

EDUCATIONAL DIAGNOSIS AND EVALUATION PROCESS OF YOUNG
CHILDREN WITH SPECIAL NEEDS: STAFF VIEWS WORKING IN
GUIDANCE AND RESEARCH CENTERS

A THESIS SUBMITTED TO
THE GRADUATE SCHOOL OF SOCIAL SCIENCES
OF
MIDDLE EAST TECHNICAL UNIVERSITY

BY

ECEM YAŞAR TÜRKEL

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR
THE DEGREE OF MASTER OF SCIENCE
IN
THE DEPARTMENT OF ELEMENTARY AND EARLY CHILDHOOD
EDUCATION, EARLY CHILDHOOD EDUCATION

SEPTEMBER 2025

Approval of the thesis:

**EDUCATIONAL DIAGNOSIS AND EVALUATION PROCESS OF YOUNG
CHILDREN WITH SPECIAL NEEDS: STAFF VIEWS WORKING IN
GUIDANCE AND RESEARCH CENTERS**

submitted by **ECEM YAŞAR TÜRKEL** in partial fulfillment of the requirements
for the degree of **Master of Science in Elementary and Early Childhood
Education, Early Childhood Education, the Graduate School of Social Sciences
of Middle East Technical University** by,

Prof. Dr. Sadettin KİRAZCI
Dean
Graduate School of Social Sciences

Prof. Dr. Feyza TANTEKİN ERDEN
Head of Department
Department of Elementary and Early Childhood Education

Prof. Dr. Feyza TANTEKİN ERDEN
Supervisor
Department of Elementary and Early Childhood Education

Examining Committee Members:

Assoc. Prof. Dr. Selda ARAS (Head of the Examining Committee)
Hacettepe University
Department of Early Childhood Education

Prof. Dr. Feyza TANTEKİN ERDEN (Supervisor)
Middle East Technical University
Department of Elementary and Early Childhood Education

Assist. Prof. Dr. Ceyda DURMUŞ
Middle East Technical University
Department of Elementary and Early Childhood Education



I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

Name, Last Name: Ecem YAŞAR TÜRKEL

Signature:

ABSTRACT

EDUCATIONAL DIAGNOSIS AND EVALUATION PROCESS OF YOUNG CHILDREN WITH SPECIAL NEEDS: STAFF VIEWS WORKING IN GUIDANCE AND RESEARCH CENTERS

YAŞAR TÜRKEL, Ecem

**M.S., The Department of Elementary and Early Childhood Education, Early
Childhood Education**

Supervisor: Prof. Dr. Feyza TANTEKİN ERDEN

September 2025, 143 pages

The study aims to investigate the views of special education teachers and guidance counselors working in Guidance and Research Centers (GRCs) regarding the educational diagnosis and evaluation processes of young children. The participants were three special education teachers and three guidance counselors employed in GRCs in Ankara. The study was conducted as a multiple-case study within the scope of qualitative research, and data were collected through semi-structured interviews. The findings revealed that special education teachers and guidance counselors consider the role of GRCs to be crucial in early childhood special education; however, GRCs alone are not very effective in meeting the requirements of children with special needs and influencing their development. Participants emphasized the need for collaboration among GRCs and other stakeholders, including schools, teachers, families, and the health sector. However, it was noted that GRCs face challenges, including teachers' inadequate knowledge and skills in early childhood special education, families' lack of openness to collaboration, low levels of

awareness, and a lack of consensus between healthcare institutions where medical diagnoses are made, which negatively impacts collaboration. Furthermore, it was noted that when parents have high awareness, are open to collaboration, and teachers identify children's developmental needs and recognize the risks, many children with special needs reach a level where they are virtually unaffected by their special needs. Likewise, the need for improved early diagnosis and intervention programs was emphasized. Additionally, family education, increasing teacher competence, raising societal awareness, reorganizing the system from the outset, activating supervisory mechanisms, and addressing issues such as workload, density, and staff shortages in GRCs were presented as suggestions to mitigate the difficulties encountered.

Keywords: early childhood education, children with special needs, special education teachers and guidance counselors, educational diagnosis and evaluation

ÖZ

ÖZEL GEREKSİNİMLİ KÜÇÜK ÇOCUKLARIN EĞİTSEL TANI VE DEĞERLENDİRME SÜRECİ: REHBERLİK VE ARAŞTIRMA MERKEZİNDE ÇALIŞAN PERSONELİN GÖRÜŞLERİ

YAŞAR TÜRKEK, Ecem

Yüksek Lisans, Temel Eğitim, Okul Öncesi Eğitimi Bölümü

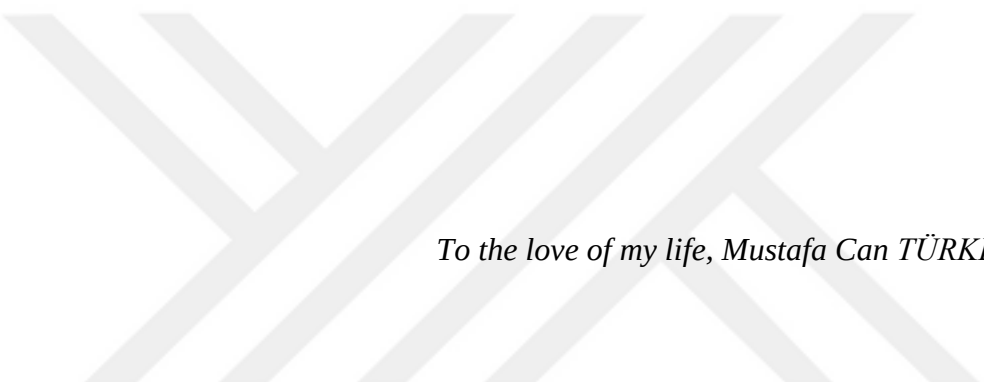
Tez Yöneticisi: Prof. Dr. Feyza TANTEKİN ERDEN

Eylül 2025, 143 sayfa

Bu çalışmanın amacı, Rehberlik ve Araştırma Merkezlerinde çalışan özel eğitim öğretmenleri ve rehber öğretmenlerin, küçük çocukların eğitsel tanılama ve değerlendirme süreçlerine ilişkin görüşlerini incelemektir. Katılımcılar, Ankara'daki Rehberlik ve Araştırma Merkezlerinde (RAM) çalışan üç özel eğitim öğretmeni ve üç rehberlik danışmanıdır. Çalışma, nitel araştırma kapsamında çoklu vaka çalışması olarak yürütülmüş ve veriler yarı yapılandırılmış görüşmeler yoluyla toplanmıştır. Bulgular, özel eğitim öğretmenleri ve rehberlik danışmanlarının, erken çocukluk özel eğitiminde RAM'ların rolünün çok önemli olduğunu düşündüklerini; ancak bu kurumların tek başına özel gereksinimli çocukların gereksinimlerini karşılamada çok etkili olmadığını ortaya koymuştur. Ayrıca katılımcılar, RAM, öğretmenler, aileler ve sağlık sektörü gibi diğer paydaşlar arasında iş birliğinin gerekliliğini vurgulamışlardır. Ancak RAM'ların, öğretmenlerin yetersiz bilgi ve becerileri, ailelerin iş birliğine açık olmaması, farkındalık düzeylerinin düşük olması ve sağlık kuruluşları arasında fikir birliği eksikliği gibi iş birliğini olumsuz etkileyen

sorunlarla karşılaştığı belirtilmiştir. Ayrıca, ebeveynlerin farkındalığı yüksek, iş birliğine açık ve öğretmenlerin çocukların gelişimsel ihtiyaçlarını belirleyip riskleri fark ettiklerinde, birçok özel gereksinimli çocuğun özel gereksinimlerinden neredeyse hiç etkilenmediği bir düzeye ulaştığı belirtilmiştir. Benzer şekilde, erken tanı ve müdahale programlarının iyileştirilmesinin gerekliliği vurgulanmıştır. Ayrıca, aile eğitimi, öğretmen yeterliliğinin artırılması, toplumsal farkındalığın artırılması, sistemin yeniden düzenlenmesi, denetim mekanizmalarının etkinleştirilmesi ve iş yükü, yoğunluk ve personel eksikliği gibi sorunların ele alınması, karşılaşılan zorluklarla başa çıkmak için öneriler olarak sunulmuştur.

Anahtar Kelimeler: erken çocukluk özel eğitimi, özel gereksinimli çocuklar, özel eğitim öğretmenleri, rehberlik danışmanları, eğitsel tanılama ve değerlendirme



To the love of my life, Mustafa Can TÜRKEK

ACKNOWLEDGMENTS

This thesis is not just an academic endeavor, but a product of patience, faith, and unity. I grew with every step of this journey, and I was supported by every line. It gives me great joy to express my appreciation to everyone who assured me I didn't walk alone, who gave me strength —sometimes with a sentence, sometimes with a look, sometimes just with their presence —and who helped me reach the end of my journey.

First and foremost, I would like to express my gratitude to my advisor, Prof. Dr. Feyza TANTEKİN ERDEN, for her constant support, both academically and psychologically. I dreamed of walking this path with her during my undergraduate years. Realizing this dream, and feeling her endless support and unconditional love, was priceless. She patiently listened to me through every challenge I faced, and with her words, she never stopped believing in me. At times, when I felt hopeless and thought everything was going wrong, she never stopped believing in me. Being with her on this journey allowed me to feel my inner strength again and again.

Secondly, I would like to thank the members of the examining committee Assoc. Prof. Dr. Selda Aras and Assist. Prof. Ceyda Durmuş for their valuable comments and suggestions that helped me greatly in improving my study. I am grateful to them for their interest in my work and for making me feel that they read every line of the study with their valuable comments during the evaluation process.

And of course, I would like to thank the special education teachers and guidance counselors who volunteered to participate in the study for dedicating their valuable time and sincerely sharing their knowledge and experiences.

Furthermore, I would like to thank Sıla Selin TÜRKEK, who has consistently provided me with academic guidance, patiently sharing all the knowledge and

experience she gained during her own studies. And of course, I would like to thank Elif TOPATAN, who became more than a friend in a very short period of time, for being with me during this process and offering me the greatest psychological support. Whenever I had doubts about myself or encountered a challenge, she listened to the minutes-long audio recordings I sent her, helping me calm down, feel better, and continue. I am so lucky that this journey brought you along.

Additionally, I would like to thank my parents, Serap & Hamza YAŞAR, who never stopped believing in me and always made me feel their pride. Also, my sister, Ezgi DEMİRHAN, her husband, Caner DEMİRHAN, and their daughter, Defne DEMİRHAN, it would have been very difficult to continue this path without you. Furthermore, I would like to thank the TÜRKEK family for their love, understanding, patience, and kind wishes. Each of your supports was priceless.

And my precious one, Mustafa Can TÜRKEK... Thank you for never ceasing to believe in me even when I didn't believe in myself, for holding my hand and lifting me whenever I fell, and for helping us move forward stronger together each time. With your support, I overcame the greatest challenges I faced on this journey, challenges I thought would never pass. You are the most kind-hearted, loving, and compassionate person I have ever known. Whenever I needed a hand on my back, you were always there. My dear husband, who takes pride not only in my successes but also in my failures, and who broadens my perspective on life, your presence always gives me peace and strength. Thank you for loving me just the way I am. I'm so glad I have you.

TABLE OF CONTENTS

PLAGIARISM	iii
ABSTRACT	iv
ÖZ	vi
DEDICATION	viii
ACKNOWLEDGMENTS	ix
TABLE OF CONTENTS	xi
LIST OF TABLES	xv
LIST OF ABBREVIATIONS	xvi
CHAPTERS	
1. INTRODUCTION	1
1.1. Statement of the Problem	4
1.2. Purpose of the Study	7
1.3. Significance of the Study	8
1.4. Definitions of Key Terms.....	10
2. LITERATURE REVIEW.....	13
2.1. Special Education.....	13
2.2. Historical Development of Special Education	17
2.2.1. The Emergence of Special Education Internationally.....	17
2.2.2. Development of Special Education in Türkiye	21
2.3. Early Childhood Special Education	24
2.4. Research on Early Diagnosis and Intervention in Early Childhood Special Education	26
2.5. Educational Diagnosis and Evaluation in Early Childhood Special Education	31
2.6. Theoretical Framework	36
2.6.1. Ecological Systems Theory.....	36
2.7. Related Literature on Early Childhood Special Education Services and Programs	39

2.7.1. International Studies.....	39
2.7.2. National Studies	42
3. METHOD.....	47
3.1. Research Questions	47
3.2. The Design of the Study.....	48
3.3. Motivation of The Researcher.....	49
3.4. Participants of the Study and Definition of the Cases.....	50
3.4.1. Participants	50
3.4.2. Definition of the Cases.....	51
3.5. Data Collection Tools.....	52
3.5.1. Demographic Information Form	53
3.5.2. Semi-Structured Interview Form.....	53
3.6. Data Collection Procedure	56
3.7. Data Analysis Procedure	57
3.8. Trustworthiness	57
3.9. Limitations	59
4. FINDINGS	60
4.1. Views of Special Education Teachers and Guidance Counselors on Referral	61
4.1.1. Steps Followed in Referral.....	61
4.1.2. First Contact with the Family and Emotional Reactions.....	62
4.1.3. Collaboration with Families and Institutions	64
4.1.4. The Impact of Family Awareness Levels on Referrals	66
4.2. Views of Special Education Teachers and Guidance Counselors on Placement.....	68
4.2.1. Factors Affecting Placement	68
4.2.2. The Role of Family in Placement.....	70
4.2.3. Difficulties Encountered in Placement.....	72
4.3. Views of Special Education Teachers and Guidance Counselors on Monitoring	74
4.3.1. Annual Evaluation and Views on the Adequacy of Annual Evaluation.....	74
4.3.2. Tools Used and Evaluation of the Child's Performance.....	75

4.3.3. Recommendations for Effective Monitoring	76
4.4. Collaboration with Families and Other Institutions	78
4.4.1. Involvement of Families	78
4.4.2. Collaboration with Other Stakeholders	80
4.5. Recommendations for an Ideal GRC Process	81
4.5.1. Early Intervention.....	82
4.5.2. Teacher Competence and Family Education.....	83
4.5.3. The Necessity of Systemic Improvement	85
4.6. Distribution of Participant Views According to Themes and Comparison Between Cases	88
5. DISCUSSION	90
5.1. Views of Special Education Teachers and Guidance Counselors on Referral	91
5.2. Views of Special Education Teachers and Guidance Counselors on Placement.....	92
5.3. Views of Special Education Teachers and Guidance Counselors on Monitoring	93
5.4. Collaboration with Families and Other Institutions	95
5.5. Recommendations for an Ideal GRC Process	96
5.6. Implications.....	98
5.6.1. Implications for Special Education Teachers and Guidance Counselors Working in GRC	98
5.6.2. Implications for Researchers.....	99
5.6.3. Implications for Policymakers	99
REFERENCES.....	102
APPENDICES	
A. DEMOGRAPHIC INFORMATION FORM	120
B. INTERVIEW PROTOCOL.....	122
C. APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE	124
D. APPROVAL OF THE MINISTIRY OF NATIONAL EDUCATION ETHICS COMMITTEE	125
E. CONSENT FORM	126

F. TURKISH SUMMARY / TRKE ZET	128
G. THESIS PERMISSION FORM / TEZ İZİN FORMU.....	143



LIST OF TABLES

Table 1. Descriptive information about the participants of the study	51
Table 2. Demographic information of the participants in the pilot study	54
Table 3. Categories and sample questions.....	56
Table 4. Summary of the findings	60
Table 5. Distribution of participant views according to sub-themes and comparison between cases	88

LIST OF ABBREVIATIONS

CCD	: Care for Child Development
EHS	: Early Head Start
GRC	: Guidance and Research Center
IDEA	: Individuals with Disabilities Education Act
MoNE	: Ministry of National Education
PEECH	: Precise Early Childhood Education
PACE	: Parent Action in Childhood Education

CHAPTER 1

INTRODUCTION

The literature presents a wide range of definitions of education. Adler (2003), for instance, emphasizes that one of the primary purposes of education is to seek knowledge and truth. He further asserts that intellectual honesty and critical thinking are at the center of education. In this respect, education aims to develop the individual's ability to understand the world better, seek truth, access knowledge, and enhance the individual's active participation. According to another definition, education is a comprehensive process that supports the intellectual and moral development of the individual and aims to develop their capacity to think, understand, and create values (Carr, 2003). In this context, one of the main goals of education is to equip all individuals, regardless of whether they have special needs with the skills necessary to be self-sufficient (Küçüköz, 2020). It is thought that individuals with special needs should receive timely and appropriate educational support to determine and comprehensively address their unique needs, with a focus on fostering their independence and social integration (Cavkaytar & Diken, 2005). Accordingly, special education, has emerged as a subfield of educational science and is defined as the educational activities provided to maximize the capacities of children with special needs or gifted children or to eliminate elements that may hinder these individuals. According to Cook and Schirmer (2003), special education is about being able to offer something "*extra*" and "*different*." According to the Ministry of National Education Special Education Services Regulation (2018, p. 2), special education refers to "Education programs designed to meet the academic and social needs of individuals who differ greatly from their peers in terms of their individual and developmental characteristics and educational qualifications, and education provided in appropriate environments with specially trained personnel." In this context, special education includes addressing the social needs of the individual,

ensuring their integration into society, and educating both children with special needs and their peers in educational institutions, with real life examples. Nevertheless, it is necessary to know that each child's developmental process is unique and that each has unique strengths and challenges. Accordingly, there are disparities among children considering their physical characteristics and learning skills (Çiftçi Çiçek, 2015).

As some children differ from established norms in terms of physical or learning skills, for example, they may have learning and behavioral delays, or they may be cognitively superior or exceptionally talented compared to norms, they are likely to benefit from individualized education programs specifically designed for them (Eripek, 2018). These differences are critical in classifying children with special needs and preparing educational programs. When preparing educational programs, the developmental needs of individuals were considered, and the programs were aimed to address and fulfill these individuals' needs (Aktaş, 2022). However, children with special needs require customized programs that align with their unique strengths and challenges, taking into account their own potential and needs. To prepare individualized programs for children with special needs, evaluation and diagnosis of these children is necessary. This process includes various studies that must be repeated from the onset and throughout the special education period (Çiftçi Çiçek, 2015).

In the context of special education, the evaluation process for children includes determining appropriate services for those affected by or are at risk due to special needs, creating individual education programs, and evaluating the implementations of these programs (Kargın, 2007). According to Avcıoğlu (2017), this process also includes tailoring programs to meet each student's unique needs and developmental characteristics. The educational evaluation process systematically gathers information to make legal and educational decisions about providing special education services (McLoughinn & Lewis, 2005). This process begins with the initial identification of children with special needs or suspected special needs and consists of *pre-referral*, *referral*, *detailed assessment*, and *placement* phases (Kargın, 2007).

In Türkiye, a Special Education Evaluation Board located in each Guidance and Research Center (GRC) is responsible for the evaluation and diagnosis processes of individuals who need special education (Aktaş, 2022). Before an individual can start to benefit from educational services, s/he must first undergo a medical diagnosis process, which is the responsibility of health institutions (Küçükğöz, 2020). According to Article 8 of the Basic Law on National Education, while the services for special education in Türkiye are handled within the scope of the General Directorate of Special Education Guidance and Research Centers (Özgüler, 2003), the provision of the services provided here to many points within the education system and their dissemination are undertaken by GRCs operating under the Ministry of National Education in provinces and districts (Tiryakioğlu & Avcıoğlu, 2013). The Ministry of National Education (2009) states that these centers are opened by the MoNE in provincial centers and districts as required to provide qualified guidance and counseling services and to provide diagnosis, guidance, and counseling services to individuals with special needs in their locations. In these centers, after the diagnosis of the individual's special needs is received, educational evaluation and diagnosis begin (Turnbull et al., 2007). In this context, the most appropriate education for individuals with special needs is provided through educational diagnosis. This process, which uses formal and informal tools and is shaped by revealing what individuals can do developmentally, highlights the individual's weaknesses and strengths (Çiftçi Çiçek, 2015).

According to the Special Education Services Regulation published in the Official Gazette of Republic of Türkiye number 30471, planning the education processes of children with special needs begins with the *referral* process, which starts with the application to the GRC to determine whether the child has special needs (MoNE, 2018). This is followed by the *placement* phase where the most appropriate educational environment is decided according to the child's evaluation results. In the *monitoring* process, the child's development in the environment where he/she is placed is monitored, support services are arranged when necessary, and the education plan is updated. Thus, addressing individuals' unique developments allows teachers to develop and change their teaching strategies to fulfill their needs. It is of great importance that these adjustments which are important to meet the needs of each

individual be implemented as early as possible. Accordingly, studies in the field of education show that education received in early childhood supports the educational process in later times (Özdemir et al., 2022; Özdoğru, 2021). Since early childhood special education is critical for the academic achievement, social relationships, and everyday life skills of children with special needs (Kuzgun, 2019; Werts et al., 2007), the knowledge, experience, and views of the people who carry out this process are decisive in the effectiveness of the diagnosis and evaluation of young children.

In early childhood, the education system aims to support children's physical, mental, and emotional development, to ensure that they acquire habits that benefit them, and to prepare them for primary school (Özdoğru, 2021). Accordingly, special education practices in early childhood aim to address the needs of children with special needs or those from disadvantaged backgrounds along with supporting families. The aim is to prevent the condition of special needs from becoming an obstacle, or to minimize the gap between the children and their peers (Pinar, 2006). Early diagnosis, which includes identifying the child's special needs and ensuring that appropriate improvement and educational activities are delivered in an appropriate time and manner, plays a significant role in this process (Gürsel, 2005). While special education services in the field of early childhood have been developing for nearly fifty years in advanced countries, this situation has a relatively new history for Türkiye (Pinar, 2006). Although GRCs have increased in quantity, there remains a limited body of research on their services (Tiryakioğlu & Avcıoğlu, 2003). Since the GRC professionals play a crucial role in starting accurate diagnosis, appropriate placement, and ongoing monitoring of the children, their role underscores the critical role of GRCs and promotes greater social recognition of these centers' contributions.

1.1. Statement of the Problem

Early childhood special education services include educational support provided to children between birth and the age of 6 or 8 who have developmental delays or are at risk, as well as to their families (Birkan, 2002). These services aim to support the development of children with developmental risk or developmental delay, minimize

the gap between them and their peers, and facilitate their development best (Sucuoğlu, 2002). For children with special needs to reach their full potential, their education should start as early as possible (Johnson, 2016; Petrenko, 2013). The early involvement of children with special needs in quality early intervention efforts dramatically influences their development (Guralnick, 2017). Such efforts can significantly alter the developmental trajectories of these children (Johnson, 2016). Therefore, the special education services provided by GRCs are critical because the services provided in these centers contribute significantly to the development of individuals with special needs (Doğan et al., 2022). Besides, the participants' views in the study highlight the strengths and weaknesses of existing processes and contribute to the development of practical and applicable solutions to the challenges encountered in these processes. Thus, the findings can pave the way for improving both intra-institutional and policy-level regulations for the functioning of these institutions. However, when the literature is examined, it is seen that the studies related to the importance of GRCs in early childhood special education are limited. Among these are studies on the functioning of the services provided in GRCs, how the diagnosis and evaluation process proceeds, and the opinions of GRC personnel on these processes (Akkoyun, 2007; Aktaş, 2022; Çiftçi Çiçek, 2015; Doğan et al., 2022; Ekim, 2015; Kocaoğlu, 2022; Yurtsever, 2013). Supportingly, some of the studies emphasize that the physical conditions in GRCs are insufficient for the application of psychological and developmental tests (Avcıoğlu, 2012; Ekim, 2015; Güven & Balat, 2006; Türkkal, 2019; Yılmaz & Uçar, 2021). In addition, the self-efficacy, professional satisfaction, and professional competence perceptions of special education teachers and guidance counselors working in GRCs have been addressed in various studies (Acar, 2019; Arşit, 2019; Göncü, 2019; Gürbüz & Bozgeyikli, 2014). Küçükgöz (2020) conducted a study specifically on the educational diagnosis and evaluation process of children with autism spectrum disorder, whereas Yılmaz and Doğan (2023) examined children with hearing impairment. Among these studies, Avcıoğlu and Bengisoy (2012) highlighted the roles of families in the diagnosis process and emphasized their perspectives. Özdoğru (2021) conducted a study on the problems encountered by children with special needs in the preschool education process. Besides, some studies revealed insufficient cooperation between GRCs and schools (Yurtsever, 2013). While these existing

studies have made significant contributions to special education, they have little information regarding the role of GRCs in early childhood special education (Yağcıoğlu et al., 2023). Therefore, a study centering the views of this participant group will contribute to theoretical and practical knowledge and to improving existing processes.

Educational diagnosis and evaluation services in GRCs provide early intervention opportunities for children with special needs and ensure that children are referred appropriately for their needs. Indeed, in the Information Report shared by the General Directorate of Special Education and Guidance Services, it is stated that for the 2024-2025 academic year, 1,374 students attended preschool special education classes, and 36,591 students attended special education classes at the primary school level (MoNE, 2025). Supportingly, in a study conducted in Türkiye, children in the 0-3 age group were evaluated developmentally, and it was observed that 20.9% of these children had developmental delays (Gözün-Kahraman et al., 2016) highlighting the importance of early intervention in early childhood (Türkçent & Özer, 2023). In this context, individualized teaching methods and techniques that consider these children's needs and focus on their abilities become crucial (Wood, 2006). It is known that when children with special needs do not receive appropriate education or support, they experience many challenges, including adaptation difficulties, academic failure, and inadequacy in their social lives and school environments (Kuzgun, 2019; Werts et al., 2007). This highlights the significance of accurately identifying and evaluating the needs of the children.

The identification and evaluation process starts with the teacher, student, and parents expressing their concerns based on the individual's current condition and challenges that the individual require special education support (MoNE, 2023). Thus, GRCs are active in many procedures, from diagnosing children with special needs to placing them in appropriate educational environments. The diagnosis process for young children requires a multidimensional approach, such as making a developmental assessment, obtaining information from the family and teacher, and considering the child's characteristics. The knowledge, experience, and attitudes of special education teachers and guidance counselors working in GRCs are decisive in executing this

process. However, in the relevant literature, the experiences and views of special education teachers and guidance counselors working in GRCs, especially regarding educational diagnosis and evaluation processes for early childhood, have not been sufficiently investigated. Existing studies mainly focus on the general function of the GRCs, referral processes, or the legal framework. However, there is a need for field-based information on issues such as the challenges faced by experts at the center of the evaluation processes for young children, as well as the processes of cooperation with families and preschool teachers. This deficiency makes establishing an effective and holistic diagnosis process in early childhood difficult. Therefore, in this study, it was considered crucial to examine the views of special education teachers and guidance counselors regarding the educational diagnosis and evaluation of children with special needs in early childhood.

In summary, early childhood is a critical period in special education. However, there appears to be a paucity of studies involving individuals working as special education teachers and guidance counselors in GRCs and their views regarding educational diagnosis and evaluation in early childhood (Yağcıoğlu et al., 2023). The studies mentioned cover GRC personnel, principals, special education teachers, and guidance counselors, while the age group these personnel deal with is generally addressed. Therefore, this study seeks to examine the views of special education teachers and guidance counselors working in GRCs regarding the educational diagnosis and evaluation of young children.

1.2. Purpose of the Study

Special education teachers and guidance counselors are individuals who directly observe the needs of children and families, working one-on-one with children, families, and other stakeholders. Therefore, a systematic study examining their perspectives can reveal strengths and weaknesses in practice, contribute to improving existing processes, and guide policymakers. Accordingly, this study aims to examine the views of special education teachers and guidance counselors working in GRCs regarding the educational diagnosis and evaluation processes for young children. In order to obtain detailed information about the teachers' and counselors' views, the researcher sought answers to the following questions;

1. What are the views of special education teachers and guidance counselors working in GRCs regarding the referral process of children with special needs?
 - 1.a. What are their views on the steps followed in the referral process for children with special needs?
 - 1.b. What are their views on cooperation with guardians or families during the referral process?
 - 1.c. What are the challenges they experience during the referral process for preschool children?
2. What are the views of special education teachers and guidance counselors working in GRCs regarding the placement process of children with special needs?
 - 2.a. What are their views on the placement decision process for a child with special needs in the preschool period?
 - 2.b. What are their views on the roles of guardians or families in the placement decision?
 - 2.c. What are the challenges they experience in the placement process?
3. What are the views of special education teachers and guidance counselors working in GRCs on the monitoring process of children with special needs?
 - 3.a. What are their views on the methods used to monitor the development of children with special needs?
 - 3.b. What are their views on monitoring the child once a year?
 - 3.c. What are their views on continuing cooperation in the monitoring process?
 - 3.d. What are the challenges they experience in the monitoring process?

1.3. Significance of the Study

Studies indicate that education during early childhood plays a decisive role in shaping children's future learning and academic success (Özdemir et al., 2022; Özdoğan, 2021). Accordingly, GRCs' work for children with special needs in early childhood identifies what children need developmentally and ensures that the necessary interventions begin before it is too late. Thus, GRCs recognize children's

needs early and direct them to educational programs that are appropriate for them. This increases the effectiveness of early intervention and prevents the emergence of bigger problems in the future. Thus, recognizing developmental risks in early periods is extremely important for children to realize their potential at the highest level.

When the role of GRCs in recognizing the special needs of children and making the necessary guidance is considered, it is seen that the knowledge, experience, and views of the people who carry out this process are decisive in the effectiveness of the diagnosis and evaluation of young children. Therefore, this study aims to fill a significant gap by focusing on understanding the views of special education teachers and guidance counselors working in GRCs regarding educational diagnosis and evaluation in early childhood, the difficulties they encounter, and their collaborative approaches. In addition, in the literature on the educational diagnosis and evaluation practices of GRC employees regarding early childhood, there has not been sufficient study (Yağcıoğlu et al., 2023). However, the developmental characteristics of this age group distinguish them from that of other age groups, requiring a special area of expertise. Thus, the study's findings will both provide the opportunity to determine the strengths and weaknesses of the system by revealing the reflections of existing diagnosis processes in the field and will shed light on the policy and service models that can be developed for GRC practices in early childhood. In addition, it will contribute to developing in-service training programs and strengthening interdisciplinary collaboration models. Thus, the study provides an evidence-based perspective so practitioners and decision-makers can create a more effective and holistic diagnostic and evaluation system in early childhood special education. Moreover, the views of people who carry out educational diagnosis and evaluation serve as notable indicators in understanding the experiences of children with special needs throughout special education processes (Aktaş, 2022; Ekim, 2015). In this sense, it is important to get the views of special education teachers and guidance counselors on the diagnosis and evaluation of children with special needs. Accordingly, in this study, in the light of participants' views, the importance of GRCs and the state of the early childhood special education process is revealed.

Previous studies on GRCs have generally focused on taking the opinions of GRC staff (Akkoyun, 2007; Aktaş, 2022; Çiftçi Çiçek, 2015; Doğan et al., 2022; Ekim,

2015; Kocaoğlu, 2022; Yurtsever, 2013) and inadequate physical conditions in these centers (Avcıoğlu, 2012; Ekim, 2015; Güven & Balat, 2006; Türkkal, 2019; Yılmaz & Uçar, 2021). Besides, studies conducted with GRC staff were limited to the self-efficacy, professional satisfaction, and professional competence perceptions of special education teachers and guidance counselors working in GRCs (Acar, 2019; Arşit, 2019; Göncü, 2019; Gürbüz & Bozgeyikli, 2014). Other studies include a study on the educational identification and evaluation process of children with autism spectrum disorder (Küçükgez, 2020), a study on children with hearing impairment (Yılmaz & Doğan, 2023), and a study focusing on the roles of families within the scope of the identification process (Avcıoğlu & Bengisoy, 2012). Thus, the present study is expected to be one of the pioneering studies, in terms of collecting data from both special education teachers and guidance counselors from each institution and focusing specifically on early childhood special education. Besides, based on the views of special education teachers and guidance counselors working in GRCs, the importance of why families should apply to these centers in the early period and how teachers can cooperate with GRCs in guidance studies are revealed. Thus, these views can help future professionals understand how important the role of GRCs is in early childhood special education practices.

