
School Management Teams' Identification of Pupils With Special Needs Strategy Enhancing Inclusive Education Implementation in Selected Councils of Arusha Region, Tanzania

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Abstract: *This study investigated the extent to which school management teams' identification of pupils with special educational needs strategy enhances the implementation of inclusive education in primary schools in the selected councils of Arusha Region, Tanzania. The study was guided by one research question and two hypotheses. The study is anchored on Weiss' Theory of Change. A convergent design under a mixed-methods research approach led the study. The target population comprised 5,993 individuals, from whom a sample of 340 participants was drawn. Sampling techniques used were criterion sampling, proportionate stratified random sampling, and single-stage cluster sampling. Data were collected through questionnaires, interview guides, document analysis guides, and observation checklists. Quantitative data were analysed using descriptive statistics and inferential statistics, whereas qualitative data were analysed thematically. Ethical standards observed included obtaining official permission, informed consent, and confidentiality. The study found that school management teams' identification of pupils with SEN strategy enhanced the implementation of inclusive education to a low extent. Also, there was no significant difference between respondents categories or across councils in the extent of strategy enhancement of inclusive education. The study concludes that the strategy has, to a limited extent, enhanced the implementation of inclusive education, with similar perceptions across respondent groups and councils. The study recommends that the Ministry of Education, Science, and Technology should provide basic identification and screening tools and strengthen referral systems, while School management teams should establish structured school-based identification frameworks, provide regular school-based capacity building, and strengthen collaboration with parents, health facilities, and better-resourced schools.*

Keywords: inclusive education, individualised support, special educational needs, school management teams, implementation of inclusive education

INTRODUCTION

Inclusive education (IE) is widely recognised as a rights-based approach that enables all children to learn with their peers regardless of disability, learning difficulty, or social background. The Salamanca Statement emphasises that inclusive schools should respond to learner diversity through appropriate curricula, organisational arrangements, teaching strategies, resource use, and community partnerships (UNESCO, 1994). This commitment was reinforced by Sustainable Development Goal 4, particularly Target 4.5, which calls for equal access to education for persons with disabilities and other vulnerable groups (UNESCO, 2020). Within this global agenda, the identification of learners with Special Educational Needs (SEN) is central because it provides the basis for early support, instructional adaptation, resource allocation, and evidence-based planning.

Despite strong policy commitments, the implementation of IE remains uneven across education systems. Pupils with SEN continue to experience delayed access to individualised support, limited classroom participation, inadequate assistive devices, and learning environments that are insufficiently responsive to their needs (Saxton et al., 2025; Wood et al., 2024). Although early identification is regarded as a prerequisite for effective IE, most education systems still face weak assessment processes and limited use of identification information for instructional planning, resource allocation, and decision making (Braun, 2020; Crea et al., 2022; Hautamäki & Podolskiy, 2021). For this reason, IE may be implemented superficially with pupils with SEN physically present in regular classrooms but inadequately supported.

International and regional experiences show that strong policy frameworks do not always translate into effective school-level support. Finland's three-tiered support system, for example, promotes early identification and structured support through collaboration among teachers, parents, and specialists, yet challenges persist in determining the appropriate level of support for individual pupils (Hautamäki & Podolskiy, 2021; Ministry of Education and Culture, 2010). In the United Kingdom, children and young people with special educational needs and disabilities have been reported to receive support late and to lack access to the technology and equipment required for meaningful participation (Saxton et al., 2025). Comparable gaps are evident in African contexts, for instance, South Africa's Screening, Identification, Assessment and Support policy provides a structured framework for identifying learners with SEN, but implementation is constrained by inadequate individualised planning (Department of Basic Education, 2014; Matolo & Rambuda, 2022). Likewise, Kenya's policy framework provides for assessment of learners with SEN at school entry, but limited resources, inadequate support services, and gaps in professional practice continue to weaken IE implementation (Bunning et al., 2022). These patterns suggest that identification is only useful when it is followed by timely, appropriate, and individualised support.

In Tanzania, IE is supported by policy and regulatory frameworks that emphasise identifying and supporting learners with SEN. The Education and Training Policy of 2014, revised in 2023, calls for strengthening systems for identifying learners with SEN at all levels of education, while the National Strategy for Inclusive Education 2021-2026 prioritises identification and assessment for appropriate interventions (URT, 2021, 2023c). Additionally, the government established SMTs as school-level leaders, including the headteachers, academic teachers, Internal School Quality

Assurers (ISQAs), and Special Education Coordinators (SECs), who are mandated and expected to operationalise IE policies by supervising teachers in identifying learners with SEN, collaborate with stakeholders and service providers, monitor and evaluate identification activities, and prepare quarterly reports for submission to relevant authorities (URT, 2023a, 2023d). However, evidence indicates that implementation remains weak in practice. Studies have reported inadequate support for learners with cochlear implants, limited teacher knowledge of device maintenance, non-disability-sensitive teaching approaches, and inadequate or inaccessible teaching and learning materials for pupils with SEN (Kisanga & Foya, 2025; Mbuti et al., 2024; Wakuru, 2022).

These national concerns are reflected in Arusha Region, where there is uneven documentation and enrolment of pupils with SEN across councils, with Arusha City Council, Meru District, and Karatu District recording 400, 315, and 88 pupils with SEN, respectively, while Longido and Monduli reported no documented cases (URT, 2023b). Such variation raises questions about the consistency of identification practices and the extent to which SMTs recognise and respond to pupils' needs in schools. In addition, Akiyoo et al. (2022) reported inadequate teaching and learning resources for the effective implementation of IE in Arusha schools.

Thus, while existing studies in Tanzania have documented barriers to IE, less attention has been paid to how SMTs, as school-level policy implementers, use identification strategies to enhance IE implementation. Specifically, limited empirical evidence exists on the extent to which SMT-led identification strategies enhance the implementation of IE through early detection, individualised support planning, teaching adjustments, provision of assistive devices, and evidence-based decision-making. Therefore, this study examined the extent to which SMTs' identification of pupils with SEN strategy enhances the implementation of inclusive education in primary schools in Arusha City Council, Meru District, and Karatu District, Tanzania.

