

LITERACY CHALLENGES CHILDREN WITH ADHD IN REGULAR EDUCATION

Flávia da Silva Almeida¹
Diogenes José Gusmão Coutinho²

ABSTRACT: This work deals with the hyperactivity and lack of attention of many children found in the school environment, presenting behavioral disorders that are better known as ADHD - Attention Deficit Hyperactivity Disorder, thus harming their learning development. general to analyze hyperactivity in early childhood education and its learning difficulties, and with specifics to verify the factors caused by hyperactivity in the classroom; observe how teachers characterize the disorder; to investigate how these professionals direct students in these situations within the school. The interest in the subject arose through observations in the classroom and at the school itself, and the following problem was raised: how does hyperactivity hinder the child's learning? How can hyperactivity in kindergarten classes impair learning? For this, a bibliographical study of authors who treat such as Rizzo (2003), Didonet (2001) and Peres (2013) was carried out. The results showed that ADHD is a disorder that should be supported by both the family and the teachers, creating an effective link to improve their attention and hyperactivity behavior.

Keywords: ADHD. Children. Teachers. School. School. It's a family.

RESUMO: Este trabalho trata da hiperatividade e desatenção de muitas crianças encontradas no ambiente escolar, apresentando transtornos de comportamento que são mais conhecidos como TDAH - Transtorno do Déficit de Atenção e Hiperatividade, prejudicando assim o seu desenvolvimento de aprendizagem. gerais para analisar a hiperatividade na educação infantil e suas dificuldades de aprendizagem, e com específicos para verificar os fatores ocasionados pela hiperatividade em sala de aula; observar como os professores caracterizam o transtorno; investigar como esses profissionais direcionam os alunos nessas situações dentro da escola. O interesse pelo assunto surgiu por meio de observações em sala de aula e na própria escola, e foi levantado o seguinte problema: como a hiperatividade atrapalha o aprendizado da criança? Como a hiperatividade nas aulas de jardim de infância pode prejudicar o aprendizado? Para isso, foi realizado um estudo bibliográfico de autores que tratam como Rizzo (2003), Didonet (2001) e Peres (2013). Os resultados mostraram que o TDAH é um transtorno que deve ser apoiado tanto pela família quanto pelos professores, criando um vínculo efetivo para melhorar seu comportamento de atenção e hiperatividade.

Palavras-chave: TDAH. Crianças. Professores. Escola. Família.

¹ Master in Educational Sciences.

² Doctor of Biology

I. INTRODUCTION

Attention Deficit Hyperactivity/Impulsivity Disorder (ADHD) is a neurobehavioral, multifactorial disorder, whose main characteristic is a persistent pattern of inattention and or hyperactivity/impulsivity, which often results in emotional, social and, above all, functional impairments (SILVA, 2009).

The symptomatic triad, in most cases, is perceived after the subject's entry into the school environment, since, in this period, behaviors characteristic of the disorder are in evidence and result in learning difficulties (ROHDE; HALPERN, 2004a). The diagnosis of ADHD is fundamentally clinical, based on criteria from classification systems established by the Diagnostic and Statistical Manual of Mental Disorders, in its fourth edition (DSM-V, 2011) and by the International Classification of ICD-10 Diseases (WHO, 1993).

Given the complexity of the theme addressed, this study seeks to point out parameters for the identification of the disorder, since there is great difficulty in distinguishing hyperactivity from other problems that generate the emotional agitation of the individual, helping to understand that the ability to concentrate depends, to a large part, on the integrity of the nervous system. This also varies by virtue of the degree of maturity of the brain and personality. It is observed that the small child and the pre-adolescent are less able to concentrate on a given activity for a long period of time than are more adult people. However, this is not a criterion for classifying them as hyperactive.

Among the most discussed subjects in Education, we highlight the diversity of students' behavior, as well as their learning difficulties. In this context, hyperactivity, a component of Attention Deficit Hyperactivity Disorder, simplified by the acronym ADHD, has been increasing its space in school environments.

Educators often come across students who have hyperactivity and do not know how to deal with them in the classroom, making a pre-trial and confusing their ADHD with bad behavior, which ends up significantly impairing the teaching process - students' learning. This is considered a worrying factor, as it is in the school environment that most young people have contact with reading and writing, which requires attention and concentration.

According to Barkley (2008), in 1902, George Still, an English pediatrician, presented ADHD, in which he observed changes in the behavior of several children he attended, believing that such behaviors were not linked to educational failures, but rather to something biological, almost impossible to detect. These children would not currently be considered with ADHD, as they had mental disabilities, brain injuries and epilepsy. Still noted that they had, in common, great restlessness, attention deficit and learning difficulties.

