CHAPTER 3
THEORY AND METHODS OF VOCATIONAL EDUCATION

ORGANIZATION OF AN INCLUSIVE EDUCATIONAL ENVIRONMENT FOR PRIMARY SCHOOL STUDENTS WITH INTELLECTUAL DISABILITIES: THE EXPERIENCE OF UKRAINE

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Abstract. *This article provides a comprehensive analysis of the organizational framework for inclusive education for primary school students with intellectual disabilities in Ukraine. This analysis is situated within the context of the country's ongoing integration into the European educational space and a fundamental national shift from a segregated, medical model to a rights-based, social model of disability, spurred by the ratification of the UN Convention on the Rights of Persons with Disabilities. The primary objective is to theoretically examine the principles, evolving legal structures (e.g., the Law "On Education"), and practical challenges associated with establishing effective inclusive learning environments for this diverse student population. Utilizing a theoretical review methodology, the study first delineates the heterogeneous nature of intellectual developmental disorders, outlining the distinct cognitive, communicative, and adaptive profiles ranging from mild levels, where students can master a modified academic curriculum, to severe and profound levels, where educational goals prioritize social adaptation and essential self-care skills. The research then details Ukraine's multi-level system for organizing inclusive education, which operates at three interconnected levels: 1) a national management level responsible for policy, funding, and quality assurance; 2) a regional diagnostic level, centered on Inclusive Resource Centers (IRCs) that conduct comprehensive assessments using standardized international tools and provide crucial recommendations for support; and 3) a local implementation level within schools, where a multi-disciplinary support team (including teachers, specialists, and parents) develops and executes a dynamic Individual Development Program (IDP) for each student. The analysis culminates in evidence-based recommendations for educational practice, including the critical use of visual supports, structured activity variation, content chunking, differentiated goal-setting, and connecting learning to real-life contexts to facilitate skill generalization. The study concludes that while Ukraine has successfully established a robust legal and organizational framework, its practical success hinges on the high-fidelity implementation of individualized support. The IDP and the collaborative functioning of the school-based support team are identified as the most critical elements for translating policy into meaningful educational outcomes.*

Keywords: *inclusive education, intellectual disability, primary school, psycho-pedagogical support, Individual Development Program (IDP), educational policy, Ukraine.*

JEL Classification: I240, I280, H750

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Introduction. Ukraine's ongoing integration into the European educational space and the adoption of an inclusive approach have initiated profound transformations within its educational paradigm. This shift involves a societal reorientation from a medical model of perceiving individuals with special educational needs towards a social model. The social model is grounded in the realization of every child's right to education, irrespective of their abilities or achievements. The legal framework for this inclusion is established in the Constitution of Ukraine (Article 53, which guarantees the right to education for all and mandates complete general secondary education), the Laws of Ukraine "On Education" and "On Complete General Secondary Education," and the ratified UN Convention on the Rights of Persons with Disabilities.

Historically, primary school students with intellectual disabilities were educated exclusively in segregated settings, such as special educational institutions. Today, these students have the right to receive education not only in specialized schools but also within inclusive classes of general secondary education institutions.

The process of adaptation for any child entering a new school environment is a significant challenge. Typically developing children entering primary school experience an age-related crisis associated with adopting a new social status and adjusting to new learning conditions. Children with intellectual disabilities face similar psychological challenges, but their adaptation is further complicated by features of their dysontogenesis, which creates additional barriers to their inclusion in the general education space. The multifaceted nature of intellectual disability, combined with modern societal trends towards social inclusion, underscores the relevance of establishing an effective inclusive environment for this category of students in secondary education.

Literature review. Recent scholarly discourse on inclusive education for students with intellectual disabilities has shifted toward the examination of systemic frameworks, evidence-based outcomes, and the professional competencies of educators. International and Ukrainian research demonstrates a transition from general policy considerations to focused analyses of practical implementation models and measurement tools.

Amor et al. (2021) provide an international perspective by articulating two dominant frameworks: the support paradigm and the quality-of-life model. These frameworks advocate for a systemic approach to inclusive education that considers access, participation, learning, and development as integral to achieving equitable, high-quality outcomes. Their emphasis on quality of life as an evaluative criterion signifies a broader shift toward holistic, person-centered educational strategies.