Lastly, the results of the research will provide a variety of learning opportunities for teachers by drawing attention to some uncovered topics, such as special education in early childhood, the role of GRCs, and the importance of cooperation in special education. Furthermore, it is also important to understand the views on how early childhood special education activities are carried out in GRCs and what kind of challenges special education and guidance counselors face to take precautions in the future. The intent of this focus is to create awareness and sensitivity about early childhood special education activities and to draw attention to the role of GRCs in supporting the development of skills in children with special needs.

1.4. Definitions of Key Terms

Special Education: Special education is an education carried out in appropriate environments with education programs developed to meet the educational and social

needs of individuals who differ significantly from their peers in terms of individual and developmental characteristics and educational competencies, and with specially trained personnel (MoNE, 2018).

Early Childhood Education: While early childhood education is defined as the education of young children aged 0-8 years in the literature (Toran, 2012), in Türkiye it covers the education of children aged 36-72 months and includes systematic, regular and planned educational activities aimed at the development of children in this age range (Diken et al., 2012).

Early Childhood Special Education: Early childhood special education services can be defined as the provision of necessary services, such as healthiness, nourishment, and education, based on the requirement, to children with developmental delay/disability or at risk of developmental delay/disability between the ages of 0 and 6/8 and their families, to minimize the negative impact on the children and their families and to maximize the overall quality of life of the children and their families (Diken et al., 2012).

Early Intervention: Early intervention, which includes intervention studies for children with special needs aged 0-36 months and their families, reflects the integrated and multidisciplinary services that include solving various medical, scholarly, family, and social concerns related to children with developmental delays, disabilities or developmental risks (Odom & Wolery, 2003; Yıldırım Doğru, 2019).

Educational Diagnosis: Educational diagnosis is a process that is used in making legal and educational decisions for services to be provided to children with special needs and in which important information in terms of education is compiled systematically (McLoughlin & Lewis, 2002).

Guidance and Research Centers: Guidance and research centers carry out educational assessments, diagnosis, monitoring and guidance services for individuals in need of special education, recommend the least restricted educational environment for the individual, and provide support education, guidance and psychological counseling services to the individual and his/her family (Fiscus & Mandell, 2002).

Individualized Education Plan: IEP is a special education program that is prepared for individuals with special education needs to reach the targeted goals in line with their developmental characteristics, educational needs and performances based on the program they follow and includes support education services to be provided to these individuals (MoNE, 2018).

Monitoring: Monitoring is the stage in which the student's development is followed according to the school program and IEP. If there is no improvement at the expected level, the program content can be changed and different educational measures can be taken (MoNE, 2018).

View: It is an “opinion or a particular way of thinking about something” (Oxford University Press, 2000, p. 723).

CHAPTER 2

LITERATURE REVIEW

This chapter presents a comprehensive literature review of the research topic. For this, it is essential to examine the development of early childhood special education. Accordingly, the literature was first analyzed in specific topics: special education, early childhood special education, early intervention, early diagnosis and evaluation in early childhood special education. Then, the scope of early childhood special education was addressed extensively with the Ecological Systems Theory. This theory's handling of many dynamics related to early childhood special education as interrelated systems guided the main theoretical framework of this study. Finally, in the related literature section, current research on the functioning of early childhood special education programs, their role in early intervention, the services they provide, and family involvement practices were noted.

2.1. Special Education

The General Directorate of Special Education and Guidance Services in Türkiye defines special education as "education carried out in appropriate environments with educational programs and specially trained personnel to meet the educational and social needs of individuals who differ significantly from their peers in terms of their individual and developmental characteristics and educational competencies" (MoNE, 2020, p. 12). In its most general form, special education covers the education offered to people with special needs. It should be carried out by specialized personnel trained in this field, using curricula developed to meet individual needs, in environments arranged accordingly, and employing appropriate methods and tools (Çitil et al., 2018). Moreover, the Regulation on Special Education Services (MoNE, 2018) defines special education as education carried out in appropriate environments with

education programs developed to meet the educational and social needs of individuals who differ significantly from their peers in terms of individual and developmental characteristics and educational competencies, and with specially trained personnel.

In both definitions, emphasis is placed on the environment, programs, methods, and tools designed for the needs of individuals with special needs. Accordingly, the importance of specialized personnel trained in this field for special education is underlined. As stated in the definitions, if a person differs significantly from his/her peers regarding individual and developmental features and educational competencies, this individual is defined as an individual needing special education. When determining the significant differences between individuals, the tests conducted by experts and the methods and tools used are decisive (MoNE, 2020). Accordingly, special education is an educational service that prevents disability from turning into a disability, enables individuals with disabilities to become independent producers in society, and develops the individual's skills. It is an educational service that enables individuals with disabilities to become independent producers in society.

Individuals with special needs are divided into various groups, but some concepts related to special education should be mentioned first. As a matter of fact, impairment, disability, and handicap are not the same concepts although they are sometimes used synonymously. While an *impairment* is the loss or restricted function of a specific body part or organ, a *disability* is when an impairment restricts a person's capability to do specific tasks (Heward et al., 2017). In the book by Heward et al. (2017), a *handicap* is defined as a difficulty or detriment experienced by a person with a disability or impairment when interacting with the surroundings, while children *at risk* are more likely than average to develop a disability. These definitions appear as a consequence of classifying disabilities with a medical approach (MoNE, 2020). Indeed, different approaches come to the fore in the classification of disabilities.

Under the Individuals with Disabilities Education Act in the USA, disability categories are specified as autism, deaf-blindness, developmental delay, emotional

disturbance, hearing impairment, intellectual disability, multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment (U.S. Department of Education, 2020), while in Türkiye, Special Education Services Regulation defines five types of disabilities: mental disabilities, autism spectrum disorder, physical disabilities, visual impairments, and hearing impairments (MoNE, 2023). However, Ataman (2003) classified disabled students according to their frequency, identifying children with mental disabilities, learning disabilities, emotional-behavioral disorders, communication disabilities, and developmental risks as high frequency groups, and while classifying children with visual disabilities, hearing disabilities, orthopedic disabilities, and autism spectrum disorders as low frequency groups. According to Cavkaytar (2010), although this rate partially varies depending on society's level of development, it is estimated that individuals with disabilities constitute approximately 10% of the world population. Although there is no precise number on this issue in Türkiye, the number of individuals registered in the national disability database is approximately 2.5 million (Ministry of Family and Social Services, 2019). This suggests that a considerable number of individuals may face exceptional challenges and need support and resources that meet their specific needs.

Another group of individuals with special needs includes individuals with unique talents. These individuals are faster in the learning process than their peers, show remarkable developments in areas related to creativity, artistic activities, or leadership, are academically advanced, have developed abstract thinking skills, and show high-level performance (MoNE, 2023). When classifying individuals with special talents, their intelligence scores were initially considered, but this approach was later replaced by more innovative approaches (Sak, 2010). For example, Ataman (2019) classified different talent areas such as gifted, highly gifted, children with privileged creativity, children with privileged leadership latent power, and children with extraordinary talent in the psychomotor field. In addition, there are new classifications, such as twice different or twice special individuals, where both gifted intelligence and disabilities, such as learning disabilities and hyperactivity, are seen together (Heward et al., 2017). The Ministry of National Education's statistics show

that approximately half a million students with special needs are in formal education (MoNE, 2023). This situation is important for understanding how special education services appeal to a wide audience.

Special education aims to develop individuals' existing potential and talents, prevent inadequacies from turning into disabilities, and meet the educational needs of individuals with special needs (Heward et al., 2017). Therefore, special education plays an essential role in promoting inclusive surroundings where all students can advance and achieve their most significant potential. This can only be achieved by following certain principles. The principles published in Decree Law No. 573 on Special Education (MoNE, 2023, pp. 15-16) are as follows:

- All individuals requiring special education benefit from special education services that align with and to the extent of their interests, desires, competencies, and abilities.
- It is essential to start special education early.
- Special education services are planned and carried out without separating individuals requiring special education from their social and physical environments as much as possible.
- Priority is given to educating individuals requiring special education together with other individuals by adapting the purpose, content, and teaching processes, considering their educational performance.
- Cooperation with institutions and organizations that provide rehabilitation is made to ensure the uninterrupted continuation of the education of individuals requiring special education at all types and levels.
- It is essential to develop an individualized education plan for individuals requiring special education and to implement education programs individually.
- It is essential to ensure that families actively participate in every aspect of the special education process.
- The opinions of the organizations representing individuals requiring special education are given importance in the development of special education policies.

- Special education services are planned to include the interaction and mutual adaptation process of individuals requiring special education with society.

2.2. Historical Development of Special Education

A society can be evaluated by how it treats people outside of socially accepted norms (Heward et al., 2017). However, when looking at the history of humankind, it is seen that individuals and children with special needs have been excluded due to many disadvantages they have, have not been able to access educational opportunities, and have been deprived of many human rights (Banks & Banks, 2016). Therefore, understanding how special education has developed historically is important in revealing the difficulties and debates experienced in this field (Sacks, 2018). Indeed, in order to understand any field of study, we need to know something about its origins and be able to examine key aspects of its current methods and controversies, focusing on the social influences that have shaped its ideas and the regulatory frameworks for its application (Kauffman & Hallahan, 2011). Accordingly, the following titles present how special education has emerged around the world and in Türkiye.

2.2.1. The Emergence of Special Education Internationally

It has been seen since prehistory that each society accepts those outside the order they perceive as normal as abnormal and develops a social judgment about them (Winzer, 1993). The acceptance or rejection behaviors of people towards these differences, and whether they take steps for the care and education of these individuals, are a constant problem. Indeed, many children with disabilities were eliminated from any public-supported instructional program until recently, legislation in many states permitted public schools to refuse to accept these children (Heward et al., 2017).

According to Sacks (2018), until the 1800s, the developmental characteristics and behaviors of disabled individuals were evaluated within the framework of superstitions that were quite common in society, and in extreme cases families were

abandoning and killing their disabled children. Although it is challenging to come across those who approached disabled individuals with a humane perspective, a Spanish monk named Ponce de Leon supported deaf students in learning to communicate, Spanish Juan Pablo Bonet conceived a finger-writing method for the blind, and Jacob Rodriguez Pereire simplified sign language and designed the arithmetic machine to train students how to calculate (Sacks, 2018). In 1799, a turning point occurred in educating children with special needs. Jean-Marc Itard, a French physician and educator, stated that mental retardation could be treated with education and proved this by taking responsibility for Victor, a 12-year-old "wild" child who lived with hunters in the forest (Winzer, 1993). After placing Victor in a sensory provocation program, Victor, who initially had no language skills and uncontrolled behavior, improved his verbal language skills and adapted reasonably well to his new environment (Sacks, 2018). Accordingly, regarding special education, Itard revealed that learning might happen to those seen as inadequate, and others could maintain and develop suitable procedures for them (Hardman et al., 1996).

Although the early and mid-18th centuries did not have many innovations in the education of individuals with special needs, in the 19th century, important steps were taken, and a public institution was opened in England for individuals with mental disabilities (Winzer, 1993). Later, thanks to the Enlightenment, a new era began for special education, and the way was paved for the protection of the rights of all humanity (Kauffman & Hallahan, 2011; Winzer, 1993). During this period, John Locke's innovative ideas on education and social development were influential, and his views on child rearing came to the fore. Locke argued that children are open to being affected by their environment, learn by experiencing with their senses, and should be approached with compassion, and that the baby is born with a blank slate, but later this slate is filled with experiences (Locke & Axtell, 1968). Locke's ideas contributed to moving away from the view that disabilities cannot be cured or improved, fostering the view that individuals with special needs can be supported through experience, education, and rehabilitation (Winzer, 1993). However, such thoughts did not spread quickly, and many individuals with special needs continued to face various problems. For example, some schools refused to enroll children with

mental or physical disabilities, and in some states this practice was legally permitted (Heward et al., 2017). Despite these, as the 20th century approached, many institutions for individuals with special needs were opened in America and Europe. Therefore, the early 19th century and early 20th century are the periods in which significant steps were taken in terms of developments in special education. For example, Thomas Hopkins Gallaudet opened the first school for hearing-impaired students in America in 1817, and Samuel Gridley Howe opened the Perkins Institute for the visually impaired in 1832 (Sacks, 2018). In the same period, the Braille alphabet, which supports the visually impaired to learn to read and write, was developed by Louis Braille, and the first boarding schools for people with mental disabilities were opened in America and France. Besides, one of the important developments of the 20th century regarding special education was Maria Montessori, who developed her education program for children with atypical development and special needs (Sacks, 2018). In the same period, Alfred Binet and Lewis Terman designed the first intelligence measurement tests, Alexander Graham Bell proposed the establishment of supplementary education branches in public schools for individuals with special needs, and Alfred Strauss executed studies to determine children with learning difficulties.

Although these developments enabled children with mild special needs to attend schools alongside their typically developing peers, legal measures to support the participation of children with special needs in education were not introduced until the 1960s (Sacks, 2018). Yet, one of the notable developments is the placement of mentally disabled children who are classified as educable in general education classes with the Education for All Handicapped Children Act, which came into force in the USA in 1975 and was named the Individuals with Disabilities Education Act (IDEA) in 1990 (U.S. Department of Education, n.d.; U.S. Government Accountability Office, 1980). With the IDEA enacted, children began to receive education in schools that best suited their needs (Cohen, 2009), and the categories of special needs were expanded (Kauffman & Hallahan, 2011). This law was updated in 2004 as the Individuals with Disabilities Education Improvement Act (Heward et al., 2017; IDEA, 2004). Although these developments are noticed as successful steps, many children are far from quality education, have a restrictive educational

environment, and have inadequate support services (Cohen, 2009). As a result, children are condemned to failure, cannot fully realize their potential, or their initially preventable problems later turn into complete disabilities. These deficiencies have revealed the need to focus on education, health, and care services for individuals with disabilities.

In the 1930s, children with special needs could continue their education at the secondary level, even in schools far from the city (MoNE, 2020). Starting from the second half of the 20th century, special classrooms were created so that children with special needs could continue their education without being excluded from society, and these children were then allowed to continue their education in educational institutions closest to where they lived (Çitil, 2017). Until these developments, children with special needs could not receive education in state organizations, had to follow inadequate and unqualified programs, or participated in educational environments with typically developing children without any arrangements (Cohen, 2009). However, the steps taken to prevent children with special needs from being excluded from society have also led to civil society organizations taking action. Disability rights legislation was enacted in the United States, granting parents of children with special needs a voice in decisions concerning their children's education and care. Other developments include the establishment of the Disabled Education Bureau to train professionals with knowledge in the field of special education, to prepare special education plans for students with special needs, and to disseminate special education services (MoNE, 2020).

Historically, special education services contain a highly complicated social and conceptual system developed to help young children with special needs reach their full potential (Winzer, 2000). Until this was achieved, special education services had gone through many challenging phases with special education services in the contemporary meaning only being initiated in the second half of the twentieth century (MoNE, 2020). Consequently, providing special education as part of mainstream, integrated, or comprehensive education is a comparatively new concept worldwide.

2.2.2. Development of Special Education in Türkiye

Approaches to individuals with special needs in Türkiye have evolved over time. During the Seljuk and the Principality Periods hospices were established while in the Ottoman Period, hospitals and mental institutions provided services to individuals with mental disabilities and psychological problems (Ünlü, 2018). However, when the literature is examined, although there is no clear information that these institutions directly provided services to individuals with special needs and that special education services were provided in these institutions, it is known that individuals with hearing impairments were employed in palaces during the Ottoman Period and that sign language, known as the language of the mute, was taught to other individuals with hearing impairments (MoNE, 2020).

The systematic development of special education services only occurred towards the end of the 19th century, and the Enderun Schools in the Ottoman Empire took their place among the first comprehensive developments and the first applications in the world in the gifted education (Erdoğan & Genç, 2022). This development was followed by the Istanbul School for the Dumb, which opened within the Istanbul Trade School in 1889 and served until 1912 (Özdemir et al., 2022). Mehmet Besim Bey and Hüseyin Sabri Bey, the first special education teachers, worked here (MoNE, 2020). Later, education for visually impaired students was also provided in this school, and it was moved to the Private School for the Deaf-Dumb and Blind, which opened in Izmir in 1911 (Çitil, 2009). The services of this school continued between 1924 and 1950 under the Ministry of Health and Social Assistance. Then, thanks to Mitat Enç's effort, a pioneer in the development of special education in Türkiye, the school began to provide services under the Ministry of National Education (Erdoğan & Genç, 2022; MoNE, 2020). As a result of this development, the school was divided into two sections: the section for the hearing impaired remained in Izmir, and the section for the visually impaired was moved to Ankara.

With the transfer of this school to the Ministry of National Education, 1951 can be remembered as the year when special education was born in Türkiye because Mitat Enç put forward the view that general education and special education should not be

separated from each other and that it was dangerous to handle special education services only within the scope of health and social assistance services (Enç, 1983). These developments brought many innovations to special education, a branch office was established in the Ministry of National Education to carry out special education services (MoNE, 2020), and Mitat Enç opened a Special Education Department in the Gazi Education Institute to train special education teachers (Özdemir, 2022).

The concept of guidance came to the fore in our education system in the years following World War II. In the curriculum programs of these years, differences between individuals and the need to adapt education and programs according to these differences began to be mentioned. During the various development and innovation activities in our education by American experts who came to our country within the framework of the Marshall Plan, a Test-Research Office affiliated with the Board of Education and Training was established in 1955 to develop measurement tools to be used in education and especially in guidance. This office conducted various studies on some measurement tools in guidance but closed down during various organizational arrangements in the following years. In 1955, the institution's first studies, currently known as the Guidance and Research Center, were started. This place, which was initially established as a psychology clinic, carried out studies to diagnose and evaluate students with special needs. Another important development that followed this was that special education became a constitutional right with the 1961 Constitution.

Thus, the Constitution guarantees the access of individuals with special needs to special education services (Erdoğan & Genç, 2022). However, although the "Special Education Department," which was a four-year program, was established in Ankara University Faculty of Education in 1965 due to the shortage of special education teachers, teachers who provided education in the field of special education were assigned to classrooms or as branch teachers who were subject to 2-3 weeks of in-service training or who had not received any training in this field (Kılınç & Kurt, 2019). These assignments started with primary school teachers, which may be why early childhood special education services started later. This development indicates that special education was addressed at the earliest primary school level in those

periods. However, in order to find a solution to this unqualified assignment situation, a special education certificate program was launched in 1978 (Kılınç & Kurt, 2019). Thereafter, in 1980, the General Directorate of Special Education was established with approval number 2429, and it was transformed into the Department Head Office in 1982 and into the Department of Special Education and Guidance in 1983. In the "Children in Need of Special Education Law" numbered 2916, enacted in the same year, the principles regarding the upbringing of children in need of special education were determined, and the importance of starting the education of children with developmental delays early was emphasized for the first time (Pinar, 2006).

As a result of the increase in the needs in the field of special education and guidance throughout the country, the General Directorate of Special Education Guidance and Counseling Services was established in 1992 to carry out the service more effectively and widely (MoNE, 2020). In 1997, with the Decree Law numbered 573, principles such as individuals with disabilities benefiting from special education services, starting special education early, providing education to these individuals in the least restrictive educational environment, and preparing individualized education programs for these individuals were set forth (Akbiyık et al., 2024; Aksoy & Şafak, 2020). In 2006, the Special Education Services Regulation was published, which explains how individuals' diagnosis, placement, instruction, and additional rights should be utilized through institutional arrangements. This regulation was updated in 2013, and expressions for handicapped and disabled were redefined.

The development of special education in Türkiye began relatively recently and progressed through important stages in various institutions during the pre-Republican period. The legal regulations made after the Republic's declaration show that special education developments have progressed in parallel with those in Europe and America, and special education policies have become more inclusive. According to the Ministry of National Education (2023, p.43), the primary legal basis for services related to individuals with special needs in Türkiye is the Decree Law No. 573 on Special Education, which entered into force in 1997, the Special Education Services Regulation issued based on it, and the Law No. 5378 on the Disabled, which entered into force in 2005.

2.3. Early Childhood Special Education

Early childhood is a critical period during which individuals acquire fundamental knowledge and skills across various developmental areas (Tunçeli & Zembat, 2017). Early childhood education services encompass services provided to children aged 36 to 72 months (MoNE, 2020). Rapid development is observed in cognitive, social, and emotional skills in early childhood making it a crucial time for promoting children's potential for success in school (McCoy et al., 2017). It is essential to highlight the significance of special educational practices addressing children's unique needs as they pass through these critical developmental milestones. Accordingly, early childhood special education or preschool special education services aim to provide education and support services applicable to children between the ages of 0-8 with developmental delays or special needs (Odom et al., 2010; Tomris & Çelik, 2021).

Since the concepts of early childhood education and preschool education are used interchangeably in Türkiye (Diken et al., 2012), it is seen that the concept of early childhood special education is also used in association with preschool special education (Tomris & Çelik, 2021). However, when the literature is examined, it is seen that early intervention covers the services provided to children with special needs between 0-36 months and their families, while the concept of early childhood special education services is used for the processes after the age of three (Eurydice, 2025; McWilliam, 2010; Odom & Wolery, 2003). To avoid conceptual confusion and to provide a more comprehensive approach, the concept of early childhood special education is used in this thesis for special education services offered to children between the ages of 0-8.

Early childhood special education aims to support children's cognitive, social, emotional, and motor development and to increase their quality of life. This field emerges as a separate field under the discipline of special education, covering the developmental principles and methods of early childhood education (Dunlap, 2005; Odom & Wolery, 2003). It also aims to support the child's development and the family's needs at the highest level by minimizing the adverse effects of the situation experienced by the child with special needs whose developmental disability or

development is at risk and their family due to special needs (Tomris & Çelik, 2021). Additionally, it is explained as understanding, evaluating the special needs condition, and providing the necessary services to the child and the child's immediate environment (Guralnick, 2005; Oser & Cohen, 2003). The services provided can be hospital, home, institution-based, or both home and institution-based (McWilliam, 2010). Indeed, early childhood special education services include a specific monitoring and evaluation process, use special teaching methods, and include families in their principles (Eurydice, 2025; Odom & Wolery, 2003). Thus, in addition to the services provided to children with special needs, the process continues by informing and supporting parents (MoNE, 2020).

According to legislation in Türkiye, children with special needs who have reached the age of 36 months are required to continue preschool education (MoNE, 2020). This education can be extended according to the child's needs and the type of special needs, and this mandatory education process can be continued in inclusive/integrated environments such as special education institutions or special education classes (MoNE, 2020). Research shows that starting the education process for children with special needs at the earliest possible age significantly affects long-term academic and social success (Guralnick & Bruder 2019). Therefore, early intervention is critical in minimizing developmental differences. Indeed, the literature emphasizes the vital importance of services and early interventions provided to young children with special needs and their families at an early age (Tomris & Çelik, 2021). Instead of discussing the proven effectiveness of early childhood special education, the focus is now on how to make services for children with special needs and their families at the young age group more effective and qualified (Bricker et al., 2018). However, some of the important problems in Türkiye's special education include the lack of a systematic model, a shortage of trained specialists, weak cooperation between institutions, and that the gap between theoretical knowledge and practical applications (Diken et al., 2012; Er-Sabuncuoğlu & Diken, 2010; Tomris & Çelik, 2021). In addition, it is observed that in Türkiye, especially between the ages of 0-3, it mostly starts with the child's medical diagnosis and the state's completion of a health board report. The referral process involves problems such as being unable to direct them to the right resources and losing time (Bakkaloğlu, 2013). Besides,

various problems in the cooperation between health and education institutions in the early diagnosis process are noteworthy, and it is stated that there are significant deficiencies in issues such as GRC structure and operation, lack of expert personnel, establishment of evaluation standards, use of up-to-date and reliable evaluation tools, and physical conditions (Aksoy & Şafak, 2020). Indeed, while the benefits of preschool education for typically developing children are widely recognized, children with special needs either do not attend kindergartens at all or receive education as inclusive students (Arı, 2015). Yet, it is emphasized in the literature that support not provided to the child and family in the early stages may have adverse social and economic consequences in the future (Guralnick, 2010; Heckman, 2006). However, in Türkiye, it is seen that services for children at the early age group, as well as studies that include family education and participation, are limited. Researchers connect these matters with the deficiency of a systematic approach to early childhood special education (Diken et al., 2012).

In brief, the need for adopting more comprehensive and systematic methods in early childhood special education is becoming evident (Tomris & Çelik, 2021). The field is evolving towards building a powerful basis for lifelong learning rather than simply responding to the child's current developmental needs (Ackah-Jnr, 2020; Spiker, 2011). In this regard, it is stated that special education services should be functional for the children, support them to reveal their full potential and contribute to a quality life by ensuring full participation in the family, school, and society (Guralnick, 2010; Odom et al., 2010; Spiker, 2011). In addition, contemporary approaches suggest that it is insufficient to provide early childhood special education services within the framework of only one discipline; instead, experts and parents should work in an interdisciplinary or transdisciplinary collaboration to best support the child's development (Tomris & Çelik, 2021).

2.4. Research on Early Diagnosis and Intervention in Early Childhood Special Education

Children with special needs require special attention and care, especially during the early periods of their lives (Yunitasari et al., 2024). If learning opportunities are not

provided sufficiently to children with special needs during critical developmental periods, developmental deviations or delays may occur (Türk Kent & Özer, 2023). Therefore, it is crucial to identify children with special needs as early as possible because they need special intervention to benefit from their learning processes in the best way possible, and the most critical time for this is the early childhood education period (Hamdan et al., 2021). Indeed, children who miss the opportunity for early diagnosis experience learning and behavior-related problems later on, which continue into advanced levels of their education. Research also shows that the higher the child's level of education, the more difficulties the child will experience even if they receive the correct diagnosis and start intervention efforts (Hamdan et al., 2021). However, if early diagnosis is made and early intervention efforts are started, the difficulties and disruptions the child will experience in their learning processes will decrease. Accordingly, early diagnosis and intervention studies provided in early childhood significantly impact the learning and development processes of children with special needs in later periods, forming the basis for early intervention practices.

Early childhood intervention studies cover early intervention and early childhood special education processes (Odom & Wolery, 2003). It includes interventions for children with special needs aged 0-36 months (0-3 years) and their families (Odom & Wolery, 2003). Early intervention aims to control or minimize the physical, mental, speech, social, and emotional burdens of young children who are disadvantaged due to biological or environmental risk aspects (Blackman, 2002). The aim of early intervention is not to eliminate the current developmental disability but to prevent additional defeats by preventing the child's disabilities and increasing their competencies (Yıldırım-Doğru, 2019). In this process, early diagnosis emerges as one of the first steps required to initiate early intervention.

Early diagnosis is a comprehensive screening study that diagnoses children's developmental disorders and risk situations (Hamdan et al., 2021). The aim here is to diagnose the developmental disorders experienced by the child as early as possible and to provide the child with the prevention and improvement efforts that they may need during critical periods in their development. Early diagnosis and intervention, especially in early childhood, reduce the support that these children will need in their

later education processes and greatly facilitate their adaptation to society. Moreover, early intervention reduces the individual's need for special education services (Aytekin & Bayhan, 2015). In this respect, early diagnosis is the initial step that includes referring the child to be examined by a specialist when a disorder is suspected, allowing for the identification of the child's problems at an early stage (Hamdan et al., 2021). Early diagnosis and intervention are especially critical for children who experience autism, speech disorders, hearing impairments, or social-emotional disorders in early childhood (Yunitasari et al., 2024). According to Dunst and Trivette (2009), early intervention studies provided between the ages of 0-5 support children with special needs to show rapid and effective developmental gains in the future. Similarly, studies also show that early diagnosis and intervention in early childhood is an essential first step in providing an equitable educational environment in the field of special education (Yunitasari et al., 2024).

Early diagnosis and intervention processes are crucial not only in terms of emphasizing the development of children with special needs but also in terms of increasing awareness in families of children with special needs, ensuring cooperation between teachers, families, and schools, and strengthening family participation. Accordingly, in early diagnosis and intervention, the family is the primary source due to its impact on the child's learning and development (Dunst & Trivette, 2009; Odom & Wolery, 2003). In this respect, parents can notice the first signals of possible delays or irregularities in their children in the early periods (Yunitasari et al., 2024). As good observers of their children's development, skills, and behaviors, they should be able to share these with teachers or necessary institutions and act in line with experts' opinions (Yunitasari et al., 2024). However, families may experience problems in being involved in their children's education processes due to situations such as lack of time, financial insufficiency, lack of support, inadequate communication with experts responsible for the child's education and care, and institutions not knowing how to include the family in the child's education (Orum-Çattık et al., 2020). Therefore, early childhood education institutions offer essential opportunities for families to monitor and evaluate children's development. Teachers from early childhood education institutions can directly observe children's

developmental areas in their classes, notice children at risk, and contribute to the early detection of potential developmental problems.

In line with these, early childhood education institutions play a strategic role in starting the diagnosis process and implementing individualized education plans for children with special needs. Accordingly, teachers are the first professionals to interact with children in a formal school setting (Ardianingsih & Mahmudah, 2017), so they are in a position to detect early on whether there are problems in the development and learning levels of preschool children (Berk, 2013; Mash & Wolfe, 2016). Therefore, parents and teachers must work together for early diagnosis (Yunitasari et al., 2024). However, teachers should be trained to identify children at risk early, use tools to assess their development and implement effective solutions (Yunitasari et al., 2024). In addition to monitoring children's development, teachers should know how to manage this process in cooperation with parents and other stakeholders. However, teachers often lack the necessary skills to identify children with special needs or those at-risk early on (Yunitasari et al., 2024) due to inadequate training in special education, limited knowledge of inclusive education, inadequate resources, and systemic deficiencies. If there are systemic deficiencies in identifying children with special needs in the early stages and providing them with the necessary support early, teachers may not understand the importance of helping these children and may be inadequate in providing the necessary support (Yunitasari et al., 2024). However, early diagnosis and intervention studies need to start in early childhood education institutions to identify and meet the needs of these children in the future. Teachers in early childhood education must be competent in early diagnosis, recognize these children before it is too late, help these children receive support appropriate to their needs, provide targeted gains from the early stages, and help these children and their families experience developmental delays and disorders at the lowest level (Yunitasari et al., 2024). When their needs are recognized early, children with special needs can considerably benefit from the support and intervention provided.

In Türkiye, a literature review shows that early childhood special education studies for children aged 0-36 months are called "early intervention/special education"

(Tomris & Çelik, 2021). In this respect, the Early Childhood Special Education Program for Individuals in Need of Special Education, which is discussed in this research and developed by the Ministry of National Education, can be considered an early intervention program as it targets children aged 0-36 months and their families (Türkkent & Özer, 2023). When the method of implementation of the Early Childhood Special Education Program is examined, the program is based on the continuation of this process by the family at home, with applications appropriate to the child's developmental level, and the support of the applications by an teacher or expert in the institution. Although the importance of early diagnosis and intervention and the positive outcomes obtained when the process is carried out in cooperation are well-recognized, children with special needs are mostly diagnosed at primary school age in Türkiye (Aksoy & Şafak, 2020). Similarly, Bozkurt (2009) stated that a child with mental disabilities was diagnosed when the child was 5-10 years old, and therefore, they were noticed during the school period, not in early childhood. The low awareness of teachers and families about developmental problems in children and their lack of information and resources were shown as factors that negatively affected the early diagnosis process. The importance of the early diagnosis process was also demonstrated by Yanık (2016) as a result of the study conducted with GRC experts. Besides, in one of the studies, children between the ages of 0-3 in Türkiye were evaluated according to their developmental aspects, and it was indicated that 20.9% had developmental delays (Gözün-Kahraman et al., 2016). These results imply the significance of early diagnosis and intervention. However, it is stated that the diagnosis rates in the early stages are low in Türkiye, and the services supplied to the students are limited (Çiftçi Çiçek, 2015; Maraklı, 2016).