Playful activities are indicated in the literature as beneficial to children diagnosed with ADHD. According to Vygotsky (2001), through ludicity, the child learns to put into practice his curiosity, acquires initiative, self-confidence, develops language, thought and concentration. The game is evidenced by Lorenzini (2002) as an element of playful activity that provides the child with sensory, motor, perceptual, cognitive and cultural experiences necessary for development.

The research is a qualitative approach from which a qualitative research was conducted through a literature review to unveil and explain the phenomenon researched and has as general objective to investigate the importance of the use of music as didactic resources can contribute to the process of literacy and literacy, and based on the general objective, "Analyze how music can be pedagogical tools to assist in literacy", were determined the specific objectives: discuss what literacy and literacy; describe the importance of music in literacy; identify and present reports of experiences that show the toothy music of the use of didactic resources in the practice of literacy.

2. BRIEF HISTORY OF ATTENTION DEFICIT HYPERACTIVITY DISORDER

It is known that hyperactive and inattentive children have always lived in humanity without establishing a group recognized as presenting changes in behavior. Family education and stricter pre-this century's family education and school regimes have somehow reduced the onset of these behaviours or, then, kept them more controlled and thus their failures have come to be considered as an important problem or even a disease. Many are the decisive causes of school failure, and along with it comes learning difficulties.

According to Peres (2013, p 19) :

It conceptualizes learning difficulties as a disorder that manifests themselves as an important impediment to the acquisition and use of skills to listen, speak, read, write, rationalize or manage mathematics. These disorders are intrinsic to the individual. It is assumed that they are due to a dysfunction of the central nervous system and may occur throughout the life cycle.

It may be the starting point of the year 1925, in which Dupré's works noted the clumsiness or motor fragility in children without brain injury, calling care for the presence of the emotional aspect in the progress of this function, and those of Wallon on *L' Enfant Turbulent* (The Restless Child). These two publications already planned, at the time, the clinical characteristics of these children, and that is perceived to this day.

It was up to Strauss and Lehtinen, in 1947, to rescue the subject and organize it in its occurrences, seeking to establish a junction with learning difficulties and with probable brain injuries, which supported the impairment of practic functions (more specific motor activities) and lyusic (perceptions of varied order). His care was directed to the research of an organic essence and traces to neurological examination that provided confirmation of the diagnosis. As the resources existing at the time did not allow this continuation, they led to the conclusion that it was understood as a picture of "minimal brain injury", that is, the functional transformations exposed by the child would be corresponding to small brain lesions.

Over the years, neurologists have grown quite enthusiastic about the theme, whose diagnosis often happened on subjective bases and enjoying different criteria, generating as a result a series of confusion in the clarity of the problem. . (NITRINI,1997)

The obstacles increased until in 1962, in Oxford, England, a symposium suggested by the SpaticSociety was held, with the aim of reaching consent on this condition. The phrase" minimal brain dysfunction" (CMD) was then coined, succeeding the word injury, in the value that no organic alterations studied by the daily methods of diagnosis were discovered. (ALBUQUERQUE, 2013).

CmD would be a chance determined by numerous causes similar to those of cerebral palsy, but that would not begin to cause an injury, presenting a consequent "immaturity", with possible functional progress in its improvement. The presence of a genetic factor was also considered, showing the predominance in males.

This nosological designation of CMD was greatly important and deserves to be known as a historical landmark, because it consented to the neuropediatrician, who was accustomed to the classical diseases of the nervous system and the most serious occurrences, the charm for the characterization of different alterations associated with important nervous activities, starting to study school learning more deeply, obtaining language, attention, perceptions, memory and other functions significant and associated with the child's development.

However, the neurologists continued to count on the delimited resources of the conventional neurological examination to describe the MCD, which were evidently insufficient. Thus, numerous proposals for more appreciable neurological examinations appeared, especially those of Townen and Prechtel (1970) and those of Rutter, Graham and Yule (1970).

In Brazil, Lefèvre (1972), after a costly research, created the evolutionary neurological examination (ENE), whose purpose was to clarify the normal patterns of various neurological functions for children aged 3 to 7 years. This precept began to be used for the verification of children referred with the diagnosis of CMD, being distinct abnormalities or dysfunctional areas when the individual could not perform the tests of a certain function succeeded for his age. (BONADIO,2013)

This examination was significant because it had consented to a series of investigations and the opportunity to establish correlations between its effects and functional alterations, especially in the intriguing theme of learning difficulties. These investigations using the aforementioned examination were not always available, both in their organization and in their purposes, although several significant and sometimes similar correlations were found in several of them. (BOGDAN and BIKLEN, 1994)

Thus, it can be established that, despite the evolutionary neurological examination expressed alterations in cases of CMD, these were not sufficiently exclusive to determine this condition. This is therefore because, in the study of

children with learning difficulties, a number of them presented normal ENE, and paradoxically, others, even changed, but were well in school. Another deduction is that in those where the ENE exhibited changes, even with improvement of these a few months later, the school difficulties insisted.

