



# LEARNING DISABILITIES DIAGNOSTIC PROTOCOL A PREREQUISITE FOR BASIC EDUCATION IN CAMEROON; HEAD TEACHERS' PERSPECTIVE

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## ABSTRACT

Learning disabilities is one of the hidden disabilities that affect one or more of the processes people use in learning and developing oral language, reading, writing, mathematics, social skills, executive functions, memory, and motor skills. Being a disability that is not readily observable because there are no outward signs, many pupils with this condition are often misunderstood or overlooked. Some instructors and administrators suspect that pupils' who claim to have learning disabilities are faking it, playing the system, or lack the intelligence needed to succeed. The need for a diagnostic procedure for the identification of these conditions is but a necessity. Being a qualitative study the researcher used the phenomenology design and sampled 10 head teachers as participants in the study. The researcher with the aid of an interview guide conducted interviews with all 10 head teachers from ten government owned primary schools in the North West and South West regions of Cameroon. The results showed that seven categories of learning disabilities were these schools as recognized by the teachers and head teachers they include reading, attention, mathematical, spelling, comprehensive, memory and writing problems. Numerous challenges abound as head teachers struggle with the practice of identifying learning disabilities. As such, the ministry of basic education in Cameroon should establish a protocol of assessment wherein the steps of identification are presaged clearly alongside the various professionals to coordinate the process and actually conduct early identification and assessment of children with special needs.

## KEYWORDS

Diagnostic procedure, Learning disabilities, Head teachers' perspective

## INTRODUCTION

A learning disability is a problem that affects how a person receives and processes information. People with these condition may have trouble with any of the following: reading, writing, doing math, understanding directions and more. Between 8% and 10% of children under age 18 may have some type of learning disability. Learning disabilities have nothing to do with how smart a person is. Rather, a person with a learning disability may just see, hear, or understand things differently. That can make everyday tasks, such as studying for a test

or staying focused in class, much more difficult (Logsdon, 2020). Most children with learning disabilities are diagnosed in their elementary school years, with the second grade being a common time for these to become apparent. Some, however, are diagnosed long before they begin school or are diagnosed as late as high school. Diagnosis in special education is the formal process of identifying a disability from its signs and symptoms in order to determine its nature. The DSM-5 is the guiding document; professionals use it in differential diagnoses across 265 diagnostic categories. Diagnosis is based solely on whether the child manifests sufficient characteristics associated with the disability under scrutiny and it typically involves an evaluation of a child's abilities as gathered through standardized testing, observation, rating scales, and interviews. The process of determining if a child (or an adult) has a learning disability can be arduous but is important in order to define exactly what disabilities, if any, are present, in order to design the best approach for learning within the constraints of the disability (Ginns, 2019).

The National Joint Committee on Learning Disabilities (NJCLD, 1994) believes that inappropriate diagnostic practices and procedures have contributed to misclassification of individuals and questionable incidence rates of learning disabilities across the globe. Such practices and procedures result in erroneously including individuals whose learning, behavioral problems are not attributable to learning disabilities, and excluding individuals, whose deficits are manifestations of specific learning disabilities. This situation is complex because the Individuals with Disabilities Education Act regulations governing diagnosis of learning disabilities and other types of disabilities are somewhat general and leave the specific requirements to various countries to define. Consequently, there are differences from state to state country to country in diagnostic criteria. A child who qualifies as learning disabled in one country may not qualify in another, which can affect families who move from country to country.

Regulations and diagnostic systems governing evaluators, such as licensed psychologists or psychiatrists, are less or not specified. The Diagnostic and Statistical Manual of Mental Disorders, (DSM-5), for example, uses largely qualitative criteria rather than statistical methods for diagnoses, as a result, examiner's opinions are more important in the DSM system of determining diagnosis (DSM-V, 2013). Thus policymakers, educational administrators, regular and special educators, related services personnel, parents, advocates, and others who identify, assess, diagnose, and provide services to people with learning disabilities should find it relevant, and emphasizes the integration of assessment and diagnosis procedures that lead to a diagnosis of learning disability and eligibility for services into other school policy documents.

Learning disabilities diagnosis has been made arduous because of the variability across diagnostic systems. Different continents, countries and even states/regions have different standards and practices. Consequently, it is possible for a pupil to qualify in one continent, country, or state/region but not in another. In some countries public school systems use a combination of: Formal evaluations using an aptitude achievement discrepancy to determine if a learning disability exists and its severity; and Response to Intervention methods to determine if a learning disability could be the cause of a student's academic problems. In other countries evaluators in use either, the Diagnostic and Statistical Manual (as in DSM-V) or the International Statistical Classifications of Diseases (as in ICD-11) criteria to diagnose learning disabilities. Both the ICD and DSM methods of diagnosis rely heavily on an evaluator's professional judgment, which naturally varies from evaluator to evaluator. Terms used to name and describe learning disabilities in these systems are different from those used in the Individuals with Disabilities Education Act (IDEA) (Logsdon, 2020). With all the variability across diagnostic systems, parents may wonder which systems are best and most accurate.