Statement of the Problem

Weak implementation of inclusive education in primary schools remains a concern in Arusha Region. Multiple stakeholders have raised concerns showing that pupils with SEN continue to experience delayed instructional adaptations, limited individualised educational support, and inadequate access to specialised resources necessary for meaningful participation in learning (Akiyoo et al., 2022; Kisanga & Foya, 2025; Wakuru, 2022). Although the government has introduced the National Guideline for the Identification and Assessment of children/learners with Special Educational Needs in 2023, assessment procedures and individualised education programmes remain inconsistently implemented, leaving many pupils with SEN without appropriate support (Mgonja & Mwila, 2023). Previous studies have examined challenges in assessing learners with disabilities (Mligo & Muhammed, 2025), pedagogical strategies in inclusive settings (Mrema, 2024), and support for pupils with cochlear implants (Kisanga & Foya, 2025). However, limited empirical attention has been given to the extent to which SMTs' strategies for identifying pupils with SEN enhance the implementation of inclusive education, particularly through early detection and the provision of individualised support in primary schools. Without such evidence, interventions may fail to address school-level barriers that hinder effective inclusive practice. This situation risks perpetuating unequal learning opportunities, limited

participation, and social exclusion among pupils with SEN in Arusha Region and Tanzania in general. Therefore, this study examined the extent to which SMTs' identification of pupils with SEN strategy enhances the implementation of IE in primary schools in the selected councils of Arusha region, Tanzania.

Research Question

To what extent does the SMT's identification of pupils with SEN strategy enhance the implementation of inclusive education in primary schools in the selected councils of Arusha region?

Research Hypothesis

H₁: There is a significant statistical difference between academic teachers' and ISQAs' mean ratings on the identification of pupils with SEN strategy for IE.

H₂: There is a significant statistical difference between the selected councils in teachers' mean ranks on the extent to which SMTs' identification of pupils with SEN strategy enhances the implementation of IE.

Significance of the Study

The findings of this study are significant in four main ways: First, for policy by providing evidence on the extent to which SMTs' identification of pupils with SEN enhances the implementation of IE, thereby informing the review of IE policies, particularly the Education and Training Policy of 2014, revised in 2023. Second, the study contributes to the Theory of Change by showing how school-level identification strategies can lead to IE outcomes when supported by appropriate conditions. Third, the study contributes empirical evidence on the identification of SEN-to-support pathway by showing the extent to which SMT-led identification practices translate into individualised support for pupils with SEN in primary schools. Fourth, the findings provide guidance to SMTs on strengthening the identification of pupils with SEN and promoting the provision of individualised support for the effective implementation of IE.

Theoretical Framework

The study was guided by the Theory of Change (ToC), advanced by Carol H. Weiss in 1995. Weiss (1995) argued that complex programmes are shaped by implicit assumptions about how interventions produce change, even when such assumptions are not clearly stated. ToC makes programme logic explicit by identifying interventions, causal pathways, assumptions, mechanisms, enabling conditions, intermediate outcomes, and long-term results. Its key tenets include explicit causal pathways, backward mapping, articulation of assumptions, measurable indicators, stakeholder engagement, and recognition that change may occur through multiple pathways. In this study, ToC was relevant because it enabled the examination of how SMTs' identification of pupils with SEN was expected to contribute to the implementation of IE. Specifically, the theory helped clarify the identification of pupils with SEN as an intervention intended to facilitate early detection and the planning of individualised support for pupils. Within this pathway, the provision of individualised support was treated as an indicator of IE

implementation. The theory also cautioned against assuming that the presence of a strategy automatically produces change. Therefore, ToC guided the study in examining whether enabling conditions such as resources, teacher training, SMT planning, and parental participation supported or weakened the expected pathway from identification of pupils with SEN to the provision of individualised support.

Review of Empirical Studies

The empirical literature shows that identifying pupils with special educational needs (SEN) is essential for implementing IE, although its contribution varies across contexts, identification methods, and the extent to which assessment information is translated into support. In California, Brodie et al. (2022), using quantitative data from 6,820 preschool children, found that preschool-based hearing screening helped identify childhood hearing loss and informed early intervention. Similarly, Vorapanya (2024), through a qualitative study in Thailand involving medical screeners, teachers, and parents, found that medical screening supported the identification of at-risk learners and planning of appropriate interventions. In India, Patel and Rathore (2025) established that questionnaires were useful in identifying learning disabilities among Grade Three pupils, while Wimbarti and Kusrohmaniah (2023) found that the Conners 3 Teacher Rating Scale had good sensitivity and specificity in detecting ADHD among primary school pupils in Indonesia. These studies confirm the importance of health check-ups, screening tools, questionnaires, and teacher-rating scales in the early identification of SEN.

Moreover, Hermita et al. (2025) found in Indonesia that schools relied mainly on parental reports and personal observations due to the absence of formal identification procedures. Kabwos (2022), in Kenya, reported that inadequate screening of learners negatively influenced the implementation of IE, while Kisanga and Foya (2025), in Tanzania, found that recognition of pupils' needs depended on teachers' personal experience, online resources, and parental input, although the support provided remained insufficient. Collectively, these studies show that teachers' and parents' involvement is important in identifying pupils with SEN, but their contribution is weakened where schools lack structured procedures, specialised training, and lack of resources.