In Ukraine, these paradigms are increasingly embedded within the national educational reforms. Stebliuk (2023), in a foundational textbook aligned with the "New Ukrainian School" initiative, presents detailed theoretical and practical guidance for inclusive teaching in primary schools. The text outlines specific pedagogical techniques and integrates both conventional and innovative methods suited to students with intellectual disabilities, thereby operationalizing global principles within local contexts.

Further attention has been directed toward the role of educators in facilitating inclusion. Shulzhenko and Stavska (2024) analyzed the remedial and supportive functions undertaken by primary school teachers in inclusive classrooms. Their work proposed a structured methodology for developing the core competencies required for educators, asserting that effective inclusion is directly tied to teacher preparedness and professional development.

The emphasis on measurable outcomes in inclusive settings has also expanded. Amor et al. (2024, in press) evaluated the application of a Quality-of-Life Index tailored for primary school students with intellectual disabilities in inclusive environments. The study validated the index as a practical and psychometrically sound tool for identifying targeted strategies to enhance student well-being. This contributes a rigorous means of evaluating program effectiveness beyond physical integration.

Ukrainian research has also provided extensive insights into the psychophysiological traits of children with intellectual disabilities. Notable contributions have been made by scholars such as Bondar, Bekh, Yeremenko, Zasenko, Kolesnyk, Kostenko, Maksymenko, Myronova, Morhulis, Piontkivska, Rozhdestvenska, Seletskyi, Synov, Stadnenko, Suprun, Teplytska, Turchynska, D. Shulzhenko, and Yarmachenko. These studies offer a comprehensive view of intellectual disability as a stable impairment of cognitive function caused by diffuse organic brain damage. Foundational clinical criteria include significant intellectual deficit, irreversibility, and the presence of cerebral cortex damage (Bondar, 2003; Haiash, 2021; Myronova, 2015; Synov, 2008).

Together, this body of literature outlines a developmental arc in inclusive education research—from the formulation of conceptual models, through pedagogical application and teacher training, to the empirical measurement of outcomes. The current study builds upon this trajectory by proposing a synthesized organizational system for inclusive education in Ukraine that integrates these international and domestic insights.

Aim. To conduct a theoretical analysis of the principles and challenges of organizing an inclusive educational environment for primary school students with intellectual disabilities within Ukrainian secondary education institutions.

Methodology. This study employed a theoretical review methodology to analyze the organization of inclusive education for primary school students with intellectual disabilities in Ukraine. The research involved a critical analysis and synthesis of a wide range of sources, including academic literature in psychology, pedagogy, and special education, as well as national policy and legal documents. An inductive-deductive logical approach was used to structure the findings and to model the multi-level system of psycho-pedagogical support currently implemented in the country. This approach was used to delineate the principles and current trends in organizing inclusive settings for primary school students with intellectual disabilities and to construct a coherent model of the nation's multi-level system of psycho-pedagogical support.

Results. In early 2022, following the recommendations of the World Health Organization (WHO), the new edition of the International Classification of Diseases (ICD-11) was implemented. This classification uses non-discriminatory terminology

and categorizes intellectual developmental disorders as follows: mild, moderate, severe, and profound.

Mild Intellectual Developmental Disorder. The IQ typically ranges from 50 to 69. The cognitive sphere is characterized by the underdevelopment of all higher mental functions, with thinking, memory, and speech being the most affected. Logical operations such as analysis, synthesis, abstraction, classification, comparison, and generalization do not align with age-appropriate norms, and establishing cause-and-effect relationships is significantly challenging. Thinking is concrete, stereotypical, and largely confined to direct experience.

Memory processes are unstable and fragmented, with a limited memory span. However, mechanical and visual memory are often relatively preserved. Deficits are observed in voluntary attention, including its concentration, stability, volume, and distribution. Perceptual processes are also insufficiently formed. The speech of children with mild intellectual disabilities develops with a significant delay. The nature of the speech impairment is directly linked to the primary cognitive deficits and affects all components of speech: lexical-grammatical, phonetic-phonemic, semantics, and coherent speech. Nevertheless, these children can use speech for communication and maintain conversations on social and everyday topics. These features negatively impact the acquisition of written language, as reading and writing require the integration of multiple analytical systems and a sequence of interdependent processes, which poses difficulties for individuals with intellectual disabilities.

