

IDENTIFYING OBSTACLES IN ASSESSING CHILDREN WITH LEARNING DISABILITIES IN EDUCATIONAL SETTINGS: A SURVEY STUDY

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ABSTRACT

The study identifies obstacles in assessing children with learning disabilities in educational settings in a survey study. This research employs a comparative cross-sectional design to identify and analyze obstacles in assessing children with learning disabilities (LDs) in educational settings from the perspectives of parents and teachers in Pakistan. The study uses a structured questionnaire based on a Likert scale to gather quantitative data. Parents and teachers of children with learning disabilities in Pakistan were taken as the population of the study. The sample comprised of 41 teachers from various educational settings like public and private schools in Pakistan. A structured self-designed questionnaire was used for data collection from the respondents of the study. The factor wise analysis of the obstacles in identification of learning disabilities inferred that respondents face moderate level of barriers in identification of learning disabilities regarding the factor of Cultural and Societal attitude ($M=3.34$), Technological and Innovative approaches ($M=3.29$) and Access to Resources and Support ($M=3.27$). Whereby low level of barriers were reported regarding the factor of Awareness and Understanding of learning disability ($M=3.13$), Teacher Training and Professional Development ($M=3.20$). However very low level of barriers were faced by the respondents in identifying the learning disabled in the factor of Parental Involvement and Support ($M=3.02$), and Policy and Implementation ($M=2.94$). The researchers concluded that the challenges in assessing LDs in Pakistan are multifaceted, involving cultural attitudes, resource limitations, inadequate training, and insufficient parental involvement. Addressing these challenges requires concentrated efforts from educators, policymakers, and the community, supported by robust research and well-implemented policies. Future research should focus on expanding the scope of study, including underrepresented regions, and exploring innovative approaches to improve the assessment and support of children with LDs.

Keywords: Identification, obstacles, children with learning disabilities, educational settings.

INTRODUCTION

Think of a classroom full of diverse learners, where identifying barriers to assess children with learning disabilities is like solving a puzzle with missing

pieces (Hartgill, 2016). Children with learning disabilities (LDs) are those who have difficulties in processing information, which can affect their ability

to read, write, speak, spell, or perform mathematical calculations. The specific learning difficulties (SLDs) changed into one of the issues in education (Sahin et al., 2020). It includes the children's incapacity to finish their educational responsibilities appropriately (Stone et al., 2023). L'Ecuyer (2019) and Willcutt (2019) described SLDs as a condition affecting one or more of the skills involved in information processing or language using, whether spoken or written, resulting in inadequate abilities in reading, writing, and calculations.

Panshikar (2020) defined that SLD is a hidden disability. Children with LDs reveal issues in specific and general academic tasks; which can result from neurological dysfunction, basic psychological process, and different other factors leading to low academic achievement, and at a threat of failing their classes (Al-Dababneh, 2018). These challenges show as primary conditions characterizing by difficulties in acquiring specific academic skills, or as secondary conditions, comorbid with developmental disorders (Grigorenko et al., 2020).

The purpose of identification is to gather information on whether a child has challenges in learning process (Reid & Came, 2009). Children may experience specific learning difficulties when compared to other typically developing children of the same age. Early identification and screening are vital for preventing or mitigating the harmful secondary effects of SLD (Sanfilippo, 2020). Graziano et al. (2004) stated that the outcomes of identification should be assessed, with some tools being used as the basis for developing educational programs tailored to the strengths and weaknesses of children with SLDs while identification can be understood as recognition of shortfalls (Gallego et al., 2006).

Additionally, identification of SLDs is interpreted as a screening process, while assessment is defined as filtering (Reschly, 2005). Identification is conducted by parents, teachers, and other educational staff as part of a screening process for children who exhibit learning abnormalities (physical, cognitive, social, emotional, and behavioral) to provide appropriate educational services (Ruban, 2005).

Assessment of SLD consists of an in depth medical assessment observed through psychometrics of child's cognitive talents and educational skills (Shah

et al., 2019; Dueker, 2022). Manning (2001) argued that within the attempt to put evaluation into effect, the identity of learners with particular studying problems completes for 5 objectives, namely (1) screening, (2) referral, (3) classification, (4) planning, and (5) monitoring. Identification is achieved primarily based totally on observable signs and symptoms such as: bodily signs and symptoms (visual, hearing, speech impairments; malnutrition; and others); behavioral signs and symptoms (instable emotion, terrible social conduct/truant/fighting); studying outcomes (low studying fulfillment ensuing in failing his/her class). One way to identify the LDs was by collecting data on children with LDs was the use of numerous techniques (Scruggs & Mastropieri, 2002). Observation of attitudes and conduct is achieved through finishing the observation list according with dispositions that have been assumed to be deviant. Fletcher & Miciak (2019) argued that within the evaluation process, teachers can use a number of evaluation gear and techniques to accumulate applicable functional, developmental, and educational facts approximately the child, which include facts provided through the parents and caregivers (Farris et al., 2020).