In summary, the early diagnosis procedure aims to identify a child's needs, developmental delays or advanced abilities as early as possible, preferably before the start of formal education (Yunitasari et al., 2024). To achieve these goals, to identify children with special needs and at-risk children, and to provide appropriate services to the child and family, a collaborative approach focusing on the child and family is needed. Accordingly, early intervention practices aim to provide parent-child interaction to support the child's development, to provide the support that both the child and the family need, and to guide families (McWilliam, 2018). The efforts of

teachers or parents alone are seen as a factor that will lead to failure in early diagnosis and intervention (Blackman, 2002). Therefore, this process can be carried out mainly through the joint efforts of parents and other stakeholders (Yunitasari et al., 2024). According to the study conducted by Kardeş and Akman (2020), one of the important factors for the effectiveness of early intervention programs is the need for increased cooperation between stakeholders. Similarly, another study indicated that one of the essential things to improve early intervention practices is the need for a collaborative process (Sapiets et al., 2022). Teachers should closely observe children's development to identify those who are behind or ahead of their age and developmental levels (Yunitasari et al., 2024). In this process, communication between teachers and parents should be strong, and children's progress or falling behind in school should be shared with families regularly. When parents and teachers collaborate, more comprehensive information about children's development can be obtained, and children who need special education or are at risk can be identified (Yunitasari et al., 2024). Therefore, early diagnosis and intervention studies should be emphasized to reduce the need for special education, recognize and support the potential of children with special needs at the earliest possible ages, and provide these children and their families with the support they need at an early age. To achieve this, in addition to developing a systematic approach, parent-teacher cooperation should be emphasized, and cooperation should be established with institutions involved in diagnosing and evaluating children with special needs.

2.5. Educational Diagnosis and Evaluation in Early Childhood Special Education

Early childhood is a period characterized by rapid learning and heightened curiosity (Türkkent & Özer, 2023). This period, where many developmental foundations are laid, is critical for educational diagnosis and evaluation. Educational evaluation and diagnosis is defined as an evaluation process carried out for medical, psychosocial, and educational fields to determine the level of characteristics of individuals with special needs in all developmental areas and to determine individual characteristics and areas of interest (MoNE, 2018). Thus, it is ensured that individuals with special needs are identified, along with an understanding of their needs (Küçükgöz, 2020).

GRCs ensure that educational evaluation, diagnosis, monitoring, and referral services are carried out (Küçükgöz, 2020). In the educational diagnosis and evaluation process, the decisions are based on multiple factors, including the medical diagnosis and child special needs report received from the hospital (Tomris & Çelik, 2021), the child's developmental history received from the parent, educational performance in all developmental and academic areas, results of intelligence testing when necessary, the child's needs, the educational evaluation request form from the school and the end-of-term reports from special education and rehabilitation centers (Aktaş, 2022).

In Türkiye, the Special Education Evaluation Board within the GRCs is responsible for overseeing this process (Aksoy & Şafak, 2020; Çiftçi Çiçek, 2015; Kuzgun, 2019; MoNE, 2020). The special education evaluation board is composed of the deputy director of GRC, the head of the special education services department, at least one guidance teacher or psychological counselor, and at least one special education teacher. Furthermore, the individual being evaluated or his/her guardian participates as a board member. Thus, in this process, in addition to evaluating the progress in the child's development, the aim is to evaluate the stakeholders involved and to make the necessary arrangements and interventions as a result of the evaluations (Tunçeli & Zembat, 2017). The report prepared at the end is renewed every new year depending on the individual's situation (Aktaş, 2022), and it is ensured that individuals with special needs benefit from the education and support education services offered by special education institutions (Küçükgöz, 2020). Thus, in the educational evaluation and diagnosis process, the characteristics of the individual in all development areas and their competencies in academic disciplines and educational needs are determined for educational purposes, and the least restricted educational environment and special education service are decided (Aktaş, 2022; Kargın, 2007).

The educational evaluation and diagnosis process generally consists of the screening process, pre-sending process, sending process, detailed evaluation, and placement stages (Çiftçi Çiçek, 2015; Küçükgöz, 2020). The first stage is the process in which the child's differences are determined. At this stage, it is determined whether the child needs further evaluation, and information is obtained about whether the child

has a possible developmental delay or retardation, visual or hearing impairment, or other health or physical problems (Çiftçi Çiçek, 2015). In case of any suspicion of deficiency, decisions can be made to obtain expert opinion and initiate the pre-sending process for detailed evaluation (Algozzine et al., 2006). In this process, rather than focusing on making a diagnosis, the goal should be to determine whether the child shows typical development in the area being assessed and to identify any students who are at risk or show signs of concern (Avcıoğlu, 2012). Teachers and expert opinions are sought in the pre-sending process, starting immediately after the screening stage. The critical point at this stage is the formation of teams consisting of experts (Taylor, 2009) who provide guidance to classroom teachers on the possible methods to be implemented in schools and the necessary precautions to be taken before sending the child to schools (Küçükgöz, 2020). After the in-school evaluations, the sending process is initiated, and referrals to GRCs and official procedures are carried out at this stage. Necessary arrangements are made in the educational environment with the cooperation of school administration, teachers, guidance service, and family (Küçükgöz, 2020).

If the arrangements in the educational environment are dysfunctional, if the child cannot benefit from educational services, the entire process is reported and directed to GRCs for educational evaluation and diagnosis. In Türkiye, in directing individuals suspected of having a disability to GRCs for educational evaluation and diagnosis, the institution/school must fill out an Individual Development Report or Educational Evaluation Request Form and send it through official written channels (MoNE, 2018). Thus, the detailed evaluation process begins, and an in-depth evaluation is initiated for child's all developmental areas. This stage provides various information about development, enables comparison of teachers' educational interventions and intended skills, and contributes to screening, placement, curriculum development and measurement of individuals, determination of behavior and knowledge levels (Küçükgöz, 2020). Based on the findings obtained, the child is placed in an official school or institution suitable for his/her needs, marking the placement stage (Çiftçi Çiçek, 2015). It is a legal educational requirement for children with special needs to continue their education in the least restrictive educational environment. In this way, the child is ensured to be together with his/her

regularly developed peers as much as possible and to be placed in the environment that will best meet his/her educational needs (Akçamete, 2009).

In summary, the evaluation of a child with special needs begins with the child being noticed (Çiftçi Çiçek, 2015), and the child is included in an intensive educational diagnosis and evaluation process. GRCs are primarily responsible for the diagnosis, evaluation, monitoring, and guidance process of individuals with special needs (Aktaş, 2022). During the educational diagnosis phase, the medical evaluation report, mental, physical, spiritual, and social development history, characteristics in all developmental areas, competencies in academic disciplines, educational performance, needs, duration of benefiting from educational services, and individual development report are taken into consideration (Kuzgun, 2019). In the diagnosis, it is revealed whether the child has a problem caused by a disability or developmental delay, a final decision is made regarding the child's situation, and a program is started in line with this decision (Çiftçi Çiçek, 2015).

The evaluation process is defined as continuously collecting data for learning and development, organizing and interpreting the collected data to make decisions about the child's learning process (Bredekamp, 2015; Tunçeli & Zembat, 2017). Accordingly, the evaluation process consists of two stages: determining what the child can and cannot do and ensuring that the child receives education in the least restrictive environment (Aksoy & Şafak, 2020). Supporting education and training, identifying children with special learning or developmental needs, and evaluating the education program and responsibility are among the purposes of the evaluation to be carried out in early childhood (Tunçeli & Zembat, 2017). The accuracy and detailed nature of the evaluation and appropriate educational interventions to be provided to the child also increases the effectiveness of being successful in academic programs (Eripek, 2005). In order for the evaluation to be effective in early childhood, the developmental levels of children should be considered, and it should be kept in mind that children acquire knowledge through experiences and interactions (Tunçeli & Zembat, 20117). Accordingly, these stages are important for the children to be successful in later periods, to feel the disadvantages of special needs at a minimum level, and to be able to use developmental potential at a high level. The practices in

this process must be child- and family-focused to meet both parties' priorities and needs and include individualized practices (Tomris & Çelik, 2021).

Families usually make applications to GRCs during the educational diagnosis and evaluation process (Bozkurt, 2009; Yurtsever, 2013). Therefore, collaborating with the family contributes to the most appropriate placement for children and accelerates the legal process (Taylor, 2009). Therefore, families need to have the knowledge of experts and institutions that can be applied in case of any developmental differences they observe in their children, to know that they have various rights and responsibilities after their children are diagnosed, to monitor whether families participate in the educational process directed for their children and to establish a control system (Küçükgöz, 2020). Diagnoses can be made healthily by evaluating the child in many aspects, such as personal, familial, medical, cultural, and cognitive (Avcıoğlu, 2011). However, although experts stated that they also considered the family's views during the evaluation process, it was observed that families reported that they were not aware that GRCs had such a duty (Yanık, 2016). Thus, it was stated that families' knowledge levels regarding the evaluation and diagnosis process were insufficient, but they were willing to be informed. Therefore, it is seen that families' participation is insufficient, and there is a significant lack of social awareness, especially in the recognition and guidance of children with special education needs (Aksoy & Şafak, 2020).

It is possible to say that the early childhood educational evaluation and diagnosis process is not only a process of measuring development and learning but also a multi-dimensional application that shapes the child's quality of life and educational journey. The holistic evaluation approach supported by the contribution of GRCs to the process and the participation of families is indispensable for the success of early intervention. The evaluation process supported by multi-stakeholder participation carried out by GRCs and the participation of families is a legal requirement and a necessity that increases the quality of education. In particular, the child's observations in their natural life and family experiences are among the most important factors determining the suitability of educational plans. Therefore, it is important to focus on theoretical approaches that will help to deeply examine early

childhood special education and educational diagnosis and evaluation. In particular, the fundamental role of family participation in early intervention, diagnosis, and evaluation processes is closely related to developmental and learning theories.

2.6. Theoretical Framework

In this part, the Ecological Systems Theory, which guides early childhood special education and forms the basis of the study, is discussed in detail.

2.6.1. Ecological Systems Theory

Bronfenbrenner, the founder of Ecological Systems Theory proposed that, beyond adult-child interactions, the ecological systems around the child and their intertwined relationships significantly affect the child's development (Bronfenbrenner, 1979; Reichow et al., 2016). This approach places the child at the center and emphasizes that five basic systems arranged from the closest to the farthest, interact with each other and influence the child both directly and indirectly (Bronfenbrenner & Morris, 2006).

Of these systems, the *microsystem* includes the child's closest environment, such as home, group of friends, and school, and the environments in which they interact directly, while *mesosystems* include the interaction of components in the microsystem, such as teacher and parent communication (Bronfenbrenner, 1979). *Exosystems*, on the other hand, are located outside the environments in which the child is directly involved, like micro and mesosystems, but they affect these environments (Odom, 2016). Even though the child is not directly involved in these systems, he/she is still affected by them. Institutions, policies, and medical facilities are included in this system (Reichow et al., 2016). For example, policies that shape teacher practices in early childhood special education are included in this system (Odom, 2016). Accordingly, exosystems are included in *macrosystems*, systems larger than themselves, reflecting social values and norms and containing laws, which are the context of society and culture. Ecological systems were expanded by Bronfenbrenner and Morris (2006) to include *biosystems* and *chronosystems*

(Bronfenbrenner & Morris, 2006). While the biosystem includes factors such as genetics and health, the reflection of the interactions of ecological systems with each other over time, such as the child's transition to primary school, occurs in the chronosystem (Odom, 2016).

The theory emphasizes that special education interventions should address not only the child and his/her parent or caregiver but also all the systems they are involved in, including the broader interactions among these systems (Reichow et al., 2016). According to Bronfenbrenner (1979), education provided to children in the early stages can be effective as long as the participation of the environment, primarily parents and teachers, is ensured (Boemmel & Briscoe, 2001). Similarly, to highlight the effects of these systems, Bronfenbrenner (1979) stressed that effective parenting requires not only quality time spent with children but also support from the environment and social support networks (Bronfenbrenner, 1979). For example, the active participation of family in the education of a child with special needs can also be affected by factors such as counseling services, social service support, free transportation, parental counseling programs, and financial support from GRCs. Indeed, many variables such as financial, psychological, social support, transportation, and family education that affect the child's development should be considered when implementing early intervention programs, and the support of the family and society should be provided in order to create changes in the child's life (Türkent & Özer, 2023). In this regard, it is emphasized that the environmental experiences offered to the child are much more effective than the child's self-learning process (Bronfenbrenner, 1979).

Including policies supporting the child in all systems, starting with the environment closest to the child is critical in strengthening the child with special needs and the family. When it comes to a child with special needs, all individuals in the family and everyone the child interacts with outside the family are affected by this situation (Sacks, 2018). The child's closest environment needs support in many ways. Therefore, the support provided to parents can reduce the stressful situations they face and equip them with necessary resources (Sacks, 2018). Therefore, when providing early childhood special education services, all systems that influence the

child's development in many ways should be considered, and a comprehensive and holistic approach should be taken to evaluate the child (Tomris, 2019).

When ecological systems theory, which addresses interactions at multiple levels (Bronfenbrenner, 1979), is adopted to special education, it indicates that referral, placement, and monitoring are affected by the interaction of factors at the school, family, institutional, and policy levels. While the microsystem includes the child, teacher, and family, communication and collaboration between family, school, and teacher are shaped by the mesosystem. In the exosystem, the role of GRCs, MoNE's rules and regulations are noted, while in the macrosystem, societal attitudes and educational approaches are underlined. Besides, the biosystem encompasses the genetic factors that influence a child's special needs, while the chronosystem reveals changes in special education policies over time and the impact of these changes. In parallel with all this, examining the perspectives of those actively involved in educational diagnosis and evaluation is deemed necessary because these professionals directly influence the process at the microsystem and mesosystem levels, providing critical insights into how these processes operate within an ecological context. Therefore, Ecological Systems Theory, which underpins this study, is directly relevant as it addresses many dynamics related to early childhood special education through a multi-layered system. Using data from GRCs, this research provides a detailed analysis of how early childhood special education works, the roles and responsibilities of families in this process, communication with schools, and the broader systemic and institutional framework. All of these can be considered as reflections of the systems outlined by Bronfenbrenner. In addition, the nature of the interactions between environments such as family, school, and institutions that affect the development and future of children with special needs closely aligns with the research questions of this study. In addition, this theoretical perspective, which suggests that early intervention practices should be addressed at child-focused social and structural levels, provides a strong explanatory framework for interpreting the thesis findings. In this context, Ecological Systems Theory serves not only as a theoretical basis but also as a holistic framework guiding the application and recommendations of this thesis.

2.7. Related Literature on Early Childhood Special Education Services and Programs

This section will present current research on the functioning of early childhood special education programs, their role in early intervention, the services they provide, and family involvement practices. These studies support the theoretical and practical framework of this current study. In this context, international and national research on the functioning of the programs, early intervention studies, and family support practices are included.

2.7.1. International Studies

When the international literature is examined, it is seen that there are limited institutions that exactly match the GRC structure and operation in Türkiye. However, it is noteworthy that these institutions have duties and responsibilities similar to those of GRCs. Formations such as Early Intervention Services, Care for Child Development, Sure Start Centers, and Early Childhood Intervention Programs undertake functions related to early diagnosis and intervention services, family support, special education services, and developmental assessment and monitoring.

According to Bruder (1993), special education services and early intervention programs are essential for children with special needs in early childhood, and it is necessary to focus on the relationship between family, institution, and environment. He emphasized that for early intervention services to be effective, it is necessary to focus on evidence-based and highly accountable practices and the importance of collaborating with institutions for care and education services in early periods (Bruder, 1993). Therefore, early intervention systems are a crucial investment for children and families. Similarly, Guralnick (2011) brought together various approaches to early intervention in his study and presented a systemic approach that highlights the child's social and cognitive competence, family interaction, and family resources. In this way, it has been ensured that interrelated factors are emphasized for early intervention to become a useful system (Guralnick, 2011). This study shows that early intervention studies can be beneficial by supporting the child individually

and including the child's household and environmental factors. This is also compatible with the family and institution-based approaches of GRCs in Türkiye. In another study, Dunst and Trivette (2009) describe a model that supports the child and family for early intervention practices following their examination of various intervention programs related to supporting families, increasing their knowledge, and including them in the process. Their findings indicated that early intervention practices focusing on the family benefit the child in early childhood special education (Dunst & Trivette, 2009).

In addition to these, in 2015, the World Health Organization and United Nations Children's Fund developed the Care for Child Development (CCD) program based on child development to support children in need of care and support (Lucas et al., 2018). In addition to providing health, nutrition, and early childhood education support, CCD provides protection and support services for children with special needs and their families (Lucas et al., 2018). Thus, although CCDs work more with health systems, they also assess the development of children with special needs, provide early diagnosis practices, direct children and families to necessary special education services, counsel families, and collaborate with other stakeholders. In this respect, CCDs are primarily similar to the services provided by GRCs. Similarly, the Sure Start Children's Centers, founded in England for children under five and their families, have emerged with the intention of providing holistic services for disadvantaged children and their families (Bouchal & Norris, 2014). Accordingly, in a study (Hall et al., (2015), the family services supplied by the Sure Start Children's Center were examined. It is seen that the services provided are largely health counseling, care, early education, and parenting-related specialist support. Although these centers also provide food aid and employment support (Bouchal & Norris, 2014), their child, family, and environment-focused progress in intervention studies present similar patterns to the early intervention dimension of GRCs.

Indeed, the level of a country's development also affects the early intervention programs it follows. In developed countries, notable programs include the Portage Program, Small Steps Early Intervention Program, Precise Early Childhood Education (PEECH), Parent Action in Childhood Education (PACE), The Murdoch

Early Intervention Program and Early Head Start (EHS) (Birkan, 2002). For example, the Portage Program, designed for families with children with special needs to teach and reinforce knowledge and skills to their children, has shown that home-based progression of early intervention practices provides more positive results for the child and family (Dunst et al., 2001). Thereafter, Sarouphim and Kassem (2022) conducted a study in Lebanon with 16 children to evaluate the effectiveness of this program, evaluating the children's progress according to various developmental domains. According to the findings, this program expanded the children's knowledge and skills, and parents reported high levels of satisfaction. Besides, since the program focuses on strengthening the family and ensuring that the child learns in their natural environment, the practices of GRCs in providing counseling services to families and supporting children's education in their home environment are similar.

The Small Steps Early Intervention Program covers children and families with developmental delays between 0-4 and includes home and family center interventions (Elvrur et al., 2024). Similarly, PEECH, PACE, and EHS are programs developed in the USA to support the early education of children with developmental delays in early childhood and include early special education services (Pinar, 2006). EHS is a program that covers the pregnancy period and the period of life up to the age of 3 and is especially appealing to low-income families, as poverty is seen as a risk factor for children with special needs (Wall et al., 2005). These programs are international examples of important intervention approaches in cooperation with families and other early childhood special education institutions.

The services provided in GRCs in Türkiye, such as diagnosis, orientation, and family support, are broadly similar to those such as family-centered counseling, support for the child in the home environment, and cooperation with other stakeholders prominent in these programs. In this context, the systematic approach of GRCs that strengthens the child and the family and structures the environment, such as the school where the child is located, shows that a highly layered special education service is provided as in the mentioned programs. This structure also has a direct relationship with the ecological systems theory, which forms the basis of the study.

2.7.2. National Studies

Early intervention systems and family and development-based practices in international literature reveal the impact of holistic models for early childhood special education. Studies conducted in Türkiye that overlap with the objectives of international literature and institutional practices have made significant contributions to early childhood special education. These studies have primarily focused on evaluating the services of GRCs, revealing the roles of families and teachers, and examining the effectiveness of diagnosis, guidance, and monitoring processes. There are also studies that, through the institutional and practical role of GRCs provide a comprehensive view of how early childhood special education services are delivered in relation to the child, family, and environment. Studies on GRCs in Türkiye include the structure and functioning of GRCs, the services provided, the scope and effects of GRCs, diagnosis and evaluation processes, and the views of GRC professionals on various processes in institutions (Akkoyun, 2007; Aktaş, 2022; Çiftçi Çiçek, 2015; Doğan et al., 2022; Ekim, 2015; Kocaoğlu, 2022; Yurtsever, 2013). In this context, current studies on GRCs in Türkiye are presented in this section.

Bozkurt's (2009) study, which was conducted to describe the status of the diagnosis processes of children diagnosed with mental disabilities, included 103 students diagnosed with such conditions. As a result of the study, the students' diagnosis process was described in detail, and statistical results were obtained. In addition, the research findings have revealed that there are serious deficiencies in the diagnosis processes of students diagnosed with mental disabilities, that the regulations are not followed, and that an effective diagnosis cannot be made.

Bal (2011) conducted a study to reveal the organizational analysis of GRCs and analyzed the objectives, structure, functioning, and qualitative status of GRCs. As a result of the research, it was stated that while cooperation between GRCs and higher education institutions was insufficient, but GRCs frequently visited schools. In addition, it was concluded that there were deficiencies in the physical conditions of GRCs. Other studies on the structure of the institution also support these findings. The findings of these studies show that the physical conditions of GRCs also cause

inadequacies in the applicability of developmental tests (Avcıoğlu, 2012; Ekim, 2015; Türkkal, 2019; Yılmaz & Uçar, 2021).

In their study, Bengisoy and Avcıoğlu (2012) aimed to determine the views of parents who have children with special needs and who apply for examination of their children for any reason or whose children are sent for examination regarding their participation in the diagnosis process and their general views regarding the diagnosis. As a result of the study, it was found that when parents notice a deficiency in their children, they apply to the pediatrician; they take the child to the pediatrician themselves due to reasons such as seizures, late speech, and developmental delay compared to their peers, families mostly do not prepare their children for the evaluation process, their children do not perform adequately during the evaluation, they think that this situation affects the performance of the students during the evaluation.

The study conducted by Yurtsever (2013) aimed to determine the problems encountered in educational diagnosis and evaluation in GRCs. The findings of the study conducted with 145 GRC personnel included the inadequacy of the institutions' physical condition, the carelessness of the files of the referred individuals, the lack of cooperation between educational institutions and GRCs, the use of outdated measurement and evaluation tools, inadequate in-service training, the low number of quotas in placement institutions, and low family participation (Yurtsever, 2013).

The study conducted by Çiftçi Çiçek (2015) aimed to determine the views of GRC employees regarding the orientation, placement, and monitoring activities in GRCs during the educational diagnosis process of children with special needs. As a result of the interviews conducted with 11 people using a semi-structured interview form, the inadequacy of education plans in covering all individuals, the inadequacy of special education services, problems regarding medical diagnosis reports, and the inadequacy of the physical conditions of GRCs were revealed. In addition, the study also found that early childhood special education options were not sufficient (Çiftçi Çiçek, 2015).

Maraklı (2016) examined the views of special education teachers working in the Guidance and Research Center on implementing module programs used in educational evaluation and placement. The research, conducted with 20 special education teachers, concluded that there was a lack of materials in the educational evaluation and diagnosis process, inadequate case study rooms, and unreliable information received from parents due to a lack of awareness.

Kaplan Şahin (2016) focused on teachers' competencies in GRCs regarding the educational evaluation process of children diagnosed with autism and spectrum disorders. In her study, where she interviewed 22 teachers, she concluded that there was no separate test, method, or development form to be used in the evaluation of children diagnosed with autism and spectrum disorders, that the importance of medical diagnosis reports in the process was decisive, and that teachers working in the special education teaching staff had branches outside the field but still took part in the diagnosis and evaluation process of these children. Similar to these findings, in their study on structural processes in GRCs, Güven and Balat (2006) focused on measurement and evaluation tools and found that the tools and equipment used for measurement were inadequate.

In the study conducted by Yanık (2016), which examined the orientation and placement processes of hearing-impaired children in inclusive environments, it was found that GRCs had a positive attitude towards inclusive education but encountered problems in the orientation and placement processes. In addition, it was found that cooperation with families and the level of knowledge of families regarding the functioning of GRCs were inadequate. In line with these findings, suggestions were presented for developing practices to increase cooperation and personal competence. Similarly, in the study examining the diagnosis, assessment, and monitoring processes in GRCs with the example of hearing impairment (Yılmaz, 2016), the researcher conducted semi-structured interviews with 13 teachers in two GRCs in Eskişehir. The research addressed the problems experienced regarding the functioning of GRC processes. The findings of the study revealed a lack of cooperation between the GRC and the hospital, inadequacies in the educational diagnosis and assessment forms for individuals with hearing impairment, insufficient

materials and physical conditions for conducting assessments, and that monitoring processes were provided based on an annual support education report.

Aktaş (2022) conducted a study to identify the challenges faced in the educational diagnosis and evaluation process for individuals with special needs and to explore potential solutions. The research involved semi-structured interviews with 30 volunteer GRC employees. Findings of the study revealed that parents of individuals applying to GRC had low levels of awareness and knowledge, the physical conditions, materials, tools, and equipment in evaluation settings were inadequate, communication with the stakeholders of GRC was limited, and there were few special education classrooms in the schools to which the diagnosed students would be directed.

Çağlayan (2022) conducted a study with 18 volunteer GRC employees using a semi-structured interview to examine the educational diagnosis process of individuals with autism spectrum disorder and the process of directing them to a school appropriate for this diagnosis from the perspective of GRC personnel. As a result of this study, it was stated that individuals with ASD go through the hospital process to receive a medical diagnosis and then apply to GRC for educational diagnosis and educational precautions, that educational evaluations are made using the performance evaluation form in GRC, and that these forms are not sufficient in educational evaluations, and that the evaluation period and readiness status affect the evaluation. He also stated that GRC employees feel inadequate regarding their profession.

All these studies have presented important findings by addressing the roles and responsibilities of GRCs in early special education services from various perspectives. These studies emphasize the evaluations regarding the diagnostic processes carried out in GRCs, family and institution cooperation, employee opinions, and the quality of the services provided. Thus, these studies are important in understanding the functional structure of GRCs and the services they provide. However, these studies broadly cover special education practices in general and children in compulsory education. It is noteworthy that holistic studies focusing specifically on the educational diagnostic and evaluation processes of preschool

children in GRCs and addressing these processes regarding cooperation with families and other stakeholders are limited. Accordingly, examinations regarding the early childhood period, which form the basis of early diagnosis and intervention studies, are notably limited.

This study addresses a theoretical and methodological gap in the literature by exploring the role of GRCs in early childhood special education. Drawing on the views of special education teachers and guidance teachers it aims to make an original and complementary contribution to the field. Moreover, examining how educational diagnosis and evaluation processes in GRCs influence family, school, and institution collaboration is identified as a significant need for both practitioners and policymakers.

CHAPTER 3

METHOD

In this chapter, the research questions, the design of the study, the perspective of the researcher, the pilot study for the semi-structured interview, the definition of the cases, participants and settings of the study, data collection tools, data collection procedure, and ethical considerations and limitations are presented along with the methodology of the study. The reliability and validity details for this study are provided at the end.

3.1. Research Questions

This study aims to examine the views of special education teachers and guidance counselors working in GRCs regarding the educational diagnosis and evaluation processes for young children. In order to obtain detailed information about the teachers' and counselors' views, the researcher sought answers to the following questions;

1. What are the views of special education teachers and guidance counselors working in GRCs regarding the referral process of children with special needs?
 - 1.a. What are their views on the steps followed in the referral process for children with special needs?
 - 1.b. What are their views on cooperation with guardians or families during the referral process?
 - 1.c. What are the challenges they experience during the referral process for preschool children?
2. What are the views of special education teachers and guidance counselors working in GRCs regarding the placement process of children with special needs?

- 2.a. What are their views on the placement decision process for a child with special needs in the preschool period?
- 2.b. What are their views on the roles of guardians or families in the placement decision?
- 2.c. What are the challenges they experience in the placement process?
- 3. What are the views of special education teachers and guidance counselors working in GRCs on the monitoring process of children with special needs?
 - 3.a. What are their views on the methods used to monitor the development of children with special needs?
 - 3.b. What are their views on monitoring the child once a year?
 - 3.c. What are their views on continuing cooperation in the monitoring process?
 - 3.d. What are the challenges they experience in the monitoring process?

3.2. The Design of the Study

The current study was designed by adopting a qualitative research approach. Qualitative research aims to reveal the multiple realities of the study's participants by highlighting their experiences, perceptions, and understanding (Creswell, 2013). Qualitative research investigates the phenomenon within its context without changing it and thus adopts a naturalistic approach (Patton, 2002). Similarly, according to Denzin and Lincoln (2005), qualitative research offers an interpretive and naturalistic approach, and qualitative researchers examine things in their natural environments, interpret the meanings people attribute to them, and try to make sense of them (Denzin & Lincoln, 2005). Accordingly, the multiple case study approach was adopted in the research design. This research design aims to understand a particular phenomenon by examining it in different contexts (Yin, 2003). Similarly, Creswell (2013) states that the multiple-case design is the most appropriate method to investigate and demonstrate a particular phenomenon using different cases (Creswell, 2013). Therefore, the GRCs located in different districts of Ankara province were included in the sample group and the study analyzed data from the semi-structured interviews conducted with special education and guidance teachers working in different GRCs in Ankara province. The data obtained from each GRC

were analyzed within their contexts, and the similarities and differences between the institutions were described. As explained below, three different GRC cases were evaluated: Case 1, Case 2, and Case 3. Criteria such as the population density of the areas served by the GRC, frequency of applications, team numbers, and institutional operational methods were considered in determining the cases.

Although it is recommended to use different data-gathering methods such as observation, document analysis, and fieldnotes in multiple case studies (Creswell, 2013; Merriam, 2009; Yin, 2003), due to the subject of the research and the participant profile, it was found more ethically and methodologically appropriate to use semi-structured interview technique as the data collection tool. When explicitly examined for special needs, collecting data directly from preschool-aged children presents difficulties in terms of developmental limitations, communication difficulties due to special needs, and ethical responsibilities (Creswell, 2013). In addition, it was considered that the experiences of children with special needs regarding the diagnosis and evaluation processes can be learned through the axis of the teacher, specialist, and family. For this reason, the focus was on deeply understanding the experiences of special education teachers and guidance counselors who directly interact with the child and the family in the GRCs, and the semi-structured interview method was sufficient for this purpose.

Proceeding with the multiple case study method allowed the researcher to investigate the participants' experiences and practices in their real contexts. Thus, it enabled the researcher to understand the views and practices of guidance counselors and special education teachers working in GRCs regarding diagnosis and evaluation holistically and contextually.

3.3. Motivation of The Researcher

The number of children with special needs in early childhood is increasing yearly. Still, the environmental factors are insufficient to support these children and their families, which was quite effective in choosing the current research topic. Accordingly, the idea that implementing early diagnosis and support practices in a

way that covers both children, and their families will directly contribute to lifelong development formed the basis of the research. Furthermore, the fact that educational programs, teacher training programs, and even the physical conditions of many schools are explicitly designed for regularly developed children motivated me to become a voice for children with special needs. Being able to identify their needs while simultaneously highlighting the need for larger systemic changes and demonstrating that much we learn and teach falls short of inclusiveness is what led me to this field. As a first step, working with the institutions where children receive their educational diagnoses and learning about the experiences of the children, their families, and the special education teachers and psychological counselors in the institution, and being their voice, was my biggest motivation to continue my work. Thus, the research was structured as a multiple case study based on interviews with special education teachers and guidance counselors working in GRCs to reveal more in-depth information about children's educational diagnosis and evaluation processes in early childhood.

3.4. Participants of the Study and Definition of the Cases

In this part, the volunteer participants of the study and the definition of the cases of the present study are discussed because it is crucial to clearly define the cases and participants in qualitative studies (Creswell, 2008).

3.4.1. Participants

The researcher wanted to obtain information about unique cases, intended to work with hard-to-reach experts in a specific field and wanted to investigate certain cases in greater depth (Creswell, 2013). Therefore, the purposive sampling procedure was chosen. The research does not aim to generalize the findings of the study. It aims to provide an in-depth understanding of the subject under consideration. Therefore, three special education teachers and three guidance counselors working in GRCs were included in the study. When selecting the participants, the criteria of actively working in GRCs, being special education teachers or guidance counselors, and taking part in the educational diagnosis and evaluation processes of children in early childhood were considered.

Before the interviews, the researcher received ethics approval from the Applied Ethics Research Center at Middle East Technical University and research and application approval from the Ministry of National Education. Ethics approval and research application approval are presented in Appendix C and D.

Descriptive information about the participants of the study is provided in Table 1.

Table 1. Descriptive information about the participants of the study

Descriptive	Participant n
Gender	
Male	1
Female	5
Educational Background	
Bachelor's degree	4
Undergraduate Degree	2
Working Experience in GRC	
1-4 year	0
5-9 years	2
More than 10 years	4
Experience at Different Institutions	5
Job Description	
Special Education Teacher	3
Guidance Counselor	3

3.4.2. Definition of the Cases

In this study, which is structured according to the multiple case study design, the focus of the research is to determine the views of special education teachers and guidance counselors working in GRCs with different institutional characteristics in various districts of Ankara province on educational diagnosis and evaluation. In this context, three different GRCs in Ankara province were considered cases, and

interviews were conducted with participants from two different fields working in each GRC. In determining the cases, criteria such as the population density of the regions served by the GRC, the frequency of applications, the number of the teams, and institutional functioning methods were taken into account. With these differences between GRCs, each case was considered in its context and evaluated comparatively.