However, to determine the best system it should be noted that, *learning disabilities manifest differently over time, in severity and in various settings*. Like other handicapping conditions, learning disabilities could be mild, moderate, or severe and may be observed in both academic and non-academic settings. Consequently, procedures used to diagnose individuals with this condition must be appropriate, should include data collected from all relevant settings from childhood through adulthood to determine the learning disability condition. Learning disabilities, as defined by the Individuals with Disabilities Education Act (IDEA) cannot be reliably diagnosed until pupils are formally taught in basic subject areas. Thus, there is need to wait until children are at least six

years old before evaluating intelligence for more valid and reliable test scores; and pupils from minority groups with cultural and socioeconomic differences benefit from having at least two years of education and socialization before testing. This is also customary for English Language Learners. This helps to reduce the effect of their cultural and language differences on their test performance (Vet, Ridder, Stok, Brunso, Baban and Gaspar, 2014).

In addition, Rivera, (2016), holds that that learning disabilities being a heterogeneous group of disorders makes its diagnosis complex, for example, dyspraxia affects a person's motor skills. Motor skills help us with movement and coordination. A young child with dyspraxia may bump into things or have trouble holding a spoon or tying their shoelaces. Later, they may struggle with things like writing and typing. Other problems associated with dyspraxia include speech difficulties, sensitivity to light, touch, taste, or smell, difficulty with eye movements. Dyslexia affects how a person processes language, and it can make reading and writing difficult. It can also cause problems with grammar and reading comprehension. Children may also have trouble expressing themselves verbally and putting together thoughts during conversation. Dysgraphia affects a person's writing abilities. People with dysgraphia may have a variety of problems including bad handwriting, trouble with spelling, difficulty-putting thoughts down on paper. Dyscalculia affects a person's ability to do math. Math disorders can take many forms and have different symptoms from person to person. In young children, dyscalculia may affect learning to count and recognize numbers. As a child gets older, they may have trouble solving basic math problems or memorizing things like multiplication tables. Auditory Processing Disorder, a problem with the way the brain processes the sounds a person takes in. It is not caused by hearing impairment. People with this disorder may have trouble: learning to read, distinguishing sounds from background noise, following spoken directions, telling the difference between similar-sounding words, remembering things they have heard. Visual Processing Disorder, trouble interpreting visual information. They may have a hard time with reading or telling the difference between two objects that look similar. People with a visual processing disorder often have trouble with hand-eye coordination.

Tchombe (2019) postulates that, linguistic and cultural differences, inadequate instruction, and/or social-emotional deprivation do not preclude the possibility that an individual also has a learning disability. Similarly, individuals with other handicapping conditions, such as mental retardation, sensory impairments, autism, or severe emotional or behavioral disturbances may have concomitant learning disabilities. Diagnostic judgments must not depend solely on test results. Such a practice can cause over-reliance on test scores, inadequate consideration of individual behavioral and social characteristics, and insufficient integration of other assessment information. Discrepancy formulas must not be used as the only criterion for the diagnosis of learning disabilities. Scores on intelligence tests (IQs) are not the only reflection of intellectual ability. Diagnostic criteria based exclusively on IQ disregard intra-individual differences in skills and performance. Manifestations of learning disabilities, such as language impairment, can reduce performance on intelligence tests. Therefore, selection of tests and interpretation of results must acknowledge the influence of specific disabilities on intelligence measures.

*A comprehensive assessment is needed for diagnosis and for planning an appropriate intervention program.* Assessment includes a variety of activities and procedures intended to ensure a comprehensive set of data for determining an individual's status and needs. The procedures used to assess learning disabilities should address the presenting problems. A comprehensive assessment must include procedures to determine levels of performance in the following domains: motor, sensory, cognitive, communication, and behavior. When a learning disability is suspected, the following areas should be assessed: listening, speaking, reading, writing, reasoning, mathematics, and social skills. However, the assessment must focus on the presenting problem(s) and possible correlate(s). Data from case history, interviews, and direct observations are important sources of information especially when provided by parents, educators, and the individual with the suspected learning disability. The information helps to evaluate signs, symptoms, and behaviors in a historical perspective. Standardized tests must be reliable, valid, and have current normative data. Strict adherence to procedures for administering, scoring, and interpreting tests must be maintained (Thorvilson, 2014). Performance should be expressed in

scores that have the highest degree of comparability across measures, that is, standard scores should be used rather than grade or age equivalents. Formulas must include a correction for regression if used to calculate a discrepancy between aptitude and achievement. Curriculum based assessment; task and error pattern analysis, diagnostic teaching, and other non-standardized approaches are viable sources of additional information, especially when data are not available through standardized testing. Information and data collected during the assessment must be used to formulate the intervention plan. That plan must address the entire range and all degrees of severity of the problem identified. Intervention and services should be based on a determination of the individual's present level of performance and functional needs. Program planning should include appropriate provisions for social, personal, vocational, and independent living needs (Rivera, 2016).

A multidisciplinary team is essential for making a diagnosis of learning disabilities. Members of the team must possess the range of competencies necessary to assess and make diagnostic decisions. Assessment data for determining the individual's status and needs are derived from multiple sources. The multidisciplinary team reviews, integrates, and interprets results from these sources, and formulates service options as well. Individuals who have conducted the assessments must be present when the diagnostic decisions are made. As plans for specific programs and services are developed, parents and those professionals involved in providing direct services should be included on the team. The individual with a learning disability also should be included when appropriate (Thurlow, Lazarus, Thompson, & Morris, 2005).