Despite the contributions of the reviewed studies, three gaps remain. First, most reviewed studies focused on specific identification tools, teacher-level practices, programme-level screening, and particular impairments, with limited attention to identification as a strategy coordinated by SMTs and its contribution to the implementation of IE. Second, methodologically, several studies relied on a single research approach and data collection instrument, limiting the triangulation of evidence on how identification practices translate into individualised support at the school level. Third, population gap was spotted as previous studies focused on pupils, teachers, parents, and specific professionals, with limited attention to SMTs as school-level leaders responsible for coordinating identification practices, particularly in Tanzanian primary schools. Therefore, the current study addressed these gaps by employing mixed methods research approach with convergent design focusing on SMT-led identification practices, drawing evidence from headteachers, academic teachers, ISQAs, special education coordinators, and teachers to examine the extent to which the

identification of pupils with SEN enhances the implementation of IE in selected councils of Arusha Region, Tanzania

RESEARCH METHODOLOGY

The study employed a mixed-methods research approach with a convergent design. The study targeted 278 primary schools in the selected councils of Arusha region (Arusha City Council, Meru, and Karatu). The target population comprised 5,993 individuals: 278 headteachers, 278 academic teachers, 278 ISQAs, 278 Special Education Coordinators (SECs), and 4,881 teachers (URT, 2023b). The sample size was determined using Creswell and Plano Clark (2018) recommended sampling of 10-30% based on population, alongside the Yamane Formula for sampling teachers (Yamane, 1967). Eleven percent (11%) sample proportion was used to select 31 primary schools. Stratified random sampling was employed to choose 245 teachers, whereas single-stage cluster sampling was used to sample 31 academic teachers and 31 ISQAs. Criterion sampling was employed to select 21 headteachers and 12 SECs based on predefined criteria related to their administrative roles in supporting pupils with SEN and their knowledge of SEN. This resulted in a sample of 340 participants.

Data collection involved questionnaires for teachers, ISQAs, and academic teachers; interview guides for headteachers and special education coordinators; a document analysis guide for SEN records; and an observation checklist for identification tools. The Validity of the data collection instruments was assured by three experts specialising in planning and administration from Mwenge Catholic University. The internal consistency of the Likert-type items was determined using Cronbach's alpha, with coefficients of .744, .718, and .827 for academic teachers, ISQAs, and teachers, respectively. The trustworthiness of qualitative data was enhanced through triangulation and peer debriefing. Quantitative data were analysed using descriptive and inferential statistics (mean scores, Kruskal-Wallis H Test and independent-samples t-tests) with the aid of SPSS Version 27. Qualitative data were thematically analysed using NVivo Version 15. Ethical standards observed included obtaining official permissions, obtaining informed consent, maintaining confidentiality, and upholding academic integrity.

RESULTS AND DISCUSSIONS

This research question sought to examine the extent to which the SMTs' identification of pupils with SEN strategy enhances the implementation of IE in primary schools in the selected councils of Arusha region. Table 1 displays responses from teachers, academic teachers, and ISQAs on SMTs' identification of pupils with SEN strategy, enhancing the implementation of IE. The data are summarised and presented as percentages, frequencies, and mean scores.

Table 1: *Response From Teachers, Academic Teachers, and ISQAs on SMTs' Identification of Pupils With SEN Strategy in Enhancing IE (n= 231, 31, 31)*

Statements	V LE		LE		ME		HE		VHE		Mean
	F	%	f	%	f	%	f	%	f	%	
i. Teachers' involvement in the identification processTeachers	44	19	40	17	56	24	52	23	39	17	3.01
allows early detection of learning needs andATs	4	13	4	13	8	26	9	29	6	19	3.29
implementation of targeted intervention strategies ISQAs	10	32	1	3	4	13	9	29	7	23	3.06
ii. Follow up on pupils' academic or social progress,Teachers	40	17	52	23	40	17	68	29	31	13	2.99
enhance the PIS by enabling teachers to track theirATs	2	6	6	19	7	23	11	35	5	16	3.35
improvements and adjust teaching and learningISQAs	3	10	9	29	4	13	7	23	8	26	3.26
strategies											
iii. Questionnaires adopted from MoEST help teachersTeachers	62	27	52	23	30	13	52	23	35	15	2.77
to identify pupils with SEN and make appropriateATs	7	23	5	16	9	29	7	23	3	10	2.81
teaching adjustments ISQAs	10	32	4	13	5	16	5	16	7	23	2.84
iv. Collaboration with special education teachersTeachers	50	22	55	24	35	15	46	20	45	19	2.92
enhances the PIS by helping teachers implementATs	9	29	3	10	5	16	10	32	4	13	2.90
inclusive teaching strategies in the classroom ISQAs	6	19	9	29	2	6	6	19	8	26	3.03
v. Health check-ups help the SMTs to identify pupilsTeachers	56	24	50	22	32	14	61	26	32	14	2.84
and plan for tailored interventions that enhance the PISATs	6	19	8	26	3	10	10	32	4	12	2.94
for pupils with SEN ISQAs	9	29	5	16	3	10	7	23	7	23	2.94
vi. Involving parents helps in identification andTeachers	45	19	48	21	34	15	63	27	41	18	3.03
designing IS plans that reinforce interventions both atATs	6	19	5	16	2	6	13	42	5	16	3.19
home and in the classroom ISQAs	4	13	5	16	8	26	5	16	9	29	3.32
vii. Technology-adopted tools enhance teachers' abilityTeachers	65	28	47	20	29	13	60	26	30	13	2.75
to PIS by enabling teachers to make informed teachingATs	10	32	6	19	7	23	6	19	2	6	2.48
decisions ISQAs	8	26	6	19	6	19	7	23	4	13	2.77
viii. Consultations with special education expertsTeachers	57	25	50	22	31	13	57	25	36	16	2.85
enhance the IPS by giving teachers access toATs	7	23	7	23	8	26	7	23	2	6	2.68
professional guidance on effective interventionISQAs	9	29	7	23	4	13	8	26	3	10	2.65
strategies											
ix. Diagnostic tests help teachers allocate appropriateTeachers	61	26	46	20	34	15	46	20	44	19	2.85
T&L resources by informing differentiated teachingATs	10	32	5	16	6	19	8	26	2	6	2.58
methods that support pupils. ISQAs	8	26	2	6	7	23	10	32	4	13	3.00
x. Placement assessment tests help teachers determineTeachers	54	23	53	23	25	11	62	27	37	16	2.89
the need for individualised support ATs	8	26	5	16	3	10	10	32	5	16	2.97
ISQAs	9	29	3	10	9	29	6	19	4	13	2.77
GRAND MEAN	Teachers										2.89
	ATs										2.92
	ISQAs										2.96