It is significant to highlight that although a neurological dysfunction can define learning difficulties, most of the time the discovery of "dysfunctional" areas in the examination did not allow this correlation. Thus, a problem was created: would these areas be really dysfunctional or would a normal variation of the development of that function that would mature a few weeks later?

It is notepoint that a number of children followed by quarterly sequential neurological examinations were difficulties in some developmentfunctions that improved naturally in the following months, corresponding to a progress in neurological maturation.

As a result of this fact, how right could one tell these relatives that the child would be exposing a neurological dysfunction? It is essential to consider that speaking to a layperson in neurological disorder is different, for example, from declaring himself to a respiratory dysfunction linked to influenza.

Neurological dysfunction carries a heavier stain and the individual is stressed by the diagnosis, both at home and at school, when he is less asked for having "a problem in the head" or "a neurological problem". And this prejudiced practice continues like this for good years. (BONÁDIO, 2013)

Due to this diagnostic inaccuracy and the great disagreement between the clinical pictures included as CMD, this concept was no longer used, although there was a great effort of part of the North American medical literature repeating and computing itself in discounting it.

There was a constant discrepancy between the dcm references in the USA, seen in about 20% to 30% of the students and 0.5% or less in the English children. A new onslaught for nosological description occurred in 1980, in which the American Psychiatric Association (APA), through The DiagnosticandStatistical Manual Of Mental Disorders (DSM-III), disclosed in its specification as Attention-Deficit-Disorders (ADD) what was previously mentioned as DCM, seeking to establish a stricter precept from the diagnostic point of view, based on three situations

inattention, impulsivity and hyperactivity. It also identified two groups, the first as hyperactivity and the other without this demonstration.

In the edition of the DSM-III-R, in 1987, there was a modification of the nomenclature, giving this condition to be described as Attention Deficit and/or Hyperactivity Disorder (DADH), being seen among the changes in disruptive renowned behavior.

More closely, in 1991, the DSM-IV held a meeting of the previous recommendations, dividing the clinical manifestations of HDD into two groups: inattention and impulsivity\hyperactivity. This is the foundation used today in most scientific works. It is worth noting, however, that most publications on the various aspects of these disorders continue to be North American. (CAÍRES,2010).

Nowadays, you already notice this pathology. In general, when entering school, these disorders appear, presenting difficulty of attention and restlessness that affect, especially learning, causing the exclusion of the child, both by classmates and by the teacher, due to their differentiated behavior. Thus, it is necessary to understand that the child who presents these disorders, needs special attention on the part of the school and teachers so that there is a true educational and social inclusion, that is, both at school and outside it.

2.2 Inclusive Education: design

According to Orrú (2012), inclusive education, has its foundation in the attention to diversity, presents itself as a new paradigm in the context of special education and as a principle of quality education for all. Its philosophical foundation believes that all students have the same right of access to schooling with the group of their age group and that the school should accept and respect the differences, whether physical, mental, motor, psychic, hyperactive, among others.

The care of people with disabilities began at the time of the Empire, with the creation of two institutions: the Imperial Institute of the Blind Boys in 1854, the current Benjamin Constant Institute, and the Institute of the deaf, in 1857, today called the National Institute of Education of the Deaf, both in Rio de Janeiro.

Since the 1990s educational inclusion has a significant space for reflection around the world. There are countless ways to act and think in the school space when

it comes to inclusion. Generally when it comes to inclusive education, it soon comes to mind that such a proposal is related only to people with disabilities.

There were several World Conferences on this subject, among all of them, it is worth mentioning the World Conference on Special Educational Needs, 1994, in Salamanca, for being the one that most contributed to the advancement of inclusive education worldwide. At this conference they came to the conclusion of recognizing the need and urgency for teaching to reach all children, youth and adults with special educational needs within the regular school. (SARAIVA, et. al., 2003).

It is worth noting that the idea that guided the text of Salamanca is that of the school for everyone and not only for people with disabilities, as most people think. Even with all the changes that the text of Salamanca reports, we can see in the present day that there is still much to be modified, because the exclusion still occurs in a stark way where there is a lot of speech and little practice.