In summary, a persistent decline in cognitive processes leads to a fragmented understanding of the world, delayed development of self-care skills, and challenges in personal development. However, individuals in this category can often achieve independence in daily living activities.

Moderate Intellectual Developmental Disorder. The IQ typically ranges from 35 to 49. Thinking is concrete and inert, with abstract concepts being inaccessible and logical operations performed at a rudimentary level. Logical memory is not formed; the acquisition of elementary knowledge occurs through partially preserved mechanical memory. They can memorize actions necessary to meet basic physiological needs and can stereotypically apply learned experiences in familiar situations. Self-analysis of their own actions is not available. Attention is unfocused, making the performance of even basic tasks difficult due to high distractibility.

Significant systemic speech disorders are present. Individuals may acquire a vocabulary of 200-300 words and construct simple phrases. They may also mechanically repeat phrases through imitation, with a significant gap between active and passive vocabularies. These symptoms, coupled with cognitive underdevelopment, disrupt social interaction.

Deficits in general, manual, and articulatory praxis are observed. Movements are clumsy, voluntary actions are slow, and switching between movements is poorly coordinated. Severe motor deficiencies hinder the formation of self-care skills, and these children require ongoing support from an adult. As adults, they may be able to perform simple practical tasks with clear instructions and constant supervision.

Severe Intellectual Developmental Disorder. The IQ typically ranges from 20 to 34. This level is characterized by severe cognitive impairments and is often associated with significant damage to the central nervous system. Children may only retain information that is reinforced by strong positive emotions. The ability to make elementary conclusions is absent, and voluntary attention is unformed.

Communication is primarily through vocalizations, single root words, simple cliché words, or sometimes mechanically repeated phrases from an interlocutor, the meaning of which is not understood. They also make extensive use of gestures and facial expressions for social interaction. Speech comprehension is severely limited, as are both passive and active vocabularies.

Their understanding of the world is fragmented, and they are unable to master basic reading, writing, or arithmetic skills. Remedial work focuses on forming elementary self-care skills, which requires systematic repetition as learned skills are quickly lost. This process is further complicated by pronounced motor clumsiness. Children with severe intellectual disabilities require constant care and support. As adults, they cannot live independently or engage in typical social interactions.

Profound Intellectual Developmental Disorder. The IQ is below 20. Individuals in this category exhibit profound disorders of psychophysical development. Pathogenetic mechanisms often involve lesions not only in the cerebral cortex but also in subcortical structures. Cognitive activity is effectively unformed. Maintaining attention, even to strong sensory stimuli, is impossible, and perception is grossly impaired. They may show minimal reaction to their environment but can sometimes recognize a constant caregiver. Their needs are primitive. The motor sphere is undeveloped, with movements that are chaotic and undirected. Disrupted integration of bodily sensations can lead to reduced pain sensitivity and auto-aggressive behaviors. Spoken language is not formed. Behavior may appear random and undirected, with possible affective outbursts. Emotional reactions are unformed.

In summary, these individuals require constant external care to meet their basic life-sustaining needs.

Provisional Diagnosis of Intellectual Developmental Disorder. According to ICD-11, this diagnosis is used for young children (typically under four years of age) when a standardized assessment of intellectual development and adaptive behavior is not possible due to sensory or physical impairments, severe motor skill deficits, or the presence of other significant psychophysical disorders. Reassessment is conducted later, typically after age four, to determine a more definitive level of intellectual functioning.

Therefore, intellectual developmental disorders in primary school students are heterogeneous, with the degree of impairment varying from mild to profound. The key characteristics of dysontogenesis in these children are summarized in Table 1.

The Regulatory and Legal Framework for Inclusive Education in Ukraine. The foundation for modern inclusive education in Ukraine was laid by the ratification of the UN Convention on the Rights of Persons with Disabilities and its Optional Protocol in 2010. Following this, Ukraine began implementing inclusion in its educational institutions. Article 21 of the Constitution of Ukraine (1996) affirms the

dignity and equality of all people, while Article 53 guarantees the right to education for all citizens.

