). In addition to the specific actions about assessment and AEE referral, in Nova Iguaçu we found Deliberation no. 3, from 11 December 2014, which mentions Technical Note no. 4 as one of the guiding mechanisms of Special Education policy in the city.

The Mesquita network also organized a team “aimed at the assessment, referral, and monitoring of problems in the learning process” (MESQUITA, 2015, p.15), characterized in its PME as a team of professionals composing the so-called Multi-Functional Specialized Service Center (CAME).

São João de Meriti, in turn, organized a Specialized Service Center (CAEE) with the purpose of assessing and referring the target public to AEE, amongst others. In its understanding, in addition to the target students of Special Education, also considered part of the public for registration in student resource rooms are those with:

Learning difficulties accentuated by multi-factors (failure, age/class distortion, and questions of a social order) after all the other possibilities of intervention by the teacher from the regular class room and the pedagogical technical team have been exhausted (SÃO JOÃO DE MERITI, 2015, p.27).

Belford Roxo’s PME explicitly mentions Technical Note no. 4 in strategy 4.33. The text of the law states:

Ensure the entrance and initial assessment of disabled students to the Municipal Teaching Network in accordance with Technical Note no. 4, in accordance with which continuous education will be implemented in compliance with the dispositions indicated in the Technical Note in question (BELFORD ROXO, 2015, p.136).

In the case of the municipal network of Queimados, the PME text stipulates the actions to be carried out as follows:

4.25) Carry out actions which guarantee the implementation of the Individualized Education Plan (PEI) for students with disabilities, global disturbances, or who are gifted;

4.27) Identify the target public of Special Education through intersectorial actions, with governmental and non-governmental institutions, for the registration of the demand for and the educational assessment of the students in this mode of teaching (QUEIMADOS, 2015, s/p).

In analyzing the Queimados PME it was found that the network uses Individualized Educational Planning (PEI) as a synonym for the AEE plan stipulated in Technical Note no. 4. However, despite the use of PEI as a strategy and subsidy for school practices with Special Education students, the network still proposes intersectorial actions to identify the Special Education public.

Duque de Caxias municipality also prepared a document about the actions to be carried out to assess and identify Special Education students. According to the administrator interviewed, following the adoption of this protocol, the number of students with a 'suspicion' of intellectual disability fell: "before making any assessment the school already had this perception that the student did not have an intellectual disability but rather a learning difficulty" (Interview in the second semester of 2016). We can thus infer that a careful assessment of students can benefit identification and prevent possible mistakes in referral to AEE. On the other hand, the municipal network of Nilópolis constructed its assessment and identification norms in a collaborative manner with teachers during 2013, before Technical Note no. 4.

As is evident, the local discourse, targets, and strategies are influenced by the macro structures of National Education and reproduce its ideology, and even its conflicts. There still predominates the valorization of medical knowledge to support educational practices and strategies. However, all the administrators interviewed showed that they were aware of Technical Note 4 and that they had organized teams with professionals responsible for the identification and referral of students with intellectual disabilities. Paiva (2017) describes these teams in the following manner: in three of the networks the school had its pedagogical network (Educational and Pedagogical Supervisors). In two networks, identification was carried out by groups formed of psychologists, speech therapists, psycho-pedagogues, physiotherapists, and pedagogues with Specializations in Special Education. In one the identification was the responsibility of AEE teachers or the Administration Team, and in one Mobile Teachers who were specialists in Special Education make the assessment for AEE referral.

The context of practice: the translation of policies about the assessment, identification, and referral of disabled students to AEE

In the context of local practices, we found a diversity of initiatives and a lack of knowledge of teachers about what exactly a learning difficulty was and the implications which intellectual disability can imply for learning. Often the administrators are faced with cases in which "the teacher due to their daily demands indicates half their class. In these cases, the supervisor has the role of verifying, making a report,

and making the referrals” (G7). Other times, “due to various factors, the teacher ends up thinking that a lot of students are special (G4).

Given these and other cases of administrator discourse, we systematized the procedures adopted by each network: (1) Initial assessment protocols; (1) case study; (4) assessment by multi-professional team or specialist professor; (1) assessment by administration team. It is worth highlighting that in all the networks, the assessment procedure, according to the administrators, is carried out with the aim of referrals to the health network as well. For them, the next step after AEE referral is getting a medical report. According to them, this is necessary:

It is not that I need the report now, but in the future they will need to be really evaluated by a multi-disciplinary team, whether this student has an intellectual disability or not (G5).

Because, despite the lack of requirement for the medical report, it is very complicated to talk like this: the student is disabled, even if you are a specialist in Special Education, a psycho-pedagogue, a clinical educational psychologist, it is not up to us. We only make the necessary pedagogical orientations (G4).

In order to analyze how the networks translated the indications of Technical Note no. 4, we asked the following question: “*What do you think about Technical Note no. 4?*” The idea was to verify how the document was understood and what new meanings were given to it. The administrators reported that they had been made aware of the Technical Note through the respective Municipal Secretariats of Education, in some cases with a lot of surprise, as described in the following extracts:

It reached us and I read it once, twice, and I said: ‘I cannot interpret this!’ I asked for help. I said: ‘Is it really this? Is it really this.’ Even then I could not believe it [...] So in a state of shock, I said: ‘people why?’ There already exists this natural process of the teacher, thirty students, it says that fifteen are committed, and people know that the majority of times, it is a social question, a question of social invulnerability, hunger, violence, it is the environment in which the student lives, which ends up really prejudicing concentration, integration, attention. But this does not mean the students have any disability, but if the Technical Note opens this breach, the student is already disabled, according to a medical report provided by the school (G7).