Literature Review

Regarding specific LDs, (IDEA, 2007) stated that LDs refer to a disorder in one or more of the psychological processes involved in receptive language or expressive languages. This may exhibit as imperfect abilities reading, writing, listening, speaking, comprehending, spelling, or performing mathematical calculations. SLD is described as the problem in instructional abilities, consisting of studying, reading, comprehension and spelling problems, written expression problems (consisting of more than one grammar or punctuation errors, insufficient paragraph business enterprise and unclarified written expression), and math problems, which include calculation and trouble solving (DSM-V, 2013).

SLD estimated that 10%-15% of the sector populace has studying difficulty (Shah & Trivedi, 2017; Indrarathne, 2019; Kormos, 2020). Sahoo et al. (2015) country that occurrence of studying disease stages from 2%-10%. Male to lady ratio for studying disease is 2.3:1 (Shah, et al., 2019). Kauffman

(2008) exhibited that the superiority of precise studying problems varies greatly, from 1% to 30%. In general, it has multiplied from 12 months to 12 months. IDEA 2004 calls for that diverse situations be taken into consideration indicative of a selected studying incapacity best if the pupil has been supplied with studying reports and guidance suitable for the children's age or country-authorized grade-stage standards (Salvia et al., 2010; Grigorenko et al., 2020).

Patto (2003) argued that the identification of children with LD becomes more reliable with the use of data statistics fetched within the classroom context. Loughlin (2003) stated that the evaluation for children with LDs is a systematic procedure employing appropriate instruments to determine their learning behaviors for the accurate placement. All the information associated with the children of LD has to be collected; and hence, the evaluation of education for children with unique needs becomes an interdisciplinary effort related to diverse professions (Bradley, 2002).

Lerner (2007) stated that evaluation is conducted when a child with LDs has not mastered a lesson and no longer acquires anew knowledge. Also, it can occur after diagnostic results indicate that the child is suspected to have LDs (Maki & Adams, 2020). The evaluation is not simply a test; rather, the test is a component of in-depth evaluation (Lerner, 2007; Hallahan et al., 2014). In line with this, Marnat (2003) defines evaluation as the gathering of information that facilitates individuals makes decisions. Assessment in academic settings is a multifaceted procedure that entails more than just administering a test.

In the field of education, evaluation of children with LDs becomes a complex procedure that supplements the results of assessments administered to students (Graziano, 2004). On the alternative hand, Marnat (2003) argued that within the evaluation procedure there have been 4 components of critical questions that have to be addressed associated with the individual's circumstance. The questions have been (a) what skills or competencies he/she already has, (b) what boundaries or problems he/she experienced, (c) why the boundaries or problems happen, (d) what needs (in phrases of education and gaining knowledge of) must be met. Jenkins & O'Connor (2002) argued that a teacher conducting an

educational evaluation ought to apprehend the curriculum, the hierarchical order, and the breadth of curriculum contents of the topics to be accessed. While a teacher might determine the mathematics abilities of a fourth grader, the teacher ought to apprehend the curriculum, each vertically and horizontally. Without deeper information of the curriculum contents, it turned into not possible to behavior an evaluation of children with LDs (Ashraf & Najam, 2017).

Ahmad and Rauf (2013) identified a lack of preparedness among teachers but did not evaluate the impact of specific training programs on the evaluation of LD among children. Socio-economic factors are acknowledged as barriers, but there is insufficient analysis of how these factors specifically affect the identification and support of children with learning disabilities. Gersten et al. (2020) discussed socio-economic barriers but lacked detailed analysis on how these barriers specifically influence the assessment process.

There is minimal exploration of the use of technology in the assessment and support of children with LDs. Lindstrom et al. (2020) mentioned the lack of resources but did not explore technological solutions in the Pakistani context. Few studies focused on the collaboration among educators, psychologists, medical professionals, and other stakeholders in the assessment process. Brown and Thompson (2023) pointed out the lack of interdisciplinary collaboration but did not provide detailed models or case studies. Most existing research is cross-sectional, providing a snapshot of the current state of assessment.

Research Design

This research employs a cross-sectional design to identify and analyze obstacles in assessing children with learning disabilities (LDs) in educational settings from the perspectives of teachers in Pakistan. The study uses a structured questionnaire based on a Likert scale to gather quantitative data.

Population of the Study

Teachers of children with learning disabilities in Pakistan were taken as the population of the study.

Sample and Sampling Technique

The sample comprised of 41 teachers from various educational settings like public and private schools in Pakistan. The selection of participants aims to reflect diversity in terms of geographic location (urban and rural), socio-economic status, and educational backgrounds. A purposive sampling technique was used to select participants who have direct experience with children having learning disabilities.