Table 1. Characteristics of Intellectual Developmental Disorders by Severity Level

Characteristic	Mild Intellectual Developmental Disorder	Moderate Intellectual Developmental Disorder	Severe Intellectual Developmental Disorder	Profound Intellectual Developmental Disorder
Intelligence Quotient (IQ)	50–69	35–49	20–34	< 20
Cognitive Processes	Logical operations are below age-appropriate norms. Thinking is concrete, stereotypical, and lacks critical analysis. Difficulty establishing cause-and-effect relationships. Memory is fragmented; rote memorization is more developed than logical memory. Attention is impaired.	Thinking is concrete and rigid; abstract concepts are not understood. Logical memory is undeveloped. Can apply learned routines stereotypically in familiar situations. Unable to analyze their own actions. Attention is unfocused and highly distractible.	Higher mental functions are severely impaired. May remember events associated with strong positive emotions. Attention is unfocused. Unable to make elementary generalizations.	Cognitive activity is essentially undeveloped. Unable to fixate or sustain attention, even on strong sensory stimuli. May react to the presence of a familiar caregiver.
Communication Skills	Systemic speech and language impairment is present. Functional speech is used for communication. Able to engage in conversations on everyday social topics.	Pronounced systemic speech and language disorder. Can use simple phrases in expressive language. Vocabulary is severely limited (approx. 200–300 words). Significant gap between receptive and expressive language skills.	Spoken language is not developed as a primary means of communication. Vocabulary is extremely limited and insufficient for verbal contact. May use stereotyped words without comprehension. Communication relies on non-verbal means (gestures, facial expressions).	Spoken language is absent. May use vocalizations. May understand simple non-verbal communication.
Motor Skills	Minor motor impairments, often manifesting as clumsiness or awkwardness.	Underdeveloped general, fine, and articulatory praxis. Movements are clumsy, and voluntary actions are slow and poorly coordinated.	Pronounced impairment of motor skills. Movements are uncoordinated and incongruous. May be combined with paresis, paralysis, or hyperkinesis.	Motor abilities are severely limited. Movements are often chaotic and non-purposeful.
Self-Care Skills	Acquired with significant delay. Can typically achieve independent living skills as adults with some support.	Requires external support and supervision for self-care. The formation of skills is hindered by cognitive and motor impairments.	The formation of self-care skills is extremely difficult. Unable to apply trained skills without direct assistance. Independent living is not possible.	Skills are not formed. Requires complete support from a caregiver for all life-sustaining activities.
Learning Capacity	Capable of mastering an adapted or modified school curriculum. Learning requires extended time and relies heavily on concrete, visual materials.	Can learn to count to 10 (sometimes 100) using concrete objects. Abstract calculation is not possible. Significant difficulties in acquiring reading and writing skills. May achieve mechanical reading, but reading comprehension is typically absent.	Unable to master basic numeracy, reading, or writing. Remedial and developmental work focuses on social adaptation and the formation of elementary self-care skills.	Unable to acquire academic knowledge or skills. A small portion may be trained in basic feeding skills.

Source: systematized by the authors

In 2017, following a decision by the National Reform Council, the Ministry of Education and Science of Ukraine adopted recommendations for implementing inclusion. This led to legislative changes, the transformation of Medical-Psychological-Pedagogical Consultations into Inclusive Resource Centers (IRCs), the creation of a unified registry of children with special educational needs, and the integration of special education disciplines into teacher training programs.

The primary regulatory document is the Law of Ukraine "On Education" (2017). Article 3 enshrines the right to education regardless of disability, and Articles 19 and 20 are dedicated to the education of persons with special educational needs and inclusive education.

During this period, the Resolution of the Cabinet of Ministers of Ukraine “On Approval of the Regulations on the Inclusive Resource Center” (2017) came into force. This regulation stipulates that the core function of IRCs is to conduct comprehensive psycho-pedagogical assessments, provide systematic support for children, and offer methodological guidance to educational institutions.

Of particular importance is the Order of the Ministry of Education and Science of Ukraine “On Approval of the Model Regulations on the Team for Psychological and Pedagogical Support of a Child with Special Educational Needs” (2018). This document defines the composition, functions, tasks, and operating procedures for the support team.