Case 1: This GRC is located in one of the most densely populated districts of Ankara province. The number of applications submitted to the institution and the number of schools with which the institution collaborates are parallel to the population density of the district. While one of the participants interviewed in this institution has been working for over 20 years and provides information about the institution's established structure, another participant offers a different perspective on current operations with his five and a half years of experience.

Case 2: This GRC is located in one of the central districts of Ankara and appeals to both urban and semi-urban areas. It has a structure quite similar to that of case 1 in terms of density. One of the teachers interviewed shared his thirty years of experience and the other nine years of experience, and both expressed quite different views regarding their fields.

Case 3: This GRC is located in one of the developing districts of Ankara. When compared to the other two GRCs, it is seen that the number of schools that the institution should cooperate with and the number of applications is less than these two institutions. This GRC organizes more internal and external events compared to other GRCs. One of the people interviewed in this institution shared his ten-year experience and the other twenty-six-year experience and presented quite comprehensive views on their fields.

3.5. Data Collection Tools

According to Yin (2003), one of the most essential and fundamental sources of data collection in case studies is interviews because these interviews proceed in the form

of guided discussions and offer a flexible plan instead of completely structured questions. Accordingly, the data obtained in this study were collected through demographic information forms and semi-structured interviews.

3.5.1. Demographic Information Form

At the beginning of the interviews, the purpose of the study, the fact that the study was voluntary and that they could withdraw from the study at any time, was explained to the participants, and they were asked to fill out the consent form. Participants were informed that their identities would remain confidential both before and at the end of the interviews. Afterwards, seven questions were asked to learn the participants' demographic information. These questions include gender, age, duration of experience, special education experience, undergraduate program graduated from, educational level, and job description. The form is presented in Appendix B.

3.5.2. Semi-Structured Interview Form

The researcher designed a semi-structured interview protocol to investigate the views of special education and guidance teachers working in GRCs on the educational diagnosis and evaluation processes of children in early childhood. The following steps introduced by Yin (2003) were followed:

- a. determining the purpose of the study and research questions,
- b. determining the participants and reviewing the participant selection process,
- c. planning the timeline,
- d. reviewing the prepared protocol,
- e. creating a draft structure,
- f. reminders regarding the method,
- g. determining and evaluating the readings

Accordingly, the main topic addressed by the study, the purpose intended to be investigated, and the theoretical and methodological objectives were evaluated. The research questions were divided into referral, placement, and monitoring at this stage. In each category, the experiences of children with special needs in early

childhood, the families of these children, and the special education and guidance teachers involved in these processes were focused on. Some of the questions prepared for the categories are presented in Table 3 as examples. Thus, a draft with fundamental issues and their contents was prepared. Finally, studies similar to this study were examined and evaluated, the necessary resources were scanned, and the interview protocol was created to consist of 13 questions. Then, expert opinions were received from a field expert in the General Directorate of National Education Special Education and Guidance Services and a faculty member in the Department of Early Childhood Education. As a result of the expert opinions, the questions were finalized, and a pilot study was conducted with two participants, one working in special education and one working as a guidance and psychological counselor at GRC. Table 2 includes the participants' demographic information. Pilot interviews are essential to test interview questions, understand which ones are unclear, provide unnecessary data, and which ones need to be rewritten (Tisdell et al., 2025). Therefore, pilot interviews can be conducted to understand the interview questions' effectiveness and evaluate the researcher's and the participant's interaction (Merriam, 2009).

Table 2. Demographic information of the participants in the pilot study

Participants	Age	Gender	Experience	Experience at different institutions	Educational Background	Job Description
P1	28	Male	3 Years	Special education and rehabilitation centers, sports clubs	Graduate Degree Physiotherapy and Rehabilitation	Special Education Teacher
P2	49	Female	26 years	Counselor in Kindergarten	Undergraduate Degree Psychological Counseling and Guidance	Psychological Counselor and Guidance Teacher

After the pilot interviews, adjustments were made to the questions, including their order, phrasing, as well as additions and deletions. First, for the participants to be open to conversation and feel comfortable at the beginning, two questions were added: "What is your typical workday like?" and "What is a typical GRC day like for a child with special needs who comes to GRC?" It was observed that these questions helped participants feel more comfortable, allowing them to share their experiences and job descriptions more freely. Also, the three questions that focused on the orientation process were combined to form the question, "What would be the most important supportive strategies for you during the orientation process? Why did you think these strategies were important?"

Besides, the question "What are the challenges you face during the orientation process for preschool children?" was removed because the participants had difficulty finding challenges specifically related to the orientation process. Therefore, a question was added towards the end of the interview: "How do you handle any challenges you face during these processes?"

Besides, questions that were very similar to each other and to which the participants gave similar answers were combined. For example, instead of asking three separate questions, a single question was added: "How do you think the ideal GRC process should proceed for a child diagnosed in preschool?" Also, to emphasize the disagreements, one question was added: "There are those who say that monitoring children once a year is not sufficient and qualified. What do you think about this? Thus, the participants explained that there may be differences in GRCs. While one institution proceeds with monitoring once a year, another institution produces short-term reports and increases the monitoring process once a year to two or three.

Moreover, to understand the participants' unique experiences and views, the question "What are the differences between your initial expectations when you started working at GRC and your actual experiences?" was added. Thus, the participants shared their processes and experiences more openly from the day they started working until today. All these changes resulting from the pilot study allowed the researcher to make more coherent arrangements that effectively address the research questions. The latest version of the questions is shared in Appendix A.

Table 3. Categories and sample questions

Categories	Sample Questions
Referral	1. What steps do you follow in the early childhood referral process for a child with special needs? 2. What would be your most critical supporting strategies in the referral process? a. Why did you think these strategies were essential?
Placement	1. Since the child's opinion cannot be obtained during the placement process due to their age and developmental level, what is the participation and role of families in this process? 2. In your opinion, what should be considered most when deciding on placement for a child with special needs in early childhood? a. Why do you think these should be considered?
Monitoring	1. What methods do you follow to monitor the development of preschool children? a. In your opinion, what strategies can be followed to make the monitoring process successful and support the child's development? 2. There are those who say that monitoring children once a year is not sufficient or qualified. What do you think about this? b. What kind of communication do you have with the institutions that monitor the child during this process?

3.6. Data Collection Procedure

Semi-structured interviews were the data collection instrument for the current study. Since the main purpose is to determine the views of teachers working in GRCs regarding the educational diagnosis and evaluation processes of children in early childhood, it is crucial to reflect on the participants' perspectives. Indeed, interviews are essential for understanding and exploring participants' feelings and thoughts (Merriam, 2009). Thus, semi-structured interviews enabled the researcher's in-depth knowledge of the participants' thoughts. After the necessary adjustments were made to the data collection tool after the pilot interviews, the researcher contacted GRC directors in different districts of Ankara. The study's purpose and method were first explained to the institution directors. Afterward, interviews were conducted with three special education teachers, and three guidance counselors working in these

institutions, who voluntarily agreed to participate in the study. Thus, a total of three institutions were included in the study. Before the interviews, the participating volunteer teachers were informed that audio recordings would be made. The participants were permitted audio recordings. The interviews lasted between 30-40 minutes. The data collection process was finalized after the interviews were completed.

3.7. Data Analysis Procedure

The researcher began the data analysis process by first preparing the interview transcripts. This process involves transcribing the data obtained with the data collection tool (Creswell, 2013). After all the interviews were transcribed, the researcher removed sections from the transcribed document independent of the topic under discussion, such as what a typical working day of the participants was like, to clean the data. After the data was cleaned, the researcher categorized the data and created codes. According to Merriam (2009), coding divides an extensive data set into specific sections. In this part, the researcher used the MAXQDA 2024 program. In this process, the researcher used a second coder, a graduate student in the Department of Early Childhood Education, to determine the codes and categorize the themes. The researcher and the second coder compared the codes they obtained and checked whether there was consensus.

After ensuring consensus, the researcher began the process of interpreting the data. According to Creswell (2013), at this stage, the researchers begin making sense of the data they obtained. Thus, the researcher determined the relationships between the codes and established a relationship between the new codes that emerged during the process and the previously determined codes.

3.8. Trustworthiness

The concerns of validity and reliability are related to whether a study is conducted according ethical principles and the collection, analysis, interpretation, and presentation of data include points to be considered about the study's

conceptualization (Merriam, 2009). The researcher considered various issues in this study to ensure validity and reliability.

The first point for validity is the triangulation method, which aims to increase the validity of the research (Creswell, 2013; Merriam, 2009). Although the data was collected using a semi-structured interview technique in this study, different types of triangulations were used to increase validity and reliability. First, interviews were conducted with different participant profiles, such as special education teachers and guidance counselors, within data triangulation. In this way, different views on the situation were obtained. The interview records were coded by another researcher other than the researcher, and the researcher's triangulation was supported. In addition, the accuracy of the data obtained from the participants was confirmed by presenting the interview summaries to the participants and approving them (Stake, 1995), that is, through member checking. The researcher reviewed the transcribed interview of one of the teachers who accepted this task and made adjustments where necessary. Through these applications, although a single data collection tool was used, the internal validity and reliability of the research were attempted to be increased. In addition, as Merriam (2009) noted, in thesis studies, since the advisor and committee members read the study and provided comments, these studies meet the peer review method. Also, within the scope of peer review, having a second coder for coding allows the researcher to achieve reliability effectively. In this study, a large portion of the transcribed interviews were reviewed by a second coder.

Another important point for validation in qualitative studies is related to rich and thick descriptions that include detailed explanations of the participants and the environment in which the study was conducted (Creswell, 2013; Lincoln & Guba, 1985). These detailed explanations allow the reader to compare the environment discussed in the study with another environment and understand whether the findings are appropriate for their own context. This strengthens transferability, another important qualitative research validation method (Creswell, 2013). Transferability in this study was also provided by presenting similarities with the results obtained in other studies. Accordingly, the reasons for the researcher's study, the research questions, and how the research process was conducted and managed were explained

in detail. In addition, details and sections were defined in detail, and details that would facilitate readers' establishing a relationship between the current study and their context were included. This way, readers could evaluate these inferences from a different perspective based on their current studies. In addition, to intertwine the interview questions with the part-time interviews, the researcher consulted experts from Special Education and one from Early Childhood Education and conducted a pilot study. As a result of the opinions and the pilot study, the interview reviews were revised and finalized. Thus, the audio-recorded interviews were carefully analyzed, considering the reliability of the data, and the researcher completed the process with the help of co-coders during the analysis process. Throughout the study, the researcher paid attention to ethical responsibilities and completed the study by prioritizing the privacy and voluntariness of the participants.

3.9. Limitations

Some limitations may be essential to consider when interpreting the study findings.

First, this study is limited to the views of three special education teachers and three guidance counselors working in three different GRCs in Ankara. Since the study was qualitative research, the sample group is also small.

Another study limitation is that the data was collected only with a semi-structured interview form. The participants' experiences could have been enriched and presented through observations or document analysis. However, since the institution is operating due to the implementation of evaluation tests, observations cannot go beyond test application, and the documents used are not like activity plans, but special education-specific tests and evaluation forms, observations, and therefore the document analysis methods were not used.

Although female and male participants participated in the pilot part of the study, the effect of gender on the participants' views was not focused on since only female participants were in the group where the main interviews were conducted.

CHAPTER 4

FINDINGS

This chapter presents the views of special education teachers and guidance counselors who participated in the study regarding the referral, placement, and monitoring processes of young children. The views of the participants are conveyed through exemplification and support with quotations within the framework of various themes. The difficulties that the participants encountered in all these processes, including family and institutional collaborations, and their suggestions for an ideal GRC process were used as a framework for structuring the findings. Accordingly, the findings were divided into five main themes in line with the purpose of the study and the research questions: views on the referral process, views on the placement process, views on the monitoring process, collaborations, and suggestions for the ideal GRC process. Table 4 presents the main themes and their sub-themes.

Table 4. Summary of the findings

Main Themes and Their Sub-themes
Views of Special Education Teachers and Guidance Counselors on Referral • Steps Followed in Referral • First Contact with the Family and Emotional Reactions • Collaboration with Families and Institutions • The Impact of Family Awareness Levels on Referrals
Views of Special Education Teachers and Guidance Counselors on Placement • Factors Affecting Placement • The Role of Family in Placement • Difficulties Encountered in Placement
Views of Special Education Teachers and Guidance Counselors on Monitoring • Annual Evaluation and Views on the Adequacy of Annual Evaluation • Tools Used and Evaluation of the Child's Performance • Recommendations for Effective Monitoring

Table 4. (continued)

Collaboration with Families and Other Institutions

- Involvement of Families
 - Collaboration with Other Stakeholders
-

Recommendations for an Ideal GRC Process

- Early Intervention
 - Teacher Competence and Family Education
 - The Necessity of Systemic Improvement
-

4.1. Views of Special Education Teachers and Guidance Counselors on Referral

The participants' views on referral are divided into four main headings: (1) the steps followed in the referral, (2) the first contact with the family and the emotional reactions experienced, (3) inter-institutional collaborations and their effects on the referral, (4) the effect of the families' level of awareness on the referral.

4.1.1. Steps Followed in Referral

Participants stated that the referral is shaped based on the child's educational background. Some children are referred directly to a child special needs report through the GRC application process, while others are first referred to a hospital following observations by kindergarten teachers, after which the GRC process initiates. The first stage is to review the child's file and, if available, prior evaluation reports to assess their performance and identify strengths and weaknesses. Accordingly, participants remarked that the referral varies according to the child's educational background and diagnosis. P1 summarized this process as follows:

"We take the file and examine it in advance, after reviewing it, we observe what has been done before... We evaluate the child socially... We also evaluate factors such as the number of siblings, whether the mother used a prohibited substance during pregnancy and prenatal period, and whether there is another type of disability in the family... We have questions about the child's personality traits, and we use surveys to gather information about the child's strengths and weaknesses from the family's perspective, as well as the family's expectations." (P1)

P2 initially made the following statement regarding the referral process:

"Aside from that, for example, children in the 0-3 age group or the 3-6 age group and older who receive their initial diagnosis come here. Regardless of age, if they receive their initial diagnosis, they come here." (P2)

P3 explained how they evaluate the child's performance and how they make decisions about how the child will continue their education:

"We have assessment forms and tools tailored to their level. Using these tools, we provide the necessary instructions during that time, assessing their educational goals and performance... We also prepare individual development reports for the children, conducting preliminary assessments in conjunction with educational assessment forms... If school decisions are to be made, we make those decisions as an official precaution and refer them to the district. They then benefit from these support training programs." (P3)

Similarly, P4 made the following statement regarding the decision-making process at the referral:

"First, they come here, and we interview a family... Then, we take the family out of the room and interview the students individually. Then, depending on the student's situation, we call the family again and talk about whether it will be inclusive or a special education class." (P4)

Additionally, P3 highlighted that educational evaluation forms that incorporate the teacher's observations play a critical role in referral:

"We request educational evaluation forms from the school the child attended. We consult their teachers' opinions and knowledge." (P3)

4.1.2. First Contact with the Family and Emotional Reactions

Participants stated that families come to GRCs with intense emotional reactions. In the preschool period, the first experience of the diagnosis process regarding special needs, uncertainty, fear, denial, and guilt come to the fore. Therefore, the first interviews in the referral phase are not only about transferring information and evaluation but are also seen as a phase where emotional support is provided to the family. Accordingly, P1 used the term "shock phase" when explaining this process and stated that families with preschool children and their families are still at the beginning of the diagnosis process and, therefore, cannot make sense of what they are experiencing:

"Especially if the parents come after receiving the diagnosis for the first time... They are in stages like those in the mourning process. They are in that shock phase... When they first arrive, some people do not know what the environment is like and think it is like a hospital... The family has an emotional perspective, a social perspective about what society will say... It is a difficult process for the parent, but ultimately, it needs to be evaluated professionally." (P1)

P2 explained that during their first interaction with families, they observe not only the parents but also the children:

"When the child comes, is the child crying, pushing people away, doing something else, is the child hugging his/her baby? You can notice all of that. You can see the relationship there. We try to observe that, too, and take notes. Parents can be extreme, like completely indifferent, like, what's the child supposed to learn?" (P2)

P2 also stated that emotional reactions are not only focused on the parents but also include extended family members. In these cases, it was noted that denial of the diagnosis and its acceptance could prevent the referral:

"The child has received the diagnosis, but the father does not accept it, the mother-in-law does not accept it... The mother asks, 'I do not want to upset my relationship with my husband, but you should also tell the father.'" (P2)

Similarly, P1 noted the expectations of society and its effect on families as follows:

"The family has an emotional perspective, a social perspective about what society will say, well, there are those expectations, I understand that it is a difficult process for the parent, but ultimately, it needs to be evaluated professionally." (P1)

Additionally, P3 emphasized the importance of conveying the process in an informative and non-judgmental language during this first encounter when families are not emotionally prepared:

"The family comes terrified. They do not know what GRC is. They think it is a place like a hospital. They think they will be spoken to like a doctor when they enter... If the family is not aware of the diagnosis, they may accept the referral too late. This is where the problem begins." (P3)

P2 stated the following regarding families not being ready for the diagnosis their children received during the referral process:

"When the family comes, we first listen to what they say. We try to understand what they understand, what they expect, where they stand. Because they come here without being ready for the diagnosis." (P2)

Additionally, P6 noted that the emotional processes of families vary and that families who are initially resistant may not exhibit this resistance in subsequent years. Therefore, it was emphasized that gaining the family's trust in the first interviews at the referral directly affects the following stages:

"When they first come, they don't know what's going on. But then, as the years go by, they become more aware. The healthier the initial acceptance process, the easier it becomes after that." (P6)

Participants generally stated that effective management of families' emotional reactions and providing emotional support to the family at the first stage are possible with the informative and supportive attitude of the GRC staff. In this way, it is evident that establishing healthy relationships is critical, even at the referral stage, particularly when families present with intense emotional reactions.

4.1.3. Collaboration with Families and Institutions

Participants emphasized that collaborations established with preschool institutions, hospitals, social service units, special education centers, psychological counselors, and families during the referral phase directly affect the quality of the process. However, participants also stated that these collaborations do not always work effectively and sometimes fail due to reasons such as lack of information, communication problems, or confusion of authority. Accordingly, P3 stated that collaborations established with teachers are an essential source in correctly determining the child's developmental needs. Therefore, they try to obtain the teacher's opinion both through documents and one-on-one communication:

"We ask for educational evaluation forms, but we do not stop there and meet with the teacher one-on-one. Because observations in that classroom environment tell us a lot." (P3)

P2 stated that representatives from different institutions, such as family physicians, child psychiatrists, and guidance counselors, contribute to the referral process. Still, these institutions work in isolation from each other, and there is a lack of systematic coordination:

"When we make diagnostic referrals here, we look at hospital reports and ask the teacher, but the flow of information between them is limited. They are all like separate lanes." (P2)

P5 specifically emphasized that teachers play a critical role in the referral process and that, therefore, teachers' skills in recognizing signs of developmental delay and making correct referrals should be increased:

"If the teacher guides the children who come to us, the process starts much more solidly. But if the teacher says 'there is nothing wrong,' the family does not believe it anyway." (P5)

Like P5, P3 also touched upon the collaborative process between teachers and families during referral:

"The information teachers provide is very important. We also receive a lot of information from parents, but parents may have different visions for their children... We want teachers to provide detailed information. If there's nothing explanatory in the evaluation forms or individual development programs they send, we call them and get information... The information teachers provide is especially valuable for us." (P3)

P4 stated that cooperation is not just an exchange of information but a process of producing a common solution and that this process is disrupted in some cases:

"When making decisions about the child, we need to make decisions not only as GRC, but also with the school's teacher and guidance service, but everyone works in their own corner." (P4)

Additionally, P6 stated that GRC's coordination with social services units, in particular, should be strengthened because some children need not only education but also social support:

"Not only educational but also social support is needed. But GRC is alone in this regard. The ties between institutions are very weak." (P6)

The common view among participants is that cooperation between institutions is crucial for a comprehensive examination of children's needs. However, it was frequently emphasized that this cooperation is currently neither planned, organized, nor steady.

4.1.4. The Impact of Family Awareness Levels on Referrals

Participants noted that families' lack of information about their children's developmental aspects can slow and sometimes prevent referrals. In particular, they pointed out that the belief that "it will pass when they grow up" or "it will pass when they start primary school" delays the diagnosis process and prevents them from accepting the diagnoses they receive. For example, P1 stated that families often normalize developmental delays in their children:

"Some have accepted this situation and can act by realizing how they will live with it and how they will manage it, some may still be in the bargaining process, they come and say, "look, if only the child could do this, it would pass, this is just this little bit left". They know it all, but cannot say it... The family still has thoughts that it will pass, as if it were a flu infection." (P1)

P3 emphasized that the low level of awareness of families can lead to resistance and even conflict during the referral:

"If the family is not aware of the diagnosis, they can accept the referral very late. This is where the problem starts." (P3)

Similar to P3, P1 explained the impact of families' awareness levels on referral as follows:

"When we consider the socio-economic status of the region we are in, most of our parents who apply are not aware of the details of the diagnosis given to their child. For example, a child is diagnosed as having a delayed turning point, but society does not know what the past turning point is. When it is diagnosed more clearly as mild mental retardation, the family can realize it, for example." (P1)

Additionally, P6 also stated that families with low socioeconomic status, in particular, are disadvantaged in terms of both awareness and access to resources:

"Some families are impoverished, both financially and socially. They cannot even meet their basic needs before education. That is why guidance is the last priority for them." (P6)

P4 stated that families are skeptical about education and diagnosis, which blocks the process, and drew attention to the need to restructure the process:

"If the family's awareness level is low, they cannot understand the content of either the diagnosis or the education. They constantly object, but they do not focus on the best interests of the child." (P4)

P2 emphasized the importance of informing and stated that sometimes it is more effective to explain the educational need without a diagnosis than to explain the diagnosis:

"When you say the word diagnosis, they immediately shut down. But when you say things like 'the child needs a little more support,' they listen. That is why you need to speak very carefully." (P2)

P5 stated that parents can reject guidance because of the influence of their environment:

"The mother accepts, but the father rejects. Sometimes when the environment says, 'our child spoke late too,' the family does not want to come." (P5)

Much like P5, P2 expressed the following regarding families' refusal to accept the diagnosis and their belief that the problems they experience will go away as the child grows up:

"For the preschool, there are extremes like, 'It'll pass as they grow up... That's why our role is at least facilitating that transition is vital... For example, the parent who came last time said the child had a diagnosis, but the father didn't accept it. The mother-in-law and father-in-law didn't accept it... The child is in second grade, his language skills are very severe... So, he still can't say any words. (The family said) It'll pass when they grow up, it'll pass when they grow up.'" (P2)

Additionally, P1 expressed the impact of families' awareness levels on the referral and the child's development with the following example:

"This week, for example, I saw an 8-year-old child come in with a language diagnosis for the first time. The child was about to finish first grade, but typically, intervention is needed at around 3-3.5 years old. Now, there is a consciousness in our society that a child comes for diagnosis at the age of 3 or 3.5 years old, but he could not speak at the age of 3, and they say that his aunt was like this, his uncle was like this, and they delay until the age of 4-5, and they can wait. " (P1)

Differently, P4 expressed the need to increase the awareness levels of all families:

"For example, I am always surprised by things. I mean, I also worked in kindergarten. Only the parents with special needs should be invited to the meeting, only with them... other groups should know this so that they can gain that awareness." (P4)

Participants underlined that families' increased level of awareness is not only a responsibility of GRC but also a responsibility through the joint efforts of various stakeholders, including preschool teachers, civil society, and the health sector. Accordingly, the views concerning the referral highlight the importance of the initial contact established with the family and the child, as well as cooperation between the family and institutions and the level of awareness within the family. After the referral, the evaluation processes regarding placement begin in GRCs. The following heading presents the participants' views regarding placement.

4.2. Views of Special Education Teachers and Guidance Counselors on Placement

The findings in this section present the participants' views on placement under three headings: factors affecting placement, the roles of families in the placement, and the difficulties encountered during the placement.

4.2.1. Factors Affecting Placement

Participants stated that they take into consideration the child's developmental level, academic performance, and environmental factors in addition to the diagnosis during placement. P3 summarized the factors influencing the placement process as follows:

"We request educational evaluation forms from the school the child attended. We consult their teachers' opinions and information. Since we base our assessment of the child on the health report, we evaluate their performance and then attempt to place them in the most suitable environment... We try to place the child in the most beneficial and least restrictive environment that will provide them with the best support for their education."

P4, when discussing the factors influencing placement, stated that they take a holistic perspective:

"The child's performance, academic performance, and expressive skills... I think it's essential whether they're receiving instructions. It's crucial whether they have toilet control and whether they wear diapers... We consider all developmental areas. Otherwise, incorrect placements can be made based solely on academic performance, or rather, based solely on the diagnosis, or rather, very incorrect placements can be made based on the diagnosis." (P4)

P1 explained that at this stage, they do not proceed solely based on diagnosis but rather consider more general skills:

"The child's current performance is critical. When we measure a child's performance here, we compare it to what their peers in the same age group can and cannot do... After evaluating such different criteria and different points, we say the child can receive inclusive education, in other words, the child can continue the education in the same class with typically developing peers." (P1)

Similar to P1, P3 emphasized the impact of educational performance on the placement process, stating:

"Educational performance is already critical... It's essential to assess educational performance carefully... It's also essential to determine whether the child will truly complete the necessary steps in social development. Sometimes, when it's very early, you can push academics back a little in the preschool years and prioritize social and language support. The family can be a little behind... I think it's important to get a clear and accurate assessment of educational performance." (P3)

P4 stated that the school facilities in the region where GRC is located can affect placement decisions:

"There are schools with support education rooms, and there are schools without. Even the school the child will be placed in determines a lot about his/her education." (P4)

P5 stated that diagnoses can be misleading and how they make placement decisions between special education schools and inclusive classes:

"He has a diagnosis, but he receives instructions and communicates with his friends. It would not be logical to place this child in a special class. We look at the child's reactions in the classroom." (P5)

P2, on the other hand, described the insistence of families who didn't send their children to primary school immediately on re-placement decisions:

"Those who don't want to send their children early (to primary school) go immediately and get a report. They can go to kindergarten in a year." (P2)

Participants drew attention to the fact that children exhibit individual differences in terms of development, and therefore, differences can be observed even among children with the same diagnosis. Consequently, it was stated that, in general, children are placed in education according to their individual needs.

4.2.2. The Role of Family in Placement

The views of the participants showed that the role of families in placement is critical, and that family views and reactions to placement can directly affect the placement decision. Families who encounter a diagnosis for the first time are seen to have negative views and resistance to practices such as "special education classes." It is understood that these reactions may be related to factors such as labeling children with special needs and excluding them from society, the idea that the child will fail academically, and families denying the diagnosis. Accordingly, P1 stated that some families do not accept the special education class despite the diagnosis, and therefore, they resort to their legal right to object:

"For example, the child is at a moderate level of mentality, but the parent's perception is not very clear. They seem to accept the diagnosis, but they do not want the special education class, saying that my child is not retarded." (P1)

Similarly, P2 stated the negative and resistant attitudes of some parents towards special education classes as follows:

"When we say special class, some parents immediately withdraw. They feel as if we are going to exclude the child from society. We explain it more softly... There is such a prejudice in society, coming to GRC, getting a diagnosis for the child... If the family comes here, they have many rights. Even the state offers many rights... However, there is a prevailing perception in society that is both interesting and sad, as these children are losing years..." (P2)

P3 explained being understanding and explanatory in the interviews with the families to establish healthy communication with them during the placement as follows:

"Does the parent want integration or a special class? We talk to the parent before making a final decision on this issue. We tell them what the child needs." (P3)

P1 discussed the impact of families' placements, both in terms of their reactions and how the GRC responds to these reactions:

"We can encounter many types of reactions. One is that the family is aware of the events and does whatever we say, without objecting to the process... Here, we generally try to do what's in the child's best interest, rather than what the family wants. So, if the family's wishes are unrealistic, we try not to consider them because it can be harmful to the child." (P1)

P6 explained that the role of families in the placement process is to comply with the placement decision and send the child to the school they are placed in:

"We want the child to go to school. We want the child to have that contact with their friends. We don't want the child to be on the street." (P6)

Supporting P6's view, P5 made the following statement:

"...because the main purpose of my placements is for the child to socialize and integrate. That's the purpose of what we do. But if the child doesn't go to school, we can't provide that anyway. It's meaningless." (P5)

Some participants noted that parents who openly object to the placement decision tend to have the decision repeated. As a result, the decision-making process is

prolonged, and children are deprived of the support they need. Consequently, all participants noted that family involvement is necessary, and families should be empowered through honest and constructive communication. Besides, participants underlined that when deciding on placement, a child's best interest should be considered, and families should be informed regarding the child's best interest to transform families' reactions.

4.2.3. Difficulties Encountered in Placement

Difficulties encountered in placement are generally associated with families frequently objecting to decisions, problems in implementing these decisions, and institutional and systemic deficiencies. Although participants emphasized that they made placement decisions considering the best interests of the child, they stated that the most challenging part of this process was reaching an agreement with the families. For example, P1 said that families' unrealistic expectations of their children disrupted the placement process:

"The parent came and said, I want my child to benefit from the integration or special education class, if you do not do it, I will complain... If the family approaches this way and we do not see any benefit for the child, we do not do anything, we do not reach an agreement with that parent... " (P1)

P3 explained that objection processes cause a waste of time for children, and therefore, expert opinions should be decisive:

"...when they go to integration, those developmental areas will not be supported and will be set back... educational performance needs to be determined very well." (P3)

P2 stated that parents who do not accept the placement decision also resort to a method such as not sending their children to school:

"For example, the mother did not accept that her child had autism. But she still had to get a report... She says he will attend a regular class. But the child has aggressive behavior. He never sits still... It will not be beneficial for the child either. But the mother never says anything other than that she will

not send him... She finally took the child out of kindergarten and said she would not send him to primary school." (P2)

In addition, P4 stated that the same parents objected more than once:

" Some parents object four or five times. There are students who are examined every 15 days like this every month." (P4)

P5 stated how tiring this process can be:

"These conversations can sometimes take up to a day. We cannot make a decision, the parent cannot understand." (P5)

P6 stated that the misunderstandings experienced could even lead to complaints:

"They tell us that you cannot tell my child is mentally disabled... Our father applied to complaint channels." (P6)

In addition, P4 stated that the process was not qualified due to student density:

"...because of this density, our evaluations cannot be much, they cannot be qualified... After we have made the placement, we cannot communicate with many teachers. It is also because of the density here." (P4)

Additionally, P5 stated that they faced difficulties in placing children in schools due to the lack of preschool facilities:

"We actually have a significant shortage of preschool facilities. For example, we have schools where children can be integrated students, or we have two special education practice schools. We can go to those for preschool. For example, we don't have a classroom in between. If the child is very difficult, we direct them there (to practice kindergartens). The rest is all mainstreaming." (P5)

The placement is influenced by multiple factors, including the mindsets of the families, their level of awareness, and systemic constraints, as well as the child's developmental and educational needs. This is supported by the fact that participants did not focus solely on the institutional functioning of GRCs but expressed opinions about the multi-actor nature of the placement process.

4.3. Views of Special Education Teachers and Guidance Counselors on Monitoring

In this section, which includes the participants' views on monitoring, three sub-themes appeared: opinions on annual evaluation and its adequacy, tools used and assessment of the child's performance, and suggestions for effective monitoring.

4.3.1. Annual Evaluation and Views on the Adequacy of Annual Evaluation

Participants stated that monitoring is carried out as part of the evaluation process, which is legally determined and conducted annually. It was emphasized that at this stage, the forms received from the schools the children attend and the teachers are decisive. P3 explained this process as follows:

"Unfortunately, we are far behind in monitoring... We observe the development of a child who comes at the age of 3 with the education evaluation forms that the teachers send us annually at the age of 4, 5, and 6... Since they receive support from special education and rehabilitation centers every year, those support reports and education reports need to be renewed annually." (P3)

In addition, P4 emphasized that annual monitoring in early childhood may be insufficient due to the rapid development that occurs during this period.