American Psychiatric Association (2013) recommends that, diagnosis of learning disabilities should never be denied to an individual because the specific eligibility criteria for a given program have not been met. When a diagnosis of learning disabilities is made, appropriate services must be provided. Programs for individuals with learning disabilities should not be used as placement alternatives for those with other learning and behavioral problems. The availability of funding must not influence the determination of eligibility for services. It is improper to deliberately diagnose an individual as teach disabled to generate funds. When a learning disability is not detected early, diagnosed correctly, and treated effectively, it can cause a number of other problems. These additional difficulties may be emotional, and a child can show signs of sadness, frustration, or disappointment. Behavior problems like acting out might occur. Or the learning problems may show up within the family, causing, for example, misunderstandings, increased stress, or blaming others. Studies show that among children whose families seek professional help for emotional or behavioral problems, 30 to 50 percent of them have learning disabilities.

### **Learning Disabilities Diagnostic Process**

The first part of determining whether your child has a learning disability according to Individuals with Disabilities Education Act (IDEA) is the testing process. The learning disability testing process usually begins when a child has problems with academics or behavior in school. Typically, when a child has problems learning to read, write, perform math skills, understanding spoken language, or expressing himself, a learning disability may be a possible cause. In most cases, a parent's first encounter with special education happens when a child is not progressing and a learning disability is suspected. Usually, parents notice early signs of a learning disability and contact the school for assistance. As part of the requirements of the Individuals with Disabilities Education Act, schools are required to implement a system of interventions before evaluating a child for a disability. This process is called response to intervention, or RTI. Initially, teachers may meet with the parent and implement interventions before referring a child for learning disability testing. In fact, all of the decisions regarding testing or educational program planning for children with disabilities take place during a process of formal meetings, sometimes called the Individual Education Program (IEP) team meetings (IDEA). Whatever the case learning disability diagnosis implement the following steps as stipulated by National Center for Learning Disabilities (2006):

The first step in the special education process is determining your child has a learning problem and needs help. At this point, it may not be clear whether the child actually needs special education, but there are ongoing problems with learning that need assistance. Usually, schools will attempt to provide academic assistance prior

to going further with the special education process. In many cases, this will resolve the problem, and no further action is needed. For children who continue to struggle, however, schools will proceed to step two.

**Referral for Evaluation:** A parent or the child's teachers may feel it is necessary to **evaluate** the child to determine how severe his learning problems are and whether a disability exists. The decision to evaluate is made during a **special education** meeting where **parents are advised of their rights** and are asked to sign a formal consent for evaluation. All special education meetings must be held at a mutually agreeable time and place for the parents and committee members. Parents must be given adequate notice to enable them to attend. Parents must be informed of who will attend and the purpose of each special education meeting. If the committee agrees, and the parent gives consent, the child is then evaluated in a process that involves several types of tests. The school has sixty days to complete the evaluation and special education placement if the child qualifies. If the parents disagree with the results of the evaluation, they may request a full independent educational evaluation at the school's expense.

**Eligibility Is Determined:** The child's special education team, including the parent, will convene a meeting to review the results of the evaluation and determine whether the child meets the state's regulatory guidelines for diagnosis with a disability. If parents do not agree with the decision of the committee, they may request mediation, file a formal complaint, or request a due process hearing.

**When a Child Is Eligible:** If the child meets the eligibility criteria, and the committee agrees the child has a disability, the school must develop an individualized education program (IEP). The IEP must be developed within the original 60-day timeline and no more than 30 days after the child is determined eligible for special education services.

**An IEP Meeting Is Held:** The committee, including the parent, meets to develop the IEP. Schools may develop a draft IEP and bring it to the meeting, but the IEP is not finalized until the meeting is held and the committee members have input into the document.

**The Committee Finalizes the IEP and Decides Placement:** Once an agreement on the content of the IEP is reached, the committee determines the most appropriate placement for the child. Placement can range from a fully inclusive program in the regular classroom to pull out services in a special education program. In rare cases, students may be served in special schools or hospitals. The parent is asked to sign consent for the agreed-upon services to be provided.

Ioannidi, & Samara (2019) holds that, learning disability testing is a complex process of gathering information in all areas related to a student's suspected learning disability. IDEA require that no more than 60 days should elapse from the time a pupil is referred for testing until the time the IEP is developed. Learning disability testing provides important information about the child's suspected disability, and if the child qualifies, the testing provides specific data for use in developing an IEP. Depending on the area of disability and the unique questions surrounding each child, the learning disability testing may include a review of educational records, observations of the child, review of student work, or medical, vision and hearing tests. School officials may also collect the developmental and social history of the child and evaluate the child's fine and gross motor skills. Other areas to be assessed include adaptive behavior, speech, and language. The child may also take intellectual ability or "IQ" tests, academic skills tests, social and emotional testing, behavioral testing and psychiatric testing (in rare instances). Testing may be provided by a variety of professionals as needed by the IEP team such as teachers, educational diagnosticians, school psychologists, speech pathologists, medical professionals, occupational and physical therapists, and counselors. IEP team members review the information from the testing results and use the findings to determine if the student's scores and other test results meet eligibility criteria for a learning disability established by the state. If the child qualifies, they determine the diagnosis, develop an IEP and determine what specially designed instruction is needed. In contrast, if the child does not qualify, they determine what other program, supports or instructional interventions are available for assistance.

While a child's teacher or tutor may be able to screen for possible difficulties in any given academic area, it is important that the actual diagnostic process be undertaken by a specialist in the area. This involves a Psychologist (preferably with educational and/or developmental training) in the identification of specific learning disorders. It is important that a practitioner who is qualified to administer the range of standardised assessment tools required making a diagnosis make the diagnosis. Depending on the assessment required, these tests may include standardised measures of: intellectual ability and cognitive skills; expressive and receptive language ability; underlying processing strengths and weaknesses; and, academic achievement across a range of domains; assessed under a range of conditions (e.g. timed versus untimed). In order to administer these tests, expertise in test administration and registration with a regulatory body, is required. Someone who assesses vision, hearing, movement or any other skill in isolation cannot make the diagnosis of a specific learning disorder (Logsdon, 2020).