In 2021, the Resolution of the Cabinet of Ministers of Ukraine “On Approval of the Procedure for Organizing Inclusive Education in General Secondary Education Institutions” was enacted, regulating the organizational principles for developing an inclusive environment.

Also significant are the state standards and ministerial orders that regulate the activities of a teacher's assistant, whose position was officially added to the list of pedagogical roles in 2012.

Thus, the regulatory framework for inclusive education in Ukraine is a complex, multi-layered structure that is continuously evolving to meet contemporary societal challenges.

A Comprehensive System for Organizing Educational and Remedial Support for Students with Intellectual Disabilities. According to the Law of Ukraine "On Education," psychological and pedagogical support is a comprehensive system of measures for organizing the educational process and a child's development, as outlined in an Individual Development Program (IDP). Based on this, we have designed a model illustrating the system of measures (Figure 1), which operates at three distinct levels: management, diagnostic, and implementation.

1. The Management Level. This level provides the regulatory framework, scientific-methodological support, quality monitoring, and strategic direction for improving inclusive education. Its tasks can be categorized into three areas:

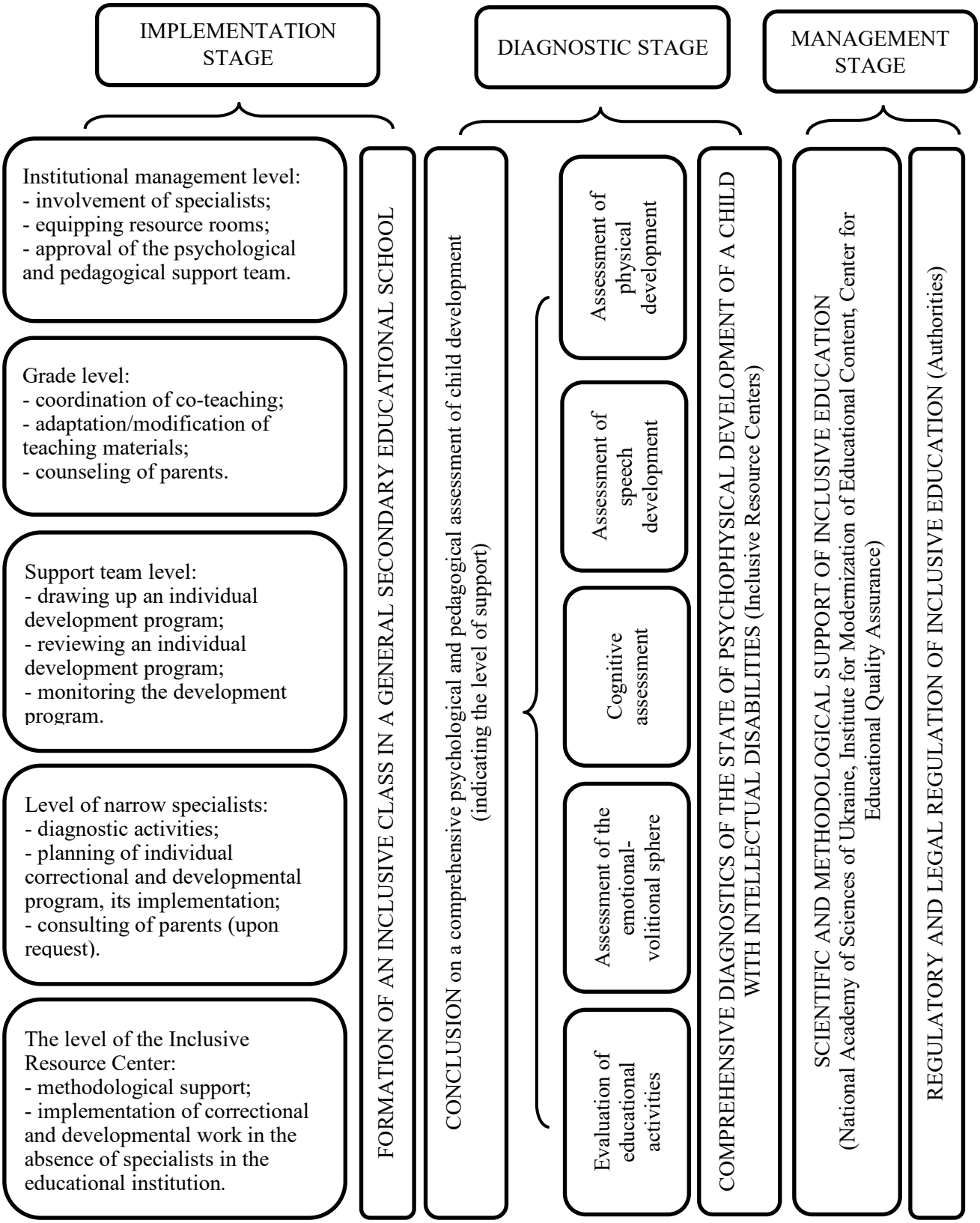

Figure 1. A system of measures that operates at three different levels: management, diagnostic, and implementation

Source: systematized by the authors

1) Regulatory and Administrative Tasks:

- developing and implementing regulatory acts;
- allocating budgets that consider the needs of inclusive education;
- ensuring equal rights for all citizens, regardless of psychophysical development;
- coordinating activities of subordinate institutions and overseeing educational policy transformations.

2) Scientific and Methodological Tasks:

- identifying effective strategies for building an inclusive educational environment;
- developing and validating diagnostic methods for comprehensive assessment;
- conducting research on new remedial methods and innovative technologies;
- publishing theoretical and practical manuals to enhance teacher qualifications;
- analyzing international best practices in inclusive education for this population.

3) Quality Assurance Tasks:

- conducting audits of inclusive educational institutions.
- approving educational programs.
- monitoring compliance with legislation at the institutional level.