Source: Field Data (2025)

Key: 1. VLE = Very Low Extent, 2. LE = Low Extent, 3. ME = Moderate Extent, 4. HE = High Extent, 5. VHE = Very High Extent, f = Frequency, % = Percentage, ATs = Academic Teachers, ISQAs = Internal School Quality Assurers. PIS= Provision of Individualised Support, IS= Individualised Support, T&L= Teaching and Learning. Mean: 1.00-2.99 low extent, 3-3.99 moderate extent, 4-5 high extent, modified from Ganeti et al. (2025).

Data in Table 1 show that the mean scores of 3.01 for teachers, 3.29 for academic teachers, and 3.06 for ISQAs, suggested that teachers' involvement in the identification process, to a moderate extent, enhanced the provision of individualised support by enabling them to detect learning needs early and implement targeted intervention strategies. However, the variation in responses implies that teachers' involvement in the identification process was not uniformly implemented across schools.

The interview supported the quantitative results by showing that regular teachers played an important role in identifying pupils whose special educational needs had not been recognised at the time of enrolment. For example, HT₁₄ noted that *“Regular teachers participate in the identification process. For instance, if a pupil was not identified during enrolment, the classroom teacher might notice a challenge during lessons and report it to the school administration”* (Interview with HT₁₄, 30th April 2025). This indicated that classroom teachers were positioned to observe behavioural, cognitive, and developmental difficulties during the daily teaching and learning process.

Furthermore, teachers' involvement in identification has enhanced individualised support through adapted teaching methods, strategic seating arrangements, use of learning aids, additional time, one-on-one guidance, modified exercises, and improved access to learning materials. HT₁₉ explained that *“Teachers use large flip chart illustrations, move pupils closer to the board, provide extra time, and offer one-on-one guidance when a pupil is struggling”* (Interview with HT₁₉, 12th May 2025). This indicated that the identification process enabled teachers to respond to pupils' needs through practical classroom adjustments.

Nevertheless, the results revealed that teachers' involvement in the identification process was constrained by a lack of adequate knowledge and skills among some teachers to identify specific learning needs and by the absence of formal structures for identification in some schools. As SEC₉ observed, *“there is currently no formal identification strategy in place. Identification occurs only when a pupil enrolls in standard one, and a teacher observes specific signs”* (Interview with SEC₉, 8th May 2025). Additionally, noted that *“Some children are not identified until class three or four because teachers lack sufficient skills for early identification”* (Interview with HT₈, 10th April 2025).

The findings show that SMTs' involvement of teachers in the identification process to a moderate extent enhanced the provision of individualised support for pupils with SEN. This was achieved by enabling teachers to observe pupils' learning, developmental, and cognitive difficulties and implement classroom-based intervention strategies. However, this enhancement was constrained by teachers' insufficient knowledge and skills for early identification and lack of formal identification structures to guide teachers' involvement. The findings partly align with Hermita et al. (2025), who found that teachers lacked formal training in identifying and managing children with special needs, and Kabwos (2022), who reported that many preschool teachers did not screen learners upon entry. Nevertheless, the current study diverged from these studies by showing that teachers' involvement was not entirely ineffective; rather, when coordinated by SMTs to a

moderate extent, it enhanced the provision of individualised support, as teachers identified pupils and responded through classroom adjustments.

Data in Table 1 indicate the mean scores of 2.77, 2.81, and 2.84 for teachers, academic teachers, and ISQAs, respectively, connoted that the use of MoEST-adopted questionnaires enhanced the identification of pupils with SEN and teaching adjustments to a low extent. The low mean scores suggest that questionnaires were not widely adopted for identifying pupils with SEN, or, when adopted, are not utilised for identification and to inform appropriate teaching adjustments. This further suggested limited familiarity among SMTs and teachers with the use of questionnaires for the identification and intervention process.

The interview results showed that, in schools where MoEST-adopted questionnaires were used, they supported teachers in recognising pupils' specific needs. For example, HT₇ stated that "*The MoEST questionnaires have been very useful in guiding our teachers to recognise specific needs of pupils early, enabling them to tailor their teaching methods effectively*" (Interview with HT₇, 9th April 2025). This suggests that MoEST questionnaires provided teachers with a structured way to document pupils' learning needs and reduced the possibility of overlooking pupils with SEN during the identification process.

Moreover, the use of MoEST-adopted questionnaires prompted teachers to tailor teaching methods, adapt lessons, respond to individual learning needs, and make seating adjustments. SEC₁₂ explained that "*The questionnaires reveal pupils' specific challenges. For example, when visual impairment is identified, enabling us to tailor our lessons, we ensure that they are seated in a position that promotes optimal visibility and utilise larger print books*" (Interview with SEC₁₂, 19th May 2025). The information indicated that, where the questionnaires were used, they supported practical classroom responses, such as adjusting seating arrangements, utilising specialised teaching materials like large-print books, and tailoring lessons.

On the contrary, the results also revealed that the use of MoEST questionnaires was constrained by low parental awareness, parental reluctance to disclose children's difficulties, limited teacher knowledge, irregular use of the tool, and a lack of questionnaire forms in schools. HT₂₀ noted that "*No, we currently do not use questionnaires. The difficulty is that many parents lack sufficient awareness. Although questionnaires could be beneficial, our teachers' knowledge remains an issue*" (Interview with HT₂₀, 14th May 2025).