### Understanding the context

Basic education is defined as primary level education. It is an evolving program of instruction that is intended to provide students with the opportunity to become responsible and respectful global citizens, to contribute to their economic well-being and that of their families and communities, to explore and understand different perspectives, and to enjoy productive and satisfying lives. Basic education is the basic and foremost right of every child. The availability and provision of general education to the child is not only the responsibility of government but also of parents and households. Basic education brings awareness among the masses, opens avenues for opportunities as well as self-advancement and improvement and reduces chronic and inter-generational poverty. As a first step in the creation of welfare and just society, universal basic education is an absolute pre-requisite for sustainable development. In order to compete with the surrounding world, children are prepared from very early childhood. The first six years of a child's life are globally acknowledged as being the most critical years for lifelong development since the pace of development during these years is extremely rapid. This is why basic education is very necessary for all to go ahead in life and get success. It develops confidence and helps to build the personality of a person (Sen, 2005).

Basic education can have a powerfully preventive role in reducing human insecurity of nearly every kind. The most basic issue relates to the elementary fact that illiteracy and innumeracy are forms of insecurity in themselves. Not to be able to read or write or count or communicate is a tremendous deprivation. The extreme case of insecurity is the certainty of deprivation, and the absence of any chance of avoiding that fate. The first and most immediate contribution of successful school education is a direct reduction of this basic deprivation - this extreme insecurity - which continues to ruin the lives of a large part of the global population. Basic education can play a major role in tackling health problems in general and epidemics in particular. It is easy to see the importance of specialised health education (for example, on the way infections spread and how diseases can be prevented). But even general education can broaden a person's lines of thinking and generate social understanding in ways that may be extremely important in facing epidemiological problems (Sibuyi, 2016).

Nelson Mandela says "Education is the most powerful weapon which you can use to change the world." The nature of education is quite central to peace in the world. The importance of non-sectarian and non-parochial curricula that expand, rather than reduce, the reach of reason can be hard to exaggerate. Shakespeare talked about the fact that "some men are born great, some achieve greatness, and some have greatness thrust upon them." In the schooling of children, we have to make sure that we do not have smallness thrust upon the young. In promoting friendship and loyalty, and in safeguarding the commitment to freedom and peace, basic education can play a vital part. This requires, on the one hand, that the facilities of education be available to all, and on the other, that children be exposed to ideas from many different backgrounds and perspectives and be encouraged to think for themselves and to reason. Basic education is not just an arrangement for training to develop skills (important as that is), it is also a recognition of the nature of the world, with its diversity and richness, and an appreciation of the importance of freedom and reasoning as well as friendship. The need for that understanding - that vision - has never been stronger (Casoojee, 2014).

The Cameroon basic educational system upholds education as a national Priority as such calls for; the institutionalization of the promotion of equal opportunities for every Cameroonian, obligatory character of

primary education and free primary education in public schools. This means that public authorities have the obligation of putting in place, all over the national territory, effective conditions for the implementation of this constitutional prescription. Thus by way of legislation or regulatory, the state, defines the system of education; decides on the programme, contents, text books to used; as well as decides on the systems and evaluation modalities of pupils, organises all national official examinations, and draws up the academic calendar for the entire country. As such if there has to be any modifications, it must be instituted by the state the cry of this study (Cameroon sector wide approach, 2006)

In Cameroon there are a few model government schools (from primary to university) now which accommodate all abilities (inclusion). This is because though the laws and policies encourage the implementation of inclusion these documents do not spell out inclusive practices to be implemented in schools. The UN's children's agency holds about 23% of children aged between two and nine in Cameroon have at least one type of disability. Most children with disabilities are less likely to start school than their peers without disabilities and have lower rates of staying and being promoted in schools (UNESCO 2013).

Laws and legislations have been established to improve on access to education and equality issues relating to persons with disabilities and others in disadvantaged situations. For example, Law N° 83/013 of 21st July 1983 relating to the protection of handicapped persons followed by its text of application put in place in 1990. Measures were undertaken in 1998 after the Education Forum of 1995 to promote the educational rights of children and particularly those with disabilities. On this account Law N° 98/004 of 14th April 1998 laying down guidelines for education in Cameroon was promulgated and in section 6, it states that, the State shall guarantee the right of every child to education. In most recent times a very important law was enacted. Law No. 2010/002/0f 13 April 2010 addressing the provision of special education, psychosocial support, socio-economic integration, medical prevention and access to employment, infrastructure, housing and transport for persons with disabilities. Despite these laws, access to education in the North West and South West (English-speaking) Regions of Cameroon has deteriorated since November 2016 due to deepening political crises, as well as in the Far North region due to repeated sporadic attacks by the terrorist group Boko Haram. As a consequence of the ongoing civil unrest, there are many internally displaced persons from the affected regions who have sought academic refuge in the parts of the country that are stable. Most of them are exposed to new challenges in their new environments; those who choose to stay behind are equally exposed to daily security challenges while their morale runs down. Overall, this plays negatively on their academic performance in final year certificate examinations as well as lead to an uprise in various forms of disabilities and psychosocial disorders in the country. This therefore calls for the establishment of an assessment and diagnostic protocol that will lead to appropriate intervention.