According to the National Policy of Special Education (2002) in the Perspective of Inclusive Education it is said that: in all stages and modalities of basic education, specialized educational care is organized to support the development of students, constituting mandatory provision of regular education systems.

Inclusion is now conceptually situated among groups that consider it as abstract others as mere rhetoric and others as a diversion in the face of the real problems of the school. For the school to become inclusive, it is necessary to think that it, since its creation, has been organized on the basis of indifference to differences.

The experiences of inclusion in the school are still in the case that this is not an inclusive structure but a creator of exclusion, because in practice it is not always effective because in many schools the exclusion of people with special needs is still remarkable. The curriculum differentiation strategy that is proposed for inclusive education is one that does not differentiate students based on certain categories, but rather that that educates students together, taking advantage of their differences in the class assumed as a heterogeneous group. The school should take into account that students have different starting points, perform different routes and can reach different levels. (BLOOM et al. 1983).

When a student with Special Educational Needs (SEN) has a specific learning problem (a blind, deaf, or cerebral palsy child), he initially demonstrates difficulties

that his colleagues do not have. The school has to prepare to adapt the educational practice to the needs of these students and offer a satisfactory response.

The purpose of the effort is the education of these students. It is, first of all, the type of school, its curricular flexibility and the ability of teachers to conduct the teaching process with very heterogeneous students that will allow a student, even with severe and permanent SEN, to be educated in a common class, with support for the teacher and the student himself. This means that schools must be prepared to welcome and educate all students and not only those considered "educated".

Inclusive education assumes that coexistence and group learning is undoubtedly the best way to benefit everyone, not only children labeled as different, but children in general. In this way, inclusive education must be committed to all students facing barriers to studying and ensuring that these students with special educational needs have access to the resources and support needed for their school success. (ORRÚ,2012).

From the above, it is evident the need for inclusive education for all, regardless of age, sex, differences, etc. For this, there are laws that guarantee access for all, not only in regular classes, but in society in general.

3. ADHD AND TEACHING : COPING AND CHALLENGES

Hyperactive young people are often reckless and impulsive, and their relationships are marked by an absence of social inhibition, with lack of caution and reservations. They are unpopular with others and tend to isolate themselves socially. Despite the large number of studies on the subject, the causes of ADHD are still uncertain, considering that this disorder is the result of genetic and/or biological factors added to environmental issues.

According to Borella (2002), ADHD can be genetically found in genes encoding systems that regulate the supply of dopamine and serotonin, hormones found in the human body. There are still biological factors, which are not genetic, among which stand out the use of alcohol, drugs and certain medications during pregnancy, by the mother, premature births, intracranial hemorrhages and lack of oxygen during childbirth. Also, environmental factors that interfere in psychological and emotional

development, as well as family conflicts, mental disorder in parents, low socioeconomic status, crime on the part of parents, among others.

Silva (2003) states that attention deficit disorder (AD) derives from an altered functioning in the brain neurological system, and the chemicals produced by the brain, called neurotransmitters, presented altered quantitatively and/or qualitatively within the brain systems that are responsible for the functions of attention, impulsivity and physical and mental activity in human behavior. The author also ensures that children seem agitated, moving non-stop in the classroom, at home or anywhere else. Sometimes they need to move several objects at the same time, knocking down many of them and, for these facts, they receive pejorative names like "carpenter bug", "clumsy", "little bugges", "devil", "clumsy", etc. In adulthood, this agitation is less salient, but continues. It doesn't end with adolescence.

It is increasingly common to find, at school, students with ADHD, who are confused with young people who have bad behavior, who resist the guidance of the teacher, who become restless, agitated and anxious by a certain situation. Because they are not identified with this disorder and, consequently, have not identified their difficulties, these students cannot concentrate, question, reflect on a problem presented in the classroom, which leaves them "late" in their contents in relation to their colleagues. In this situation, the rates of repetition, low school performance, dropout and emotional and social difficulties increase.

The school has always been understood as a space for the development, learning of diverse contents and training of citizens capable of entering the social context in an appropriate and competent way. However, the development of this society, especially in the last 20 years, has revealed that this function destined to the school has become an extremely complex process due to the transformations that families have gone through and consequently society as a whole. The educational model that considered it correct teacher to teach because it is the holder of knowledge and student learn because it is his obligation no longer fits in the formatting of society that we live today.