Further, document analysis confirmed the limited use of the MoEST-adopted questionnaires. Of the 31 schools, 27 (87.1%) had no adopted questionnaires. In comparison, only four schools (12.9%) used questionnaires adopted from the Ministry of Education, Science and Technology for identifying pupils with SEN. In the four schools that used questionnaires, 275 pupils were identified as having SEN. Yet, the remaining 27 schools had no records of pupils identified through MoEST-adopted questionnaires. This evidence substantiated that the utilisation of MoEST questionnaires for the identification of SEN was limited to a few schools. As a result, the non-utilisation of MoEST questionnaires constrained the early identification of pupils with SEN and teachers' ability to make appropriate instructional adjustments.

The study found that SMTs' use of adopted MoEST questionnaires enhanced the identification of pupils with SEN and appropriate teaching adjustments to a low extent. The MoEST questionnaires provided a structured mechanism for supporting early identification and guiding classroom adjustments, such as seating arrangements, the use of large-print books, and lesson adaptations. However, their use in most schools was constrained by limited adoption, teachers' limited knowledge, irregular use, parental reluctance, and limited parental awareness. The findings partly align with Patel and Rathore (2025) and Wimbari and Kusrohmaniah (2023), who reported the effectiveness of a well-structured questionnaire in identifying specific learning challenges, allowing teachers to tailor interventions to individual pupils. Nevertheless, the current study differed from these studies by showing that the potential usefulness of questionnaires does not automatically translate into practical improvements across schools due to inconsistent adoption, insufficient teacher training, and parental reluctance to disclose information about their children's educational needs.

Data in Table 1 show that the mean scores of 2.84 for teachers, 2.94 for academic teachers, and 2.94 for ISQA, indicated that SMTs' use of health check-ups to a low extent helped identify pupils with SEN and plan tailored interventions. The findings further imply that health check-ups were not uniformly incorporated into school-level planning and decision-making, which limited their contribution to the implementation of IE.

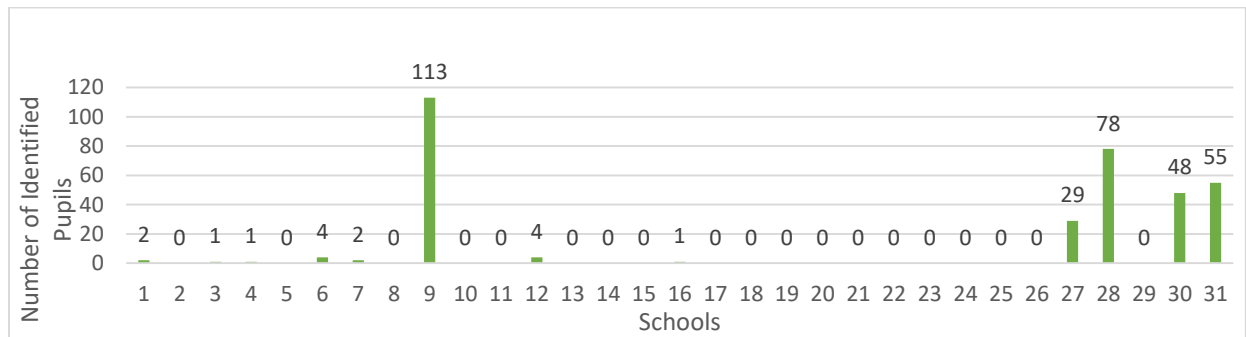
The interviews showed that in some schools, health check-ups supported the identification of pupils with SEN through visits by medical professionals, eye screening, referrals to hospitals, communication with parents, sharing doctors' reports with schools, and informing teachers about pupils' specific needs. For example, HT₅ noted that *"Medical professionals visit the school typically every two to three months. They assisted a child with a leg disability and fitted him with a special shoe. For children with vision problems, they provide glasses after conducting eye screenings"* (Interview with HT₅, 3rd April 2025). This suggested that when health check-ups were organised, they provided reliable information that assisted SMTs in identifying pupils' functional needs and planning appropriate support.

Furthermore, it was noted that health check-ups contributed to the planning and provision of tailored support, such as specialised shoes, corrective glasses, large-print books, Braille machines, magnifying glasses, and government requests for assistive devices. As SEC₄ described, *"When the parent brings us the doctor's report, all teachers are made aware of the pupil's specific challenges to ensure they provide appropriate support and guidance, and inform us to ensure they receive the required prescribed devices and materials"* (Interview with SEC₄, 22nd April 2025). Additionally, HT₉ stated that *"After diagnosis, we incorporate the report into the child's file and use it to plan interventions, including requests for assistive devices, for which the government has facilitated access to large-print books and Braille machines"* (Interview with HT₉, 22nd April 2025). These findings indicated that medical information helped SMTs plan classroom support and resource-based interventions for pupils with SEN.

On the contrary, the findings revealed that some schools did not use hospital visits or medical reports in the identification process, and that parents were unable to take children to the hospital

for identification, limiting identification and the planning of tailored support. For example, HT₁₆ explained that “Often, we call the parent and explain the child’s challenges to them. However, most parents are unable to take their children to the hospital” (Interview with HT₁₆, 7th May 2025). Complementing this, SEC₅ noted that “We have never used hospital visits or hospital reports for identification” (Interview with SEC₅, 29th April 2025).

Moreover, document analysis confirmed the limited use of health check-ups for identification. Among the 31 schools visited, 6 (19.5%) schools had medical assessments, while 25(80.6%) lacked them. This was followed by identifying the number of pupils identified with SEN using the health check-ups. Figure 1 summarises the results:



Source: Field Data (2025)

Figure 1 : Number of Identified Pupils with SEN Using Health Check-ups (n=31)

Figure 1 shows that 12 schools had utilised the health check-ups for identification, resulting in 338 pupils identified with SEN, yet the remaining 19 schools had no records of pupils identified through health check-ups. These results indicate that health-based identification practices were not uniformly applied across schools. However, there was variation between the availability of medical forms and the number of schools that have identified pupils with SEN using medical check-ups, due to some schools having established partnerships with nearby hospitals that conduct medical assessments, while others rely on parents to provide medical reports from health facilities, despite not having medical forms. The divergence implies that the majority of SMTs have yet to integrate this process into their school routines, undermining the extent to which the identification strategy enhances the implementation of IE in the selected councils of the Arusha Region.