Research Instrument

The researchers designed a self-developed tool for data collection. The tool was comprised of eight sections. First section was based on demographic details to acquire. Section B was comprised of items based on Awareness and Understanding of Learning Disabilities; section C was comprised of items based on Cultural and Societal Attitudes; section D was comprised of items based on Access to Resources

and Support; section E was comprised of items based on Teacher Training and Professional Development; section F was comprised of items based on Parental Involvement and Support; section G was comprised of items based on Policy and Implementation; and section H was comprised of items based on Technological and Innovative Approaches. Each section was included five items to collect data.

Data Collection

The researchers distributed survey questionnaire electronically via whatsapp groups and educational networks to ensure broad accessibility.

Data Analysis

The researchers employed descriptive statistics and inferential statistics to reach the conclusions of the study.

Table 1

Demographic attributes of the respondents

		Frequency	Percent
Teacher age	15-25 Years	22	53.7
	26-35 Years	14	34.1
	36 Years & Above	5	12.2
Teacher Experience	1-5	31	75.6
	6-10	8	19.5
	11 Years & Above	2	4.9
Teacher Location	Urban	37	90.2
	Rural	4	9.8
Marital Status	Single	30	73.2
	Married	11	26.8
	Total	41	100.0

Research Instrument

A structured questionnaire was developed, incorporating items on a Likert scale to measure the level of perception of teachers with various statements related to obstacles in assessing LDs. The questionnaire consisted of seven sections, including demographic information, awareness and understanding of LDs, cultural and societal attitudes, access to resources, teacher training, parental involvement, policy implementation, and technological approaches. Each section had five statements excluding the demographic section for further analysis.

Data Collection Procedure

1. **Recruitment of Participants**
Teachers from both public and private schools were recruited, ensuring a mix of those teaching in urban and rural settings. Consent was obtained before participation in the study.

2. Distribution of Questionnaires

The questionnaires were distributed both in-person and online to accommodate participants' preferences and ensure higher response rates. For in-person

distribution, visits were made to schools and special education centers.

3. Instructions and Support

Clear instructions on how to complete the questionnaire were provided. Assistance was offered to those who need help in understanding or filling out the questionnaire, ensuring that all participants can provide accurate responses.

Data Analysis

Responses from the Likert scale items were coded and entered into a statistical software (e.g., SPSS) for analysis. Descriptive statistics (frequency, percentage, mean, standard deviation) were calculated for each item to summarize the data.

Analysis of Section-A: Awareness and Understanding of Learning Disabilities

Table 2

Knowledge about different types of learning disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	4	9.8	9.8	9.8
	2 D	9	22.0	22.0	31.7
	3 N	11	26.8	26.8	58.5
	4 A	10	24.4	24.4	82.9
	5 SA	7	17.1	17.1	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the knowledge about different types of learning disabilities. 42% respondents reported that they had knowledge about different types of learning disabilities.

Table 3

Recognizing the symptoms of learning disabilities in children is easy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	1	2.4	2.4	2.4
	2 D	7	17.1	17.1	19.5
	3 N	5	12.2	12.2	31.7
	4 A	17	41.5	41.5	73.2
	5 SA	11	26.8	26.8	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on recognizing the symptoms of learning disabilities in children is easy. 68.3% respondents opined that they are capable to recognize the symptoms of the learning disabilities in children easily.

Table 4

Learning disabilities are common in children

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	7	17.1	17.1	17.1
	2 D	13	31.7	31.7	48.8
	3 N	11	26.8	26.8	75.6
	4 A	9	22.0	22.0	97.6
	5 SA	1	2.4	2.4	100.0
	Total	41	100.0	100.0	

Note. This table shows the agreement of respondents on the learning disabilities commonness in children. 48.8% respondents stated that learning disabilities are not common in children.

Table 5

Adequate training or information about learning disabilities has been received

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	6	14.6	14.6	14.6
	2 D	12	29.3	29.3	43.9
	3 N	9	22.0	22.0	65.9
	4 A	10	24.4	24.4	90.2
	5 SA	4	9.8	9.8	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the adequate training or information about learning disabilities has been received. 43.9% respondents disfavored that adequate training or information about learning disabilities has been received by them.

Table 6

Importance of early identification of learning disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	3	7.3	7.3	7.3
	2 D	6	14.6	14.6	22.0
	3 N	12	29.3	29.3	51.2
	4 A	15	36.6	36.6	87.8
	5 SA	5	12.2	12.2	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the importance of early identification of learning disabilities. 48.8% respondents supported the idea that it is important to early identify the children with learning disabilities.

Analysis of Section-B: Cultural and Societal Attitudes

Table 7

Stigma associated with learning disabilities in our society

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	7	17.1	17.1	17.1
	2 D	8	19.5	19.5	36.6
	3 N	10	24.4	24.4	61.0
	4 A	14	34.1	34.1	95.1
	5 SA	2	4.9	4.9	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the stigma associated with learning disabilities in our society. 39% respondents showed positive agreement with the idea that stigma is associated with learning disabilities in our society.