"Maybe observing once a year may not be enough. In shorter periods, development is faster, especially at younger ages." (P4)

Although the views that evaluating once a year may be insufficient for early childhood due to the speed of development that emerges during the monitoring process, it was also stated by P1 that in some cases, especially depending on the diagnosis, the frequency of evaluation may change:

"(Whether an annual evaluation is sufficient or not) varies depending on the diagnosis because the special needs issue is an extensive umbrella... Each diagnosis should be evaluated on its own merits; we should not approach it from a wholesale perspective." (P1)

Similar to P1, P5 highlighted the perspective that monitoring can be different for each child and that each child's needs are different. He also emphasized the need to see children more frequently during the monitoring process:

"It's not enough for every child. For example, we give shorter reports to the children of seasonal workers. We want to increase our own workload and see them more frequently... But for children with moderate and severe disabilities or physical disabilities, the pace of progress is slower and more stable. Another year is appropriate for them. But of course, the area we call learning is different. So, we need to see these children more often." (P5)

Differently, P3 drew attention to how density in institutions affects monitoring as follows:

"But normally we give it for one year, because of this intensity. There is not much that can happen in our evaluations, they cannot be of high quality... But because the GRC is so dense, we can't do that." (P3)

Similarly, P4 stated that they were able to follow the development and change in children after a year:

"Observing once a year may not be enough... Development is particularly rapid at younger ages... We can only see the change and development at the end of the year." (P4)

Similarly, P5 stated that monitoring efforts are insufficient, but they carry out the process when necessary and requested:

"Currently, we only monitor as follows: If there's an objection, if the school has submitted an objection, if the school requests it, they prepare evaluation form. We review and read that evaluation form. Then, we form a team and go to the school to monitor. We monitor there all day. Then we give feedback... Why was he placed there?" (P5)

4.3.2. Tools Used and Evaluation of the Child's Performance

Participants mentioned Performance Determination Forms (PBF) and Educational Evaluation Forms (EDF) for monitoring and explained that they were evaluated by

comparing the data in the forms with previous years. P3 explained this process with the following expressions:

"We have PEFs, performance evaluation forms. They are for 5 years. There is a column for each year. For example, when we examine the previous column, we can add a plus or a minus to the goals..." (P3)

P1, on the other hand, looked at the topic of tools used from a broader perspective, touching on details such as informing families in advance, requesting the necessary forms, seeing the modules the child has completed, and comparing the child's development with the previous year:

"We tell the parents every time before they come to the schools, we say send the child with the educational evaluation form... In special education and rehabilitation, the studies that were done were neither studied nor not studied; we see which of the studied items this child has achieved on the module... The views about the child during that interview are written... We compare the child's performance from last year to this year." (P1)

4.3.3. Recommendations for Effective Monitoring

Participants focused on systemic and content deficiencies in monitoring and made recommendations for the process to be carried out effectively for the benefit of children, families, and institutions. Accordingly, P3 drew attention to the importance of obtaining regular and structured information from teachers to determine the needs of children and carry out effective monitoring with the following words:

"I wish it would be at shorter intervals or in a different system. I wish the teacher could give us feedback monthly, for example, even if it were once a year, or every three months. It would be very beneficial for the child." (P3)

In addition, P4 focused on the importance of repeating these visits every year by visiting schools:

"This year, we started and planned to do so in the following years; we made school trips and special education kindergarten trips every year this year. We plan to do it in the following years as well." (P4)

In addition, P6 drew attention to the need for GRCs to spend more time in the field for monitoring. However, the participant stated that insufficient staff prevented this from happening and explained that an approach that gave more importance to monitoring in the coming years could make significant contributions to this process with the following words:

"I hope that our norms will increase in the coming years. If we can allocate at least twenty or thirty percent of our work time to monitoring, even that will be tremendously beneficial... The staff is not much compared to the number of students. We are actually much more crowded than other GRCs." (P6)

The same participant stated that when monitoring is not done effectively, criticism from teachers increases, and behavioral observations of the child remain incomplete:

"When there is no monitoring, one of the tripods is missing, and this is always the biggest criticism we receive from the field. This student is not suitable for this place." (P6)

Similarly, P5 underlined the significance of counseling services for schools without guidance counselors and noted that such practices should be expanded:

"In these areas, we offer support services especially for schools without guidance counselors. Our schools request teacher training or student observations... However, it is a challenge that is partially offset by the number of personnel here. That is, we cannot always do this (monitoring)." (P5)

P2 emphasized the need for increased monitoring efforts with the following words:

"I think much more active work could be done. Nothing should be enough. Because these are individuals in need, their motivation is lower, and their parents are more demoralized. Naturally, I believe that these disadvantaged groups should always be given free and regular, timely support. We all need to take this responsibility." (P2)

Participants, who highlighted the inadequacy of the current annual monitoring, emphasized the need to increase the number of employees and workloads in proportion to the density of GRCs and the specific work required for monitoring, to carry out the process more effectively.

4.4. Collaboration with Families and Other Institutions

This section presents views on collaboration with families and other institutions in the guidance, placement, and monitoring of young children. Participants emphasized that the educational diagnosis and evaluation processes for children are not carried out solely in GRCs, but rather should be conducted within a multi-actor structure that includes institutions such as families, schools, teachers, guidance counselors, the health sector, and, if necessary, the social service sector.

4.4.1. Involvement of Families

According to the participants' views, one of the key factors in enhancing the quality of functioning in GRCs has been identified as the active participation of families. Therefore, teachers and guidance counselors focus on listening to the concerns of families, providing comfort, establishing a relationship of trust with them, and taking steps to contact them frequently for collaboration during decision-making stages.

P2 stated that the family does not know the procedure, and therefore they listen to the families at the first phase:

"When the family comes, we first listen to what they say. We try to understand what they understand, what they expect, where they stand. Because they come here without being ready for the diagnosis." (P2)

P4 highlighted that when families come without knowledge, all stages are explained clearly, and no action is taken without their approval:

"The family does not know the process, they do not know what to expect. That is why we provide very detailed information about the process. We cannot say that it will start immediately." (P4)

P6 noted that GRC should not only be an institution that diagnoses but also guides the family. Therefore, establishing a connection is as crucial as providing information:

"When the child and the parent come here, we do not just make decisions, we also get to know them. That bonding issue, supporting the parent, is also very important." (P6)

P1 stated that a placement or referral cannot be made without understanding the family's perception towards the child and emphasized that the priority in the first meetings is to establish communication:

"We listen to the parent at first... We talk about the positive aspects, the negative aspects... Then we start to observe the child out of the corner of our eye." (P1)

Similar to P1, P3 stated that if there is cooperation, GRC's progress will be more fluent, and placement decisions become much easier when the teacher and parent focus on the child's needs together:

"We meet with the parent before making a final decision. We tell them what the child needs." (P3)

P2 explained the ways of including parents in the process as follows:

"I call the parent on the phone and tell the parent that I want them to come here and meet... The mother may have come, but I would like to see the mother and father together, and I would like to provide you with some information. At this point, the most basic thing for me is to have a meeting with the father to ensure his participation." (P2)

Additionally, P6 emphasized the importance of family involvement and how it impacts a child's education:

"Our most challenging areas, especially in the learning aspect, are family involvement levels, because parental consent is crucial. So, if family acceptance isn't yet at that level, if it gets stuck in one of the stages, then there's a need for family counseling and guidance. Because if it can't move on, we're stuck there forever. This can also prevent a child from receiving a proper education." (P6)

All participants expressed that the family's involvement is a factor that affects not only the GRC functions but also the child's educational life. Collaboration with the

family should be encouraged not only through information sharing but also through mutual agreement, trust, and joint decision-making practices.

4.4.2. Collaboration with Other Stakeholders

The outcomes indicated that to obtain a thorough educational diagnosis and evaluation, cooperation among preschool teachers, schools, hospitals, and special education and rehabilitation agencies is essential. They emphasized the importance of collecting information about the child from multiple sources. However, it was claimed that a number of issues, including a lack of knowledge, time restrictions, resource limitations, and structural flaws, prevented planned and successful collaboration with other stakeholders. P3 expressed the following view regarding the need to include teacher opinions and feedback:

"We request educational evaluation forms from the school the child attended. We consult their teachers' opinions and information... We also get a lot of information from parents, but parents can imagine their children differently." (P3)

P2 made the following statements regarding the institutions included in the collaboration:

"We can also make different referrals: psychological referral, social services, hospitals." (P2)

On the other hand, P3 stated the difficulties they experienced in communicating with health institutions as follows:

"We have a lot of shortcomings in terms of cooperation. The family goes to the doctor, and without getting any information, the health report says the child has a mental disability, and he comes here, and we see that the child has a language problem. But we tell the family that the child has been diagnosed with a mental disorder, and the family is shocked. There is no communication with the doctor either. A very fast diagnosis after a few things." (P3)

Besides, when there is a discrepancy between the medical diagnosis and the educational diagnosis, GRCs have to re-evaluate, as expressed by P4:

"So when he goes to the hospital, the diagnosis he receives is different from what we see here. This creates confusion in the process." (P4)

The difficulties and disconnections experienced regarding task sharing, another dimension of cooperation, were expressed by P6 as follows:

"The cooperation between teachers and schools is very lacking with GRCs... Actually, this is teamwork, but since everyone does not know what to do and where, the process starts to fail... We have something incompatible with the Ministry of Health. We don't have a common language." (P6)

Supportingly, P3 highlighted the lack of collaboration between teachers, families, doctors, and GRCs:

"Our diagnosis system is very flawed, teachers have a real lack of knowledge about these children in terms of guidance. And they're often confused because they don't know what to do. Families have very poor communication. We have a huge lack of collaboration... The doctor should contact the GRC, too. But it's a very difficult process, they're also very busy." (P3)

Therefore, the results reveal that GRCs understand the value of collaboration with other stakeholders and weigh its benefits. However, they are unable to collaborate effectively due to operational and workload issues, as well as a lack of effective communication. Accordingly, decisions about the child's education may not be made holistically.

4.5. Recommendations for an Ideal GRC Process

Participants provided suggestions on how GRC practices can be made effective and inclusive, drawing on their own experiences. While participants provided suggestions on an ideal GRC process for young children, they frequently highlighted existing shortcomings. They also offered practical and holistic suggestions on how to address these shortcomings. Drawing attention to the importance of advancing educational diagnosis and assessment in a multi-layered manner, interrelated suggestions emerged, such as strengthening family communication, increasing the amount of information provided to families during pregnancy, enhancing cooperation

between teachers and hospitals, monitoring children's development more frequently, and adjusting the number of GRC personnel in terms of workload. These suggestions demonstrated the necessity of transforming GRCs into a child-centered, dynamic, flexible, and collaborative system.

4.5.1. Early Intervention

Participant views clearly show the importance of early intervention for children with special needs. Participants emphasized that developmental differences noticed in the early stages significantly affect children's development in later periods. However, the work of GRCs alone is not sufficient for early intervention. Families' knowledge of their children's developmental characteristics from birth, preschool teachers' knowledge and awareness of special needs, and social pressure and labeling on diagnosed children and their families are decisive for early intervention. However, it was stated that when no steps are taken for early intervention, children lose time, and late interventions often fail to have a significant impact on children's development. For example, P1 explained that problems with language development can be noticed in the early stages, but families often ignore delays in language development as follows:

"For example, this week I saw an 8-year-old child come with a language diagnosis for the first time. The child was about to finish first grade, but normally, at 3 or 3.5 years old, intervention is needed." (P1)

Similarly, P4 drew attention to the fact that the widespread idea that it will pass as it grows up causes children with special needs to lose critical years, with the following words:

"There is such a perception in society that it is very interesting, very sad, and these children lose years. The child, has started primary school but his developmental level is not even at the kindergarten level." (P4)

Additionally, P1 stated that early diagnosis and intervention are lagging behind, and that teachers, rather than GRCs, are responsible for this:

"Early diagnosis is one of our biggest problems... Early diagnosis, early intervention, and early intervention programs are prominent in special education, but the extent to which they can be implemented remains a question mark... Teachers would be able to reach families more easily than GRCs. Teachers see families every day... Even 15 or 20 minutes of information can save lives sometimes... The teacher needs to compare them well with the peer groups of that class... the teacher needs to observe this well." (P1)

P4 stated that children experience significant improvements with early diagnosis and intervention:

"When they receive a good education, there's good progress... That's why early diagnosis is really important." (P4)

Similar to P4, P5 stated that early intervention leads to positive changes in children's development:

"If a child is noticed in preschool and is doing well now, we are very happy... For example, autism. A child who is diagnosed and educated in early childhood will be virtually symptom-free by first grade. But if the child has been that way all the way through first grade, there's not much that can be done." (P5)

Accordingly, the findings demonstrate that early intervention is essential for children's development, the development of academic skills, and for families to manage the process more effectively. The impact of early intervention on children's development is evident. Therefore, it is crucial to enhance preschool teachers' knowledge of children with special needs and at-risk children, and to provide them with the necessary guidance at the earliest possible stages.

4.5.2. Teacher Competence and Family Education

According to participant views, the lack of knowledge among teachers and families regarding the functioning of GRCs causes misdirection and frequent objections to the decisions made. Therefore, the participants drew attention to the need for teachers to take more courses and training on special education and for structured training programs to be created for families. For example, P1 stated that preschool teachers

do not acquire sufficient competence in undergraduate education with the following words:

"Undergraduate students do not take special education classes, which is the biggest complaint of the teachers, but they will likely encounter them. That is why they need to take action, either through in-service training or individual efforts from outside, to increase their competence." (P1)

P2 expressed the need to take steps regarding teacher competence and that teachers may need support in this process:

"But it's precisely in these areas that we need to make a difference... Teachers don't know. Of course, they'll be afraid and hesitant. How can we keep up with the family? What stages does the family go through? How does the family support the child? How will the family accept the child during this period of denial..." (P2)

P4 explained how teacher competence can lead to positive outcomes with the following example:

"There are good teachers, too... A teacher suspected a specific learning disability while working on a project. These children were in preschool, and they were twins... Such conscientious teachers provide guidance. I evaluated one of the children. Yes, the child was truly in an at-risk group." (P4)

P1 approached the competence of teachers from the perspective of raising awareness of families and stated the following:

"The teachers in the kindergarten and preschool need to take an active role... The problem with this child will not go away as we expect over time. It is necessary to give the family some basic information... Teachers need to be aware of the early symptoms... The teacher needs to observe well." (P1)

P6, on the other hand, focused entirely on family education and used the following statements:

"One of our biggest deficiencies is the lack of family education programs. What we call family education now usually consists of meetings. However, this also needs to have a gradual system."

Similarly, P3 related informing families to providing family education as follows:

"Step by step family sessions, family seminars, educational seminars like this can be organized." (P3)

P4 stated that families often cannot even understand the content of hospital reports, and that GRC teachers have to take on a guiding role at this point:

"We explain to the parent and try to convince them. Sometimes, in that hospital report, there are usually more terms, in other words, terms that parents will not understand. The names of the diagnoses differ as well. We explain that, and the parent is shocked."

P1 explained the importance of families having basic information about development with the following expressions:

"It also shifts to family education because before coming here, after the mother's pregnancy has started, it is necessary to give basic information to the families about the child, or rather, an introductory developmental psychology, and child development. The parents need to learn something basic, what we expect from the child in the third month, in the sixth month, in the ninth month, in the 12th month, what we consider normal and abnormal in child development." (P1)

Similar to P1, P3 also emphasized the importance of family education starting from pregnancy:

"Such education can be provided even during pregnancy. Everyone dreams of a normally developing child, but... Without knowing a child's developmental areas, a mother or father cannot identify a child with development outside of normal development." (P3)

4.5.3. The Necessity of Systemic Improvement

Participants stated that most of the difficulties they encounter in GRCs stem from systemic deficiencies. In particular, the intensity of GRCs, insufficient staff, off-duty assignments, and limited in-service cooperation reduce the functionality of the process. Participants suggested a more structured system, more precise job

descriptions, stronger coordination mechanisms, and more resources to overcome this situation. Participants stated that GRCs undertake a significant amount of work outside of education, and that the system should be more straightforward and transparent. P5 attributed the GRCs' inability to go to the field to both the lack of staff and the excessive workload:

"If there are nine appointments, 10 children, and five teachers at the same time, they won't be able to go... With that pairing, we are a somewhat busy GRC... Also, we have few staff... There's also a lot of off-duty assignments. We have teachers working on assignments at other institutions." (P5)

P4, on the other hand, approached the issue from a different perspective, highlighting the importance of ensuring hospital reports are up-to-date and families collaborate:

"I think the ideal process definitely starts with hospital reports being up-to-date... and continue until the end of our evaluation. Of course, it's important for the parent to be cooperative and implement this." (P4)

Similarly, P5 emphasized that the lack of coordination between the health system and special education disrupts the process and that a special education teacher should also be involved in the diagnosis process:

"When a doctor makes an evaluation, there must be a special education teacher or someone who is an expert in that subject, because the doctor never actually sees the child in the field" (P5)

P3 stated that the system should not be child-centered and that the diagnostic system needs to be changed:

"You should always focus on the child, carefully assessing their performance, and placing them in the best environment possible. The environment where they can benefit most. But unfortunately, that's not the case in GRCs. This is somewhat overlooked... I wish our diagnostic system would be a little more differentiated." (P3)

P6 criticized the entire system, stating:

"As a special education teacher, I'm one of those teachers who thinks the entire system in the GRCs needs to change, starting from the initial stage. I

need to have a broader, more effective, and more competent area to implement in schools, including planning and modeling interventions. The first is monitoring. And this needs to be done systematically." (P6)

P1 emphasized that GRCs should not work alone but together with schools and teachers, and explained that the system works in reverse and that families should have gone through several stages before the GRC process:

"Schools need to take action, cooperation with schools, so we are going back to the relationship between the family and the teacher, so the process goes there because, GRC is a very short stop where the procedures are applied and here they are already legally informed... It is a very reverse process, so it needs to start early during pregnancy, especially the mother, needs to be informed during the prenatal period." (P1)

Concerning critique of the system, P3 first addressed the problem of teachers assigned to special education coming from different disciplines:

"Our teachers aren't special education teachers, that's the first thing. It's a process run by very few, permanent, paid external teachers. And they really don't know anything. When you don't know something, your hands are tied, and you don't know what to do... You know it can't be wrong, you know the right decision is being made, but it turns out that's not the case. It was sent to a very quick evaluation." (P3)

P6 approached this issue from a completely different perspective, pointing out that the field is open to abuse, but that, due to their mandate as the GRC, they are unable to oversee this issue:

"The field is very susceptible to financial abuse. When money is involved, they really exploit it. So, when we look at it from the perspective of disability and rights, it's open to serious neglect and abuse... These factors completely disrupt the mechanism. But we are not the oversight mechanism either... A more comprehensive, more preventative intervention is needed." (P6)

These ideas propose that the system needs to be transformed into a holistic model where diverse groups collaborate, responsibilities are clearly defined, and areas of expertise are well-supported. These findings also disclose participants' views on which areas should be prioritized for necessary adjustments.

4.6. Distribution of Participant Views According to Themes and Comparison Between Cases

Table 5 presents the points where the participants' views are most similar and different within the framework of the subthemes. Whether the participants touched on these points is presented comparatively, and the markings indicate whether the participants expressed an opinion on that topic or how much or little they focused on it. Accordingly, three dots indicate that the participants focused heavily on the subject, while two dots indicate that they only partially mentioned it. In areas with no markings, participants did not express their opinions. Accordingly, the purpose of this table was to highlight the parallels and discrepancies among the subthemes explored in the multiple-case study.

Table 5. Distribution of participant views according to sub-themes and comparison between cases

Participants Sub-Themes	P1	P2	P3	P4	P5	P6
Steps Followed in Referral	●●●	●●●	●●●	●●●	●●●	●●●
First Contact with the Family and Their Emotional Reactions	●●●	●●●	●●●	●●●	●●●	●●●
Collaboration with Families and Institutions	●●●	●●●	●●●	●●●	●●●	●●●
The Impact of Family Awareness Levels on Referrals	●●●	●●●	●●●	●●●	●●●	●●●
Factors Affecting Placement	●●●	●●●	●●●	●●●	●●●	●●●
The Role of Family in Placement	●●●	●●●	●●●	●●●	●●●	●●●
Difficulties Encountered in Placement	●●●	●●●	●●●	●●●	●●●	●●●

Table 5. (continued)

Annual Evaluation and Views on Adequacy of Annual Evaluation	●●●	●●●	●●●	●●●	●●●	●●●
Tools Used and Evaluation of the Child's Performance	●●●	●●●	●●●	●●●	●●●	●●●
Recommendations for Effective Monitoring	●●●	●●●	●●●	●●●	●●●	●●●
Involvement of Families	●●●	●●●	●●●	●●●	●●●	●●●
Collaboration With Other Stakeholders	●●●	●●●	●●●	●●●	●●●	●●●
Early intervention	●●●	●●●	●●●	●●	-	-
Teacher Competence and Family Education	●●●	●●●	●●●	●●	●●●	●●●
The Necessity of Systematic Improvement	●●●	●●	●●●	●●	●●●	●●●

An examination of the table above reveals that participants expressed similar opinions on themes up to the early intervention sub-theme, and that participants focused on these themes to very similar extents. Yet, P4 expressed a partial opinion on the early intervention sub-theme, while P5 and P6 did not focus on this. Furthermore, P4 expressed partial views on the Teacher Competence and Family Education sub-theme, and P2 and P4 expressed partial views on the Necessity of Systematic Improvement. It is believed that these differences among participants may stem from institutional differences among the three institutions identified as cases in the study.

CHAPTER 5

DISCUSSION

This study aimed to investigate the views of special education teachers and guidance counselors working in GRCs regarding the educational diagnosis and evaluation processes of young children. The three main research questions determined for this purpose are as follows:

R1: What are the views of special education teachers and guidance counselors working in GRCs regarding the referral process of children with special needs?

R2: What are the views of special education teachers and guidance counselors working in GRCs regarding the placement process of children with special needs?

R3: What are the views of special education teachers and guidance counselors working in GRCs on the monitoring process of children with special needs?

This section interprets the findings regarding the main research questions and the sub-questions of each question, in conjunction with the theoretical framework and literature reviews. The five themes derived from the data are as follows: 1) Views of Special Education Teachers and Guidance Counselors on Referral, 2) Views of Special Education Teachers and Guidance Counselors on Placement, 3) Views of Special Education Teachers and Guidance Counselors on Monitoring, 4) Collaboration with Families and Stakeholders, and 5) Recommendations for an Ideal GRC Process. The discussion section discusses each theme in the order described above. The following section presents conclusions and implications for special education teachers, guidance counselors, researchers, and policymakers.

5.1. Views of Special Education Teachers and Guidance Counselors on Referral

Based on the data collected on participants' views on referral, it was seen that all participants emphasized the children's educational background, prior evaluation reports to assess the child's performance, and the child's diagnosis. The findings showed that families' awareness levels were low during the referral process, and this directly impacted their participation in the process. In support of this, some participants emphasized that families either failed to recognize their children's developmental differences early on or, even if they did, struggled to accept the process. Participants noted that families may be grieving, in shock, or experiencing emotional reactions when they first arrived at the GRC. Therefore, parents' emotional reactions prevent GRC staff from accessing accurate information about their children. This emphasis reinforces reactions such as denial, guilt, labeling, or social exclusion, which are also common in the literature (Turnbull et al., 2015). This is supported by the finding in the literature that unconscious and uninformed parents cause disruptions in the process (Aktaş, 2022). Emotional reactions encountered even at the beginning of the process can also result in families resisting collaboration with GRCs. From the perspective of Ecological Systems Theory (Bronfenbrenner, 1979), this situation reflects the influence of the family, the child's immediate environment, on the microsystem.

When we examine the interaction between families, schools, teachers, and GRCs, it becomes clear that parents' reactions and participation are also shaped at the meso-system level. Moreover, the need for teachers' competence to identify children with special needs, make qualified observations, and fill out the necessary forms becomes critical. Participants also emphasized that the information teachers provide during referrals is highly decisive. The arguments regarding the importance of teachers align with the approach emphasized in the literature, which suggests that teachers can directly observe children's developmental areas in their classrooms, identify children at risk, and contribute to the early detection of potential developmental problems (Hebbeler and Spiker, 2016). The findings also demonstrate that GRC's referral decisions are in the best interests of the child. Similarly, Akçamete (2009) has emphasized the significance of the child being in an environment that best

accommodates their requirements. Consequently, it is anticipated that developing a more structured and sustainable collaboration between microsystem and mesosystem components is necessary, particularly during the preschool period, to identify children's needs early and ensure they are in an environment that best meets their needs.

5.2. Views of Special Education Teachers and Guidance Counselors on Placement

According to findings from views on placement, the participants stated that they consider factors such as the child's holistic developmental level and academic performance, in addition to the child's medical diagnosis, when making placement decisions. It was emphasized that focusing solely on diagnosis is insufficient for placement. Accordingly, the participants underlined the significance of considering each child's development holistically. It was also noted that families' views are also noteworthy. These findings are similar to the results of other studies in the literature (Bruder, 1993; Guralnick, 2011; Yurtsever, 2013).

Participants also stated that families sometimes insist on placing their children in inclusive classrooms, even though these children may not be suited for inclusion. However, as stated by the participants, in these cases, families' views are disregarded based on the principle of the child's best interests. This finding is consistent with the findings from a study by Çiftçi Çiçek (2015). Furthermore, participants in this study stated that families are prejudiced against special education schools and do not want to send their children to these schools. This was frequently emphasized in the difficulties encountered during placement, with families stating that the appeals process created a workload for the GRC and wasted time for the children. This illustrates the influence of family biases on placement.

Additionally, according to the findings, participants reported that families and schools frequently objected to placement decisions due to instances where a discrepancy existed between the diagnosis and the placement decision. These findings are consistent with those of Aktaş (2022) and Yurtsever (2013) regarding

placement. Furthermore, Aktaş (2022) also found disagreements among members of the special education evaluation board regarding placement. However, this was not mentioned by any of the participants in this study. Additionally, some participants noted that placement determinations were not qualified due to factors such as the high number of students, the low number of staff, and the lack of available placement schools. These results are comparable to those found in Yurtsever's (2013) study.

These findings underline the need for a multifaceted approach to considering the placement process and its underlying factors. Based on Ecological Systems Theory, factors related to families can be considered at the microsystem level, while factors related to the number of schools, teachers, and institutions, as well as decision-making processes, can be considered at the mesosystem and exosystem levels. While the system supports family involvement in decision-making, it is understood that families often approach GRCs with objections, a lack of consensus regarding the child's best interests, and the fact that GRCs are often forced to work with a limited number of staff and schools for placement, which can reduce the quality of placement. This demonstrates that placement is not solely determined by the system and the school the child will attend; many environmental factors influence it. For example, when factors such as family fears of exclusion and prejudices are linked to cultural values within macrosystems and the country's education policies, a significant interaction occurs between the systems, which in turn influences children's developmental processes.

5.3. Views of Special Education Teachers and Guidance Counselors on Monitoring

Based on the participants' views on monitoring, it was found that, although participants stated that monitoring is conducted annually, this may be insufficient for early childhood development, as it is rapid during this period. However, it was also noted that each child's diagnosis and developmental characteristics are different at this stage, and therefore, depending on the diagnosis, this period may be sufficient for children. Similarly, Avcıoğlu (2012) found findings regarding the inadequacy of monitoring in his study. Considering the time lag between studies, little progress has

been made in making monitoring shorter or more effective from a system perspective.

Additionally, it was noted that Performance Evaluation Forms (PEFs) and Educational Evaluation Forms (EDFs) were used in monitoring, and that the information obtained from the schools and teachers who attended to the children through these forms increased the effectiveness of monitoring. However, one participant focused on details beyond the forms, such as informing families in advance, requesting the necessary forms, reviewing the modules the child has completed, and comparing the child's development with that of the previous year, demonstrating that the process progresses in multiple layers. Consistent with the findings in Çiftçi Çiçek's (2015) study, one participant in this study stated that monitoring is conducted at the school's request. Furthermore, while Güven and Balat (2006) found that the measurement and evaluation tools in GRCs were inadequate in their study, no participant in this study mentioned these inadequate measurement and evaluation tools. This may be due to the participants' focus on broader systemic issues, including the lack of collaboration among families, schools, teachers, and GRCs, as well as the overcrowding of GRCs, which are perceived as more prominent problems.

The participants offered several suggestions for improving the monitoring efforts they found inadequate. However, they did not address the need for changes to the measurement and evaluation tools. Instead, participants highlighted systematic deficiencies, the importance of spending more time in the field, the significance of counseling services, and the need to increase the number of employees and workloads in proportion to the density of GRCs. These findings are consistent with those of other studies in the literature (Aktaş, 2022; Çiftçi Çiçek, 2015; Yurtsever, 2013). According to these findings, some participants emphasized the inadequacy of annual monitoring in early childhood to assess children's development holistically. Therefore, monitoring in early childhood, conducted at long intervals or only when requested, may disregard the interactions within the child's microsystem and mesosystem. Although development is monitored using forms collected from teachers, these forms are filled out annually by comparing development with the

previous year. This can prevent teachers' frequent observations from being systematically communicated to the GRCs and create a disconnect at the mesosystem level. Furthermore, the inadequacy of policies for monitoring may indicate a systemic problem.

Reducing monitoring to simply filling out forms may indicate a lack of a process-oriented and collaborative approach. This, in turn, may suggest that early childhood special education policies are not sufficiently functional. Similarly, Çiftçi Çiçek (2015) found the services provided to individuals with special needs diagnosed in early childhood inadequate. While deficiencies existed in many areas, these deficiencies were particularly pronounced in the early childhood period. Consequently, the lack of principles such as continuity, collaboration, and reliance on multiple resources, which are essential for more effective monitoring, is noteworthy.

5.4. Collaboration with Families and Other Institutions

Findings regarding collaboration with families and other stakeholders were evaluated by considering all stages of educational diagnosis and evaluation. The most striking finding was that all participants emphasized that educational diagnosis and evaluation processes for children are not solely a concern for GRCs, but rather that this process should be conducted within a multi-actor structure that includes families, schools, teachers, guidance counselors, the healthcare sector, and, if necessary, the social services sector. This finding was comparable to the study of Bouchal and Norris (2014). These findings are similar to those of Yurtsever (2013), who discovered a lack of collaboration between educational institutions and GRCs. Similar to Yılmaz's (2016) study, some participants reported communication and collaboration challenges between doctors and healthcare providers. All participants stated that collaboration between families and GRCs was inadequate, and that families' inadequate knowledge of the functioning of GRCs hindered collaboration. This was also found in Aktaş's (2022) study, which noted that parents' awareness and knowledge levels are low. Thus, the findings suggest that adequate collaboration between teachers, schools, healthcare institutions, and other support systems is not being fulfilled.

This situation points to a disconnection at the mesosystem, where the interactions established between multiple microsystems in a child's life are. In this environment, teamwork between family and school, school and healthcare institutions, or teacher and psychiatric counselor has a direct impact on the child's development. However, the findings show that information flow between these actors is limited, the division of tasks is unclear, and communication is frequently cursory. At the exosystem level, structural issues such as bureaucratic barriers in inter-institutional operations, a lack of communication protocols, and the lack of a common language are prominent among the reasons behind these disconnects. Therefore, the findings reveal that in developmental monitoring processes, not only individual actors but also systems must work together, otherwise opportunities for early intervention may be missed. The literature also emphasizes that an effective developmental support system requires open, ongoing, and trust-based collaboration between families, schools, and health services (Dunst & Trivette 2009).

5.5. Recommendations for an Ideal GRC Process

Participants highlighted existing shortcomings and offered practical and holistic suggestions on how to handle these shortcomings. For example, interconnected recommendations emerged, such as advancing educational diagnosis and assessment in a multi-layered manner, focusing on family education from pregnancy, increasing collaboration between teachers and hospitals, monitoring children's development more frequently, and adjusting the workload of GRCs. Some participants also stressed the significance of early intervention, stating that developmental differences determined early impact on children's later development. Findings regarding the importance of early intervention are supported by studies in the literature (Hamdan et al., 2021; Türkkent & Özer, 2023). Additionally, the findings regarding the effectiveness of families and teachers in early intervention are similar to those of other studies in the literature (Ardianingsih & Mahmudah, 2017; Dunst & Trivette, 2009; Odom & Wolery, 2003; Yunitasari et al., 2024).