2. The Diagnostic Level. This level involves a set of procedures aimed at determining the developmental levels of children with intellectual disabilities. The Inclusive Resource Center (IRC) conducts a comprehensive assessment and issues a conclusion that details the child's characteristics and provides recommendations for support. This conclusion serves as the basis for opening an inclusive class. The assessment includes:

- *Assessment of physical development* - to determine the child's overall development and its impact on educational activities;
- *Assessment of speech development* - to evaluate the state of speech functions and determine the structure of any speech impairment;
- *Assessment of the cognitive sphere* - to establish the level of formation of cognitive processes;
- *Assessment of the emotional-volitional sphere* - to identify the child's psychological state and volitional capacities;
- *Assessment of educational activities* - to determine the impact of special educational needs on academic skills.

IRCs in Ukraine are equipped with internationally recognized diagnostic tools, such as the Leiter International Performance Scale, Third Edition (Leiter-3) and the Wechsler Intelligence Scale for Children, Fourth Edition (WISC-IV), which are noted for their high validity. The assessment results identify specific educational needs and provide recommendations for adapting or modifying educational programs, including the level of support required.

3. The Implementation Level. This stage begins once parents submit the IRC's conclusion to a general education institution. An inclusive environment is created through coordinated efforts at multiple sub-levels (Table 2).

Table 2. Inclusive Education Management Responsibilities

Level	Responsibilities
Institutional Management Level	Issuing administrative orders to establish the inclusive environment. Appointing specialists to the psychological-pedagogical support team. Equipping the resource room with necessary materials.
Psychological-Pedagogical Support Team Level	Comprises the school administrator, parents, primary school teacher, teacher's assistant, a special educator (oligophrenopedagogist), psychologist, speech therapist, and other specialists. Tasks include developing and reviewing the Individual Development Program (IDP), defining necessary adaptations, and determining remedial services.
Classroom Level	Coordinating teacher and assistant, adapting educational materials, monitoring development, and communicating with parents.
Specialist Level (e.g., speech therapist, psychologist)	Conducting diagnostics, developing and implementing remedial programs, and tracking domain-specific progress.
Inclusive Resource Center Level	Providing methodological support, offering recommendations, and directly delivering remedial services when necessary.