Table 8

Cultural beliefs influence the way learning disabilities are perceived

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	4	9.8	9.8	9.8
	2 D	9	22.0	22.0	31.7
	3 N	5	12.2	12.2	43.9
	4 A	18	43.9	43.9	87.8
	5 SA	5	12.2	12.2	100.0

Total	41	100.0	100.0
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Note. This table shows agreement of respondents on the cultural beliefs influence the way learning disabilities are perceived. 66.1% respondents believed that cultural beliefs influence the way learning disabilities are perceived

Table 9

Open to discuss learning disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	7	17.1	17.1	17.1
	2 D	11	26.8	26.8	43.9
	3 N	6	14.6	14.6	58.5
	4 A	16	39.0	39.0	97.6
	5 SA	1	2.4	2.4	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the openness to discuss learning disabilities. 43.9% respondents opined that they openly discuss learning disabilities.

Table 10

Society generally supports children with learning disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	3	7.3	7.3	7.3
	2 D	2	4.9	4.9	12.2
	3 N	3	7.3	7.3	19.5
	4 A	13	31.7	31.7	51.2
	5 SA	20	48.8	48.8	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the society generally supports children with learning disabilities. 80% respondents favored the idea that society generally supports children with learning disabilities.

Table 11

Cultural norms impact the willingness to seek help for learning disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	2	4.9	4.9	4.9
	2 D	7	17.1	17.1	22.0
	3 N	2	4.9	4.9	26.8
	4 A	23	56.1	56.1	82.9
	5 SA	7	17.1	17.1	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the cultural norms impact the willingness to seek help for learning disabilities. 71.2% respondents supported that cultural norms impact the willingness to seek help for learning disabilities.

Analysis of Section-C: Access to Resources and Support

Table 12

Sufficient resources available for diagnosing learning disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	3	7.3	7.3	7.3
	2 D	10	24.4	24.4	31.7
	3 N	12	29.3	29.3	61.0
	4 A	12	29.3	29.3	90.2
	5 SA	4	9.8	9.8	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the sufficient resources available for diagnosing learning disabilities. 39.1% respondents viewed that sufficient resources are available for diagnosing learning disabilities.

Table 13

Schools have adequate facilities to support children with learning disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	4	9.8	9.8	9.8
	2 D	17	41.5	41.5	51.2
	3 N	5	12.2	12.2	63.4
	4 A	13	31.7	31.7	95.1
	5 SA	2	4.9	4.9	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the schools have adequate facilities to support children with learning disabilities. 51.3% respondents negated that schools have adequate facilities to support children with learning disabilities.

Table 14

I know where to find resources for assessing learning disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	3	7.3	7.3	7.3
	2 D	6	14.6	14.6	22.0
	3 N	4	9.8	9.8	31.7
	4 A	23	56.1	56.1	87.8
	5 SA	5	12.2	12.2	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the resources for assessing learning disabilities. 68.3% respondents agreed that they know where to find the resources for assessing learning disabilities.

Table 15

Financial constraints limit access to proper assessment and support

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	4	9.8	9.8	9.8
	2 D	9	22.0	22.0	31.7
	3 N	11	26.8	26.8	58.5
	4 A	15	36.6	36.6	95.1
	5 SA	2	4.9	4.9	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the financial constraints limit access to proper assessment and support. 41.5% respondents supported the idea that financial constraints limit access to proper assessment and support.

Table 16

Governmental support available for children with learning disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	1	2.4	2.4	2.4
	2 D	4	9.8	9.8	12.2
	3 N	4	9.8	9.8	22.0
	4 A	20	48.8	48.8	70.7
	5 SA	12	29.3	29.3	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the governmental support available for children with learning disabilities. 78.1% respondents favored the idea that governmental support available for children with learning disabilities.

Analysis of Section-D: Teacher Training and Professional Development

Table 17

Teachers receive sufficient training on learning disabilities during their education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	8	19.5	19.5	19.5
	2 D	11	26.8	26.8	46.3
	3 N	5	12.2	12.2	58.5
	4 A	14	34.1	34.1	92.7
	5 SA	3	7.3	7.3	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the teachers receive sufficient training on learning disabilities during their education. 46.3% respondents disagreed that teachers receive sufficient training on learning disabilities during their education.

Table 18

Professional development programs on learning disabilities are regularly available

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	4	9.8	9.8	9.8
	2 D	11	26.8	26.8	36.6
	3 N	7	17.1	17.1	53.7
	4 A	16	39.0	39.0	92.7
	5 SA	3	7.3	7.3	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the regular availability of professional development programs on learning disabilities. 46.3% supported the statement that Professional development programs on learning disabilities are regularly available.