Furthermore, the participants' suggestions were aimed at increasing collaboration between stakeholders, which supports the findings of Kardeş and Akman (2020).

However, unlike other studies, the participants in this study emphasized a widespread belief among families that their children's special needs will outgrow as they grow older. A structured system, detailed job descriptions, better coordination methods, and additional resources were among the other recommendations made by participants. These recommendations are consistent with the results of Aktaş's (2022) investigation.

In summary, the findings from the study demonstrate that educational diagnosis and assessment are not solely technically driven but can only gain meaning through the collaborative work of all systems surrounding children. Participants stated that preschool teachers, in particular, lack sufficient equipment to care for children with special needs, and that this hinders the GRC process. This directly impacts Bronfenbrenner's microsystem-level teacher-child relationship. When a teacher falls short, the most fundamental structure that should support a child's development is weakened. Similarly, inadequate training for families stands out as another microsystem problem, while a lack of communication between family and teacher leads to limited interaction within the mesosystem. When a consistent and meaningful connection between these two structures cannot be established, the process becomes a formality driven solely by documentation. Additionally, participants expressed the need for more frequent, observational, and contextual monitoring. This request makes it clear that the GRC mechanism should look at more than just time; it should also look at how kids interact with one another in their natural environments.

Furthermore, the GRC staff's heavy workload limits the time available for educational diagnosis and evaluation, prohibiting in-depth evaluation. This demonstrates the dysfunction of institutional structures at the ecosystem level, where children are indirectly affected. It was frequently stated that systemic improvements could be achieved not only through individual efforts but also through a fair distribution of tasks and resources. These recommendations reveal how macrosystem-level policies and practices are not being reflected in the field, clearly demonstrating the need for a more holistic and collaborative structure.

5.6. Implications

5.6.1. Implications for Special Education Teachers and Guidance Counselors

Working in GRC

- Special education teachers and guidance counselors working in GRCs can be provided with time and systematic support to collaborate with teachers in placement schools and facilitate communication between the GRC, teacher, school, and family. Module-based programs covering various aspects of educational diagnosis and assessment can be offered to teachers in placement schools. These modules can include topics such as observation methods, identifying types of special needs, communication with families and institutions, and feedback. Implementation of these modules can be conducted online or in-person over a 2-3-week period by a dedicated team within the GRCs. During the modules, teachers can be presented with case examples, and role-plays and interpretations can be used for observations. This allows the teacher to experience their role in the process. School-based module implementations can also strengthen Bronfenbrenner's horizontal interactions within the microsystem. Although an online seminar titled Assessment of Development and Learning in Preschool Education is offered (MoNE, n.d.), the fact that the seminar is not based on field practice and that teachers attend this seminar according to their own preferences may affect its effectiveness.
- Special education teachers and guidance counselors in GRCs can develop joint meetings, observation forms, and information-sharing cycles to collaborate with families and increase their knowledge and awareness. To achieve this, the number of staff in GRCs can be increased, and a specific number of GRC staff can be assigned to a particular number of families. Feedback can be received throughout the process, and any remaining issues can be addressed. Guidance-focused information sessions can be organized, where guidance professionals can maintain regular contact with families. During this process, information about the child's development is collected

from families at short intervals, and they are informed accordingly. This way, monitoring can be made more effective with the active participation of the family and the institution.

- Special education teachers and guidance counselors in GRCs can support teachers in schools where placements are made in reporting observational data, facilitating monitoring processes not only based on GRCs but also within a broader, child-centered framework.

5.6.2. Implications for Researchers

- Studies on how educational diagnosis and evaluation processes are conducted for young children and their families in early childhood can be expanded. In addition to GRC staff, researchers can collaborate with preschool teachers and families in placement schools. While gathering information on early childhood special education through needs assessments, solutions can be developed to address gaps.
- Researchers can analyze official regulations, guidelines, and practices related to early childhood special education and its implementation in GRCs. These analyses can be compared with practices in the field. This analysis can also uncover deficiencies and systemic problems in the field.

5.6.3. Implications for Policymakers

- Monitoring can be transformed from a once-a-year, centralized, and standardized practice into a process-oriented, local-focused structure that is responsive to local dynamics. Flexible monitoring protocols can be developed that schools can adapt to their contexts. The Ministry can delegate the authority to determine monitoring frequency and methods to school guidance units or GRCs, based on school conditions. Monitoring should not be solely focused on form but can also be supported by teacher observations, family interviews, and in-class performance.

- GRCs' human resources should be strengthened and supported both quantitatively (number of staff) and qualitatively (areas of expertise). GRCs should employ not only psychological counselors but also child development specialists, special educators, and social workers specialized in developmental assessment. Continuous professional development programs should be designed for GRC staff, and these programs should include family counseling and collaboration with other institutions. GRC personnel planning should consider the demographic and socioeconomic structure of the provinces and distribute staff according to their intensity.
- Policies should be developed to facilitate the active participation of families in the process. For example, expanding family counseling services. Regular family information seminars, individual counseling hours, and home visits could be initiated in schools. Accessible, free counseling centers could be established within GRCs. Access to informative resources about the process could be facilitated through digital platforms (e.g., short videos, guides) for families.
- Supporting teachers working in schools in special education and developmental monitoring could be made mandatory at the policy level. In-service training on developmental monitoring and identifying special needs could be made compulsory annually. This training could be delivered through practical methods such as case studies, observation videos, and role-plays.
- The implementation of the Specialized Psychoeducation Program for Challenging Life Events (Preschool) (MoNE, 2024) can be made compulsory in schools where placements are made, and the content of the program can be expanded to include children aged 3-6 and their families.
- Clear job descriptions and collaboration protocols should be established for inter-institutional coordination (school, GRC, health, and family). Standardized collaboration protocols could be drafted at the departmental level and sent to the provinces. A digital "tracking file" could be created

between the school, GRC, and health units regarding each child's developmental monitoring process. Systems that ensure the flow of information between stakeholders, such as integrated platforms like e-school, could be developed with the approval of families. Legal regulations could be made to organize joint meetings; For example, a "child development support meeting" every quarter.



REFERENCES

- Acar, H. (2019). *Rehberlik ve araştırma merkezinde çalışan öğretmenlerin genel özyeterlilik algıları ve iş doyumu düzeylerinin incelenmesi* (Publication No. 550754). [Master's Thesis, Ankara Hacı Bayram Veli University] Yükseköğretim Kurulu Başkanlığı Tez Merkezi.
- Ackah-Jnr, F. R. (2020). Inclusive education, a best practice, policy and provision in education systems and schools: The rationale and critique. *European Journal of Education Studies*, 6(10), 171-183. <https://doi.org/10.5281/zenodo.3605128>
- Ministry of Family and Social Services [MFSS] (2019). *Engelli ve yaşlı istatistik bülteni*. https://www.aile.tr/media/6598/bulten_may%C4%B1s2019_20190624-1.pdf
- Adler, J.E. (2003) 'Knowledge, Truth and Learning', in R. Current (ed.) *A Companion to The Philosophy of Education*, pp. 285-304. Oxford: Basil Blackwell.
- Akbıyık, M., Yıkmış, A., & Terzioğlu, N. K. (2024). Türkiye’de özel eğitim: Geçmişten günümüze gelişim ve Kocaeli ilindeki yansımalar. *Şura Akademi*, (5), 117-124.
- Akçamete, G. (2009). *Genel eğitim okullarında özel gereksinimi olan öğrenciler ve özel eğitim*. Ankara: Kök Yayıncılık.
- Akkoyun, A. K. (2007). *Rehberlik ve araştırma merkezi müdürlüğü personelinin kaynaştırma eğitimine ilişkin görüşleri*. (Publication No. 211309). [Master's Thesis, Abant İzzet Baysal University] Yükseköğretim Kurulu Başkanlığı Tez Merkezi.

Aksoy, V., & Şafak, P. (2020). 573 Sayılı KHK'dan günümüze özel eğitimde eğitsel tanılama ve değerlendirme: Neredeyiz, nereye gitmeliyiz?. *Turkish Journal of Special Education Research and Practice*, 2(1), 47-67. <https://doi.org/10.37233/TRSPED.2020.0108>

Aktaş, Y. (2022). *Özel gereksinimli bireylerin eğitsel tanılama ve değerlendirme sürecinin ram çalışanlarının görüşlerine göre değerlendirilmesi (İstanbul örneği)* (Publication No. 763289). [Master's Thesis, İbn Haldun University] Yükseköğretim Kurulu Başkanlığı Tez Merkezi.

Algozzine, R., Algozzine, B., & Ysseldyke, J. E. (2006). *The fundamentals of special education: A practical guide for every teacher* (Vol. 1). Corwin Press.

Ardianingsih, F., & Mahmudah, S. (2017, September). Early detection of child development deviation training program in the context of special needs children identification. In *9th International Conference for Science Educators and Teachers (ICSET 2017)* (pp. 535-539). Atlantis Press. <https://doi.org/10.2991/icset-17.2017.88>

Arı, H. (2015). *Bir okul öncesi özel eğitim kurumunda tersine kaynaştırma uygulamasının ve ilkokula hazırlığa etkilerinin incelenmesi* (Publication No. 425165). [Master's Thesis, Necmettin Erbakan University] Yükseköğretim Kurulu Başkanlığı Tez Merkezi.

Arşit, M. H. (2019). *Özel eğitim okulları ile rehberlik ve araştırma merkezlerinde görev yapan rehberlik öğretmenlerinin özel eğitimde rehberlik ve psikolojik danışma hizmetlerine ilişkin özyeterliliklerinin incelenmesi* (Publication No. 540386). [Master's Thesis, Biruni University] Yükseköğretim Kurulu Başkanlığı Tez Merkezi.

Ataman, A. (2003). *Özel gereksinimi olan çocuklar ve özel eğitime giriş*. Ataman, A. (ed.) Ankara: Gündüz Eğitim ve Yayıncılık

Avcıoğlu, H. (2012). Rehberlik ve araştırma merkezi (RAM) müdürlerinin tanılama, yerleştirme-izleme, bireyselleştirilmiş eğitim programı (BEP) geliştirme ve kaynaştırma uygulamasında karşılaşılan sorunlara ilişkin algıları. *Kuram ve Uygulamada Eğitim Bilimleri*, 12(3), 2009-2031.
<http://dx.doi.org/10.17556/erziefd.402532>

Avcıoğlu, H., & Bengisoy, A. (2012). Özel gereksinimi olan çocukların tanılanma sürecinde ailelerin rolüne ilişkin görüşlerin belirlenmesi (KKTC Örneği). *Turkish International Journal of Special Education and Guidance & Counselling* ISSN: 1300-7432, 1(2), 74-84.
<https://tijseg.org/index.php/tijseg/article/view/138#:~:text=https%3A/tijseg.org/index.php/tijseg/article/view/138>

Aytekin, Ç. Ve Bayhan, P. (2015). Erken müdahalede uygulama basamakları. *H.Ü. Sağlık Bilimleri Fakültesi Dergisi*, 2(2), 1-14.
<https://dergipark.org.tr/tr/pub/husbfd/issue/7895/103942>

Bakkaloğlu, H. (2013). Ebeveynlerin gözüyle özel gereksinimli çocukların erken müdahaleden okul öncesi programlara geçiş süreci [Parental views on the transition process of children with special needs from early intervention to preschool]. *Eğitim ve Bilim*, 38(169), 311-327.
<http://egitimvebilim.ted.org.tr/index.php/EB/article/view/2284/516>

Bal, E. (2011). *Rehberlik ve araştırma merkezlerinin örgütsel analizi*. (Publication No. 308605) [Master's Thesis, Kırıkkale University] Yükseköğretim Kurulu Başkanlığı Tez Merkezi.

Banks, J. A., & Banks, C. A. M. (Eds.). (2016). *Multicultural education: Issues and perspectives (8th ed.)*. Boston: Allyn & Bacon.

Berk, L. E. (2013). *Child development*. 9th Edition, London, Pearson.

Birkan, B. (2002). Erken özel eğitim hizmetleri. *Özel Eğitim Dergisi*, 3(2), 99-110.
https://doi.org/10.1501/Ozlegt_00000000062

Blackman, J. A. (2002). Early intervention: A global perspective. *Infants Young Children*, 15(2), 11–19.

Boemmel, J., Briscoe, J., (2001). Web Quest Project Theory Fact Sheet of Urie Bronfenbrenner. Retrieved from <https://ruby.fgcu.edu/courses/twimberley/enviropol/envirophilo/factsheet.pdf>

Bouchal, P., & Norris, E. (2014). Implementing Sure Start children's centres. London: Institute for Government. <https://instituteforgovernment.org.uk/sites/default/files/publications/Implementing%20Sure%20Start%20Childrens%20Centres%20-%20final%200.pdf>

Bozkurt, F. (2009). *Zihinsel yetersiz tanısı alan çocukların tanılama süreçlerinin betimlenmesi* (Publication No. 235249) [Doctoral Dissertation, Anadolu University] Yükseköğretim Kurulu Başkanlığı Tez Merkezi.

Bredekamp, S. (2015). *Erken Çocukluk Eğitiminde Etkili Uygulamalar. (Effective Practices in Early Childhood Education, 2nd Edition)*. (Çev. Hatice Zeynep İnan ve Taşkın İnan). 343-345. Ankara: Nobel Yayıncılık.

Bricker, D., Xie, H., & Bohjanen, S. (2018). A history of EI/ECSE in the United States: A personal perspective. *Journal of Early Intervention*, 40(2), 121-137. <https://doi.org/10.1177/1053815118771392>

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Bronfenbrenner, U., & Morris, P. A. (2006). *The bioecological model of human development*. In W. Damon and R. Lerner (Series Eds.) and R. M. Lerner (Vol. Ed.), *Handbook of child psychology: Vol 1: Theoretical models of human development (6th ed.)* (pp. 793-828). New York: Wiley

Bruder, M. B. (1993). The provision of early intervention and early childhood special education within community early.. *Topics in Early Childhood Special Education*, 13(1), 19. <https://doi.org/10.1177/027112149301300105>

Carr, D. (2003) *Making sense of education: An introduction to the philosophy and theory of education and teaching*. London: Routledge.

Cavkaytar, A. (2010). *Özel eğitime gereksinim duyan çocuklar ve özel eğitim*. Ankara: PegemA Yayıncılık.

Cavkaytar, A. & Diken, İ. H. (2005). *Özel eğitime giriş*. Kök Yayıncılık. Ankara.

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*, (3rd Edition). Thousand Oaks, CA: Sage Publication.

Cohen, M. D. (2009). *A guide to special education advocacy: What parents, clinicians, and advocates need to know*. Jessica Kingsley Publishers.

Cook, B. G., & Schirmer, B. R. (2003). What is special about special education? Overview and analysis. *The Journal of Special Education*, 37(3), 200-205. <https://doi.org/10.1177/00224669030370031001>

Çiftçi Çiçek, M. (2015). *Özel gereksinimli bireyin eğitsel tanılama sürecinde; RAM'da yönlendirme, yerleştirme ve izleme çalışmalarına yönelik çalışanların görüşlerinin belirlenmesi* [Unpublished Master Thesis]. Abant İzzet Baysal University, Türkiye.

Çitil, M. (2017). *Türkiye'de özel eğitim: Tarihsel, politik ve yasal gelişmeler*. Vize Yayıncılık. Ankara. Vize Akademi.

Çitil, M., Karakoç, T. & Küçüközyiğit, M. S. (2018). Özel eğitim lisans dersinin öğretmen adaylarının bilgi düzeylerine ve engellilere yönelik tutumlarına etkisi. *Abant İzzet Baysal Üniversitesi Eğitim Fakültesi Dergisi*, 18(2), 815-833. <https://doi.org/10.17240/aibuefd.2018..-431449>

Denzin, N. K., & Lincoln, Y. S. (2005). *The Sage handbook of qualitative research*, (3rd Edition). Thousand Oaks, CA: Sage Publication.

Diken, I. H., Turan, F., Scuoglu, B., Gunel, M. K., Bayhan, P., Sipal, F., Ceber-Bakkaloghu, H., & Kara, O. K. (2012). Early childhood intervention and early childhood special education in Turkey within the scope of the developmental system approach. *Infants & Young Children: An Interdisciplinary Journal of Early Childhood Intervention*, 25(4), 346–353. <https://doi.org/10.1097/ITYC.0b013e318268541d>

Doğan, O., Yardımcı, H., Tanrıverdi, R., & Yardımcı, S. (2022). Rehberlik ve araştırma merkezlerinde sunulan özel eğitim hizmetlerine yönelik yönetici ve öğretmen görüşleri. *Social Sciences Studies Journal*, 8(103), 3492-3509. <https://doi.org/10.29228/sssj.64956>

Dunlap, L. L. (2005). *An introduction to early childhood special education: Birth to age five*. Peason Education.

Dunst, C. J., & Trivette, C. M. (2009). Capacity-building family systems intervention practices. *Journal of Family Social Work*, 12(2), 119–143.

<https://doi.org/10.1080/10522150802713322>

Dunst, C. J., Trivette, C. M., Humphries, T., Raab, M., & Roper, N. (2001). Contrasting approaches to natural learning environment interventions. *Infants & Young Children*, 14(2), 48–63. <https://doi.org/10.1097/00001163-200114020-00007>

Ekim, H. Ö. (2015). Rehberlik ve araştırma merkezlerinde yürütülen hizmetlerin incelenmesi: İzmir ili örneği / *Investigation of the services provided by guidance and research centers: Case of İzmir province* (Publication No. 391367). [Master's Thesis, Ege University] Yükseköğretim Kurulu Ulusal Tez Merkezi.

Elvrum, A. K. G., Kårstad, S. B., Hansen, G., Bjørkøy, I. R., Lydersen, S., Grunewaldt, K. H., & Eliasson, A. C. (2024). The Small Step Early Intervention Program for infants at high risk of cerebral palsy: A single-subject research design study. *Journal of Clinical Medicine*, 13(17), 5287. <https://doi.org/10.3390/jcm13175287>

Enç, M. (1983). *Bitmeyen gece (Evrenin Tüm Karanlığı Bir Tek Mum Işığını Bile Köreltemez)*. Ankara: Tekışık Matbaası.

Erdoğan, E., & Genç, K. G. (2022). Türkiye ve İngiltere’de özel eğitim hizmetleri. *Siyaset, Ekonomi ve Yönetim Araştırmaları Dergisi*, 10(2), 177-221. <https://doi.org/10.54429/sevad.1202803>

Er-Sabuncuoğlu, M., & Diken, I. H. (2010). Early childhood intervention in Turkey: Current situation, challenges and suggestions. *International Journal of Early Childhood Special Education*, 2(2), 149-160. <https://doi.org/10.20489/intjecse.107966>

Eripek, S. (2002). *Özel eğitim*. Anadolu Üniversitesi.

Eripek, S. (2005). *Zekâ geriliği*. Ankara: Kök Yayıncılık.

Eurydice. (2025). *Okul öncesi, ilköğretim ve ortaöğretimde ayrı özel eğitim ihtiyaçlarının sağlanması*. <https://eurydice.eacea.ec.europa.eu/tr/euryperia/turkiye/okul-oncesi-ilkogretim-ve-ortaogretimde-ayri-ozel-egitim- ihtiyaclarinin>

Fiscus, E. D., & Mandell, C. J. (2002). *Bireyselleştirilmiş eğitim programlarının geliştirilmesi BEP* (G. Akçemete, H. G. Şenel, & E. Tekin, Çev.; 2. Baskı). Ankara: Nobel Yayınları.

Göncü, A. (2019). Rehberlik ve araştırma merkezlerinin özel eğitim hizmetleri bölümlerinde görev yapan öğretmenlerin mesleki yeterlik algıları *The perception of professional competence of teachers who serve in special education services departments of guidance and research centers* (Publication No. 597187). [Master's Thesis, Ankara University] Yükseköğretim Kurulu Ulusal Tez Merkezi.

Gözün- Kahraman, Ö., Ceylan, Ş.ve Korkmaz, E. (2016). 0-3 yaş arası çocukların gelişimsel değerlendirmelerinin bazı değişkenler açısından incelenmesi. *Mersin Üniversitesi Sağlık Bilimleri Dergisi*, 9(2), 60-69. <https://research.ebsco.com/linkprocessor/plink?id=b3b7d3b4-e9b7-39b8-9c37-b60ac13ec5e2>

Guralnick, M. J. (2005). *The developmental systems approach to early intervention*. Brookes Publishing.

Guralnick, M. J. (2010). Early intervention approaches to enhance the peer-related social competence of young children with developmental delays: A historical perspective. *Infants and Young Children*, 23(2), 73-83. <https://doi.org/10.1097/IYC.0b013e3181d22e14>

Guralnick, M. J. (2011). Why early intervention works: A systems perspective. *Infants & young children*, 24(1), 6-28. <https://doi.org/10.1097/IYC.0b013e3182002cfe>

Guralnick, M. J. (2017). Early intervention for children with intellectual disabilities: An update. *Journal of Applied Research in Intellectual Disabilities*, 30(2), 211-229. <https://doi.org/10.1111/jar.1223>

Guralnick, M. J., & Bruder, M. B. (2019). Early intervention. In *Handbook of intellectual disabilities: Integrating theory, research, and practice* (pp. 717-741). Cham: Springer International Publishing.

Gürbüz, S. F., & Bozgeyikli, H. (2014). Rehberlik ve araştırma merkezlerinde çalışan rehber öğretmenlerin özel eğitimde rehberlik ve psikolojik danışmaya yönelik öz yeterlik algıları. *OPUS-Türkiye Sosyal Politika ve Çalışma Hayatı Araştırmaları Dergisi*, 4(6), 79-99.
<https://research.ebsco.com/linkprocessor/plink?id=546aa812-8f3a-32f0-879d-34f79267d352>

Gürsel, O. (2005). *Bireyselleştirilmiş eğitim programlarının geliştirilmesi*. Anadolu Üniversitesi Açık Öğretim Fakültesi Yayınları. Eskişehir.

Güven, Y., & Balat, G. U. (2006). Kaynaştırma uygulamalarına ilişkin rehber öğretmenler ve rehberlik araştırma merkezi çalışanlarının görüşleri. *Atatürk Eğitim Fakültesi Eğitim Bilimleri Dergisi*, 24, 95-108.
<https://dergipark.org.tr/tr/pub/maruaebd/issue/383/2423>

Hall, J., Eisenstadt, N., Sylva, K., Smith, T., Sammons, P., Smith, G., ... & Hussey, D. (2015). A review of the services offered by English Sure Start Children's Centres in 2011 and 2012. *Oxford Review of Education*, 41(1), 89-104.
<https://doi.org/10.1080/03054985.2014.1001731>

Hamdan, S. R., Kusdiyati, S., Khasanah, A. N., & Djamhoer, T. D. (2021). Early detection of children with special needs by educators. *International Journal of Pedagogy and Teacher Education*, 5(2), 54-65.
<https://doi.org/10.20961/ijpte.v5i2.45148>

Hardman, M., Drew, C., Egan, M., & Wolf, B. (1996). *Human exceptionality: society, school, and family* (5th ed.) Needham Heights, MA: Allyn and Bacon, Simon & Shuster.

Hebbeler, K., & Spiker, D. (2016). Supporting young children with disabilities. *The Future of Children*, 26(2), 185-205. <https://www.jstor.org/stable/43940587>

Heckman, J. (2006). Skill formation and the economics of investing in disadvantaged children. *Science*, 312(5782), 1900-1902.
<https://doi.org/10.1126/science.1128898>

Heward, W. L., Alber-Morgan, S. R., & Konrad, M. (2017). *Exceptional children: An introduction to special education (11th ed.)*. Pearson.

Johnson, B. (2016). Early intervention in children with developmental disabilities. *BMH Medical Journal*, 3(1), 1-4.

https://www.babymhospital.org/BMH_MJ/index.php/BMHMJ/article/view/84

Kaplan Şahin, B. (2016). *Rehberlik Araştırma Merkezlerinde görev yapan öğretmenlerin otizm spektrum bozukluğu olan çocukların eğitsel değerlendirme sürecine ilişkin yeterliliklerinin değerlendirilmesi* (Publication No. 456560). [Master's Thesis, Necmettin Erbakan University] Yükseköğretim Kurulu Ulusal Tez Merkezi.

Kardeş, S. ve Akman, B. (2020). Okul öncesi eğitim öğretmenlerinin ve kurum yöneticilerinin erken müdahale programlarına ilişkin algılarının incelenmesi. *YYÜ Eğitim Fakültesi Dergisi*, 17(1), 295-317.

<https://doi.org/10.33711/yyuefd.691590>

Kargın, T. (2007). Eğitsel değerlendirme ve bireyselleştirilmiş eğitim programı hazırlama süreci. *Ankara Üniversitesi Eğitim Bilimleri Fakültesi Özel Eğitim Dergisi*, 8(01), 1-15. https://doi.org/10.1501/Ozlegt_0000000103

Kauffman, J. M., & Hallahan, D. P. (2011). *Handbook of special education*. Routledge, Taylor & Francis Group.

Kılınç, M. ve Kurt, S., K. (2019). *Türk eğitim tarihi*. Ankara: Pegem Akademi

Kocaoğlu, A. (2022). *Barınma Merkezi İlkokulu'nda eğitim gören özel gereksinimli bireylerin tanılama süreci: Sınıf öğretmeni ve RAM personeli görüşleri* (Publication No. 742614). [Master's Thesis, Eskişehir Osmangazi University] Yükseköğretim Kurulu Ulusal Tez Merkezi.

Kuzgun, Z. (2019). *Özel Öğrenme Güçlüğü Olan Bireylerin Tanılama Sürecinde Karşılaşılan Güçlüklerle İlgili Rehberlik Araştırma Merkezi (Ram) Personelinin Görüşlerinin İncelenmesi* (Publication No. 563386). [Master's Thesis, Necmettin Erbakan University] Yükseköğretim Kurulu Ulusal Tez Merkezi.

Küçükgoz, M. (2020). *Rehberlik ve araştırma merkezinde otizm spektrum bozukluğu olan çocukların eğitsel değerlendirme ve tanılama sürecine ilişkin bir durum çalışması* (Publication No. 669512). [Master's Thesis, Hasan Kalyoncu University] Yükseköğretim Kurulu Ulusal Tez Merkezi.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. London: Sage.Ppublication.

Locke, J., & Axtell, J. L. (1968). *The educational writings of John Locke*. CUP Archive.

Lucas, J. E., Richter, L. M., & Daelmans, B. (2018). Care for child development: An intervention in support of responsive caregiving and early child development. *Child: Care, Health and Development*, 44(1), 41-49.
<https://doi.org/10.1111/cch.12544>

Maraklı, Ö. (2016). *Rehberlik ve araştırma merkezlerinde çalışan özel eğitim öğretmenlerinin eğitsel değerlendirme ve yerleştirmeye bağlı olarak kullanılan modül programlarının uygulanması hakkındaki görüşlerinin incelenmesi* (Publication No. 450106). [Master's Thesis, Gazi University] Yükseköğretim Kurulu Ulusal Tez Merkezi.

Mash, E. J., & Wolfe, D. A. (2016). *Abnormal Child Psychology*. Boston: Cengage Learning.

McCoy, D. C., Yoshikawa, H., Ziol-Guest, K. M., Duncan, G. J., Schindler, H. S., Magnuson, K., Yang, R., Koepp, A., & Shonkoff, J. P. (2017). Impacts of Early Childhood Education on Medium- and Long-Term Educational Outcomes. *Educational Researcher*, 46(8), 474-487.
<https://doi.org/10.3102/0013189X17737739>

McLoughlin, A. J., & Lewis, B. R. (2002). *Assessing special students: Özel gereksinimli öğrencilerin ölçümlemesi*. Ankara: Gündüz Eğitim ve Yayıncılık.

McWilliam, R. A. (2010). *Working with families of young children with special needs*. The Guilford Press.

McWilliam, R. A. (2018). Birth to age 3: Early intervention. In B. Reichow, B. A. Boyd, E. E. Barton, & S. L. Odom (Eds.), *Handbook of early childhood special education* (pp. 75-88). Springer International Publishing.

MoNE. (n.d.). *Okul öncesi eğitiminde gelişim ve öğrenmenin değerlendirilmesi semineri*.
<https://www.oba.gov.tr/egitim/detay/okul-oncesi-egitiminde-gelisim-ve-ogrenmenin-degerlendirilmesi-semineri-521>

MoNE. (2018). *Özel eğitim hizmetleri yönetmeliği*.
<https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=24736&MevzuatTur=7&MevzuatTertip=5>

MoNE. (2020). *Türkiye’de özel eğitim hizmetleri*.
https://orgm.meb.gov.tr/meb_iys_dosyalar/2021_09/13143029_TURKYYEY_DE_OZEL_EYYTYM_HYZMETLERY.pdf

MoNE. (2023). *2023 yılı faaliyet raporu*.
https://orgm.meb.gov.tr/meb_iys_dosyalar/2024_04/19204340_2023mebfaaliyetraporu.pdf

MoNE. (2024). *Özel eğitim ihtiyacı olan öğrenciler için zorlayıcı yaşam olaylarına yönelik özelleştirilmiş psikoeğitim programı (Okul öncesi)*.
https://orgm.meb.gov.tr/meb_iys_dosyalar/2025_02/03154934_1okuloncesi09012025.pdf

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.

Odom, S. L. (2016). The role of theory in early childhood special education and early intervention. In B. Reichow, B. A. Boyd, E. E. Barton, & S. L. Odom (Eds.), *Handbook of early childhood special education* (pp. 21–36). Springer. ISBN: 978-3-319-28490-3. https://doi.org/10.1007/978-3-319-28492-7_2

Odom, S. L., Boyd, B. A., Hall, L. J., & Hume, K. (2010). Evaluation of comprehensive treatment models for individuals with autism spectrum disorders. *Journal of Autism and Development Disorder*, 40, 425-436. <https://doi.org/10.1007/s10803-009-0825-1>

Odom, S. L. & Wolery, M. (2003). A unified theory of practice in early intervention/early childhood special education: Evidence-based practices. *The Journal of Special Education*, 37(3), 164-173. <https://doi.org/10.1177/00224669030370030601>

Orum-Çattık, E., Yetkin, A. İ., & Diken, İ. H. (2020). Erken çocukluk dönemi otizm spektrum bozukluğunda aile merkezli müdahaleler. *Özel Eğitim Dergisi*, 21(3), 589-610. <https://doi.org/10.21565/ozelegitimdergisi.543446>

Oser, C., & Cohen, J. (2003). *Improving Part C early intervention: Using what we know about infants and toddlers with disabilities to reauthorize Part C of IDEA*. <https://eric.ed.gov/?id=ED476383>

Oxford University Press. (2000). *Oxford Wordpower Dictionary*. Oxford New York

Özdemir, L., Çifci, H., & Sayan, Ö. (2022). Tarihsel süreçte özel eğitim uygulamaları, kurumları ve görevli personellerin incelenmesi. *Atlas Sosyal Bilimler Dergisi*, 1(9), 1-20. <https://dergipark.org.tr/en/download/article-file/2214213>

Özdoğan, M. (2021). Özel gereksinimli öğrencilerin okul öncesi eğitiminde karşılaşılan sorunlar. *Temel Eğitim*, (11), 6-16. <https://doi.org/10.52105/temelegitim.11.1>

Özgüler, E.B. (2003). *Rehberlik ve araştırma merkezi müdürlerinin karşılaştıkları yönetsel stres kaynakları*. (Publication No. 137785). [Master's Thesis, Abant İzzet Baysal University] Yükseköğretim Kurulu Ulusal Tez Merkezi.

Patton, M. Q. (2002). *Qualitative research and evaluation methods (3rd ed)*. Thousand Oaks: Sage.

Petrenko, C. L. (2013). A review of intervention programs to prevent and treat behavioral problems in young children with developmental disabilities. *Journal of developmental and physical disabilities*, 25(6), 10-1007. <https://doi.org/10.1007/s10882-013-9336-2>

Pınar, E. S. (2006). Dünyada ve Türkiye'de erken çocukluk özel eğitiminin gelişimi ve erken çocukluk özel eğitim uygulamaları. *Ankara Üniversitesi Eğitim Bilimleri Fakültesi Özel Eğitim Dergisi*, 7(02), 71-83. https://doi.org/10.1501/Ozlegt_0000000098

Reichow, B., Boyd, B. A., Barton, E. E., & Odom, S. L. (2016). *Handbook of early childhood special education*. Springer. ISBN: 978-3-319-28490-3

Sacks, A. (2018). *Special education: A reference book for policy & curriculum development*. Grey House Publishing.