Source: systematized by the authors

Discussion. This research provides a basis for the following recommendations for organizing the education of primary school students with intellectual disabilities in an inclusive setting:

Extensive Use of Visual Supports. Visualization is a primary tool for knowledge acquisition for these students. The use of work schemas, visual schedules, visual cues, subject images, and real objects is highly advisable. A visual schedule helps structure the school day, while visual aids for tasks can clarify expectations and sequences. Using real objects engages the tactile sense, contributing to a more robust understanding of the environment.

Activity Variation. Due to challenges with attention and concentration, students with intellectual disabilities benefit from frequent changes in activity. Lessons should be structured to alternate between different types of tasks (e.g., active vs. passive, individual vs. group) to maintain engagement and reduce fatigue.

Chunking of Educational Content. Given their cognitive impairments, these students struggle to process large amounts of information. Educational material should be broken down into small, manageable parts, with frequent repetition and review of previously covered topics.

Differentiated Goals Based on Severity. The objectives of psycho-pedagogical support must be tailored to the severity of the disability. For students with mild to moderate disabilities, goals may include mastering a modified academic curriculum alongside developing social interaction and independent living skills. For those with severe disabilities, the primary focus should be on social adaptation and the formation of basic self-care skills.

Connecting Learning to Real-Life Contexts. Students with intellectual disabilities often face challenges in generalizing learned skills. Given the difficulties in consolidating new information and forming stable neural connections, using practice-oriented exercises that link educational material to everyday life is crucial. This approach helps reinforce knowledge and skills, making them more meaningful and durable.

In conclusion, the organization of psychological and pedagogical support for primary school students with intellectual disabilities follows a structured, multi-level framework. Individualization is achieved through the IDP, which encompasses a comprehensive range of services and environmental adaptations tailored to the complex and heterogeneous needs of each student.

Conclusions. This study provided a theoretical analysis of Ukraine's approach to organizing an inclusive educational environment for primary school students with intellectual disabilities. The research demonstrates that, driven by European integration and the adoption of a social model of disability, Ukraine has made significant strides in moving from a segregated system to an inclusive one. This transformation is underpinned by a robust legal framework and a clearly defined, multi-level organizational structure for psycho-pedagogical support.

The key findings indicate that the Ukrainian model is built upon three interconnected levels – management, diagnostic, and implementation – which work in concert to support students. Central to this framework are the Inclusive Resource Centers (IRCs), which provide standardized, comprehensive assessments, and the mandatory development of an Individual Development Program (IDP) for each student. The IDP serves as the core mechanism for individualizing education, specifying necessary adaptations, modifications, and remedial services. Furthermore, the study reinforced the necessity of recognizing the heterogeneous nature of intellectual disabilities, from mild to profound, and tailoring educational objectives accordingly – ranging from modified academic learning to a primary focus on social adaptation and self-care skills.

The primary conclusion of this research is that while Ukraine has successfully established a well-defined policy and organizational structure for inclusive education, its efficacy is entirely contingent upon the quality and fidelity of implementation at the institutional and classroom levels. The mere existence of laws and support teams does not guarantee successful inclusion. The success of this system depends on the capacity of educators to translate the recommendations of the IDP into effective, evidence-based pedagogical practices.

The findings have significant practical and policy implications. For practitioners, this study highlights the critical need for continued investment in professional development, equipping teachers, teacher's assistants, and specialists with the skills to manage diverse classrooms and implement individualized strategies effectively. For policymakers, it underscores the importance of not only creating legislation, but also establishing mechanisms for monitoring its implementation and ensuring that schools are adequately resourced. From a broader perspective, the Ukrainian model offers valuable insights for other nations, particularly those in post-socialist regions, that are undergoing similar educational reforms toward inclusion.

As a theoretical review, this study did not empirically measure the outcomes of the described system. The effectiveness of these policies in practice – in terms of student academic achievement, social integration, and overall well-being – remains an area for empirical investigation.

Future research should therefore focus on several key areas. First, empirical studies are needed to evaluate the effectiveness of IDPs and the impact of the multidisciplinary support teams on student outcomes. Second, qualitative research exploring the lived experiences of teachers, students with intellectual disabilities, and their parents within these inclusive settings would provide invaluable insights into the practical challenges and successes of the system. Finally, comparative studies analyzing the Ukrainian model alongside those of other countries would contribute to a broader international understanding of best practices in inclusive education.

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