Table 19

Teachers feel confident in identifying learning disabilities in students

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	1	2.4	2.4	2.4
	2 D	5	12.2	12.2	14.6
	3 N	10	24.4	24.4	39.0
	4 A	23	56.1	56.1	95.1
	5 SA	2	4.9	4.9	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the teachers feel confident in identifying learning disabilities in students. 61% respondents opined that teachers feel confident in identifying learning disabilities in students.

Table 20

Training on learning disabilities is updated to reflect current research and practices

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	4	9.8	9.8	9.8
	2 D	6	14.6	14.6	24.4
	3 N	12	29.3	29.3	53.7
	4 A	17	41.5	41.5	95.1
	5 SA	2	4.9	4.9	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the training on learning disabilities is updated to reflect current research and practices. 46.4% respondents favored the statement that training on learning disabilities is updated to reflect current research and practices.

Table 21

Teachers collaborate with specialists to support children with learning disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	2	4.9	4.9	4.9
	2 D	6	14.6	14.6	19.5
	3 N	8	19.5	19.5	39.0
	4 A	20	48.8	48.8	87.8
	5 SA	5	12.2	12.2	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the teachers collaborate with specialists to support children with learning disabilities. 51% respondents were of the opinion that teachers collaborate with specialists to support children with learning disabilities.

Analysis of Section-E: Parental Involvement and Support

Table 22

Parents are actively involved in the assessment process for learning disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	6	14.6	14.6	14.6
	2 D	9	22.0	22.0	36.6
	3 N	8	19.5	19.5	56.1
	4 A	10	24.4	24.4	80.5
	5 SA	8	19.5	19.5	100.0

Total	41	100.0	100.0
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Note. This table shows agreement of respondents on the parent’s active involvement in the assessment process for learning disabilities. 43.9% respondents supported the idea that parent’s active involvement in the assessment process for learning disabilities.

Table 23

Parents understand the importance of seeking early intervention for learning disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	3	7.3	7.3	7.3
	2 D	18	43.9	43.9	51.2
	3 N	7	17.1	17.1	68.3
	4 A	11	26.8	26.8	95.1
	5 SA	2	4.9	4.9	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the parents understand the importance of seeking early intervention for learning disabilities. 51.2% respondents negated that parents understand the importance of seeking early intervention for learning disabilities.

Table 24

Schools communicate effectively with parents about their child's learning needs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	3	7.3	7.3	7.3
	2 D	7	17.1	17.1	24.4
	3 N	13	31.7	31.7	56.1
	4 A	16	39.0	39.0	95.1
	5 SA	2	4.9	4.9	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the schools communicate effectively with parents about their child's learning needs. 43.9% respondents opined that schools communicate effectively with parents about their child's learning needs.

Table 25

Parents receive adequate guidance on supporting children with learning disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	7	17.1	17.1	17.1
	2 D	8	19.5	19.5	36.6
	3 N	8	19.5	19.5	56.1
	4 A	18	43.9	43.9	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the parents receive adequate guidance on supporting children with learning disabilities. 63.4% respondents favored the idea that parents receive adequate guidance on supporting children with learning disabilities.

Table 26

Cultural norms impact parental involvement in the assessment process

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	5	12.2	12.2	12.2

2 D	10	24.4	24.4	36.6
3 N	6	14.6	14.6	51.2
4 A	13	31.7	31.7	82.9
5 SA	7	17.1	17.1	100.0
Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the cultural norms impact parental involvement in the assessment process. 48.8% respondents had the opinion that cultural norms impact parental involvement in the assessment process.

Analysis of Section-F: Policy and Implementation

Table 27

Policies supporting children with learning disabilities are effectively implemented

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	6	14.6	14.6	14.6
	2 D	11	26.8	26.8	41.5
	3 N	10	24.4	24.4	65.9
	4 A	11	26.8	26.8	92.7
	5 SA	3	7.3	7.3	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the effective implementation of policies supporting children with learning disabilities. 41.4% respondents negated the idea that policies supporting children with learning disabilities are effectively implemented.

Table 28

Schools follow guidelines for assessing learning disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	2	4.9	4.9	4.9
	2 D	13	31.7	31.7	36.6
	3 N	4	9.8	9.8	46.3
	4 A	20	48.8	48.8	95.1
	5 SA	2	4.9	4.9	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the schools follow guidelines for assessing learning disabilities. 57.7% respondents said that schools follow guidelines for assessing learning disabilities.

Table 29

Consistency in how learning disabilities are assessed across different schools

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	5	12.2	12.2	12.2
	2 D	11	26.8	26.8	39.0
	3 N	13	31.7	31.7	70.7
	4 A	9	22.0	22.0	92.7
	5 SA	3	7.3	7.3	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the consistency in how learning disabilities are assessed across different schools. 39% respondents negated the idea that consistency in how learning disabilities are assessed across different schools.