Upon receiving the Technical Note our team stopped to study it and we found it a little confusing. And I found, like, very much wanting to talk, because it is complicated for you to say that someone is disabled. Because we are not health professionals [...] even if you apply various tests and perceiving that the child has an intellectual disability, I do not feel, and I am saying this with all frankness, with twenty or more years’ experience in Special Education, I do not feel at ease to state whether that student is intellectually disabled. I suggest that, within my tests, that he could be intellectually disabled. So the Technical Note with this dispensation does not support us technically in affirming or assessing this student to say that he is this or that (G3).

As can be seen in the reports, the reception of the Technical Note was not positive among all the teams. The administrators also narrated that the Note expanded the indications by teachers of the already enormous number of students to be referred to AEE with the 'suspicion' of intellectual disability. According to the administrators, this is the fruit of the lack of discussion about the possibilities opened by the Technical Note, for example, about preparing a case study as a measure prior to the AEE referral. In this sense, they also argued that the report was important in preventing the artificial increase of disabled students, as well as preventing artificial distortions in Education census data. In recent research, we found that in these networks there is a difference of up to 60% between the data registered in the Educational Census and the data collected by the Special Education teams. In the same municipality there are various forms of data registration in the system. There exists a school which registers those who have medical reports and others in which, according to one teacher, "to guarantee it is better to register even without a medical report." The lack of scientific support in the identification of this population ended up expanding the statistics about the quantity of students with intellectual disability. It is also possible that this concern with the records of the Educational Census is directly linked to the financial resources given to municipalities for Special Education students, since when they receive AEE "they are counted twice for the provision of funds from the National Education Development Fund – FNDE" (BRASIL, 2011).

Another administrator reported to us that she did not publicize the Note, explaining as follows: "I even avoid talking about the Note, because if you speak about it, while today I have one thousand students indicated as being intellectually disabled, this will transform into three thousand. So we even avoid talking about it" (G7). This statement vividly illustrates the tensions of the translation of the note into the context of practices. In other words, the local interpretation of the legislation is made by each network based on its necessities. According to Ball (2011), local interpretation of policies in force might not reflect what the context of the production of texts intended to achieve, since they involved specific situations and conflicts.

Final considerations

Based on Stephen J. Ball's policy cycle, this article sought to problematize the process of the assessment of students with intellectual disabilities and their referral to AEE, considering the guidelines of Technical Note no. 4 from 2014 and the analysis of federal and local documents and interviews with Special Education administrators from seven municipalities in the Baixada Fluminense region.

The results highlighted three principal questions. The first refers to the incipient experience of assessing students in a pedagogical manner in the teaching networks researched. Students with intellectual disabilities are assessed and identified in subjective processes, although discussions about this are taking shape, in the sense of finding more coherent paths for the specificities of local demands. We also highlighted the strong influence of the medical model on assessment and pedagogical practices. Here one of the aspects which most calls attention is the indication, by teachers, of a high number of students with difficulties to accompany the class as if they were

students with intellectual disabilities. This aspect indicates that, generally speaking, the identification practices of Special Education students still reveals the intention of reducing problems in regular classes that including actual students. This type of practice, even if it is not intentional, blames the student and exempts the school from responsibility about the school failure.

The second question is related to the concept of intellectual disability adopted by the networks researched. Despite the advance in the discussions, the medical model of the comprehension of disability still prevails, to the detriment of the social and rights model. The incorporation of the bio-psychosocial model in the Brazilian Law of Inclusion (LBI) has still not been assumed in local educational contexts, despite the mention of the term in one of the Nova Iguaçu documents.

Finally, the third question is related to the partnerships between public and private sectors, above all philanthropic or non-profitmaking ones, and their relationship with the medical model. To a large extent, in the networks researched these partnerships occurred with health sectors with the aim of obtaining medical reports, since the public service is highly precarious and cannot cope with its demands.

While, on the one hand, Technical Note no. 4 represents an advance by not demanding the medical report to pedagogically attend those who possibly are intellectually disabled, on the other hand, it opens the possibility for an artificial expansion of the number of AEE indications, due to the indication of many students who only present difficulties due to their emotional or social conditions. Furthermore, according to those interviewed, the medical report is still demanded of certain subjects to have other rights guaranteed, such as Continuous Provision Benefit (BPC).

Finally, the Brazilian public school is a space of discussion, assessment, and preparation of ideas and pedagogical practices. It is here that resistance is formulated and strengthened, promoting transformations in people's lives. In this way, the disposition of education to break with such entrenched limits, such as medical knowledge, is a courageous attitude, complex, and expensive.

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Notas

¹ The original title contains a neologism (*laudando/laudado*) used by teachers of students with intellectual disabilities to designate the acceptance of medical reports as references for the classification of these students, which in turn reinforces the stigma they experience.

² Funding: OBEDUC/CAPES, FAPERJ, and CNPq.

³ This is what Segabinazzi and Mendes (2017) and Paiva (2017) did.

⁴ It is not our intention to discuss the concept of intellectual disability. For this we suggest the work of Veltrone (2011) and Paiva (2017).

⁵ Registered in the National Council of Scientific and Technological Development (CNPq), it is linked to the Graduate Program in Education, Contemporary Contexts and Popular Demands (PPGEduc/ UFRRJ) with a physical structure located in the Multidisciplinary Institute – Nova Iguaçu Campus of UFRRJ. Site <http://r1.ufrrj.br/im/oeies/>

⁶ All the interviews are part of the ObEE Research Group Database.

Correspondência

Márcia Denise Pletsch – Universidade Federal Rural do Rio de Janeiro (UFRRJ), Rodovia BR 465, Km 07, Zona Rural. CEP: 23890-000. Seropédica, Rio de Janeiro, Brasil.

E-mail: marciadenisepletsch@gmail.com – car_pv@hotmail.com

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