Sak, U. (2010). *Üstün zekâlılar: Özellikleri, tanılanmaları eğitimleri*, Maya Akademi, Ankara.

Sarouphim, K. M., & Kassem, S. (2022). Use of the portage curriculum to impact child and parent outcome in an early intervention program in Lebanon. *Early Years*, 42(4-5), 528-542. <https://doi.org/10.1080/09575146.2020.1818186>

Sapiets, S. J., Hastings, R. P., Stanford, C. & Totsika, V. (2022). Families' access to early intervention and supports for children with developmental disabilities. *Journal of Early Intervention*, 1-19. <https://doi.org/10.1177/10538151221083984>

Spiker, D. (2011). *The history of early intervention for infants and young children with Down syndrome and their families: Where have we been and where are we going?* In J. Rondal, J. Perera & D. Spiker (Eds.), *Neurocognitive rehabilitation of Down Syndrome* (pp. 1-15). Cambridge University Press.

Stake, R. (1995). *Case study research*. Cham: Springer.

Sucuoğlu, B. (2002). Özel eğitimde erken eğitim programları. *Çoluk Çocuk Dergisi*, 5(26), 25-27.

Taylor, R. L. (2009). *Assessment of exceptional students, educational and psychological procedures*, (8th ed.). Pearson International Edition.

Tiryakioğlu, Ö., & Avcıoğlu, H. (2013). Rehberlik ve araştırma merkezi müdürlerinin özel eğitim bölümünün sorunlarını algılamaları. *Turkish International Journal of Special Education and Guidance & Counselling* ISSN: 1300-7432, 2(1), 13-29. <https://www.tijseg.org/index.php/tijseg/article/view/109>

Tisdell, E. J., Merriam, S. B., & Stuckey-Peyrot, H. L. (2025). *Qualitative research: A guide to design and implementation*, (5th ed.). John Wiley & Sons.

Tomris, G. (2019). *Down sendromlu çocuğu olan ebeveynlere yönelik geliştirilen doğal öğretime dayalı erken müdahale (DÖDEM) programının ebeveyn ve çocukları üzerindeki etkililiği* (Publication No. 542844). [Doctoral Dissertation, Anadolu University) Yükseköğretim Kurulu Başkanlığı Tez Merkezi.

Tomris, G., & Çelik, S. (2021). Erken çocukluk özel eğitimi: Kuramsal ve yasal temeller, Dünya'daki ve Türkiye'deki son eğilimler. *Ankara Üniversitesi Eğitim Bilimleri Fakültesi Özel Eğitim Dergisi*, 23(1), 243-269. <https://doi.org/10.21565/ozelegitimdergisi.748893>

Toran, M. (2012). *Çocukluğun ve Erken Çocukluk Eğitiminin Tarihi ve Kuramsal Temelleri*. Avcı, N. ve Toran, M. (Ed.) Okul Öncesi Eğitime Giriş. Ankara: Eğiten Kitap

Turnbull, A., Turnbull, H. R., Erwin, E. J., & Shogren, K. A. (2015). *Families, professionals, and exceptionality: Positive outcomes through partnerships and trust*. Pearson.

Turnbull, A., Turnbull, R., & Wehmeyer, M.L. (2007). *Exceptional lives. Special education in today's schools, (5th ed.)*. New jersey: Pearson Merrill Prentice Hall.

Tunçeli, H. İ., & Zembat, R. (2017). Erken çocukluk döneminde gelişimin değerlendirilmesi ve önemi. *Eğitim Kuram ve Uygulama Araştırmaları Dergisi*, 3(3), 1-12. <https://dergipark.org.tr/pub/ekuat/issue/31101/337390>

Türkkan, A. (2019). Matematik becerilerinde yetersizlik görülen ilkökul öğrencilerinin rehberlik ve araştırma merkezlerindeki eğitsel tanılama süreçlerinin incelenmesi. *Turkish Studies*, 14(3), 1391-1410. <http://dx.doi.org/10.29228/TurkishStudies.22593>

Türkkan, E., & Özer, M. (2023). Özel eğitime ihtiyacı olan bireyler için (0-36 ay) erken çocukluk özel eğitim öğretim programı: ebeveynlerin program ve sürece yönelik deneyimlerin incelenmesi. *Van Yüzüncü Yıl Üniversitesi Eğitim Fakültesi Dergisi*, 20(1), 304-331. <https://doi.org/10.33711/yyuefd.1184757>

U.S. Department of Education. (n.d.). *Individuals with Disabilities Education Act (IDEA)*. <https://www.ed.gov/laws-and-policy/individuals-disabilities/idea>

U.S. Government Accountability Office. (1980). *The Education for All Handicapped Children Act of 1975*. <https://www.gao.gov/products/113316>

U.S. Department of Education. (2020). *2020 annual report to congress on the Individuals with Disabilities Education Act (IDEA)*. <https://sites.ed.gov/idea/2020-annual-report-congress-idea/>

Ünlü, E. (2018). Osmanlı döneminde zihin yetersizliği olan bireyler. *Electronic Turkish Studies*, 13(27), 1563-1574.
<http://dx.doi.org/10.7827/TurkishStudies.14597>

Wall, S. M., Taylor, N. E., Liebow, H., Sabatino, C. A., Mayer, L. M., Farber, M. Z., & Timberlake, E. M. (2005). Early head start and access to early intervention services: A qualitative investigation. *Topics in Early Childhood Special Education*, 25(4), 218-231. <https://doi.org/10.1177/02711214050250040301>

Werts, G., Culatta R. A. ve Tompkins J. R. (2007). *Fundamentals of special education*. Pearson Merrill PrenticeHall. Ohio.

Winzer, M. A. (1993). *The history of special education: From isolation to integration*. Gallaudet University Press.

Winzer, M. A. (2000). *Special education in the 21st century: Issues of inclusion and reform*. Gallaudet University Press.

Wood J. W. (2006). *Teaching students in inclusive settings*. Pearson Merrill PrenticeHall. Ohio.

Yağcıoğlu, Ö., Gürakar, Ö. Küçükler, Ş., Kayabal, B., Atman, B. Y. (2023). *Rehberlik Araştırma Merkezleri tarafından erken çocukluk özel eğitim hizmetlerine yönelik yapılan çalışmaların incelenmesi*. [Conference Presentation]. 7. Uluslararası Katılımlı Ulusal Disiplinlerarası Erken Çocuklukta Müdahale Kongresi, Türkiye. <https://doi.org/10.13140/RG.2.2.22353.51041>

Yanık, Ş. (2016). *İşitme yetersizliği olan ilkokul öğrencilerinin kaynaştırma ortamlarına yönlendirme ve yerleştirme süreçlerinin incelenmesi* (Publication No. 438249). [Master's Thesis, Anadolu University] Yükseköğretim Kurulu Başkanlığı Tez Merkezi.

Yıldırım-Doğru, S.S. (2019). *Erken çocuklukta özel eğitim. (1. baskı)*. Vize Akademik.

Yılmaz, Y. (2016). *Rehberlik Araştırma Merkezlerinde Tanı, Değerlendirme ve İzleme Süreçlerinin İncelenmesi: İşitme Kayıplı Çocuklar Örneği*. (Publication No. 449981). [Master's Thesis, Anadolu University] Yükseköğretim Kurulu Başkanlığı Tez Merkezi.

Yılmaz, Y., & Doğan, M. (2023). Rehberlik ve araştırma merkezlerinde tanı, değerlendirme ve izleme süreçlerinin incelenmesi: İşitme kayıplı çocuklar örneği. *Ankara Üniversitesi Eğitim Bilimleri Fakültesi Özel Eğitim Dergisi*, 24(1), 137-157. <https://doi.org/10.21565/ozelegitimdergisi.901899>

Yılmaz, Y., & Uçar, A. S. (2021). Rehberlik araştırma merkezlerinde yapılan çalışmaların gözden geçirilmesi [Review of studies in guidance research centers]. *Kalem Eğitim ve İnsan Bilimleri Dergisi*, 11(2), 513-533. <https://doi.org/10.23863/kalem.2021.196>

Yin. R. K. (2003). *Case study research: Design and methods*, (3rd ed.). Thousand Oaks: Sage Publications.

Yunitasari, S. E., Kaeksi, Y. T., Komala, Y., Janah, R., Susanti, N. P. D. A., Maspupah, E., & Rahayu, S. (2024). Early detection of children with special needs early childhood education. *International Conferences on Early Childhood Education Proceedings*, 2(1), 19–28. <https://doi.org/10.51714/icec.v2i1.176>

Yurtsever, Ş. (2013). *Eğitsel tanılama ve değerlendirme sürecinde görev alan rehberlik ve araştırma merkezi personelinin karşılaştığı sorunların belirlenmesi* (Publication No. 372264). [Master's Thesis, Marmara University] Yükseköğretim Kurulu Başkanlığı Tez Merkezi.

APPENDICES

A. DEMOGRAPHIC INFORMATION FORM

Değerli Katılımcı;

Bu araştırma ODTÜ Temel Eğitim Bölümü öğretim üyesi Prof. Dr. Feyza TANTEKİN ERDEN danışmanlığında, ODTÜ Okul Öncesi Eğitimi Ana Bilim Dalı yüksek lisans öğrencisi Ecem Yaşar Türkel tarafından yürütülmektedir. Çalışmada Rehberlik ve Araştırma Merkezlerinin Özel Eğitim Hizmetleri Bölümlerinde çalışan erken çocukluk dönemi özel eğitim öğretmen ve rehber öğretmenlerinin erken çocukluk dönemindeki özel gereksinimli çocukların eğitsel tanılama ve değerlendirme çalışmalarına ilişkin görüşlerin belirlenmesini amaçlanmaktadır.

Kişisel bilgi formunda yer alan bilgilere vereceğiniz cevaplar, araştırmanın doğru ve amacına yönelik olmasını sağlayacaktır. Formda yer alan bilgilerin hiçbir kısmında adınız, soyadınız ve kimlik bilgileriniz istenmemektedir.

Lütfen, kişisel bilgi formunu sorulan sorulara uygun olacak şekilde yazarak veya doldurarak tamamlayınız. **Lütfen boş bir bölüm bırakmayınız.**

Katkılarınız için teşekkür ederiz.

Araştırmayla ilgili sorularınızı aşağıdaki iletişim bilgilerini kullanarak bizlere yöneltebilirsiniz.

Prof. Dr. Feyza TANTEKİN-ERDEN ()

Ecem YAŞAR-TÜRKEL ()

Ecem YAŞAR-TÜRKEL

Orta Doğu Teknik Üniversitesi

Okul Öncesi Öğretmenliği Bölümü

Yüksek Lisans Öğrencisi

1. Cinsiyetiniz: Kadın (), Erkek ().

2. Yaşınız:.....

3. Görev süreniz
4. RAM'lar dışındaki farklı kurumlarda özel eğitimle ilgili deneyiminiz: Var (),
Yok ()
 - a. Var ise kurum türü:
5. Mezun olduğunuz lisans programı:
6. Öğrenim durumunuz: Ön lisans (), Lisans (), Yüksek Lisans (), Doktora ()
7. RAM'daki görev tanımınız:



B. INTERVIEW PROTOCOL

1. Tipik bir çalışma gününüz nasıl geçiyor?
2. Okul öncesi dönemde özel gereksinimi olan bir çocuk geldiğinde onun tipik bir RAM günü nasıl geçiyor?
3. Okul öncesi dönemde özel gereksinimli bir çocuğun yönlendirme süreçlerinde hangi adımları takip ediyorsunuz?
4. Yönlendirme sürecinde sizin için en önemli destekleyici stratejiler neler olabilir?
 - a. Neden bu stratejilerin önemli olduğunu düşündünüz?
5. Okul öncesi dönemdeki özel gereksinimli bir çocuk için en ideal yönlendirme süreci sizce nasıl olmalı?
6. Yerleştirme sürecinde yaş ve gelişim seviyesinden dolayı çocuğun görüşü alınamayacağı için ailelerin katılımı ve rolü bu süreçte nasıl oluyor?
7. Sizce okul öncesi dönemde özel gereksinimli bir çocuk için yerleştirme kararı alınırken en çok neye dikkat edilmelidir?
 - a. Neden bunlara dikkat edilmesi gerektiğini düşünüyorsunuz?
8. Yerleştirme sürecinde ailelerin görüşleri ne derecede etkilidir?
9. Okul öncesi dönem çocuklarının gelişimini izlemek için takip ettiğiniz yöntemler nelerdir?
 - a. Sizce izleme sürecini başarılı bir hale getirmek ve çocuğun gelişimini desteklemek için hangi stratejiler izlenebilir?
10. Çocukların yılda bir kez izlenmesinin yeterli ve nitelikli olmadığı yönünde görüşler olduğunu söyleyenler var. Siz bu konuda neler düşünüyorsunuz?
 - a. Bu süreçte çocuğun izlendiği kurumlarla nasıl bir iletişiminiz oluyor?

11. Sizce okul öncesi dönemde tanı almış bir çocuk için en ideal RAM süreci nasıl ilerlemeli?
12. Tüm bu süreçlerde herhangi bir zorlukla karşılaştığınızda bu durumu nasıl ele alıyorsunuz?
13. Okul öncesi çocuklarla çalışan bir eğitimci olarak RAM'da göreve başladığınızdaki ilk beklentilerinizle gerçekte yaşadığınız deneyimler arasında nasıl farklar var?
14. Tüm bu süreçlere yönelik olarak bahsetmek istediğiniz başka bir görüşünüz var mı?



C. APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER



ORTA DOĞU TEKNİK ÜNİVERSİTESİ
MIDDLE EAST TECHNICAL UNIVERSITY

DUMLUPINAR BULVARI 06800
ÇANKAYA ANKARA/TÜRKİYE
T: +90 312 210 22 91
F: +90 312 210 79 59
uacem@metu.edu.tr
www.usam.metu.edu.tr

13 EYLÜL 2024

Konu: Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Prof. Dr. Feyza Tantekin Erden

Danışmanlığımı yürüttüğünüz Ecem Yaşar Türkel'in "Rehberlik ve Araştırma Merkezlerinde (RAM) Görev Yapan Erken Çocukluk Dönemi Özel Eğitim Öğretmen ve Rehber Öğretmenlerinin Erken Çocukluk Dönemindeki Özel Gereksteinimli Çocukların Eğitsel Tanılama ve Değerlendirme Çalışmalarına İlişkin Görüşlerinin Belirlenmesi" başlıklı araştırmanız İnsan Araştırmaları Etik Kurulu tarafından uygun görülerek 0466-ODTÜİAEK-2024 protokol numarası ile onaylanmıştır

Bilgilerinize saygılarımla sunarım

Prof. Dr. Ş. Halil TURAN
Başkan

Prof.Dr. İ. Semih AKÇOMAK
Üye

Doç. Dr. Ali Emre Turgut
Üye

Doç. Dr. Şerife SEVİNÇ
Üye

Doç.Dr. Murat Perit ÇAKIR
Üye

Dr. Öğretim Üyesi Süreyya ÖZCAN KABASAKAL
Üye

Dr. Öğretim Üyesi Müge GÜNDÜZ
Üye

D. APPROVAL OF THE MINISTRY OF NATIONAL EDUCATION ETHICS COMMITTEE



ANKARA İl Millî Eğitim Müdürlüğüne



Başvuru No: MEB.TT.2025.014392

Uygulama Yapılacak MEB Teşkilatının Kurum Kodu: 118778

T.C. Kimlik No: [REDACTED]

Adı Soyadı: ECEM YAŞAR TÜRKEL

Araştırmanın Adı: Rehberlik ve Araştırma Merkezlerinde (RAM) Görev Yapan Erken Çocukluk Dönemi Özel Eğitim Öğretmen ve Rehber Öğretmenlerinin Erken Çocukluk Dönemindeki Özel Gereksinimli Çocukların Eğitsel Tanılama ve Değerlendirme Çalışmalarına İlişkin Görüşlerinin Belirlenmesi

Araştırmanın Niteliği: Yüksek Lisans Tezi

Araştırmanın Örneklem / Çalışma Grubu: Öğretmen

Uygulama Yapılacak MEB Teşkilatı: ANKARA İl Millî Eğitim Müdürlüğü

Uygulama Yapılacak Birim: İl Millî Eğitim Müdürlüğü

Uygulama Yapılacak İl: ANKARA

Veri Toplama Aracının Başlığı: Kişisel Bilgi ve Görüşme Formu

Araştırma Uygulama İzninin Kabul Tarihi: 08.01.2025

Araştırmanın Uygulama İzninin Bitiş Tarihi: 08.01.2026

Yukarıda kimliği yazılı araştırmacı "Araştırma Uygulama İzinleri Genelgesine (2024/41)" göre belirtilen kapsamda araştırmasını yapmayı taahhüt etmiştir. Araştırmacının bilgi ve belgelerinin uygunluğu kontrol edilmiş olup araştırma uygulama izni ANKARA İl Millî Eğitim Müdürlüğü tarafından onaylanmıştır.

NOT: Okul/kurum yöneticileri tarafından "Araştırma Uygulama İzni" belgesinin ve veri toplama araçlarının (araçlardaki maddelerinin) modülde yer alan belge ve araçlarla aynı olduğu kontrol edilmelidir. Aynı olmadığı durumda araştırma uygulama izni verilmeyecektir.

* Başvuru detayını görüntülemek ve belgeyi doğrulamak için <https://arastirmaizinleri.meb.gov.tr/belge-dogrula> bağlantısını kullanınız.

- Araştırma Uygulama İzinleri Başvuru ve Değerlendirme Modülü -

E. CONSENT FORM

Bu araştırma, Prof. Dr. Feyza Tantekin Erden danışmanlığında yüksek lisans öğrencisi Ecem Yaşar Türkel tarafından yürütülmektedir. Bu form sizi araştırmanın içeriği ve koşulları hakkında bilgilendirmek için hazırlanmıştır.

Çalışmanın Amacı Nedir?

Bu çalışmanın amacı Rehberlik ve Araştırma Merkezlerinde görev yapan erken çocukluk dönemi özel eğitim öğretmen ve rehber öğretmenlerinin erken çocukluk dönemindeki özel gereksinimli çocukların eğitsel tanılama ve değerlendirme çalışmalarına ilişkin görüşlerinin belirlenmesidir.

Bize Nasıl Yardımcı Olmanızı İsteyeceğiz?

Araştırmaya katılmayı kabul ederseniz, sizden görüşme formunda yer alan 18 soruyu çevrimiçi/yüz yüze olarak cevaplamanız beklenecektir. Yaklaşık olarak 40 dakika sürmesi beklenen bu görüşmede sizlere erken çocukluk dönemindeki özel gereksinimli çocukların eğitsel tanılama ve değerlendirme çalışmalarına ilişkin görüşlerinle ilgili sorular yöneltilecektir.

Sizden Topladığımız Bilgileri Nasıl Kullanacağız?

Araştırmaya katılımınız tamamen gönüllülük temelinde olmalıdır. Görüşme sorularını cevapladığınız esnada sizden yaş, tecrübe, öğrenim durumu ve görev tanımı şeklinde bilgiler istenecektir. İstenen bilgiler kimliğinizi yansıtacak şekilde kullanılmayacaktır. Cevaplarınız tamamıyla gizli tutulacak, sadece araştırmacı tarafından değerlendirilecektir. Katılımcılardan elde edilecek bilgiler toplu halde değerlendirilecek ve bilimsel yayımlarda kullanılacaktır.

Katılımla ilgili bilmeniz gerekenler:

Çalışma, genel olarak kişisel rahatsızlık verecek sorular içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz görüşmeyi yarıda bırakabilirsiniz.

Arařtırmayla ilgili daha fazla bilgi almak isterseniz:

Bu alıřmaya katıldığınız iin řimdiden teřekkür ederiz. Arařtırmayla ilgili sorularınızı ařağıdaki iletiřim bilgilerini kullanarak bizlere yöneltebilirsiniz.

Prof. Dr. Feyza Tantekin-Erden

Ecem Yařar-Türkel

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Yukarıdaki bilgileri okudum ve bu alıřmaya tamamen gönüllü olarak katılıyorum.

(Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

İsim Soyad

Tarih

İmza

--	--	--

F. TURKISH SUMMARY / TRKE ZET

ZEL GEREKSİNİMLİ KK OCUKLARIN EĖİTSEL TANI VE DEĖERLENDİRME SRECİ: REHBERLİK VE ARAŞTIRMA MERKEZLERİNDE ALIŞAN PERSONELİN GRŞLERİ

GİRİŞ

EĖitim, bireyin entelektel ve ahlaki gelişimini destekleyen ve dşnme, anlama ve deĖer yaratma kapasitesini geliştirmeyi amalayan kapsamlı bir sretir (Carr, 2003). EĖitimin temel amalarından biri, zel ihtiyaları olsun veya olmasın tm bireyleri kendi kendine yeterli olmak iin gerekli becerilerle donatmaktır (Kkgz, 2020). Fakat zel gereksinimli bireyler iin eĖitim sreci ok daha katmanlıdır, nk bu bireylerin eĖitim gereksinimleri olabilecek en erken dnemlerde belirlenir ve karşılanırsa, bu bireyler mmkn olduĖunca baĖımsız bir şekilde yaşıyabilir ve toplumun bir parası haline gelebilirler (Cavkaytar ve Diken, 2005). Bu baĖlamda, zel eĖitim, zel gereksinimli veya stn yetenekli ocukların kapasitelerini en st dzeye ıkarmak veya bu bireyleri engelleyebilecek unsurları ortadan kaldırmak iin saĖlanan eĖitim etkinlikleri olarak tanımlanır (Gleryz, 2014). Millî EĖitim Bakanlığı zel EĖitim Hizmetleri YnetmeliĖi'ne (2018, s. 2) gre, zel eĖitim "Bireysel ve gelişimsel zellikleri ve eĖitim yeterlilikleri bakımından akranlarından byk lde farklı olan bireylerin akademik ve sosyal gereksinimlerini karşılamak zere tasarlanmış eĖitim programları ve zel olarak eĖitilmiş personel ile uygun ortamlarda saĖlanan eĖitim" anlamına gelir. Bununla birlikte her ocuĖun gelişim srecinin kendine zg olduĖunu ve her birinin eşitli kolaylıkları ve zorlukları olduĖunu ve farklılıklar ierdiĖini bilmek gerekir. Bu farklılıklar, zel gereksinimli ocukların sınıflandırılmasında ve eĖitim programları hazırlanmasında kritik neme sahiptir. Bu yzden, eĖitim programları hazırlanırken bireylerin gelişimsel gereksinimleri gz nnde bulundurulur ve programların bu bireylerin gereksinimlerine cevap vermesi hedeflenir (Aktaş, 2022). Bu sre, eĖitimin

başlangıcından özel eğitim dönemi boyunca tekrarlanması gereken çeşitli çalışmaları içerir (Çiftçi Çiçek, 2015). Avcıoğlu (2017) bu süreci, programların bireyin gereksinimlerine göre şekillendirilmesi ve bireyin kendi gelişimsel özelliklerinin belirlenmesi olarak açıklar.

Milli Eğitim Temel Kanunu'nun 8. maddesine göre Türkiye'de özel eğitime yönelik hizmetler Özel Eğitim Rehberlik ve Araştırma Merkezleri Genel Müdürlüğü (Özgüler, 2003) bünyesinde yürütülürken, burada sunulan hizmetlerin eğitim sistemi içerisinde birçok noktaya ulaştırılması ve yaygınlaştırılması, il ve ilçelerde Millî Eğitim Bakanlığı'na bağlı Rehberlik ve Araştırma Merkezleri (RAM) tarafından yürütülmektedir (Tiryakioğlu ve Avcıoğlu, 2013). Çeşitli değerlendirme araçları ile bireylerin gelişimsel olarak neler yapabildiklerinin ortaya çıkarılmasıyla şekillenen süreç, bireyin zayıf ve güçlü yönlerini ön plana çıkarır (Çiftçi Çiçek, 2015).

Türkiye Cumhuriyeti Resmi Gazetesi 30471 sayılı nüshasında yayımlanan Özel Eğitim Hizmetleri Yönetmeliğine göre, RAM'larda eğitsel tanılama ve değerlendirme, özel gereksinimli çocukların eğitim süreçlerinin planlanması ve çocuğun özel gereksinimli olup olmadığının belirlenmesi için RAM'lara başvurulmasıyla başlayan sevk süreciyle başlar (MoNE, 2018). Bunu, çocuğun değerlendirme sonuçlarına göre en uygun eğitim ortamının belirlendiği yerleştirme aşaması izler. İzleme sürecinde ise çocuğun yerleştirildiği ortamdaki gelişimi izlenir, gerektiğinde destek hizmetleri düzenlenir ve eğitim planı güncellenir. Her bireyin ihtiyaçlarını karşılamada önemli olan bu düzenlemelerin mümkün olduğunca erken dönemde başlaması önemlidir. Bu yüzden erken çocukluk özel eğitimi uygulamaları kritik bir değere sahiptir. Bu uygulamalar, aileleri desteklemenin yanı sıra özel gereksinimli veya dezavantajlı geçmişe sahip çocukların gereksinimlerini karşılar, özel gereksinim için risk durumunun bir engel teşkil etmesini önlemeyi veya çocuğun akranlarıyla arasındaki uçurumu en aza indirmeyi hedefler (Pınar, 2006). Erken çocukluk alanında özel eğitim hizmetleri gelişmiş ülkelerde yaklaşık elli yıllık bir geçmişe sahipken, Türkiye için bu durum nispeten yenidir (Pınar, 2006). RAM'ların sayısında artış olmasına rağmen, RAM'lar ve erken çocukluk özel eğitim hizmetleri hakkında sınırlı sayıda araştırma bulunmaktadır (Tiryakioğlu ve Avcıoğlu, 2003).

Problem Durumu

Erken çocukluk özel eğitim hizmetleri, gelişimsel gecikmesi olan veya gelişimsel açıdan risk altında olan 0-6/8 yaş arasındaki çocuklara ve ailelerine sağlanan eğitim desteğidir (Birkan, 2002). Bu hizmetler, gelişimsel risk veya gelişimsel gecikmesi olan bebeklerin ve çocukların gelişimini desteklemeyi ve onlarla akranları arasındaki farkı en aza indirmeyi amaçlar (Sucuoğlu, 2002). Bu hizmetlerin amacına ulaşması ve özel gereksinimli çocukların potansiyellerini en üst seviyede kullanabilmeleri, eğitimlerinin mümkün olduğunca erken başlaması ile mümkündür (Johnson, 2016; Petrenko, 2013). Nitekim, Özel Eğitim ve Rehberlik Hizmetleri Genel Müdürlüğü'nün 2023 yıllık raporunda, özel eğitim anaokullarına ve özel eğitim anaokulu sınıflarına devam eden öğrenci sayısının 2019'da 4.021'den 2023 yılı sonunda 7.950'ye yükseldiği, bunun da %98'lik bir artışa işaret ettiği bildirilmektedir (MoNE, 2023). Türkiye'de yapılan bir çalışmada ise 0-3 yaş grubundaki çocuklar gelişimsel olarak değerlendirilmiş ve bu çocukların %20,9'unun gelişimsel gecikmelere sahip olduğu görülmüştür (Gözün-Kahraman vd., 2016), bu da erken çocukluk döneminde erken müdahalenin önemini vurgulamaktadır (Türkent ve Özer, 2023). Bu bağlamda, bu çocukların ihtiyaçlarını dikkate alan ve yeteneklerine odaklanan bireyselleştirilmiş öğretim yöntem ve teknikleri kritik hale gelmektedir (Wood, 2006). Bu nedenle, RAM'lardaki eğitsel tanı ve değerlendirme, özel gereksinimli çocuklara erken müdahale fırsatları sunması ve çocukların ihtiyaçlarına uygun şekilde yönlendirilmelerini sağlaması açısından önem arz etmektedir. Eğitsel tanı ve değerlendirme süreci, öğretmen, öğrenci ve velilerin, bireyin içinde bulunduğu mevcut duruma ve yaşadığı sorunlara dayanarak bireyin özel eğitime ihtiyacı olduğuna dair görüşlerini ifade etmesiyle başlar (MoNE, 2023). Bu nedenle, RAM'lar özel gereksinimli çocukların tanılanmasından uygun eğitim ortamlarına yerleştirilmesine kadar birçok prosedürde aktiftir. Küçük çocuklar için tanı süreci, gelişimsel değerlendirme yapmak, aileden ve öğretmenden bilgi almak ve çocuğun özelliklerini göz önünde bulundurmak gibi çok boyutlu bir yaklaşım gerektirir. RAM'larda çalışan özel eğitim öğretmenlerinin ve psikolojik danışmanların bilgi, deneyim ve tutumları bu süreci yürütmeye belirleyicidir. Ancak literatürde, özellikle erken çocukluk dönemi için eğitsel tanı ve değerlendirme süreçleriyle ilgili olarak RAM'larda çalışan özel eğitim öğretmenleri ve rehberlik danışmanlarının

deneyimleri ve görüşleri yeterince araştırılmamıştır. Mevcut çalışmalar esas olarak RAM'ların genel işlevi, sevk süreçleri veya yasal çerçeve üzerine odaklanmaktadır. Ancak, küçük çocuklar için değerlendirme süreçlerinde uygulamanın merkezinde yer alan uzmanların karşılaştığı zorluklar ve aileler ve okul öncesi öğretmenleriyle iş birliği süreçleri gibi konularda alandan bilgiye ihtiyaç duyulmaktadır. Bu eksiklik, erken çocukluk döneminde etkili ve bütünsel bir tanı süreci oluşturmayı zorlaştırmaktadır. Bu nedenle, bu çalışmada, özel eğitim öğretmenleri ve rehberlik danışmanlarının erken çocukluk döneminde özel gereksinimli çocukların eğitimsel tanı ve değerlendirmesine ilişkin görüşlerinin incelenmesi önemli görülmüştür.

Çalışmanın Amacı

Bu çalışmanın amacı, erken çocukluk dönemindeki özel gereksinimli çocuklara yönelik eğitsel tanılama ve değerlendirme süreçleri konusunda RAM'larda çalışan özel eğitim öğretmenlerinin ve rehberlik danışmanlarının görüşlerini belirlemektir.

Çalışmanın Önemi

Yapılan çalışmalar, erken çocukluk döneminde alınan eğitimin çocukların ileriki yıllardaki eğitim süreçlerinde belirleyici bir rol oynadığını göstermektedir (Özdemir vd., 2022; Özdoğru, 2021). Buna paralel olarak erken çocukluk döneminde alınan özel eğitim, özel gereksinimli çocukların başarı, sosyal ilişkiler ve genel yaşam uygulamaları açısından sağlıklı gelişimi için kritik öneme sahiptir (Kuzgun, 2019; Werts vd., 2007). Buna göre, erken çocukluk döneminde özel gereksinimli çocuklara yönelik RAM hizmetleri, çocukların gelişimsel olarak neye ihtiyaç duyduklarını belirleyerek gerekli müdahalelerin çok geç olmadan başlamasını sağlar. Böylece RAM'lar çocukların ihtiyaçlarını erken dönemde fark edilmesini ve çocukların onların gereksinimlerine uygun eğitim programlarına yönlendirilmesini sağlar. Bu sayede erken müdahalenin etkinliği artarken, ileride daha büyük sorunların ortaya çıkması önlenir. Dolayısıyla gelişimsel risklerin erken dönemlerde fark edilmesi, çocukların potansiyellerini en üst düzeyde gerçekleştirebilmeleri için son derece önemlidir. Çocukların özel gereksinimlerini tanıma ve gerekli rehberliği yapmada RAM'ların rolü düşünüldüğünde, bu süreci yürüten kişilerin bilgi, deneyim ve

görüşlerinin küçük çocukların tanı ve değerlendirmesinin etkililiğinde belirleyici olduğu görülmektedir. Bu nedenle bu çalışma, RAM'larda çalışan özel eğitim öğretmenleri ve rehberlik danışmanlarının erken çocukluk döneminde eğitsel tanı ve değerlendirmeye ilişkin görüşlerini, karşılaştıkları güçlükleri ve işbirlikçi yaklaşımlarını anlamaya odaklanarak önemli bir boşluğu doldurmayı amaçlamaktadır. Ayrıca, literatürde RAM çalışanlarının erken çocukluk dönemine ilişkin eğitsel tanı ve değerlendirme uygulamalarına ilişkin kısıtlı çalışmalar bulunmaktadır (Yağcıoğlu vd., 2023). Ancak bu yaş grubunun gelişimsel özellikleri, tanı ve değerlendirme sürecini diğer yaş gruplarından farklı kılmakta ve özel bir uzmanlık alanı gerektirmektedir. Dolayısıyla çalışmanın bulguları, hem alandaki mevcut tanı süreçlerinin yansımalarını ortaya koyarak sistemin güçlü ve zayıf yönlerini belirleme fırsatı sunacak hem de erken çocukluk döneminde RAM uygulamaları için geliştirilebilecek politika ve hizmet modellerine ışık tutacaktır. Ayrıca, hizmet içi eğitim programlarının geliştirilmesine ve disiplinler arası iş birliği modellerinin güçlendirilmesine katkı sağlayacaktır. Bu nedenle çalışma, uygulayıcıların ve karar vericilerin erken çocukluk özel eğitiminde daha etkili ve bütüncül bir tanı ve değerlendirme sistemi oluşturabilmeleri için kanıta dayalı bir bakış açısı sunmaktadır.