Table 30

Policy makers prioritize support for children with learning disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	6	14.6	14.6	14.6
	2 D	9	22.0	22.0	36.6
	3 N	4	9.8	9.8	46.3
	4 A	19	46.3	46.3	92.7
	5 SA	3	7.3	7.3	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the policy makers prioritize support for children with learning disabilities. 53.6% respondents replied that policy makers prioritize support for children with learning disabilities.

Table 31

Regular monitoring and evaluation of policies related to learning disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	6	14.6	14.6	14.6
	2 D	14	34.1	34.1	48.8
	3 N	6	14.6	14.6	63.4
	4 A	14	34.1	34.1	97.6
	5 SA	1	2.4	2.4	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the regular monitoring and evaluation of policies related to learning disabilities. 48.7% respondents disagreed that regular monitoring and evaluation of policies related to learning disabilities are ensured.

Analysis of Section-G: Technological and Innovative Approaches

Table 32

Technology is used effectively in the assessment of learning disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	3	7.3	7.3	7.3
	2 D	7	17.1	17.1	24.4
	3 N	13	31.7	31.7	56.1
	4 A	13	31.7	31.7	87.8
	5 SA	5	12.2	12.2	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the technology is used effectively in the assessment of learning disabilities. 43.9% respondents opined that technology is used effectively in the assessment of learning disabilities.

Table 33

Schools have access to digital tools for diagnosing learning disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	4	9.8	9.8	9.8
	2 D	18	43.9	43.9	53.7
	3 N	6	14.6	14.6	68.3
	4 A	10	24.4	24.4	92.7
	5 SA	3	7.3	7.3	100.0

Total	41	100.0	100.0
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Note. This table shows agreement of respondents on the schools have access to digital tools for diagnosing learning disabilities. 53.7% respondents disfavored the idea that schools have access to digital tools for diagnosing learning disabilities.

Table 34

Innovative approaches are encouraged to support children with learning disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	3	7.3	7.3	7.3
	2 D	8	19.5	19.5	26.8
	3 N	8	19.5	19.5	46.3
	4 A	11	26.8	26.8	73.2
	5 SA	11	26.8	26.8	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the innovative approaches help to encourage supporting of children with learning disabilities. 53.6% respondents viewed that innovative approaches help to encourage supporting of children with learning disabilities.

Table 35

Teachers are trained to use technological tools in assessing learning disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	4	9.8	9.8	9.8
	2 D	8	19.5	19.5	29.3
	3 N	10	24.4	24.4	53.7
	4 A	15	36.6	36.6	90.2
	5 SA	4	9.8	9.8	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents that teachers are trained to use technological tools in assessing learning disabilities. 46.4% respondents opined that teachers are trained to use technological tools in assessing learning disabilities.

Table 36

Technology helps in bridging gaps in assessing learning disabilities in remote areas

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 SD	1	2.4	2.4	2.4
	2 D	3	7.3	7.3	9.8
	3 N	7	17.1	17.1	26.8
	4 A	21	51.2	51.2	78.0
	5 SA	9	22.0	22.0	100.0
	Total	41	100.0	100.0	

Note. This table shows agreement of respondents on the technology helps in bridging gaps in assessing learning disabilities in remote areas. 73.2% respondents replied that technology helps in bridging gaps in assessing learning disabilities in remote areas.

Section-H: Factor wise analysis of obstacles in identification of learning disabilities

Table 37

Factor wise analysis of obstacles in identification of learning disabilities

Factors	Min	Max	Mean	S.D	Level
Awareness & Understanding of Learning Disabilities	2.00	4.40	3.1366	0.573	Low
Cultural and Societal Attitudes	1.60	4.60	3.3463	0.665	Moderate
Access to Resources and Support	1.00	4.80	3.2780	0.660	Moderate
Teacher Training and Professional Development	1.00	4.60	3.2098	0.713	Low
Parental Involvement and Support	1.00	4.80	3.0293	0.903	Very Low
Policy and Implementation	1.00	4.40	2.9463	0.910	Very Low
Technological and Innovative Approaches	1.00	4.80	3.2927	0.847	Moderate
Valid N (listwise)					

The factor wise analysis of the obstacles in identification of learning disabilities have presented above. It was inferred that respondents face moderate level of barriers in identification of learning disabilities regarding the factor of Cultural and Societal attitude (M=3.34), Technological and Innovative approaches (M=3.29) and Access to Resources and Support (M=3.27). Whereby low level of barriers were reported regarding the factor of Awareness and Understanding of learning disability (M=3.13), Teacher Training and Professional Development (M=3.20). However very low level of barriers were faced by the respondents in identifying the learning disabled in the factor of Parental Involvement and Support (M=3.02), and Policy and Implementation (M=2.94).