The fact is that whatever the cause or causes of school failure, it(s) need to be investigated, both by the pedagogical team and by the family, with the help of appropriate professionals, because seeking information is the most efficient way to

understand and help these students develop their potentialities, whether they have a syndrome or not. The second article of the Law of Guidelines and Bases of Education of 1996 says that citizenship should be built through family and formal education (BRASIL, 1996)

There are many challenges of doing quality education in today's world and among them is the inclusion in regular schools of students with ADHD. Fostering cognitive development, the construction of knowledge, and the insertion of the individual lauded as ADHD in their social context, is presented as the core of this search for their effective inclusion, not only in the educational process but mainly in the holistic formation of the individual. We need to understand these points to fulfill our role as teachers who mediate in this construction of ethics and citizenship.

Historically, we can observe that the school environment is excluding individuals who cannot correspond to the learning model considered satisfactory by society, especially those who have some kind of special need. Although today it is a consensus in the academic environment that they should and have the right to attend so-called regular schools, very little has been done to train pedagogical teams and families to assist in this inclusion.

The educational policies existing in most Brazilian schools unfortunately still crawled with regard to the conceptual domain of what is school inclusion. Receiving a student with special needs is a great responsibility, because it is necessary to adapt planning and activities that really function as integrators of these individuals, and this requires, among other actions, qualification of teachers, adequacy of physical spaces and mainly fostering teaching methodologies that value differentiated forms of knowledge and appreciation of diverse skills.

According to Glat and Blanco (2007), inclusive education is a progressive and continuous process of absorption of students with special educational needs by the regular school. This presupposes, at the same time, the adaptation of the institution and school culture to act with the student and the adaptation of this student so that he can fully enjoy the educational process. Our focus here will focus on the inclusion of students diagnosed with ADHD.

It is known, therefore, that ADHD significantly compromises the life of the child and the adults around it, as it is a condition that promotes difficulties, such as

impulse control, concentration, memory, organization, planning and autonomy. And it involves a great plurality of implied dimensions, such as behavioral, intellectual, social and emotional (BENCZIK, 2010, p. 26).

Making a diagnosis of ADHD is a complex task, as it must be done by a trained professional, through the observation of the general behavior of the child and/or adolescent in various environments, such as school, home, and other collective and individual environments frequented by the same, because there is no clinical or laboratory examination that presents this diagnosis. The Diagnostic and Statistical Manual of Mental Disorders, published in 2014, describes some symptoms of ADHD and says that the person needs to present at least six of these symptoms in more than one environment in which he/she attends for at least six months. There are several possible symptoms, but we can cite as an example of inattention, difficulty in following instructions or finishing tasks, lack of temporal and/or spatial organization, distraction with ease, demonstrates not listening to commands or questions, bodily and mental agitation, difficulty in waiting for your turn to speak, getting up frequently, lack of interest in long or silent activities, among others.

To develop a correct diagnosis of this condition, several evaluations are necessary, often with a multidisciplinary approach. The clinical evaluation with the doctor should collect information not only from the observation of the child during the consultation, but also to conduct an interview with the parents and/or caregivers of that child, request information from the school that the child attends about his/her behavior, sociability and learning, in addition to the use of scales to assess the presence and severity of symptoms (REIS ET AL, 2011, p. 11).

FINAL CONSIDERATIONS

In the course of this work, the objective was to understand their relationship with ADHD to the professionals, characterizing the ways for the appropriate treatment of the student with this disorder.

ADHD is clinically considered by a neurological disorder that appears in childhood, of genetic etiology represented by changes in the functioning of the frontal lobe, area responsible for the control of attention, memory and self-control. Its

diagnosis is based on the DSM-IV criteria, being dimensional in duration, frequency and intensity.

From this perspective, the school not only detects the evidence of ADHD but can also produce its symptoms. This requires educators to position themselves in the face of symptomatic and, in the existence of a professional, if the demand is favorable.

The data researched showed that educators still need a professional qualification so that the didactics in the classroom is favorable to not repeat learning and that it is done in a creative and dynamic way to hold the student's attention, because large majority of professionals have only heard about the disorder in the undergraduate course without a greater focus on how to be working in a mixed environment.

Frailty and inconsistency are still pointed out in the school environment; therefore, several forms are presented, because the disproportionate attention of the family to education with these children, the inadequacy of the educational system for the care of children said as different are still causes found. For, through the teacher's gaze, inattention and behavior is still the main difficulty of students with this disorder.

Thus, in this proposal for the elaboration of knowledge, we observed crucial points seen by teachers in early childhood education, since it is necessary a search for understanding and discussion or a misunderstanding that accepts the problematization of educational searches that respond to an educational proposal with the look of children with ADHD.

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