The transience of special education policies and of public governance policies in general, is manifested not only in jurisdictions that lack a strong legislative base, but also in jurisdictions that report a poor correlation between educational policy and practice. Pupils with learning disabilities and other psychosocial disorders in Cameroon's institutions are facing a major setback because of the lack of specific diagnostic protocol for their identification. The unpreparedness of teachers and the absence of special educators as well as educational psychologist and counsellors in our basic educational institutions hamper the effective identification and inclusion of these learners (Tchombe 2019).

This study set out to investigate if there were any established diagnostic protocol in basic education institutions for the identification of pupils with learning disabilities in our public primary schools. The following research questions were raised:

1. What are the laid down principles for admission into basic education?
2. Are there students with learning disabilities in your institution? If yes what are the categories?
3. What strategies did you use in identifying them?
4. What were the challenges you faced in identifying them and what do you think can be done to remedy these challenges

Five schools from two subdivisions in the North West and South West regions of Cameroon were consulted for this study as seen in table1 below.

**Table 1. showing schools and sample population for the study**

Buea subdivision		Bamenda III subdivision	
Name of School	No of head teachers	Name of School	No of teachers
Government practicing school Buea town 1 and 2	02	Government practicing school up station Bamenda 1 and 2	02
Government practicing school Bokoko 1 and 2	02	Government school mile 3 Bamenda	02
Government school Muea 1 and 2	02		
<b>Total</b>	<b>06</b>	<b>Total</b>	<b>04</b>
		<b>10</b>	

From table one we recognized that 10 head teachers were selected purposively to participate in this study. This is because the researcher wanted to work only with head teachers from government primary schools in the Two English speaking regions whose teachers have knowledge of special education. From the South West region, 6 head teachers were interviewed from; Government practicing school Buea town 1 and 2, Government practicing school Bokoko 1 and 2. From the North West region 04 head teachers were selected from; Government practicing school Up Station Bamenda and government school mile 3 Bamenda. Being a qualitative study the researcher used the phenomenology design and sampled 10 head teachers as participants in the study. The researcher with the aid of an interview guide conducted interviews with all 10 head teachers.

The findings obtained from the study for objective one, which was to find the laid down principles for admission into primary schools in Cameroon. The responded declared as seen on the table below.

**1. What are the laid down principles for admission into primary schools in Cameroon?**

**Table 1: Laid down principles for admission into primary schools**

Question	Response
What are the laid down principles for admission into primary schools in Cameroon?	The age range for entering into primary one is 5years of age. No major issues as long as the child is of age 5 and has no major challenge disability issues are left at the discretion of the head teacher. In government schools, primary education free for all children in Cameroon but the child must be within the stipulated age bracket
What if the child has a disability?	The law calls for equal educational opportunities for every Cameroonian however the authorities have the obligation of putting in place effective conditions for its implementation apart from this there are no other laid down principle for admission specifically for pupils with disabilities
Is there any admission test for pupils?	None

Table 1 above brings out the principles stated by the states concerning admission of pupils into primary schools. The head teachers disclosed that the main principle is that age of the learners. The law states that head teachers should implement age appropriate placement. For a child to gain admission into any class in the public primary institution in Cameroon, such a child must be within the age range of 5-11years. This is confirm by the stipulators of the Sector wide approach (2006) and the Cameroon Education Fact sheet report of 2019 where they stated that in government schools, primary education is free for all children (for children aged 5-11) since the year 2000 though parents pay minimal Parent-Teacher Association (PTA) levies. Thus, there are no restrictions to admission, no principles for assessment and diagnosis for eligibility of any form of disabilities. As far as the admission of learners with disabilities is concern the respondents said, the law calls



for equal educational opportunities for every Cameroonian however the authorities have the obligation of putting in place effective conditions for its implementation apart from this there are no other laid down principle for admission specifically for pupils with disabilities.

Harberson (2017) holds that all institutions whether public or private should have admissions policies dealing with what they are looking for and how admissions will be conducted. Admission principles ensure transparency and nondiscriminatory practices, equality of opportunity and access, entry requirements that ensure realistic self-appraisal and understanding of one's strengths and weaknesses; and acknowledges the importance of support resources, which eliminate every threat of dropout. Admission principles will enable the institutions to put in place comprehensive, sustained, high quality curriculum interventions, which develop pupils' general academic and cognitive skills, their language competence and their capacity for self-directed learning, thus ensuring such pupils' eventual success in their education. Therefore, admission principles define the practice that goes on in the institution.

## 2. Are there students with learning disabilities in your institution? If yes what are the categories?

**Table 2: Types of learning disabilities found in the school sampled for the study**

SN	Category	N %
1	Cannot read (dyslexia)	(43) 43%
2	Cannot attend to fact (attention deficit)	(22) 22%
3	Cannot solve mathematical problems (dyscalculia)	(10) 10%
4	Cannot spell (spelling disorder)	(7) 7%
5	Cannot understand (comprehensive disorder)	(7) 7%
6	Difficulties recalling (memory deficit)	(7) 7%
7	Writing difficulties (dysgraphia)	(4) 4%

**Source: Study (2021)**

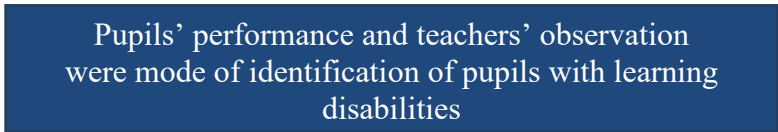
From the findings of the study the following categories of learning disabilities were found in the sampled schools; children with reading difficulties 43%, attention deficit 22%, mathematical difficulties 10%, spelling, comprehension and memory difficulties they were 7% each and 4% for those with writing difficulties. The children were identified using: teachers' observation and pupils' performance. According to the head teachers, these learners exhibited these difficulties over a period of over six months consistently. It is glaring from table 2 above that almost all the categories of learning disabilities are found in our Cameroonian primary schools. These ones were identified via teachers' observations and classroom performance, which could be wrong if proper diagnosis is conducted as well as it, could be true and even bring out other categories of learning disabilities found in our schools.