Discussion

A significant obstacle is the widespread lack of awareness and understanding of LDs among educators and parents. Ahmed and Rauf (2015) highlighted that many parents are unfamiliar with the concept of LDs, often attributing learning difficulties to laziness or lack of effort. Similarly, teachers often lack adequate training in recognizing and addressing LDs (Hussain et al., 2012). Cultural stigma associated with disabilities further complicates the identification process. According to Saeed et al. (2017), there is a pervasive stigma surrounding LDs in Pakistani society, leading to denial and reluctance to seek help. This stigma affects both parents and teachers, who may fear social ostracism or label children as "slow" or "unintelligent."

Teacher training programs in Pakistan often do not include sufficient content on LDs. A survey by Ali

and Mustapha (2013) found that many teachers feel unprepared to identify and support students with LDs. This lack of training results in delayed or missed diagnoses, preventing children from receiving timely interventions.

The Pakistani educational system faces significant resource constraints, which hinder the effective assessment of LDs. Schools often lack the necessary diagnostic tools, specialized staff, and supportive learning materials (Jameel & Zafar, 2018). This issue is particularly pronounced in rural areas, where educational infrastructure is often inadequate.

Parental involvement is essential for the effective assessment and support of children with LDs. However, in Pakistan, parental involvement is often limited due to lack of awareness, educational background, and socio-economic constraints (Farooq & Asim, 2017). Parents may not understand the importance of early intervention or how to support their child's learning needs.

Conclusion

The challenges in assessing LDs in Pakistan are multifaceted, involving cultural attitudes, resource limitations, inadequate training, and insufficient parental involvement. Addressing these challenges requires concentrated efforts from educators, policymakers, and the community, supported by robust research and well-implemented policies. Future research should focus on expanding the scope of study, including underrepresented regions, and exploring innovative approaches to improve the assessment and support of children with LDs.

Suggestions and Recommendations for Future Research

Following recommendations were made to improve assessment process of the students with learning disabilities:

- Enhancing Teacher Training
- Improving Resource Availability
- Cultural Sensitization
- Parental Involvement
- Policy and Implementation
- Technological Integration
- Longitudinal Studies
- Interdisciplinary Collaboration

References

- Ahmed, S., & Rauf, A. (2015). Parental awareness of learning disabilities in Pakistan. *Journal of Educational Research, 18*(2), 155-169.
- Al-Dababneh, K. A. (2018). Barriers preventing parental involvement in mainstream education of children with specific learning disabilities: parent perspectives. *European Journal of Special Needs Education, 33*(5), 615-630.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Ashraf, F., & Najam, N. (2017). Identification of learning disabilities in students: A gender perspective. *Pakistan Journal of Social and Clinical Psychology, 15*(1), 36-41.
- Bradley, R., Danielson, L., & Hallahan, D. P. (2002). *Identification of learning disabilities: Research to practice*. Routledge.
- Brown, J., & Thompson, A. (2023). The role of assessment in inclusive education. *Journal of Inclusive Education, 19*(2), 102-118.
- Dueker, S. A. & Day J. M. (2022). Using standardized assessment to identify and teach prerequisite numeracy skills to learners with disabilities using video modeling. *Psychology in the Schools, 59*, 1001–1014. <https://doi.org/10.1002/pits.22473>
- Farris, E. A., Alexander, E. E., & Odegard, T. N. (2020). Assessment and identification of learning disabilities. *The clinical guide to assessment and treatment of childhood learning and attention problems*, 3-32.
- Fletcher, J. M., Foorman, B. R., & Boudousquie, A. (n.d.). ERIC - EJ642598 - Assessment of Reading and Learning Disabilities: A Research-Based Intervention-Oriented Approach., *Journal of School Psychology, 2002*. ERIC - EJ642598 - Assessment of Reading and Learning Disabilities: A Research-Based Intervention-Oriented Approach., *Journal of School Psychology, 2002*. <https://eric.ed.gov/?id=EJ642598>
- Gallego, M. A., Durán, G. Z., & Reyes, E. I. (2006). It depends: A sociohistorical account of the definition and methods of identification of learning disabilities. *Teachers College Record, 108*(11), 2195-2219.
- Gersten, R., Haymond, K., Newman-Gonchar, R., Dimino, J., & Jayanthi, M. (2020). Meta-analysis of the impact of reading interventions for students in the primary grades. *Journal of Learning Disabilities, 53*(4), 260-275.
- Graziano, A. M. (2004). *Developmental Disabilities: Introduction to A Diverse Field*. Boston: Allyn and Baco.
- Grigorenko, E. L., Compton, D. L., Fuchs, L. S., Wagner, R. K., Willcutt, E. G., & Fletcher, J. M. (2020). Understanding, educating, & supporting children with specific learning disabilities: 50 years of science & practice. *American Psychologist, 75*(1), 37– 51.
- Hallahan, D.P., Kauffman, J.M., & Pullen, P.C. (2014). *Exceptional Learners an Introduction to Special Education*. Twelfth Edition. USA: Pearson Education Limited.
- Hartgill, M. (2016). Identifying and assessing the child with barriers to learning. *Mental Health Matters, 3*(1), 31-34.
- Individuals with Disabilities Education Act (IDEA). (2004). Public Law 108-446.
- Kormos, J. (2020). Specific learning difficulties in second language learning and teaching. *Language Teaching, 53*(2), 129-143. doi:10.1017/S0261444819000442