The study found that SMTs’ use of health check-ups enhanced the identification of pupils with SEN and the planning of tailored interventions to a low extent. Where health check-ups were utilised, they provided reliable information on pupils’ functional needs and supported intervention planning, including the provision of assistive devices and other prescribed learning materials. However, the strategy was constrained by limited integration of health-based identification into routine identification practices, lack of medical assessment forms, and parental financial constraints. This finding partly aligns with Vorapanya (2024), who reported that medical screening supports appropriate intervention for identified children. Nevertheless, the current study revealed that the contribution of health check-up identification as organised by SMTs was least realised

because health check-ups were irregular and poorly integrated into school-based identification and intervention planning. Consistent with Weiss's (1995) ToC, health check-ups were expected to generate reliable medical information, support accurate identification, and inform tailored interventions. Yet, this pathway operated weakly due to key assumptions, including availability of assessment forms, parental cooperation, access to health services, SMT coordination, and translation of medical reports into classroom support, which were not uniformly met across schools.

Data in Table 1 show that the mean scores of 3.03 for teachers, 3.19 for academic teachers, and 3.32 for ISQAs, suggested that SMTs' involvement of parents in the identification process moderately enhanced the design of individualised support plans that reinforced interventions both at home and in the classroom. However, the responses unveiled inconsistencies in how schools involve parents in identification and intervention planning, partly due to limited parental awareness and weak school mechanisms for sustaining parental participation.

In line with that, interviews showed that parental involvement helped schools to obtain the background information needed to identify pupils' needs and plan support. For example, SEC₁ stated that *"These details are included in the child's school file, allowing us to have the child's background and better understand how to support them, including providing remedial teaching or assistive devices"* (Interview with SEC₁, 8th April 2025). Likewise, SEC₈ added that *"After explaining the child's challenges to parents, we encourage monitoring at home, which has proven beneficial with some parents assisting with tasks, showing improvement from low to average performance"* (Interview with SEC₈, 7th May 2025). These responses indicated that information from parents enabled schools to document pupils' backgrounds, plan remedial teaching, provide assistive devices, and strengthen continuity of support between school and home. On the other hand, HT₁₃ explained that *"Many parents establish study routines at home, following our guidance, and allocate time for their children to learn, regardless of skills. At school, students participate in discussions to share their knowledge freely"* (Interview with HT₁₃, 29th April 2025). This suggests that parental involvement has enabled parents to establish home study routines, provide task support, and monitor pupils' progress, which has in turn improved pupils' engagement and confidence in learning.

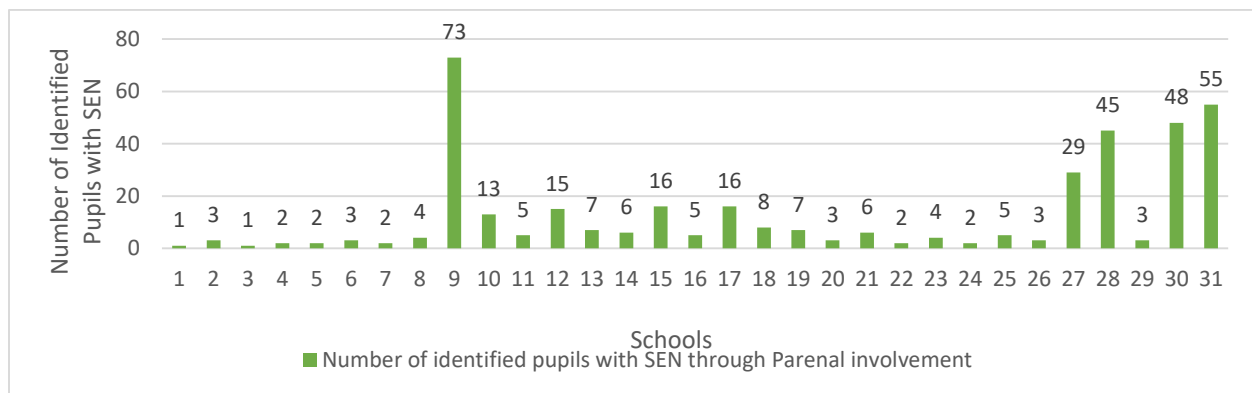
Nevertheless, limitations to the extent of parental involvement in identification were revealed as HT₉ noted that *"Many parents may not fully disclose their children's challenges, hindering early detection"* (Interview with HT₉, 22nd April 2025). In addition, HT₁₉ demonstrated that *"Parents' non-cooperation limits our success; they often don't attend when they are called in school, making it hard to gather the child's history. Without it, understanding the child's challenges is difficult, leading to guesses and inadequate support, hindering intervention planning"* (Interview with HT₁₉, 12th May 2025). Further, SEC₅ observed that, *"Even when we share feedback with parents after identification, very few of them follow through with the recommendations, like attending clinics or buying assistive tools. They expect everything to be done by the school"* (Interview with SEC₅, 29th April 2025). These responses show that the strategy was constrained by limited parental cooperation, reluctance to disclose children's challenges, poor attendance when called to school, and weak follow-up on recommendations. For this reason, SMTs often lacked sufficient

background information to accurately understand pupils' needs, leading to delayed identification, guesswork in interpreting pupils' difficulties, and inadequate planning of targeted interventions.

Furthermore, the admission book was analysed to determine the number of pupils identified through parental involvement. Figure 2 presents the findings:

Figure 2

Number of Identified Pupils with SEN Using Parental Involvement (n=31)



Source: Field Data (2025)

Figure 2 shows that 394 pupils with SEN were identified through parental involvement across the 31 sampled schools, with numbers ranging from 1 to 73 per school. The five schools with the highest numbers accounted for 250 of the 394 pupils, equivalent to 63.5% of all documented cases. In contrast, most of the remaining schools recorded fewer than 10 pupils each, which may be attributed to weak parental disclosure, limited parental awareness, and inadequate mechanisms for documenting information provided during admission and follow-up.