According to Bender, (2011), learning disorders are very common among primary school pupils and failure to identify it at this early stage creates a platform for school dropout. Learning disability is a complex disorder where a child has normal IQ and has no physical or emotional problems, yet suffer from learning disorders and their educational and learning performance are considerably different from what is expected from them. Many of these students become disappointed because they fail to succeed in their education and eventually quit school early and if their problems are not recognized and suitable intervention programs are not provided, the risk of some disorders like depression, anxiety and delinquency increases for these children.

The prevalence rate of learning disability in primary school going children ranges from 2% to 20% as such it is necessary to raise the awareness of teachers in primary schools this phenomenon and build their capacity for identification and preliminary intervention. This is because early diagnosis not only improves the child's ability to reach their academic potential, but also prevents the development of low self-esteem and behavior problems that further interfere with their ability to learn. Without early diagnosis, the potential to develop the

skills they need to have a normal, successful life as an adult can be greatly reduced. (Mercer and Powlen 2011). However, to realize successful early identification of learning disabilities leading to early intervention, fundamental factors like teacher training in Special Needs Education, teacher-pupil ratio and teacher parent relationships are worth considering.

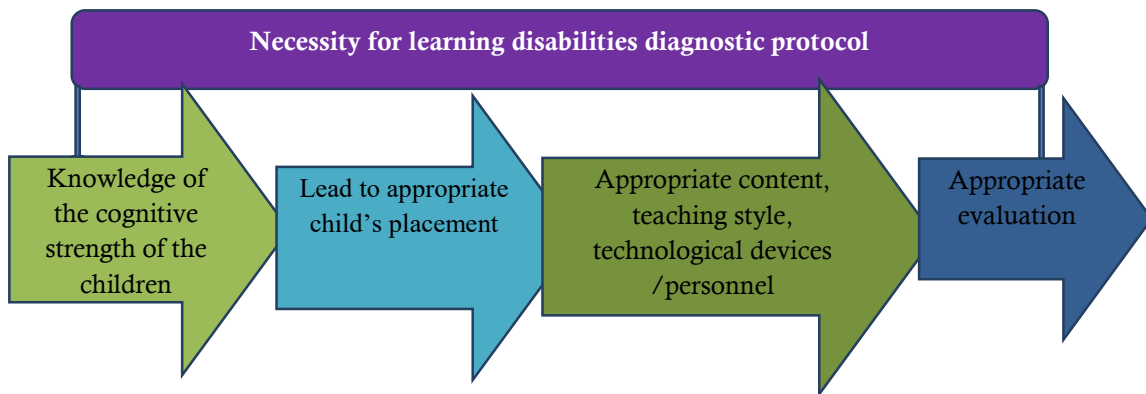
**3. Strategies use in identifying learning disabilities in pupils in ten primary schools.**



**Figure 1: Indicates the strategies used and challenges faced in identifying**

According to the head teachers sampled in this study they made use of just two methods pupils' performance and teachers' observation to identify learners with learning disabilities. There are no established diagnostic centers, no recommended diagnostic tools, no personnel, no laid down diagnostic methods in our public primary schools in Cameroon. Adolphus (2009) calls on institutions to strive to use assessment methods that are reliable and valid in order to minimise barriers to applicants. She holds that, too much attention no cognitive skills risks missing out on qualities which help make pupils successful for example, leadership and interpersonal skills, intellectual interest, the ability to understand knowledge in context, physical and psychological health, and social responsibility are major areas to be tested upon admission not just cognition.