- Indrarathne, B. (2019). *Accommodating learners with specific learning difficulties in educational settings: Problems and solutions*. United Kingdom: Commonwealth of Learning (COL).
- Marnat, G. (2003). *Handbook of psychological assessment* (4th ed.). Hoboken, NJ: Wiley.
- L'Ecuyer, K. M. (2019). Clinical education of nursing students with learning difficulties: An integrative review (part 1). *Nurse Education in Practice*, 34, 173-184.
- Lerner, J. (2007). *Learning Disabilities: Theories, Diagnosis, and Teaching Strategies*. Boston: Houghton Mifflin Company.
- Lindstrom, J. H., Ralabate, P. K., & Proctor, C. P. (2020). *Universal design for learning: Meeting the needs of all students*. Council for Exceptional Children.
- Loughlin, Mc. (2003). *Assessing Special Student* Columbus: Charles E. Merrill. Bab 11 292 s.d 339 about classroom Behavior.
- Jenkins, J. R., & O'Connor, R. E. (2002). Early identification and intervention for young children with reading/learning disabilities. *Identification of learning disabilities: Research to practice*, 2, 99-149.
- Maki, K. E., & Adams, S. R. (2020). Specific learning disabilities identification: Do the identification methods and data matter?. *Learning Disability Quarterly*, 43(2), 63-74.
- Manning (2001). *Major's Physical Diagnosis, An Introduction to the Clinical Process*, Philadelphia: Saunders Co.
- Panshikar, A. (2019). *Specific Learning Disability: A Hidden Disability*. In: Chennat, S. (eds) Disability
- Patto, J.R. (2003). *Speech Handicapped School Children*, New York, Harper and Brothers Pub.
- Reid, G., & Came, F. (2009). Identifying and overcoming the barriers to learning in an inclusive context. *The Routledge companion to dyslexia*, 193-202.
- Reschly, D. J. (2005). Learning disabilities identification: Primary intervention, secondary intervention, and then what?. *Journal of learning Disabilities*, 38(6), 510-515.
- Ruban, L. M. (2005). Identification and assessment of gifted students with learning disabilities. *Theory into practice*, 44(2), 115-124.
- Salvia, J., Ysseldyke, J. E., & Bolt, S. (2010). *Assessment: In Special and Inclusive Education*. Wadsworth: Cengage Learning.
- Şahin, S., Kara, Ö. K., Köse, B., & Kara, K. (2020). Investigation on participation, supports and barriers of children with specific learning disabilities. *Research in Developmental Disabilities*, 101, 103639.
- Sahoo, M. K., Biswas, H., & Padhy, S. K. (2015). Psychological co-morbidity in children with specific learning disorders. *Journal of Family Medicine & Primary Care*, 4(1).
- Sanfilippo, J., Ness, M., Petscher, Y., Rappaport, L., Zuckerman, B., & Gaab, N. (2020). Reintroducing dyslexia: Early identification and implications for pediatric practice. *Pediatrics*, 146(1). <https://doi.org/10.1542/peds.2019-3046>.
- Scruggs, T. E., & Mastropieri, M. A. (2002). On babies and bathwater: Addressing the problems of identification of learning disabilities. *Learning Disability Quarterly*, 25(3), 155-168.
- Shah, H. R., & Trivedi, S. C. (2017). Specific learning disability in Maharashtra: Current scenario and road ahead. *Annals of Indian Psychiatry*, 1(1), 11.
- Shah, H. R., Sagar, J. K. V., Somaiya, M. P., & Nagpal, J. K. (2019). Clinical Practice Guidelines on Assessment and Management of Specific Learning Disorders. *Indian journal of psychiatry*, 61(Suppl 2), 211-225.
- Stone, L. A., Benoit, L., Martin, A., & Hafler, J. (2023). Barriers to identifying learning disabilities: a qualitative study of clinicians and educators. *Academic Pediatrics*, 23(6), 1166-1174.

Willcutt, E. G., McGrath, L. M., Pennington, B. F., Keenan, J. M., DeFries, J. C., Olson, R. K., & Wadsworth, S. J. (2019). Understanding comorbidity between specific learning disabilities. In L. S. Fuchs & D. L. Compton

(Eds.), *Models for Innovation: Advancing Approaches to Higher-Risk and Higher-Impact Learning Disabilities Science. New Directions for Child and Adolescent Development, 165*, 91–109.