The study found that SMTs' involvement of parents in the identification process to a moderate extent enhanced the identification of pupils with SEN and the planning of individualised support. In schools where parents were actively involved, SMTs and teachers understood pupils' needs, planned remedial teaching, adjusted seating arrangements, provided large-print books, monitored pupils' progress, and reinforced learning at home. However, limited parental cooperation, reluctance to disclose children's challenges, poor attendance when called to school, and weak follow-up on recommendations constrained the extent of improvement. The findings partly align with Hermita et al. (2025) and Kisanga and Foya (2025), who noted that schools rely on parental reports to identify pupils with SEN, including those with cochlear implants. However, the current study showed that parental involvement, when organised by SMTs, supported the identification process and linked it with individualised support planning, classroom adjustment, and home-based reinforcement, but to a moderate extent due to uneven parental disclosure, cooperation, follow-up, and school-level documentation mechanisms across schools.

Data in Table 1 show that the mean scores of 2.75 for teachers, 2.77 for ISQAs, and 2.48 for academic teachers, indicated that the use of technology-adapted tools enhanced teachers' ability to provide individualised support and make informed teaching decisions to a low extent. These findings imply that such tools were not widely available or regularly used across schools and, where available, their contribution to identification and instructional decision-making was limited by inadequate resources, insufficient training, and a shortage of qualified personnel.

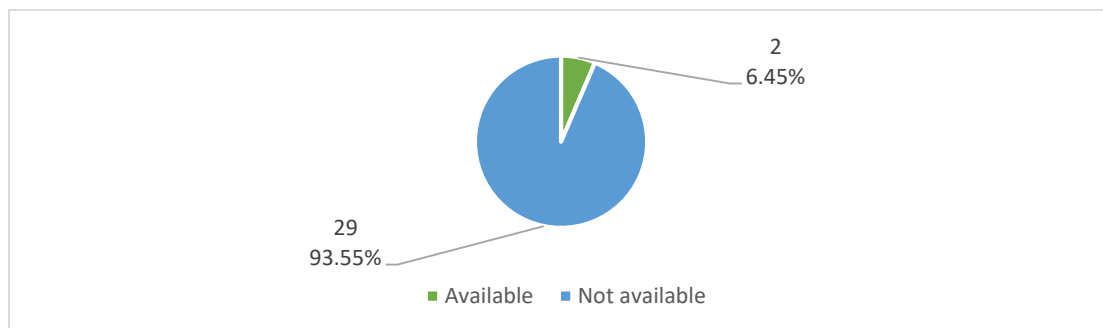
Additionally, the interviews showed that in a few schools, technology-adapted tools supported identification and teaching adjustments. For example, HT₂₁ noted that *"diagnostic reports help identify gaps and motivate resource seeking. We assign specialised teachers to communicate effectively with pupils with special needs and utilise available tools like computers and projectors"* (Interview with HT₂₁, 16th May 2025). Likewise, SEC₁ explained that *"Tools such as the E-chart, audiometers, magnifiers, and special lenses are used to assess low vision or blindness"* (Interview with SEC₁, 8th April 2025). These responses indicated that, in schools where technological tools were available and used for identification, they assisted SMTs in assigning specialised teachers and guiding classroom adjustments, such as seating arrangements, enlarged notes, visual presentations, and the use of assistive devices.

On the contrary, the practical contribution of technology-adapted tools was constrained by inadequate equipment and limited teacher capacity, as HT₆ explained, *"At the moment, we do not have such devices at school. When specialists visit, they come with those devices"* (Interview with HT₆, 4th April 2025). In addition, SEC₂ noted, *"I have not observed regular use of the equipment. The issue stems from insufficient training and a shortage of qualified personnel"* (Interview with SEC₂, 9th April 2025). Similarly, SEC₉ observed, *"A significant portion of our identification process is conducted visually, particularly given the absence of specialised equipment for detecting mental or less visible disabilities"* (Interview with SEC₉, 8th May 2025).

Furthermore, a school observation was conducted to ascertain the availability of technology-adapted tools in schools. Figure 3 summarises what was observed:

Figure 3

Availability of Technology-Adapted Tools for the Identification of Pupils with Special Educational Needs (n=31)



Source: Field Data (2025)

Figure 3 shows that of 31 schools visited, only two schools (6.45%) had audiometric devices available for identifying pupils with hearing impairments, while 29 schools (93.55%) had none. Document analysis further showed that in two schools that had adopted technology tools, 47 pupils were identified as having SEN. These findings indicated that technology-adapted identification was concentrated in a very small number of schools, and they supported evidence-based identification and planning. Yet their absence from most schools limited the regular, timely, and consistent identification of pupils with SEN.

The study found that SMTs' use of technology-adapted tools enhanced teachers' ability to provide individualised support and make informed teaching decisions to a low extent. Where these tools were available and used, they supported the structured identification of pupils with SEN and informed classroom adjustments, such as appropriate seating, enlarged notes, the use of visual technologies, auditory screening, and the assignment of specialised teachers. Nonetheless, this enhancement was hampered by a lack of and irregular use of technological devices, insufficient teacher training, scarce qualified personnel, and reliance on visual observation and teacher intuition to identify pupils' needs. This finding partly aligns with Brodie et al. (2022), who found that preschool-based hearing screening supports early identification and intervention for childhood hearing loss that may otherwise be missed, thereby promoting academic success. However, the current study revealed that the value of technological devices as used by SMTs was weakly realised, as only two of the 31 sampled schools had audiometric devices, while most relied on teacher observation or visiting specialists. This difference may be attributed to contextual variations in resources and institutional capacity, as the selected councils in Arusha Region lacked adequate teacher training, specialists, and technological screening tools to support consistent identification practices.