**4. The necessity for learning disabilities diagnostic protocol as depicted by the head teachers.**



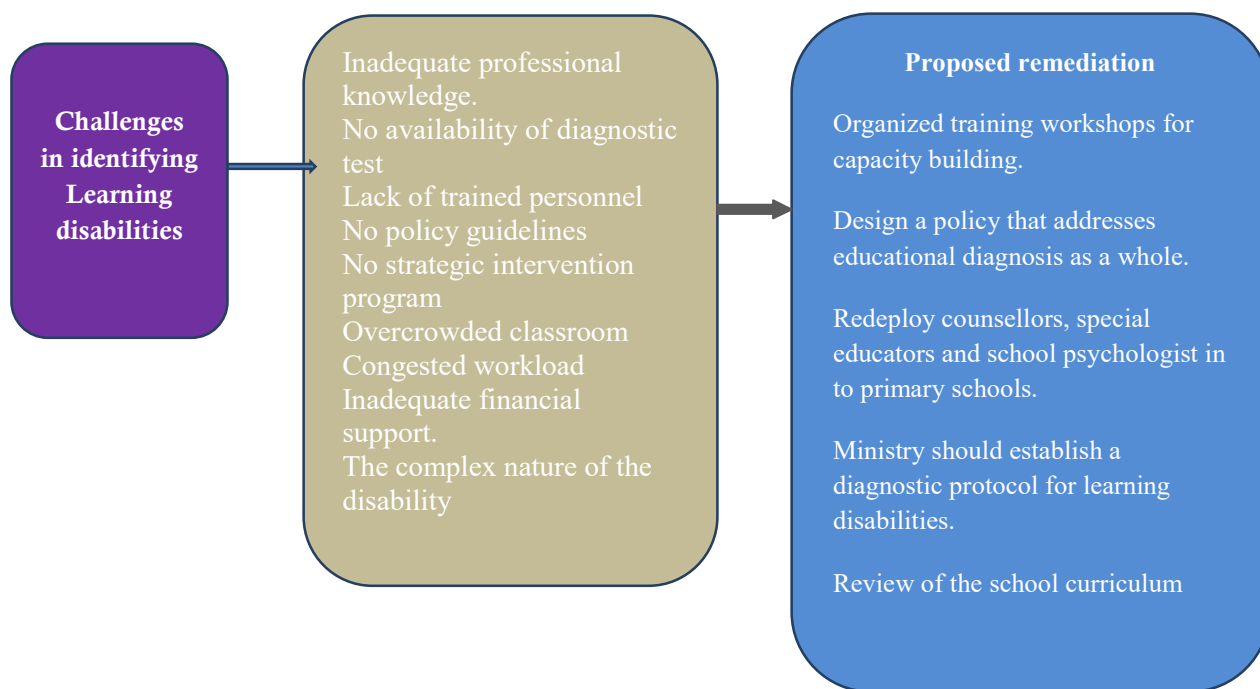
**Figure 2: necessity for the establishment of a diagnostic protocol.**

Figure 2 above points us to the major reasons for the establishment of a diagnostic protocol in public primary schools in Cameroon. the diagnostic protocol will enable schools to establish a valid knowledge of pupils cognitive strength, lead to appropriate placement of pupils, establishment of age appropriate and individualize content, teaching style, technology and personnel as well as appropriate and individualize and differentiated evaluation.

This finding corroborate with those of Bender, (2011) who states that the purposes of assessment, is to support learning; establish accountability; for certification, monitor progress, enjoy appropriate attention and to support quality education. Assessment also aid at finding out whether a pupil has a special learning need. Pupils' current capabilities, skills, and needs and facilitate the identification of appropriate programming and services that will meet a pupil's individual needs. Early diagnosis not only improves the child's ability to reach their academic potential, but also prevents the development of low self-esteem and behavior problems that

further interfere with their ability to learn. Knowing how to identify and work with your pupils' learning problems is important because if they go unidentified and unaddressed, they may spend their school years feeling stupid, struggling with their schoolwork, or disliking school. They may feel that their work is never going to be good enough so they stop trying. They may seem to stare off into space, not attending to your instruction. They may constantly interrupt the class. Ultimately, they may not be able to get into the college of their choice or get the job of their choice (Harberson, 2017).

### 5. Challenges in the identification of learning disabilities in primary schools



**Figure 3: challenges faced by head teachers in the identification of learning disabilities and proposed remediation**

The following were identified to be the major challenges in identifying learning disability in our Cameroonian public primary schools: inadequate professional knowledge, no availability of diagnostic test, lack of trained personnel, no policy guidelines, no strategic intervention program, overcrowded classroom, congested workload, inadequate financial support, the complex nature of the disability. Ahmad (2015) holds that, the primary issues in the identification and assessment of Learning Disability appear to be the construction and validation of identification tools, identification criteria, identification of reasons for the occurrence of a particular Learning Disability, identification of co-occurrence of other deficits along with Learning Disabilities in an individual, the implications of Learning Disabilities on the educational, personal and social life and intellectual functioning of an individual, the probable causes of the deficit and the need and relevance of specific interventions and effect of remediation on an individual with Learning Disabilities. The issues that in particular make identification and assessment of children with Learning Disabilities in Cameroon difficult and challenging and that need to be addressed for timely treatment and remediation of the children are:

The identification of Learning Disability has been under much dispute owing to the lack of an agreed upon definition of Learning Disability and a clear objective identification criteria. Previous methods for identification of children with reading difficulties are also found to suffer from lack of a theoretical foundation and supportive evidence for validity, which was responsible for the unnecessary delay in identification.

National Joint Committee on Learning Disabilities (1990) identified the following:

- **Lack of Awareness and Policy Recognition:** The understanding of Learning Disability in Cameroon has been dependent on Western literature and the practices of assessment and remediation are influenced overly and often inappropriately by western thought, practice and materials.
- **Lack of adherence to a consistent definition of Learning Disabilities** to emphasize on the intrinsic and life-long nature of the condition. The understanding, acceptance, and willingness to accommodate normal variations in learning and behavior.
- Insufficient competent personnel and appropriate programs to support the efforts of teachers to accommodate the needs of children who do not have Learning Disabilities but who require alternative instructional methods. Insufficient supply of competently prepared professionals to diagnose and manage exceptional individuals.
- False belief that underachievement is synonymous with Specific Learning Disability. The incorrect assumption that quantitative formulas alone can be used to diagnose Learning Disabilities.
- Failure of multidisciplinary teams to consider and integrate findings related to the presenting problems. Comprehensive assessment practices, procedures, and instruments necessary to differentiate Learning Disabilities from other types of learning problems and preference for the label "Learning Disability" over "mental retardation" or "emotional disturbance," which leads to the misclassification of some individuals, are the primary issues in the identification of Learning Disabilities

**Lack of Proper Diagnosis and Timely Intervention:** there is lack of clear consensus on the diagnosis of Learning Disability, as to whether it should be split into different subtypes, and also if the methods for teaching Dyslexic children areas appropriate as those for teaching other poor readers. The different Specific Learning Difficulties manifesting in an individual may result due to an overlap of a mixture of symptoms depending on which the individual may have Dyslexia, Dyspraxia, Dyscalculia or Dysgraphia or a combination of these Verma (2008).