İkinci olarak, özel eğitim öğretmenlerinin ve danışmanlarının görüşleri, özel gereksinimli çocukların özel eğitim süreçlerinde neler yaşadıklarını ortaya koyması açısından dikkate değer göstergelerdir. Özel eğitim öğretmenleri ve rehberler danışmanları bu sürecin önemli bileşenleridir. Bu süreçteki rolleri, çocukların doğru tanıyı alması, yerleştirilmesi ve izlenmesinin başlatılması ve ayrıca RAM'ların bu süreçteki kritik rolünün toplum tarafından tanınması açısından önemlidir. Bu anlamda, özel eğitim öğretmenlerinin ve rehberlik danışmanlarının özel gereksinimli çocukların tanısı ve değerlendirilmesi konusunda görüşlerini almak önemlidir. Nitekim bu çalışmada, öğretmenlerin görüşleri ışığında, RAM'ların önemi ve erken çocukluk özel eğitim sürecinin durumu ortaya konulmuştur.

Ayrıca, RAM'larla ilgili mevcut çalışmalar genellikle RAM personelinin görüşlerinin alınmasına (Akkoyun, 2007; Aktaş, 2022; Çiftçi Çiçek, 2015; Doğan vd., 2022; Ekim, 2015; Kocaoğlu, 2022; Yurtsever, 2013) ve bu merkezlerdeki fiziksel

koşulların yetersizliğine (Avcıoğlu, 2012; Ekim, 2015; Güven ve & Balat, 2006; Türkkal, 2019; Yılmaz ve Uçar, 2021) odaklanmaktadır. Ayrıca çalışmalar RAM'larda görev yapan özel eğitim öğretmenleri ve rehberlik danışmanlarının öz-yeterlik, mesleki tatmin ve mesleki yeterlilik algılarıyla sınırlıdır (Acar, 2019; Arşit, 2019; Göncü, 2019; Gürbüz ve Bozgeyikli, 2014). Diğer çalışmalar arasında otizm spektrum bozukluğu olan çocukların eğitimsel tanılama ve değerlendirme sürecine ilişkin bir çalışma (Küçüköz, 2020), işitme engelli çocuklara ilişkin bir çalışma (Yılmaz & Doğan, 2023) ve tanılama süreci kapsamında ailelerin rollerine odaklanan bir çalışma (Avcıoğlu & Bengisoy, 2012) yer almaktadır. Dolayısıyla bu çalışmanın, her kurumdaki özel eğitim öğretmenleri ve rehberlik danışmanlarından veri toplanması ve özellikle erken çocukluk özel eğitimine odaklanması açısından literatürdeki öncü çalışmalardan biri olması beklenmektedir. Ayrıca, RAM'larda çalışan özel eğitim öğretmenleri ve rehberlik danışmanlarının görüşlerine dayanarak, ailelerin erken dönemde bu merkezlere neden başvurmaları gerektiği ve öğretmenlerin rehberlik çalışmalarında RAM'larla nasıl iş birliği yapabilecekleri ortaya konmuştur. Böylece bu görüşler, gelecekteki profesyonellerin RAM'ların erken çocukluk özel eğitim uygulamalarındaki rolünün ne kadar önemli olduğunu anlamalarına yardımcı olabilir. Son olarak, araştırmanın sonuçları erken çocukluk döneminde özel eğitim, RAM'ları rolü ve özel eğitimde iş birliğinin önemi gibi konulara dikkat çekerek öğretmenler için çeşitli öğrenme fırsatları sağlayacaktır. Ayrıca, RAM'larda erken çocukluk özel eğitim faaliyetlerinin nasıl yürütüldüğünü ve özel eğitim öğretmenlerinin ve rehberlik danışmanlarının gelecekte önlem almak için ne tür zorluklarla karşılaştıklarını bilmek de önemlidir. Bu odak noktasının amacı, erken çocukluk özel eğitim faaliyetleri hakkında farkındalık ve duyarlılık yaratmak ve RAM'ların özel gereksinimli çocuklarda becerilerin gelişimini desteklemedeki rolüne dikkat çekmektir.

YÖNTEM

Araştırma Soruları

1. RAM'larda görev yapan özel eğitim öğretmenlerinin ve rehberlik danışmanlarının özel gereksinimli çocukların yönlendirilme sürecine ilişkin görüşleri nelerdir?

- 1.a. Özel gereksinimli çocuklar için yönlendirme sürecinde izlenen adımlara ilişkin görüşleri nelerdir?
- 1.b. Yönlendirme sürecinde ailelerle veya vasilerle iş birliğine ilişkin görüşleri nelerdir?
- 1.c. Okul öncesi çocuklar için yönlendirme sürecinde yaşadıkları zorluklar nelerdir?
2. RAM'larda görev yapan erken çocukluk özel eğitim öğretmenleri ve rehberlik danışmanlarının özel gereksinimli çocukların yerleştirme sürecine ilişkin görüşleri nelerdir?
 - 2.a. Okul öncesi dönemde özel gereksinimli bir çocuk için yerleştirme kararının alınması sürecine ilişkin görüşleri nelerdir?
 - 2.b. Yerleştirme kararında ailelerin veya vasilerim rollerine ilişkin görüşleri nelerdir?
 - 2.c. Yerleştirme sürecinde yaşadıkları zorluklar nelerdir?
3. RAM'larda çalışan erken çocukluk özel eğitim öğretmenleri ve rehberlik danışmanlarının özel gereksinimli çocukların izlenmesi sürecine ilişkin görüşleri nelerdir?
 - 3.a. Özel gereksinimli çocukların gelişimini izlemek için kullanılan yöntemlere ilişkin görüşleri nelerdir?
 - 3.b. Çocuğu yılda bir kez izlemeye ilişkin görüşleri nelerdir?
 - 3.c. İzleme sürecinde iş birliğine ilişkin görüşleri nelerdir?
 - 3.d. İzleme sürecinde yaşadıkları zorluklar nelerdir?

Araştırma Yöntemi

Mevcut araştırma nitel araştırma yöntemlerinden bir çoklu durum çalışması olarak yürütülmüştür. Bu araştırma tasarımı, belirli bir olguyu farklı bağlamlarda inceleyerek anlamayı amaçlamaktadır (Yin, 2003). Çalışmada veriler özel eğitim öğretmenlerinin ve rehberlik danışmanlarının özel gereksinimli çocukların eğitsel tanılama ve değerlendirme süreçlerine ilişkin görüşlerini almak, varsa eğer karşılaştıkları zorlukları belirlemek ve önerilerine ilişkin detaylı bulgular sunmak amacıyla yarı yapılandırılmış görüşmeler aracılığıyla toplanmıştır. Bu bağlamda Ankara ilinde üç farklı RAM birer durum olarak ele alınmış ve her RAM'da çalışan

iki farklı alandan katılımcılarla görüşmeler yapılmıştır. Durumların belirlenmesinde RAM'ların hizmet verdiği bölgedeki nüfus yoğunluğu, başvuru sıklığı, personel sayısı, kurumsal işleyiş yöntemleri gibi ölçütler göz önünde bulundurulmuştur. RAM'lar arasındaki bu farklılıklarla her bir durum kendi bağlamında ele alınmış ve karşılaştırmalı olarak değerlendirilmiştir.

Durum 1: Bu RAM, Ankara ilinin yoğun nüfuslu ilçelerinden birinde yer almaktadır. Kuruma yapılan başvuru sayısı ve kurumun iş birliği yaptığı okul sayısı, ilçenin nüfus yoğunluğuyla paralellik göstermektedir. Bu kurumda görüşülen katılımcılardan biri 20 yılı aşkın süredir çalışmakta olup kurumun yerleşik yapısı hakkında bilgi verirken, bir diğer katılımcı beş buçuk yıllık deneyimiyle mevcut işleyişine farklı bir bakış açısı sunmaktadır.

Durum 2: Bu RAM Ankara'nın merkez ilçelerinden birinde yer almakta olup hem kentsel hem de yarı kentsel bölgelere hitap etmektedir. Yoğunluk açısından durum 1'e oldukça benzer bir yapıya sahiptir. Görüşülen öğretmenlerden biri otuz yıllık deneyimini, diğeri ise dokuz yıllık deneyimini paylaşmış ve her ikisi de kendi alanları hakkında oldukça farklı görüşler ifade etmiştir.

Durum 3: Bu RAM Ankara'nın gelişmekte olan ilçelerinden birinde yer almaktadır. Diğer iki kurum ile karşılaştırıldığında, kurumun işbirliği yapması gereken okul sayısının ve başvuru sayısının bu iki kurumdaki daha az olduğu görülmektedir. Bu kurum, diğer iki kuruma kıyasla daha fazla iç ve dış etkinlik düzenlemektedir. Bu kurumda görüşülen kişilerden biri on yıllık deneyimini, diğeri ise yirmi altı yıllık deneyimini paylaşmış ve kendi alanları hakkında oldukça kapsamlı görüşler sunmuştur.

Katılımcılar

Bu çalışma, Ankara ilinde yer alan RAM'larda görev yapan üç özel eğitim öğretmeni ve üç rehberlik danışmanı ile yürütülmüştür. Araştırmada belli bir alanda görev yapan katılımcılarla çalışmak istenmesi nedeniyle amaçlı örnekleme yöntemi kullanılmıştır. Bu nedenle, RAM'larda aktif olarak çalışan üç özel eğitim öğretmeni

ve üç rehberlik danışmanı çalışmaya dahil edilmiştir. Katılımcılar seçilirken, RAM'larda aktif olarak çalışma, özel eğitim öğretmeni veya rehberlik danışmanı olma ve erken çocukluk dönemindeki çocukların eğitsel tanılama ve değerlendirme süreçlerinde yer alma ölçütleri göz önünde bulundurulmuştur.

Veri Toplama Araçları

Yin'e (2003) göre, durum çalışmalarında en temel veri toplama kaynaklarından biri görüşmelerdir çünkü bu görüşmeler yönlendirilmiş tartışmalar şeklinde ilerler ve tamamen yapılandırılmış sorular yerine esnek bir plan sunar. Buna göre, bu çalışmada elde edilen veriler demografik bilgi formu ve yarı yapılandırılmış görüşmeler aracılığıyla toplanmıştır.

Görüşme soruları oluşturulurken ilgili alanyazın incelenmiştir. Sorular için erken çocukluk eğitimi ve özel eğitim alanından iki uzman görüşü alınmıştır. Ek olarak, iki katılımcı ile pilot çalışma yapılmıştır. Uzman görüşleri ve pilot çalışma neticesinde, görüşme soruları gözden geçirilip düzenlenmiş ve 13 soru ve dört alt sorudan oluşan nihai haline getirilmiştir. Yarı yapılandırılmış görüşme soruları yönlendirme, yerleştirme ve izleme başlıklarına odaklanacak şekilde ayrılmış, her bir aşama için katılımcılardan iş birliği, yaşanan zorluklar ve öneriler şeklinde görüşleri alınmıştır.

Veri Toplama Süreci

Çalışmaya öncelikle gerekli izinler alınarak başlanmıştır. Bu amaçla, bir devlet üniversitesinin Uygulamalı Etik Araştırma Merkezi'ne etik izin başvurusunda bulunulmuş, etik onay alındıktan sonra, Millî Eğitim Bakanlığı'ndan izin alınmıştır. İzinler alındıktan, pilot görüşmeler yapıldıktan ve veri toplama aracında gerekli düzenlemeler bitirildikten sonra Ankara'nın farklı ilçelerindeki RAM müdürleriyle iletişime geçilmiş ve katılımcılar belirlenmiştir. Görüşmelerin başında katılımcılara çalışmanın amacı, çalışmanın gönüllülük esasına dayandığı ve istedikleri zaman çalışmadan çekilebilecekleri anlatılmış ve onam formunu doldurmaları istenmiştir. Ek olarak, katılımcılara kimliklerinin gizli kalacağı ve yaklaşık 30-40 dakika sürecek görüşmeler için ses kaydı alınacağı bilgisi verilmiştir. Görüşmelerin tamamlanması ile veri toplama süreci de sonlandırılmıştır.

Verilerin Analizi

Veri analiz süreci, ses kaydı alınan görüşmelerin dökümlerinin hazırlanması ile başlamıştır. Bu süreç, veri toplama aracıyla elde edilen verilerin yazıya geçirilmesini içerir (Creswell, 2013). Tüm görüşmeler yazıya geçirildikten sonra araştırmacı, çalışmanın amacından bağımsız bölümleri, verileri temizlemek için yazıya geçirilen belgeden çıkarmıştır. Veriler temizlendikten sonra araştırmacı, verileri kategorilere ayırmış ve kodlar oluşturmuştur. Merriam'a (2009) göre kodlama, geniş bir veri kümesini belirli bölümlere ayırır. Araştırmacı, bu bölümde MAXQDA 2024 programını kullanmıştır. Bu süreçte araştırmacı, kodları belirlemek ve temaları kategorilere ayırmak için Erken Çocukluk Eğitimi Bölümü'nde lisansüstü öğrenci olan ikinci bir kodlayıcı kullanmıştır. Araştırmacı ve ikinci kodlayıcı, elde ettikleri kodları karşılaştırmış ve fikir birliği olup olmadığını kontrol etmiştir. Fikir birliği sağlandıktan sonra araştırmacı, verileri yorumlama sürecine başlamıştır. Creswell'e (2013) göre bu aşamada araştırmacılar elde ettikleri verileri anlamlandırmaya başlarlar. Böylece araştırmacı kodlar arasındaki ilişkileri belirlemiş ve süreç içerisinde ortaya çıkan yeni kodlar ile daha önce belirlenen kodlar arasında ilişki kurmuştur.

BULGULAR VE TARTIŞMA

Katılımcıların yönlendirmeye ilişkin görüşlerini ifade ederken, çocukların eğitim geçmişine, çocuğun performansını değerlendirmek için daha önce yapılmış değerlendirme raporlarına ve çocuğun tanısına odaklanmışlardır. Ayrıca, yönlendirme sürecinde ailelerin farkındalık düzeylerinin düşük olduğu ve bunun ailelerin katılımlarını doğrudan etkilediğini belirtmişlerdir. Bazı katılımcılar ailelerin çocuklarının gelişimsel farklılıklarını erken dönemde fark edemediklerini ya da fark etseler bile süreci kabullenmekte zorlandıklarını vurgulamış ve ailelerin ilk geldiklerinde yas, şok veya duygusal tepkiler yaşadıklarını ifade etmişlerdir. Bu, literatürde de yaygın olarak bahsedilen ailelerdeki inkâr, suçluluk, etiketleme veya sosyal dışlanma gibi tepkiler (Turnbull vd., 2015) ve bilinçsiz ve bilgisiz ebeveynlerin süreçte aksamalara neden olduğu bulgusuyla desteklenmektedir (Aktaş, 2022). Ekolojik Sistemler Teorisi (Bronfenbrenner, 1979) perspektifinden

bakıldığında, bu durum çocuğun yakın çevresinin mikrosistem üzerindeki etkisini yansıtmaktadır. Ayrıca, öğretmenlerin özel gereksinimli çocukları fark etme, nitelikli gözlemler yapma ve gerekli formları doldurma yetkinliğine sahip olmaları kritik hale gelmektedir. Benzer şekilde, katılımcılar, öğretmenlerin yönlendirmeler sırasında sağladığı bilgilerin oldukça belirleyici olduğunu vurgulamışlardır. Öğretmenlerin önemine ilişkin argümanlar, erken çocukluk eğitimi kurumlarındaki öğretmenlerin sınıflarında çocukların gelişim alanlarını doğrudan gözlemleyebileceklerini, risk altındaki çocukları belirleyebileceklerini ve olası gelişimsel sorunların erken tespitine katkıda bulunabileceklerini göstermektedir.

Yerleştirmeye ilişkin görüşlerden elde edilen bulgulara göre, katılımcılar, yerleştirme kararları alırken çocuğun tıbbi tanısının yanı sıra bütünsel gelişim düzeyi, ailelerin görüşleri ve akademik performansı gibi faktörleri de göz önünde bulundurduklarını belirtmişlerdir. Bu bulgular, Yurtsever (2013) tarafından yapılan çalışmanın sonuçlarıyla benzerlik göstermektedir. Ek olarak, bazı katılımcılar, ailelerin kaynaştırma sınıfı için uygun olmayan çocuklarının kaynaştırma sınıfına yerleştirilmesinde ısrarcı olduklarını ancak çocuğun üstün yararı ilkesinden dolayı bunları dikkate alamadıklarını belirtmişlerdir. Bu bulgu, Çiftçi Çiçek (2015) tarafından yapılan çalışmanın bulgularıyla örtüşmektedir. Ayrıca, katılımcılar, ailelerin ve okulların yerleştirme kararlarına sıklıkla itiraz ettiklerini bildirmişlerdir. Bu bulgular, Aktaş (2022) ve Yurtsever'in (2013) yerleştirme konusundaki bulgularıyla tutarlıdır. Ayrıca Aktaş (2022), özel eğitim değerlendirme kurulu üyeleri arasında yerleştirme konusunda fikir ayrılıkları olduğunu da belirtmiştir. Ancak bu çalışmadaki hiçbir katılımcı bu durumdan bahsetmemiştir. Ayrıca, bazı katılımcılar, öğrenci sayısının fazla olması, personel sayısının az olması ve yerleştirme okullarının olmaması gibi faktörler nedeniyle yerleştirme kararlarının nitelikli olmadığını belirtmişlerdir. Bu sonuçlar Yurtsever'in (2013) çalışmasında bulunan sonuçlarla karşılaştırılabilir. Özetle bu bulgular, yerleştirme sürecini ve altında yatan faktörleri ele alırken çok yönlü bir yaklaşıma ihtiyaç olduğunu vurgulamaktadır. Sistem, karar alma süreçlerine aile katılımını desteklerken, ailelerin genellikle RAM'lara itirazlarla yaklaştığı, çocuğun yüksek yararı konusunda fikir birliği eksikliği olduğu ve RAM'ların sıklıkla yerleştirme için sınırlı sayıda personel ve

okulla çalışmaya zorlandığı ve bu durumun yerleştirme kalitesini düşürebileceği anlaşılmaktadır.

İzlemeye ilişkin görüşlere bakıldığında, katılımcıların izlemenin yıllık olarak yapıldığını belirtmelerine rağmen, erken çocukluk döneminde gelişim hızlı olduğu için yeterli olmayabileceği görülmüştür. Ancak her çocuğun bu dönemdeki tanısı ve gelişimsel özelliklerinin farklı olduğu, bu nedenle tanıya bağlı olarak bu sürenin çocuklar için yeterli olabileceği de belirtilmiştir. Benzer şekilde Avcıoğlu (2012) yaptığı çalışmada izlemenin yetersizliğine ilişkin bulgulara ulaşmıştır. Çiftçi Çiçek'in (2015) çalışmasındaki bulgularla tutarlı olarak, bu çalışmada bir katılımcı, izlemenin okulun talebi üzerine yapıldığını belirtmiştir. Nitekim, katılımcılar sistematik eksiklikleri, sahada daha fazla zaman geçirmenin önemini, rehberlik hizmetlerinin önemini ve okul öncesi eğitim kurumlarının yoğunluğuna orantılı olarak çalışan sayısının artırılmasının ve iş yükünün azaltılmasının gerekliliğini vurgulamışlardır. Bu bulgular literatürdeki diğer çalışmaların bulgularıyla tutarlıdır (Aktaş, 2022; Çiftçi Çiçek, 2015; Yurtsever, 2013). Bulgulara göre, izlemeyi yalnızca form doldurmaya indirgemek, süreç odaklı ve işbirlikçi bir yaklaşımın eksikliğini gösterebilir. Bu da erken çocukluk özel eğitim politikalarının yeterince işlevsel olmadığını düşündürebilir. Benzer şekilde, Çiftçi Çiçek (2015) erken çocukluk döneminde özel gereksinimli bireylere sağlanan hizmetlerin yetersiz olduğunu tespit etmiştir. Birçok alanda eksiklikler bulunmakla birlikte, bu eksiklikler özellikle erken çocukluk döneminde belirginleşmiştir. Sonuç olarak, daha etkili izleme için gerekli olan süreklilik, iş birliği ve çoklu kaynaklara güvenme gibi ilkelerin eksikliği dikkat çekmektedir.

Aileler ve diğer paydaşlarla iş birliğine ilişkin görüşlerdeki en dikkat çekici bulgu, tüm katılımcıların çocuklara yönelik eğitsel tanılama ve değerlendirme süreçlerinin aileleri, okulları, öğretmenleri, rehber öğretmenleri, sağlık sektörünü ve gerektiğinde sosyal hizmet sektörünü içeren çok aktörlü bir yapı içinde yürütülmesi gerektiğini vurgulamalarıdır. Bu bulgular, eğitim kurumları ve RAM'lar ile iş birliği eksikliğini tespit eden Yurtsever'in (2013) bulgularıyla benzerlik göstermektedir. Nitekim tüm katılımcılar, aileler ve RAM'lar arasındaki iş birliğinin yetersiz olduğunu ve ailelerin RAM'ların işleyişine ilişkin yetersiz bilgilerinin iş birliğini engellediğini belirtmiştir.

Bu durum, ebeveynlerin farkındalık ve bilgi düzeylerinin düşük olduğu bulgusuna ulaşan Aktaş'ın (2022) çalışmasında da bulunmuştur. Dolayısıyla bulgular, öğretmenler, okullar, sağlık kurumları ve diğer destek sistemleri arasında yeterli iş birliğinin sağlanmadığını göstermektedir. Bu durum, çocuğun yaşamındaki birden fazla mikrosistem arasında kurulan etkileşimlerin olduğu mezosistemde bir kopukluğa işaret etmektedir. Ekzosistem düzeyinde, kurumlar arası işleyişteki bürokratik engeller ve ortak bir dilin eksikliği gibi sorunlar, bu kopuklukların arkasındaki nedenler arasında öne çıkmaktadır. Dolayısıyla bulgular, izlemede çeşitli sistemlerin birlikte çalışması gerektiğini, aksi takdirde erken müdahale fırsatlarının kaçırılabilceğini ortaya koymaktadır.

Katılımcılar mevcut eksiklikler ve bu eksikliklerin giderilmesine ilişkin görüşlerini sunarken eğitsel tanı ve değerlendirmenin çok katmanlı bir şekilde ilerletilmesi, hamilelikten itibaren aile eğitime odaklanması, öğretmenler ve hastaneler arasındaki iş birliğinin artırılması, çocukların gelişiminin daha sık izlenmesi ve RAM'ların iş yükünün ayarlanması gibi noktalara değinmiştir. Bazı katılımcılar erken tanı ve müdahalenin önemini vurgulamış, bu bulguların ise literatürdeki diğer çalışmalar tarafından desteklendiği görülmüştür (Hamdan vd., 2021; Türkkent ve Özer, 2023). Ayrıca, ailelerin ve öğretmenlerin erken müdahaledeki etkililiğine ilişkin bulgular literatürdeki diğer çalışmaların bulgularıyla benzerlik göstermektedir (Ardianingsih ve Mahmudah, 2017; Dunst ve Trivette, 2009; Odom ve Wolery, 2003; Yunitasari vd., 2024). Ayrıca, katılımcıların önerileri paydaşlar arasındaki iş birliğini artırmaya yöneliktir ki bu da Kardeş ve Akman'ın (2020) bulgularını desteklemektedir. Ancak, diğer çalışmalardan farklı olarak, bu çalışmadaki katılımcılar, aileler arasında çocuklarının büyüdükçe özel gereksinimlerinin ortadan kalkacağına dair yaygın bir inancın olduğunu vurgulamışlardır. Ek olarak, yapılandırılmış bir sistem, ayrıntılı iş tanımları, daha iyi koordinasyon yöntemleri ve ek kaynaklar ile ilişkili öneriler sunulmuştur. Bu öneriler Aktaş'ın (2022) araştırmasının sonuçlarıyla tutarlıdır. Özetle, çalışmadan elde edilen bulgular, eğitsel tanı ve değerlendirmenin yalnızca teknik olarak yönlendirilmediğini, ancak çocukları çevreleyen tüm sistemlerin iş birliğiyle anlam kazanabileceğini göstermektedir. Benzer şekilde, ailelere yönelik yetersiz eğitim bir diğer mikrosistem sorunu olarak öne çıkarken, aile ve öğretmen arasındaki iletişim eksikliği mezosistem içinde sınırlı

etkileşime yol açar. Bu iki yapı arasında tutarlı ve anlamlı bir bağlantı kurulamadığında, süreç yalnızca dokümantasyonla yönlendirilen bir formaliteye dönüşür. Sistemik iyileştirmelerin yalnızca bireysel çabalarla değil, aynı zamanda görev ve kaynakların adil bir şekilde dağıtılmasıyla da sağlanabileceği sık sık dile getirilmiştir. Bu öneriler, makro sistem düzeyindeki politika ve uygulamaların sahaya yansımadığını ortaya koyarak, daha bütüncül ve işbirlikçi bir yapıya ihtiyaç duyulduğunu ortaya koymaktadır.

Elde edilen bulgulara göre, özel eğitim öğretmenleri ve rehberlik danışmanlarına, yerleştirme okullarındaki öğretmenlerle iş birliği yapmaları ve RAM, öğretmen, okul ve aile arasındaki iletişimi kolaylaştırmaları için zaman ve sistematik destek sağlanabileceği düşünülmektedir. Yerleştirme okullarındaki öğretmenlere, eğitsel tanı ve değerlendirmenin çeşitli yönlerini kapsayan modül tabanlı programlar sunulabilir. Bu modüller, gözlem yöntemleri, özel gereksinim türlerinin belirlenmesi, aileler ve kurumlarla iletişim ve geri bildirim gibi konuları içerebilir. Okul tabanlı modül uygulamaları, Bronfenbrenner'ın mikrosistem içindeki yatay etkileşimlerini de güçlendirebilir. Ayrıca, özel eğitim öğretmenleri ve rehberlik danışmanları, ailelerle iş birliği yapmak ve bilgi ve farkındalıklarını artırmak için ortak toplantılar, gözlem formları ve bilgi paylaşım döngüleri geliştirebilirler. Bunun için, RAM'lardaki personel sayısı artırılabilir ve belirli sayıda RAM personeli belirli sayıda aileye atanabilir. Bu şekilde, ailenin ve kurumun aktif katılımıyla izleme daha etkili hale getirilebilir. Dahası, özel eğitim öğretmenleri ve rehberlik danışmanları, yerleştirme yapılan okullardaki öğretmenlere gözlemsel verilerin raporlanması konusunda destek olabilir. Böylece izleme daha geniş, çocuk merkezli bir kapsamda yürütülebilir. Bunlarla birlikte, küçük çocuklar ve aileleri için eğitsel tanı ve değerlendirme süreçlerinin nasıl yürütüldüğüne dair çalışmalar genişletilebilir. İhtiyaç analiziyle erken çocukluk özel eğitimi hakkında bilgi toplanırken, eksiklikleri gidermek için çözümler geliştirilebilir. Araştırmacılar, erken çocukluk özel eğitimi ve RAM'lardaki uygulamasıyla ilgili resmi düzenlemeleri, yönergeleri ve uygulamaları analiz edebilir, bu analizler, sahadaki uygulamalarla karşılaştırılabilir. Bu analiz sahadaki eksiklikleri ve sistemik sorunları da ortaya çıkarabilir.

Ek olarak, izleme, yılda bir kez yapılan, merkezi ve standart bir uygulamadan, yerel dinamiklere duyarlı, süreç odaklı bir yapıya dönüştürülebilir. Bakanlık, izleme sıklığını ve yöntemlerini belirleme yetkisini, okul koşullarına bağlı olarak okul rehberlik birimlerine veya RAM'lara devredebilir. RAM'ların insan kaynakları hem niceliksel (personel sayısı) hem de niteliksel (uzmanlık alanları) olarak güçlendirilebilir, çocuk gelişimi uzmanları, özel eğitimciler ve gelişimsel değerlendirme konusunda uzmanlaşmış sosyal hizmet uzmanları istihdam edilebilir. Personel planlaması, il ve ilçelerin demografik ve sosyoekonomik yapısını dikkate alınarak düzenlenebilir. Ayrıca, aile danışmanlığı hizmetleri genişletilebilir. Okullarda düzenli aile bilgilendirme seminerleri, bireysel danışmanlık saatleri ve ev ziyaretleri başlatılabilir. Aileler için dijital platformlar aracılığıyla süreçle ilgili bilgilendirici kaynaklara erişim kolaylaştırılabilir. Kurumlar arası koordinasyon için net iş tanımları ve iş birliği protokolleri oluşturulabilir, standart iş birliği protokolleri hazırlanıp illere gönderilebilir. Her çocuğun izleme süreciyle ilgili olarak okul, RAM ve sağlık birimleri arasında dijital bir "izleme dosyası" oluşturulabilir, e-okul gibi bütünleşmiş platformlar ile paydaşlar arasında bilgi akışı sağlanabilir. Ortak toplantılar düzenlemek için yasal düzenlemeler yapılabilir, yılın her çeyreğinde çocuk gelişimi destek toplantısı düzenlenebilir.

G. THESIS PERMISSION FORM / TEZ İZİN FORMU

(Please fill out this form on computer. Double click on the boxes to fill them)

ENSTİTÜ / INSTITUTE

- Fen Bilimleri Enstitüsü / Graduate School of Natural and Applied Sciences** ☐
- Sosyal Bilimler Enstitüsü / Graduate School of Social Sciences** ☒
- Uygulamalı Matematik Enstitüsü / Graduate School of Applied Mathematics** ☐
- Enformatik Enstitüsü / Graduate School of Informatics** ☐
- Deniz Bilimleri Enstitüsü / Graduate School of Marine Sciences** ☐

YAZARIN / AUTHOR

Soyadı / Surname : Yaşar Türkel
Adı / Name : Ecem
Bölümü / Department : Temel Eğitim, Okul Öncesi Eğitimi / Early Childhood Education

TEZİN ADI / TITLE OF THE THESIS (İngilizce / English): EDUCATIONAL DIAGNOSIS AND EVALUATION PROCESS OF YOUNG CHILDREN WITH SPECIAL NEEDS: STAFF VIEWS WORKING IN GUIDANCE AND RESEARCH CENTERS

TEZİN TÜRÜ / DEGREE: Yüksek Lisans / Master ☒ Doktora / PhD ☐

1. **Tezin tamamı dünya çapında erişime açılacaktır. /** Release the entire work immediately for access worldwide. ☒
2. **Tez iki yıl süreyle erişime kapalı olacaktır. /** Secure the entire work for patent and/or proprietary purposes for a period of **two years**. * ☐
3. **Tez altı ay süreyle erişime kapalı olacaktır. /** Secure the entire work for period of **six months**. * ☐

* Enstitü Yönetim Kurulu kararının basılı kopyası tezle birlikte kütüphaneye teslim edilecektir. / A copy of the decision of the Institute Administrative Committee will be delivered to the library together with the printed thesis.

Yazarın imzası / Signature

Tarih / Date

(Kütüphaneye teslim ettiğiniz tarih. Elle doldurulacaktır.)
(Library submission date. Please fill out by hand.)

Tezin son sayfasıdır. / This is the last page of the thesis/dissertation.