Hypothesis Testing 1

The researcher determined whether there was a statistically significant difference in mean scores between academic teachers and ISQA on the extent to which SMTs' identification of pupils with SEN strategy enhances the implementation of IE in primary schools. The null hypothesis stated that there was no statistically significant difference between academic teachers' and ISQAs' mean ratings on the extent to which SMTs' identification of pupils with SEN strategy enhances the implementation of IE. The hypothesis was tested at the .05 significance level using an independent-samples t-test. Before conducting the test, the assumptions of normality and homogeneity of variance were examined. The Shapiro-Wilk test showed that the mean scores were normally distributed for academic teachers, $W = .940$, $p = .080$, and ISQAs, $W = .936$, $p = .062$, since both p-values were greater than .05. Levene's test for equality of variances was also not significant, $F = .732$, $p = .396$, indicating that the assumption of equal variances was met. The independent-samples t-test showed no statistically significant difference between academic teachers and ISQAs, $t(60) = -1.26$, $p = .213$, with a mean difference of $-.303$ and a 95% confidence interval ranging from $-.785$ to $.179$. Therefore, the null hypothesis was not rejected. This implies that academic teachers and ISQAs held similar perceptions regarding the extent to which SMTs' identification of pupils with SEN strategy enhances the implementation of IE.

Hypothesis Testing 2

The researcher determined whether the extent to which the identification of pupils with SEN strategy differs significantly across councils in enhancing the implementation of IE. The null hypothesis stated that there was no statistically significant difference among the selected councils in teachers' mean ranks on the extent to which SMTs' identification of pupils with SEN strategy enhances the implementation of IE. The hypothesis was tested at the .05 significance level using the Kruskal-Wallis H test. The test was appropriate because the independent variable comprised three council groups, while teachers' rankings were measured using Likert-type responses. The assumptions of independence of observations and categorical grouping were also met, as each teacher belonged to only one council. The mean ranks showed minimal variation across the councils, with Council A recording the highest mean rank (116.48), followed by Council C (116.20) and Council B (114.39). However, the Kruskal-Wallis H test indicated that these differences were not statistically significant, $H(2) = .026, p = .987$. Therefore, the null hypothesis was not rejected. This implies that teachers across the selected councils held similar perceptions regarding the extent to which SMTs' identification of pupils with SEN strategy enhances the implementation of IE.

Generally, the study found that SMTs' identification of pupils with SEN strategy enhanced the implementation of IE to a low extent by facilitating early detection, informing teaching adjustments, guiding intervention planning, and supporting individualised support for pupils with SEN. The hypothesis testing further showed no significant difference between academic teachers' and ISQAs' perceptions on the extent to which SMTs' identification of pupils with SEN strategy enhanced the implementation of IE, and no significant difference among teachers' rankings across the selected councils. However, this enhancement was constrained by inadequate teacher training, a lack of diagnostic tools, and a lack of collaboration with parents and health facilities. This implies that most pupils with SEN were either not identified at all or identified late, which delayed the provision of appropriate individualised support.

Implications for Policy and Contribution to Knowledge

The study has implications for the Education and Training Policy of 2014, 2023 edition, which emphasises strengthening the system for identifying SEN for every student at all levels of education. The finding that SMT-led identification enhanced inclusive education only to a low extent implied that the government's commitment to strengthening identification systems for learners with SEN has not been fully realised in schools, revealing a gap between policy expectations and implementation practices which undermined the effective implementation of IE across primary schools in the selected councils of Arusha.

The study contributed to knowledge by revealing a weak identification-to-support pathway at the school level. While SMTs employed teachers' observations, parental involvement, health check-ups, questionnaires, and technology-adapted tools to identify pupils with SEN, inconsistent use of these practices meant that the identification strategy translated into individualised support only to a low extent. The study therefore extends existing knowledge by demonstrating that the

contribution of identification strategy to IE implementation depends on how SMTs coordinate identification, intervention planning, classroom adaptation, and follow-up support. Further, the study contextualised Weiss's (1995) Theory of Change by showing that the identification-to-support pathway depends on enabling conditions such as teacher competence, appropriate tools, parental participation, and functional referral systems.

CONCLUSION

School management teams' identification of pupils with SEN strategy has partly enhanced the implementation of IE. This level of enhancement was similar across respondent groups and councils. However, among the selected identification practices, teachers' involvement and parents' involvement in the identification process outshined the rest of the items by enhancing the implementation of IE to a moderate extent. In schools where SMTs managed the process more actively, the strategy supported early detection and individualised support planning by enabling early recognition of pupils' needs, informing teaching adjustments, guiding differentiated classroom practices, supporting intervention planning, and facilitating individualised support for pupils with SEN. As a result, the strategy remained weak due to limited teacher expertise, a lack of identification tools, and limited parental involvement.

Recommendations

The Ministry of Education, Science, and Technology should ensure that all schools are equipped with basic identification and screening tools, such as questionnaires and referral forms. It should also establish a clear referral system linking SMTs, nearby health facilities, Educational Support Resources, Assessment Centres (ESRACs), and schools equipped with identification tools.

At the school level, SMTs should establish and consistently apply a clear school-based identification framework that sets out procedures, responsibilities, timelines, and follow-up mechanisms. SMTs should institutionalise and emphasise practical approaches that schools can manage, including teachers' classroom observation, monitoring pupils academic and social progress, involving parents, and identifying learners needs from the point of enrolment and throughout schooling.

In addition, SMTs should provide regular school-based in-service training through the Continuous Professional Development programme, commonly known as *Mafunzo Endelevu kwa Walimu Kazini (MEWAKA)*, to improve teachers' knowledge of identification and the use of identification results for classroom support. School management teams should further strengthen collaboration with parents, health facilities, Non-governmental organisations, and better-resourced schools to support referral, assessments, and access to identification tools.

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