**Lack of Teacher Awareness and Competency:** In Cameroon, Learning Disability unfortunately lacks recognition as a disability, with 'little knowledge even amongst the of major stakeholders of Education who are known to express doubts at the existence of any such disability. The acute lack of teacher awareness, assessment procedures or indigenous tools for assessment of processing deficits, intelligence testing and testing for proficiency in reading and writing further complicates the inherent complexities of the notion of Learning Disability. Owing to the lack of proper training in the area, lack of familiarity with reading process and areas of reading skills which require assessment, creativity and 'trial and error' is what guides the course of remediation(Mirchandani, 2006).

**Lack of Standardized Tests for Assessment:** The complexity of reading processes and their underlying relationship with language pose problems for the assessment of reading and reading disorders. Generally, psychometric and criterion-oriented approaches are used for the assessment of Learning Disabled children which often obscure the actual impairment of various skills, the knowledge of which is vital for the planning of an effective programme of Remedial education (Ahmad, 2015).

**Lack of an Alternate System of Education:** Lack of an alternate system of education for children with Learning Disabilities and certain preferential choices of parents of Learning Disabled pupils for certain subjects and training options is another hindrance in the access to need-based education of children with Learning Disabilities. Since children with Learning Disabilities and slow learners find learning difficult because the regular school evaluation system does not allow a range of choice of subjects for them to choose from (Khursheed, 2014).

The following were identified as strategies to help remediate the identification challenge in Cameroon; organization of training workshops for capacity building on knowledge and skills for the identification of learners with learning disabilities. Design a policy that addresses educational diagnosis as a whole. Redeploy counsellors, special educators and school psychologist in to primary schools. Ministry should establish a diagnostic protocol for learning disabilities and lastly the need to review the school curriculum for basic

education. These suggestions are supported by Khursheed (2014) who states that prior to the conduction of a specialized evaluation of a student, pre-referral discussions by teachers regarding the nature of the learning problems, informed consent of the parents of the learning disabled student and the possible instructional modification in the classroom need to be ensured. The child be assessed in all areas related to the disability suspected, including the family history of the disability, health check-up, level of vision, hearing, the social, psychological and emotional status, general intelligence, academic performance, communicative status, and motor abilities. An ideal assessment for Learning Disability may be a long-term process requiring several sessions with a qualified educational psychologist.

Apart from the administration of a battery of tests in assessment, relevant information about the child should be gathered by psychologist from the teachers and school performance and academic achievement records through observation, interviews, tests, curriculum-based assessment and discussions with the parents, peers, teachers and school staff to understand the strengths and weaknesses of the pupil which can help in their proper assessment. This information can be synthesized to determine the specific nature of the student's special needs, the requirements of special services if needed, and in designing an appropriate intervention.

### Recommendation

- The ministry of basic education in Cameroon should establish a protocol of assessment wherein the steps of identification are presaged clearly alongside the various professionals to coordinate the process and actually conduct early identification and assessment of children with special needs.
- Create an inter-ministerial sector with representatives from the ministries of education, health, social affairs and other ministry involve in disability issues to create awareness on the part of the public concerning the causes of disabilities to facilitate prevention. Collect data on existing disabilities and ascertaining the need to provide special needs education and formulate policies on how to integrate learners with special needs into the regular schools for early intervention.
- The government of Cameroon should establish an Educational Diagnostic, Assessment and Resource Centers (EARCs) where indebt diagnosis are conducted, intervention programs formulated and a classroom support plan is developed (A Classroom Support plan runs for an agreed period of time and is subject to review) for those pupils who do not respond appropriately to the differentiated programme.
- The ministry should also establish and ensure means of identification and assessment that are indigenous and easily adaptable in the country that can help in addressing the differences in a just and need-based manner and making learning barrier-free, inclusive and accessible to all. They should certify the tools to be use for diagnosis and establish the process such as:
  - Parental consultation
  - Teacher observation records
  - Teacher-designed measures/assessments
  - Basic needs checklist
  - Learning environment checklist
  - Pupilschool Checklist
  - Literacy and numeracy tests
  - Screening tests of language skills

Capacity building workshops for the training of teachers on the concept of learning disabilities as well as basic screening abilities. This is because the primary identification of Learning Disabilities is done usually at schools by the teachers, through observation, assess the need for diagnosis and then refer to the special educators (or counselors in absence of special educators in the school) who try to identify the traits of the disorder present in the child.

## Conclusion

Pupils with Learning Disabilities have special needs in academic, behavioral, physical, and social performance and hence require need-based adaptation of classroom procedures for effective academic instruction. To address the educational needs of these learners, it is essential to establish an appropriate protocol for the practice of early and timely identification, assessment and remediation in order to help minimize its effects since it manifests itself in multiple forms. Appropriate and effective early intervention, phonological instruction, and continuous and intensive support, Policy recognition of Learning Disability, extension of equitable access to facilities and assistance in learning, adequate research on the identification, treatment and remediation of this effects of this 'invisible disability' can help sought out a direction to address the problem.

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